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, CARAIG, ELIZABETH G. & Teacher I, of Panicuason ES this Division, had incurred the following leave of absences without pay:

|  |  |
| --- | --- |
| 7/21/2015 | Sick leave w/out pay |
| 9/22-11/20/2015 | Sick leave w/out pay |
| 09/07/2015 | Sick leave w/out pay |
| 1/28-29/2015 | 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