



Republic of the Philippines
Department of Education
REGION V
Schools Division of Sorsogon

CERTIFICATION

To Whom It May Concern:

This is to certify that according to the records in this office
_____ , a Regular/Permanent _____ of
(name) *(position)*
_____, _____, this Division obtained
(name of school) *(address)*
the following Performance Rating/IPCRF for the School Year indicated below:

<u>School Year</u>	<u>Final Rating</u>	<u>Adjective Rating</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

This certification is issued in connection with his/her request this
_____ day of _____ at Balogo, Sorsogon City.

GIDEON KARL L. GREFALDA
Administrative Officer IV

