SCHOOLS DIVISION OF BAGUIO CITY OSDS – ADMINISTRATIVE UNIT

OFFICE COPY

CLIENT REQUEST FORM

e		
DATE:		
NAME:	_ POSITION: SC	HOOL:
CONTACT NUMBER:	_ EMAIL ADDRESS:	
PLEASE CHECK: NATIONAL PAID	SEF PAID RETIRED/RESIGNED	
NATURE OF BUSINESS/REQUEST/TRANSACTION (Please	e check appropriate box).	
PERSONNEL	PURPOSE OF REQUEST	FOR RELEASE(please choose one):
Service Record	Loan Ranking/Assessment	
Certificate of Employment		(1 working day after date of request)
Certificate of Employment with Compensation	Monetization	Email
Others (please specify):	ERF	(applicable for ranking/assessment purposes only)
	Others (please specify):	
		SIGNATURE OVER PRINTED NAME
RECORDS		OF REQUESTER
RECORDS	DETAILS OF REQUEST:	
Document:		
		 Bring 1 valid ID when claiming your request(s).
<u>CASH</u>	DETAILS OF REQUEST:	For representatives, bring Authorization Letter
Claim:		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
<u>SUPPLY</u>	DETAILS OF REQUEST:	request. Thank you
	-	
	ice (form 6), return to duty and permit to study wi	
osi C	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	CLIENT'S COPY
SCHO OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT LIENT REQUEST FORM	
SCHO OSI DATE: NAME:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	L
SCHO OS DATE: NAME: CONTACT NUMBER:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	HOOL:
SCHO OS DATE: NAME: CONTACT NUMBER:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	HOOL:
SCHO OS DATE: NAME: CONTACT NUMBER:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	HOOL:
SCHO OSI DATE: NAME: CONTACT NUMBER: PLEASE CHECK:NATIONAL PAID	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	HOOL:
SCHO OSI OSI DATE: NAME: CONTACT NUMBER: PLEASE CHECK:NATIONAL PAID NATURE OF BUSINESS/REQUEST/TRANSACTION (Please <u>PERSONNEL</u> Service Record	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM _ POSITION: SC _ EMAIL ADDRESS: SEF PAID	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT LIENT REQUEST FORM POSITION: SC EMAIL ADDRESS: SC SEF PAID	HOOL: SUBSTITUTE FOR RELEASE (please choose one): Pick up at the Records Office (1 working day after date of request)
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION: SCI EMAIL ADDRESS: SCI SEF PAID	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION:	HOOL: SUBSTITUTE FOR RELEASE (please choose one): Pick up at the Records Office (1 working day after date of request)
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION: SCI EMAIL ADDRESS: SCI SEF PAID	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION:	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION:	HOOL:
SCHO OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT LIENT REQUEST FORM 	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT LIENT REQUEST FORM 	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION:	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION:	HOOL:
SCHO OSI OSI DATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM POSITION:	HOOL:
SCHO OSI OATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	HOOL:
SCHO OSI OATE:	OLS DIVISION OF BAGUIO CITY DS – ADMINISTRATIVE UNIT CLIENT REQUEST FORM	HOOL:

For **inquiries or concerns**, please reach us through the following channels: **f** SDO Baguio Admin Services **(**) 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 <u>depedpines.com</u>.