|  |  |  |
| --- | --- | --- |
| **CERTIFICATE OF SERVICE** | | |
| *Surname, First Name M.I* | | |
| *Academic Rank* | | |
| *Department* | | |
| *College/Office* | | |
| MONTH & YEAR | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Activities Other Than Instruction  [Research, Extension, Production, etc.] |  | Approximate  Hours/Week |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| *Faculty* | | |
| VERIFIED: | | |
| *Department Chairperson* | | |
| *Dean/ Director/ Head of Office* | | |
| CERTIFICATION  (To be handwritten by the Faculty)  “I certify that I rendered complete service for [month & year],except on [(month, date/s, year), in case of absence/s], in which the Application for Leave had been approved.” | | |
|  | | |