Republic of the Philippines

Department of Education

REGION IV-A CALABARZON

CITY SCHOOLS DIVISION OF CABUYAO

_____

(Date)

SPECIAL ORDER No.
_____, s. 20 ____

It is made a matter of record that the following Elementary/Secondary Teacher/Personnel in this Division has RETURNED TO DUTY from maternity/sick/vacation leave of absence:

1. Name :
2. Employee No. :
3. Station before going on leave :
4. Monthly Salary :
5. Date leave was made effective :
6. Date of Birth of Child :
7. Date Return to Duty :
8. Substitute Teacher relieved :
9. Period of leave of absence :

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____
School Head

ATTY. JOCELYN B. BUCLIG-GUZMAN
Assistant Schools Division

Address: Cabuyao Enterprise Park, Cabuyao Athletes Basic School (CABS)
Brgy. Banay-Banay, City of Cabuyao, Laguna
Contact No.: +63 939 934 0448 / +63 939 934 0450
Email Address: division.cabuyao@deped.gov.ph
Website: depedcabuyao.ph

Superintendent

Address: Cabuyao Enterprise Park, Cabuyao Athletes Basic School (CABS)
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CITY SCHOOLS DIVISION OF CABUYAO

_____
(Date)

To Whom It May Concern:

This is to certify that Mr./Mrs./Miss _____ is physically and mentally fit to return to work from maternity/sick/vacation of absence effective _____.

_____
Medical Officer

Div. Form No. 2

Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
CITY SCHOOLS DIVISION OF CABUYAO

_____
Date

The Schools Division Superintendent
City Schools Division of Cabuyao

Sir/Madam:

I have the honor to inform you of my desire to return to service effective _____from a maternity/sick/vacation of absence. In this connection, the following information/date is hereby submitted for your consideration:

a: Date when the application for leave (CS Form 6) was filed: _____
_____ b: Date when actual leave took effect: _____
c. Date of Delivery: _____
d. Attending Physician: _____
e. Birth Certificate of the Child/Death Certificate in case of child birth/death after birth. (Attach Documentary Stamp)

I thrust that the above will merit your favorable consideration.

Very truly yours,

_____
Employee No. _____

Recommending Approval:

_____
School Head

Approved:

Address: Cabuyao Enterprise Park, Cabuyao Athletes Basic School (CABS) Brgy. Banay-Banay, City of Cabuyao, Laguna
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Assistant Schools Division
Superintendent

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