

NAME:		(If married woman, give also full			
	(Family Name)	(Given Name)		(Middle Initial)	maiden name)
					(Date herein should be checked from
	(Date of Birth)		(Place)		birth or baptismal certificate or some
					other reliable documents.)

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		RECORD OF APPOINTMENT			OFFICE ENTITY/DIVISION		L/V ABS	SEPARATION	
(Inclusive Dates)		Designation	Status	Salary	Station / Place	tion / Place Branch W/O Pay		(4)	
From	То		(1)	(2)	of Assignment	(3)		Date	Cause
			1						
			1						

Issued in compliance with Executive Order No. 54 dated August 10, 1954 and in accordance with Circular No. 58, dated August 10, 1954 of the System.

	CERTIFIED C	CORRECT:
		Name
Date:		Position