



Republic of the Philippines
Department of Education
REGION VI-WESTERN VISAYAS
SCHOOLS DIVISION OF KABANKALAN CITY

REQUEST FOR AUTHORITY TO PRACTICE PROFESSION

Date

MICHELL L. ACOYONG, CESO VI
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Sir,
I have the honor to request permission to practice my profession after office hours. In this connection, I am submitting the following information about myself.

1. Name: (Last) (First) (Middle) Civil Status

2. Position: 3. Office/Unit:

4. Nature of Duty:

5. Performance Rating for the Last Rating Period (Points) (Description)

6. Educational Qualifications: College/University Degree

7. Official Working Hours/Schedule within SDO Kabankalan City Specific Time and Date

8. Work to be performed outside SDO Kabankalan City Specific Time and Date

Note: Applicant must attach a duly accomplished Form 211 signed by a government physician issued within the last 6 months from date of application. Public school classroom teachers shall attach their class program indicating their total loads duly signed by the school head.

I certify upon my word of honor that I have read and acknowledged the rules and regulations governing practice of profession after office hours.

(Signature over Printed Name)

(Date)

Recommending Approval:

(Signature over Printed Name of School/Section/Unit Head)

(Date)

Approved:

MICHELL L. ACOYONG, CESO VI
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

(Date)



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