



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OF BULACAN

QUALITY FORM		Document Code: SDO-BUL-GQF-OSDS-OASDS-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/Designation:	
Office/School:	Specialization:	
Length of Service: Performance Rating for the Last 3 Years:	Appointment Status:	
College/University the Applicant Intends to Teach		
School: Address:		
Term (<i>Please Check</i>): <input type="checkbox"/> 1 st sem. <input type="checkbox"/> 2 nd sem. <input type="checkbox"/> Summer School Year:		
Subject(s) to be taught	Schedule of Classes	Number of Units
Certified Correct:		
College Dean		
Regular Teaching Load at the Public School		
Subject(s)	Schedule of Classes	Number of Minutes
Certified Correct:		
Applicant		Principal
<p align="center">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.</p>		
Address: _____	License no. : _____	Date: _____
Approved:		
NORMA P. ESTEBAN, EdD, CESO V _____ Schools Division Superintendent		

