








## SERVICE RECORD

		Surname		Given Name		Middle Name		(If married woman, give also maiden name)		Date Prepared	
		Date of Birth		Place of Birth		(Date herein should be checked from birth or baptismal certificate or some other reliable document)					
		Employee ID No.		GSIS No.		Tax Identification No. (TIN)		Pag-IBIG No.		PhilHEALTH No.	
<p>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.</p>											
 SERVICE (Inclusive Dates)		 RECORD OF APPOINTMENT					 STATION/ PLACE OF ASSIGNMENT		LEAVE W/O PAY	 SEPARATION	
FROM	TO	POSITION TITLE / SG / JG		STATUS	RATE / SALARY					DATE	REMARKS

**INVALID IF THERE ARE ERASURES AND WITHOUT DRYSEAL.**



CERTIFICATION  
INTERNATIONAL  
ISO 9001:2015

AB  
Accredited  
QMS Certification Body  
Accreditation No.:  
MSA-001