

Republic of the Philippines Department of Education Cordillera Administrative Region DIVISION OF BAGUIO CITY



- · · · · · · · · · · · · · · · · · · ·	Name Of School	-
-	Address	_
	• • • • • • • • • • • • • • • • • • • •	
•	Contact Number	_
Date		
SDS		
Sir:		
This is to inform your office that,	, P.,	
	Complete Name of Permanent Teacher	to be substituted
will be on effectiv	eto	Ending Date
In this regard, may I recommend		
in this regard, may recommend	Name of Reco	ommended Substitute
to substitute the above mentioned perma	anent Teacher, He/She is listed in	the Division's Registry of Qualified
qo oanotiida anotiida moralii para	•	,
Applicants (RQA) ranking and garr	nering points.	
rank in RQA	garnered average	
Your favourable action on this recommen	idation is highly appreciated. Thai	nk you.
Very truly yours,		
,		
School Head / Principal		
School Head / Principal		
School Head / Principal		
School Head / Principal APPROVED:		

^{***} For maternity leaves, please notify the office about the exact date of delivery. For accounting reference.