CS Form No. 10
Series of 2017

Republic of the Philippines
Department of Education
Region III – Central Luzon
Schools Division of Bulacan

ACCEPTANCE OF RESIGNATION

Date: _____

_____
_____

Sir/Madam:

In reply to your letter dated _____ tendering your resignation from the position of _____in _____ may I inform you that the same is hereby accepted to take effect on _____.

Your services while employed from this Office have been rated as _____, for your reference.

Very truly yours,

_____
School Principal/ School Head

Received by: _____
Signature over Printed Name

Date: _____