## LETTER OF REINSTATEMENT FORM

		(Date)	
<b>President</b> This University			
Madam:			
Greetings!			
-		otice of my reinstatement to my p	
		in relation to the con	
expiration of my			
Attached herewith are t ( <i>Please check the applica</i>		or my reinstatement as verified b	by the HRDMO
Official Transcript of	of Records	(Rest and Recreation)	
Diploma		Medical Clearance	
Thesis/Dissertation	n	MAGNA CARTA LEAVE FOR / MATERNITY LEAVE	WOMEN
SABBATICAL LEAVE		Medical Clearance	
(With Output)			
Research Output		REHABILITATION LEAVE	
Book		Medical Clearance	
Extension Report			
Creative Work Out		LEAVE WITHOUT PAY	
Others:		(One Semester and above)	
		Medical Clearance	
		OTHERS	
Thank you!			
Very Respectfully,			
	Recommending	Approval:	
Dean/Director		VP,	
	Approve	d:	
President			
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