

Republic of the Philippines Province of Davao del Norte

Region XI

City Government of Panabo

CERTIFICATION

Name:	ALFORQUE	ROSITA	RELAMPAGOS	
_	(Surname)	(Given Name)	(Middle Name)	
Birth:	October 07, 1962	DAVAO DEL NORTE		
-	(Date)	(Place)		

This is to certify that the above-mentioned employee has incurred **Leave of Absence Without Pay** as listed below:

START	END	DAYS	HOURS	MINUTES	REMARKS
12/01/2015	12/01/2015	1	0	0	
12/11/2015	12/11/2015	1	0	0	
12/14/2015	12/14/2015	1	0	0	
10/07/2016	10/07/2016	1	0	0	
10/11/2016	10/11/2016	1	0	0	
10/21/2016	10/21/2016	0	4	0	
10/24/2016	10/26/2016	3	0	0	
11/02/2016	11/02/2016	1	0	0	
11/15/2016	11/18/2016	4	0	0	
12/08/2016	12/09/2016	2	0	0	
12/12/2016	12/12/2016	1	0	0	
12/14/2016	12/14/2016	1	0	0	
12/19/2016	12/19/2016	1	0	0	
12/22/2016	12/22/2016	1	0	0	
12/29/2016	12/29/2016	1	0	0	
01/18/2017	01/18/2017	0	4	0	
02/27/2017	02/27/2017	0	4	0	
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	Certified Correct:
February 03, 2024	
(Date)	Administrative Officer
Conforme:	
(Employee Signature / ID No.: 109)	