

Department of Education REGION III

SCHOOLS DIVISION OF BULACAN

QUALITY FORM			Document Code: SDO-BUL-GQF-OSDS- DASDS-002 Revision: 03 Effectivity date: 12-17-2018	
PERMIT TO TEACH OUTSIDE OF OFFICIAL TIME			Name of Office: Office of the Assistant Schools Division Superintendent	
			Date:	
Name:			Position/Designa	tion:
Office/School:			Specialization:	
Length of Service: Appointment Status: Performance Rating for the Last 3 Years:				
College/University the Applicant Intends to Teach				
School: Address:				
Term (<i>Please Check</i>): 1 st sem 2 nd	^d sem.	Summer	School Year:	
Subject(s) to be taught		Schedule of 0	Schedule of Classes	
Certified Correct:				
College Dean				
Regular Teaching Load at the Public School				
Subject(s)		Schedule of (Classes	Number of Minutes
Certified Correct:				
Applicant			Principal	
I HEREBY CERTIFY that I have examined and found her to be physically fit to carry out additional work beyond the official time of her regular functions as shown in the above schedules of work.				
Physician				
Address: License no	o. :	D	ate:	
Approved: ZENIA G. MOSTOLES, EdD, CESO V				
Schools Division Superintendent				

