

U.P. FORM 65-9
UNIVERSITY OF THE PHILIPPINES
MANILA

CERTIFICATE OF SERVICE

or the month of _____, 20____

NAME: _____

POSITION: _____

COLLEGE: _____

Activities other than
teaching such as research

Approximate no. of hour
per week

_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify _____

Signature Over Printed Name

ATTESTED:

Head, Department

APPROVED:

Dean / Director

NOTE : Suggested statements called for in the certificate to be
written in long hand:

"I hereby certify upon my honor that I have rendered full
service for the month of _____, 20____
except (in case of absences) on the following days, application for
leave have been duly made."

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