



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OF CITY OF MALOLOS

QUALITY FORM for QMS and ISO 9001:2015	Document Code: SDO-MALOLOS-OSDS-AS-RS-QF-004 Revision: 01 Effectivity date: 02-05-2021
APPLICATION FOR PERMIT TO TEACH OUTSIDE OF OFFICIAL TIME	Name of Office: OSDS-Records Section

Name of Applicant: _____ Position: _____
 Highest Educational Attainment: _____ Specialization: _____
 Official Station: _____ Appointment Status: _____
 Official Address: _____
 Performance Ratings for the last 3 rating period: _____; _____; _____

A. College / University the Applicant Intends to Teach

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

Schedule of Classes

Subject/s	Time	Day	No. of Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certified Correct: _____

(Signature over printed name of 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	No. of Minutes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certified Correct: _____



Tel./Fax No. (044) 812-2006/812-2007
 Email Address: malolos.city@deped.gov.ph
 Website: depedmalolos.com



ISO 9001:2015 CERTIFIED
 Registration No.
50500909 OM15c





Republic of the Philippines
Department of Education
 REGION III
SCHOOLS DIVISION OF CITY OF MALOLOS

<p align="center">QUALITY FORM for QMS and ISO 9001:2015</p>	<p>Document Code: SDO-MALOLOS-OSDS-AS-RS-QF-004 Revision: 01 Effectivity date: 02-05-2021</p>
<p align="center">APPLICATION FOR PERMIT TO TEACH OUTSIDE OF OFFICIAL TIME</p>	<p>Name of Office: OSDS-Records Section</p>

(Signature over printed name of Principal/School Head/OIC)

Date

C. Medical Certificate

I hereby certify that I have examined _____ and found him/her to be physical 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.

 Signature over Printed Name of Applicant

Recommending Approval:

Approved:

LEONARDO C. CANLAS EdD, CESO VI
 Assistant Schools Division Superintendent

NORMA P. ESTEBAN EdD, CESO V
 Schools Division Superintendent



Tel./Fax No. (044) 812-2006/812-2007
 Email Address: malolos.city@deped.gov.ph
 Website: depedmalolos.com



ISO 9001:2015 CERTIFIED
 Registration No.
 50500909 OM15c

