CS Form No. 4
Revised 2018

Republic of the Philippines
Department of Education
Region III
DIVISION OF BULACAN
Malolos City

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that _____(NAME)_____ has assumed the duties and responsibilities as _____(POSITION)_____ of ___(DISTRICT /SCHOOL) effective _____.

This certification is issued in connection with the issuance of the appointment of _____Mr/Ms.(Surname)_____ as _____Position_____.

Done this _____ day of _____, 2022 in _____(Place of Designation)____.

_____
Assistant Schools Division Superintendent

Date: _____

Attested by:

VICTORIA O. MADRIGAL
Administrative Officer IV

201 file
Admin
COA
CSC

For submission to CSCFO within 30 days from the date of assumption of the appointee