

Date Submitted _____

Date to be released _____

TO: XU-Human Resources Office

RE: REQUEST FOR CERTIFICATION

1. Nature of Certificate _____

Without compensation

With compensation _____

2. Purpose of Certificate _____

Requested by:

Signature above printed Name

IMPORTANT: Please pay Certificate fee at the Finance Office (P10.00) for XU EMPLOYEES and (P20.00) for NON-XU EMPLOYEES. Attach official receipt upon submission of Request.

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