

Republic of the Philippines
DEPARTMENT OF EDUCATION
DIVISION OF CEBU PROVINCE

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Ms./Mr. _____ has assumed the duties and responsibilities as _____ of _____ effective _____.

This certification is issued in connection with the issuance of the appointment of Ms./Mr. _____ as _____.

Done this ____ day of _____ in _____.

Head of Office/Department/Unit

Date: _____

Attested by:

HRMO

201 file
Admin
COA
CSC

*For submission to CSC FO
within 30 days from the
date of assumption of the
appointee*