Republic of the Philippines

Department of Education

REGION IV-A CALABARZON

CITY SCHOOLS DIVISION OF CABUYAO

_____

(Date)

_____

_____

DepEd – Cabuyao City

Cabuyao City, Laguna

Madam:

This is to recommend _____ for the position of Permanent/Substitute Teacher I vice _____, who is _____ (transferred, resigned, retired, deceased, on sick/vacation/maternity leave with or with full pay) effective _____. She ranked No. _____ in the Registry of Qualified Applicants for SY _____.

It is hoped that this recommendation will merit your favorable action and approval.

Very truly yours,

School Personnel Selection Board

_____ Member

_____ Member

_____ Member

_____ School Head

Certified Funds Available:

_____

Accountant III/Sr. Bookkeeper

Approved by:

_____

Head of Agency

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

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