



**BAGUIO CITY SCHOOLS DIVISION EMPLOYEE APPLICATION OR PERMISSION TO DO OUTSIDE STUDY**

\_\_\_\_\_  
 (Name) (Position) (Sex)

\_\_\_\_\_  
 (Name of School where employed) (No. and Street) (Barangay)

\_\_\_\_\_  
 (Grade/s Level presently handled) (Subject/s presently handled)

\_\_\_\_\_  
 (Name of College / University where enrolled) (Address of College / University where enrolled)

\_\_\_\_\_, 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_, Summer \_\_\_\_\_  
 (School Year) (Check mark (/) on semester enrolled)

Course to be taken and schedule of classes: (COMPLETE the needed information based from registration form given)

Subject Code	Subject Description	Day of the week	Time	No. of units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Strict compliance of a maximum of 9 units to enroll every semester.

Credit or units earned	M.A. / M.S.	Doctorate	Others: _____
TOTAL number of units earned	_____	_____	_____
Number of units to be earned this Semester / term	_____	_____	_____

I hereby certify that I have read Circular No. 17, s. 1960, dated June 20, 1960 "REGULATIONS OF TEACHERS", and have the instructions given on the reverse side hereof, all the provisions of which I am bound to observe strictly. I shall submit to the Schools Division Superintendent, through channels, certified true copy of the report of rating I shall obtain in the course during the semester including the number of units earned. I understand that my efficiency as a teacher is adversely affected, the permission will be revoked. I shall follow strictly the maximum study load. I also know that I shall not be late in returning to my station for my daily work. I shall attend to my study not earlier than 30 minutes after the intended primarily to safeguard my health as well as maintain my efficiency in the educational service.

\_\_\_\_\_  
 Signature of Applicant Date: \_\_\_\_\_

**APPROVAL RECOMMENDED**

I, the undersigned, certify that the applicant is doing satisfactory work with an efficiency rating of "Very Satisfactory" (3.500 – 4.499) or higher, that I shall be held strictly responsible for any undue delay in forwarding the application to the Superintendent if the application is filed on time, that I shall recommend the revocation of this permission if the application violates any or all regulations given in Circular No. 17, s. 1960.

\_\_\_\_\_  
 Print Name and Signature of Principal / School Head Date: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

**APPROVED:**

This permit expires on: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_, Summer \_\_\_\_\_ S.Y. \_\_\_\_\_

For the Schools Division Superintendent **FEDERICO P. MARTIN, Ed.D., C.Ed.D., CESO V:**

\_\_\_\_\_  
**NIEVES D. EBANIO**  
 Administrative Officer V