Department of Education

FORM A - RS

Iligan City Division

**REQUEST FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_

(Last Name) (First Name) (Middle Name)

Recent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present School Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------

Check document(s) requested:

C. SERVICE RECORDS

B. AUTHENTICATION

( ) Payslip

( ) Appointment

( ) Payroll

( ) Others, Pls. specify: \_\_\_\_\_\_\_\_\_\_\_

1. CERTIFICATION

( ) No pending case

( ) Oneness

( ) Employment/Compensation

( ) Last Salary Received

( ) Others, Pls. specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose:

***Requirement: Latest Payslip***

Purpose:

Purpose:

Note: ***Please provide original copy of the documents to be authenticated.***

I declare that the information indicated above has been accomplished by me, and is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature over printed name)

Received/Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Released by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department of Education

FORM A - RS

Iligan City Division

**REQUEST FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_

(Last Name) (First Name) (Middle Name)

Recent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present School Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----------------------------------------------------------------------------------------------------------------------------------------------------------------

Check document(s) requested:

C. SERVICE RECORDS

B. AUTHENTICATION

( ) Payslip

( ) Appointment

( ) Payroll

( ) Others, Pls. specify: \_\_\_\_\_\_\_\_\_\_\_

1. CERTIFICATION

( ) No pending case

( ) Oneness

( ) Employment/Compensation

( ) Last Salary Received

( ) Others, Pls. specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose:

***Requirement: Latest Payslip***

Purpose:

Purpose:

Note: ***Please provide original copy of the documents to be authenticated.***

I declare that the information indicated above has been accomplished by me, and is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature over printed name)

Received/Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Released by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_