

**SCHOOLS DIVISION OF BAGUIO CITY  
OSDS – ADMINISTRATIVE UNIT**

OFFICE COPY

**CLIENT REQUEST FORM**

DATE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 PLEASE CHECK:  NATIONAL PAID  SEF PAID  RETIRED/RESIGNED  SUBSTITUTE

NATURE OF BUSINESS/REQUEST/TRANSACTION (Please check appropriate box):

<u>PERSONNEL</u>	<u>PURPOSE OF REQUEST</u>
<input type="checkbox"/> Service Record	<input type="checkbox"/> Loan <input type="checkbox"/> Ranking/Assessment
<input type="checkbox"/> Certificate of Employment	<input type="checkbox"/> GSIS
<input type="checkbox"/> Certificate of Employment with Compensation	<input type="checkbox"/> Monetization
<input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> ERF
	<input type="checkbox"/> Others (please specify): _____

FOR RELEASE (please choose one):  
 Pick up at the Records Office  
 (1 working day after date of request)  
 Email  
 (applicable for ranking/assessment purposes only)

<u>RECORDS</u>	<u>DETAILS OF REQUEST:</u>
<input type="checkbox"/> Document: _____	_____

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
 OF REQUESTER

<u>CASH</u>	<u>DETAILS OF REQUEST:</u>
<input type="checkbox"/> Claim: _____	_____

**Bring 1 valid ID when claiming your request(s).  
 For representatives, bring Authorization Letter  
 and photocopy of 1 valid ID. Please claim your  
 requests within 5 working days. Failure to do so  
 will result to the submission of another  
 request. Thank you**

<u>SUPPLY</u>	<u>DETAILS OF REQUEST:</u>
<input type="checkbox"/> Request: _____	_____

For **inquiries or concerns**, please reach us through the following channels: [f SDO Baguio Admin Services](#) [t Admin: 09679935410](#)  
 You may also submit your application for leave of absence (form 6), return to duty and permit to study with complete attachments and duly signed  
 through the **e-admin services** at [depedpines.com](http://depedpines.com).

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