**CERTIFICATION**

To Whom It May Concern:

This is to certify that as per records of this Office, ***Mr./Ms.\_\_\_(Name of Employee)\_\_\_\_****,*\_\_\_\_\_\_\_(Position)\_\_\_\_\_\_, this Office, has the following unused leave credits as of last day of actual service:

**Vacation Leave Credits - \_\_\_\_\_\_ (\_\_\_\_ days Force leave not**

**availed)**

**Sick Leave Credits - \_\_\_\_\_\_**

**Special Privilege Leave - \_\_\_\_\_\_**

Issued upon request of Mr./Ms (Lastname), this \_\_thday of month 20\_\_\_ in connection with his/her transfer in the Division of \_\_\_\_\_\_\_,effective \_date of transfer\_\_.

For the Director:

**ANN GERALYN T. PELIAS**

Chief Administrative Officer

Administrative Division

Personnel.\_\_\_\_\_