

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 document)

Date *Place*

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 <i>(Inclusive Dates)</i>		RECORD OF APPOINTMENT			STATION/ PLACE OF ASSIGNMENT	LEAVE W/O PAY	SEPARATION	
FROM	TO	POSITION TITLE / SG / JG	STATUS	SALARY			DATE	REMARKS

This supersedes all Service Records previously issued inconsistent herewith.

INVALID IF THERE ARE ERASURES AND WITHOUT DRYSEAL.

Certified Correct: