

Republic of the Philippines
Department of Education
MIMAROPA Region
SCHOOLS DIVISION OF PUERTO PRINCESA CITY

_____ Date

The Schools Division Superintendent
Division of Puerto Princesa City
(Thru Channels)

Sir:

I have the honor to apply for reinstatement as a _____ effective _____ . I was on _____ of absence _____ pay from _____ to _____ .

Attached herewith are the following required papers re this reinstatement.

- 1. C.S Form 211 (Medical Certificate)
- 2. Certified true copy of the Birth Certificate of my Child

Very Truly Yours,

Signature over printed name

1st Indorsement

Respectfully forwarded to the Schools Division Superintendent, Division of Puerto Princesa City recommending approval of the reinstatement of Mr./Mrs./Ms. _____ effective _____ .

Due to the return to duty of this incumbent, his/her substitute, Mr./Mrs./Ms. _____ who served from _____, to _____, is hereby dropped from the rolls effective _____ .

APPROVED:

LAIDA M. LAGAR-MASCAREÑAS
Assistant Schools Division Superintendent
Officer In-Charge
Office of the Schools Division Superintendent