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, ${name} & ${position}, of ${station} this Division, had incurred the following leave of absences without pay:

|  |  |
| --- | --- |
| ${inclusiveDates} | ${natureOfLeave} |

Issued this ${dateNow} at Naga City in connection with his/her **[ STATE THE PURPOSE HERE]**

**SHIELA MARGARITA M. DURANTE**

Administrative Officer IV