Department of Education
Region VII, Central Visayas
DIVISION OF CITY SCHOOLS
Ecology Center, City of Naga, Cebu
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Name: _____ School:_____
Employee No:_____ Address:_____
Item No:_____

REINSTATEMENT CHECKLIST FOR SICK LEAVE

_____1. ENDORSEMENT (3 Copies)

_____2. APPLICATION LETTER FOR REINSTATEMENT (3 Copies)

_____3. APPROVED FORM 6 (3 Copies)

_____4. MEDICAL CERTIFICATE – FIT TO WORK (3 Copies)

CHECKED BY:

_____
School Administrator

Date: _____

ATTESTED BY:

_____
School Head

Date: _____

VERIFIED BY:

REEMAN CLYDE N. MAÑACAP
Administrative Officer IV (HRMO II)

Date:_____