Republic of the Philippines

Department of Education

REGION IV-A CALABARZON

CITY SCHOOLS DIVISION OF CABUYAO

(To be submitted to the Division Office in 3 copies)

APPLICATION FOR PERMISSION TO TEACH OUTSIDE OF OFFICIAL TIME

Name of Applicant: _____ Position: _____

Highest Educ. Attainment: _____ Specialization: _____

Official Station: _____ Appointment Status: _Permanent

Office Address:

_____

Performance Ratings for the last 3 years: _____; _____; _____ (Please see attached)

Length of Service: _____ Signature: _____

College/University the Applicant Intends to Teach:

Name: _____

Address: _____

Term (pls. check) _____ 1st Sem. _____ 2nd Sem. _____ Summer School Year: _____

Subject/s to be Taught

Subject/s	Time	Day	Number of Units

Certified Correct:

_____

Director/Administrator

Regular Working Load at SDO Cabuyao

Subject/s	Time	Day	Number of Hours

Please see the attached Classroom Program/Schedule

_____

(Signature Over Printed Name of Immediate Supervisor)

I HEREBY CERTIFY that I have examined _____ and found him/her to be physically fit to carry out additional work beyond the official time of his/her regular function as shown in the above schedules of work.

_____

(Signature Over Printed Name of the Physician)

Address: _____ Licensed No._____ Date: _____

Approved:

CHRISTOPHER R. DIAZ, CESO V

Schools Division Superintendent

Date: _____

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