Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL ORDER OF REINSTATEMENT TO DUTY**

|  |  |
| --- | --- |
| NAME OF TEACHER: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | EMPLOYEE NUMBER: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| DIVISION: **TABUK CITY** | STATION NUMBER: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| MONTHLY SALARY: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_** | DIST/MUNICIPALITY: **TABUK CITY** |
| NATURE OF LEAVE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | INCLUSIVE DATE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| EFFECTIVITY DATE OF REINSTATEMENT: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

BY AUTHORITY OF THE SECRETARY OF EDUCATION:

**BENEDICTA B. GAMATERO**

OIC-Schools Division Superintendent

Copy of:

( ) Special Order of Maternity Leave

( ) Form 6

( ) Medical Certificate

( ) Birth Certificate