

## DOCUMENT REQUEST FORM

\_\_\_\_\_  
Date

The \_\_\_\_\_,  
(Name, Position) (Division/Section/DPEO/Center)  
DSWD – Field Office III

May I request for issuance of:

- ☐ Service Record  
☐ Certificate of Employment  
☐ Certificate of Leave Without Pay  
☐ Certificate of Leave Credits  
☐ Duly Accomplished Office Clearance Certificate Form  
☐ Others (please specify): \_\_\_\_\_

Employment Status:

- ☐ Current ☐ Permanent/Contractual/Casual  
☐ Separated ☐ Contract of Service Worker

Additional Information (if requested):

- ☐ Salary/Cost of Service  
☐ Service/Contract Gaps (if any)  
☐ Others (please specify): \_\_\_\_\_

Purpose: \_\_\_\_\_

Contact no. \_\_\_\_\_ Email Add: \_\_\_\_\_

Mode of receipt: \_\_\_\_\_

\_\_\_\_\_  
Office

\_\_\_\_\_  
Signature over printed name

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