



Republic of the Philippines
 Department of Education
 Region III
DIVISION OF CITY SCHOOLS
 City of Malolos, Bulacan
 Tel./Fax No. (044) 305-1523/305-1521
 E-mail Address: malolos.city@deped.gov.ph
 website: <http://www.malolos-deped.com/>



APPLICATION FOR PERMISSION TO TEACH OUTSIDE OF OFFICIAL TIME

Name of Applicant _____ Position: _____
 Highest Educational Attainment _____ Specialization: _____
 Official Station: _____ Appointment Status _____
 Office Address: _____
 Performance Ratings for the last 3 rating period: _____; _____; _____
 (Certified copies attached herewith)
 Length of Service: _____

A. College / University the Applicant Intends to Teach

Name of School: _____
 Address: _____
 Term (Pls. check) _____ 1st Sem/Tri _____ 2nd Sem/Tri _____ 3rd Tri/Summer; Academic Year _____

Subject/s	Schedule of Classes Time	Day	No. of Units

Certified Correct: _____
 (Signature over printed name of the Dean) (Date)

NOTE: Teaching load shall be limited to 12 hours a week and in no case shall a government employee be allowed to teach more than 3 hours a day on regular working days (Mondays to Fridays) as per DepEd Order No. 66, s. 2008

B. Regular Teaching Load at the Public School

Subject/s	Time	Day	Number of Minutes

Certified Correct: _____
 Signature over Printed Name of Principal/School Head/OIC

C. Medical Certificate

I hereby certify that I have examined _____ and found him/her to be physically fit to carry out additional work beyond the official time of his/ her regular functions as shown in the above schedules of work.
 Certified Correct: _____

(Signature over printed name of Government Physician)
 Address : _____ License No. _____ Date : _____

I am fully responsible and accountable on the authenticity/correctness of the information as mentioned above.

Evaluated by: _____ Signature over Printed Name of Applicant
 RISA BEA SOCORRO M. BORRES Administrative Officer V
 Administrative Services
 MELISSA S. SANCHEZ Officer-In-Charge
 Office of the Asst. Superintendent

APPROVED: