\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEILANI SAMSON CUNANAN, CESO V**

Schools Division Superintendent

MADAM:

 I have the honor to request for reinstatement to this Office effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I was on \_\_\_\_\_\_\_\_\_\_\_\_\_ leave with/without pay on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hope that this request will merit your kind consideration.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Number

**Noted:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Head/Immediate Supervisor