

Department of Education  
Region III  
Division of City Schools

\_\_\_\_\_  
(name of school)

City of Malolos

Date: \_\_\_\_\_

**MERLINA P. CRUZ. Ph. D.**  
Officer-In-Charge  
Office of the Schools Division Superintendent

MADAM:

I have the honor to request for reinstatement to this Office effective \_\_\_\_\_.  
(reinstatement date)

I was on \_\_\_\_\_ leave with/without pay on \_\_\_\_\_.  
(type of leave) (inclusive dates)

I hope that this request will merit your kind consideration.

Very truly yours,

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Position/designation

\_\_\_\_\_  
Employee number

NOTED:

School Head  
Signature over printed name

Public Schools District Supervisor  
Signature over printed name