



CERTIFICATE OF SERVICE

For the month of _____, 20 ____

Name _____

Position _____

College _____

Activities other than teaching such as research	Approx. no. of hours per week
--	----------------------------------

_____	_____
_____	_____
_____	_____

I hereby certify _____

Signature

Attested

Head, Department
of _____

APPROVED:

Dean/Director

Note: Suggested statements, called for in the Certificate, to be written in longhand:

I hereby certify, upon my honor that I have rendered full service for the month of _____ 20 ____ except (in case of absences) on the following days, application for leave.



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