

SERVICE RECORD

| NAME: | | | | (If married woman, give also maiden name) | |
|--------|---------|------------|------|--------------------------------------------------------------------------------------------|---------------|
| - | Surname | Given Name | M.I. | _ | Date Prepared |
| BIRTH: | | | | (Date herein should be checked from birth or baptismal certificate or some other reliable | |
| - | Date | Place | | document) | |

This is to certify that the employee named herein above actually rendered services in this Office as shown by the service record below, each line of which is supported by appointment and other papers actually issued by this office and approved by the authorities concerned.

| SERVICE (Inclusive Dates) | | RECORD OF APPOINTMENT | | | STATION/ | LEAVE | SEPARATION | |
|------------------------------|----|--------------------------|--------|--------|---------------------|------------|------------|---------|
| FROM | TO | POSITION TITLE / SG / JG | STATUS | SALARY | PLACE OF ASSIGNMENT | W/O PAY | DATE | REMARKS |
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This supersedes all Service Records previously issued inconsistent herewith. INVALID IF THERE ARE ERASURES.

Certified Correct:

FRANCIS CARLO L. ZACARIAS

Industrial Relations Management/Development Officer C

