



Jesus Street, Pulungbulu, Angeles City
Tel. No. (045) 322-5722; 888-0582 / Fax Nos. (045) 322-4702; 625-9812

RETURN TO DUTY

_____ 20____

THE SCHOOLS DIVISION SUPERINTENDENT
Division of City Schools
Angeles City
Through Channels

Sir / Madam:

I have the honor to inform you that I will be ready to return to duty as _____ National (Municipal) Teacher effective _____ 20____, I was granted leave of absence on account of _____ from _____ to _____ 20____, inclusive on Civil Service Form 6 dated _____ 20____. Annual Salary: P _____ Assignment Grade _____ Teacher. School or Barangay: _____ Municipality _____.

The Medical Certificate (General Form No. 211) signed by a School Physician and the Birth Certificate of my child (if maternity case are herewith enclosed).

Signature Over Printed Name
(Employee)

CERTIFIED CORRECT:

Employee No. _____

Principal

APPROVAL RECOMMENDED:

APPROVAL: _____

Effective: _____

District Supervisor

Schools Division Superintendent