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| --- |
| **CERTIFICATE OF SERVICE** |
| *Surname, First Name M.I* |
| *Academic Rank* |
| *Department* |
| *College/Office* |
| MONTH & YEAR |
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|  |
| Activities Other Than Instruction[Research, Extension, Production, etc.] |  | ApproximateHours/Week |
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|  |
| *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.” |
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