C E R T I F I C A T I O N

This is to certify that based on the records on file of this office, ABELLERA, ANNA BELLA F. & Teacher I, of NCS I this Division, had incurred the following leave of absences without pay:

|  |  |
| --- | --- |
| 3/11/1999 DSO # 246 s.1999 | Sick leave w/out pay |
| 7/12,13/1999 DSO # 394 s.1999 | Sick leave w/out pay |
| 8/23/1999 DSO # 502 s.1999 | Sick leave w/out pay |
| 9/27/1999 DSO # 502 s.1999 | Sick leave w/out pay |
| 11/13am, 22pm/2000 NO FORM 6 Submitted | Sick leave w/out pay |
| 2/8-9/2001 DSO # 140 s.2001 | Sick leave w/out pay |
| 7/23/2001 DSO # 375 s.2001 | Sick leave w/out pay |
| 9/18/2001 DSO # 606 s.2001 | Sick leave w/out pay |
| 7/27/2004 DSO # 0420 s.2004 | Sick leave w/out pay |
| 11/2,9,24-25,2015 | Sick leave w/out pay |
| 1/19, 25, 2016 | Sick leave w/out pay |
| 2/2,15,2016 | Sick leave w/out pay |
| 04/03/2016 | Sick leave w/out pay |
| 03/12/2018 | Sick leave w/out pay |
| 01/14-03/14/2009 | Vacation leave w/out pay |
| 18/03/2019 | Sick leave w/out pay |
| 30/09/2019 | Sick leave w/out pay |

Issued this 18th day of February 2021 at Naga City in connection with his/her **[ STATE THE PURPOSE HERE]**

**SHIELA MARGARITA M. DURANTE**

Administrative Officer IV