(This JOP Form1 should be accomplished in **three copies** - (One copy COA, Accounting and HRMO) to be submitted at the HR Office **every first working day** of the month.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Family Name First Name Middle Name)*

Place of Assignment: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Rate per Month: **\_\_\_\_\_\_\_\_\_**

Period:

**CERTIFICATION OF SERVICE RENDERED AND ACCOMPLISHMENT**

**(Contracted Personnel)**

TO WHOM IT MAY CONCERN:

This is to certify that I have rendered services for the following dates:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATES** | **AM** | | **PM** | | **DAILY ACCOMPLISHMENTS** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |
| **15** |  |  |  |  |  |
| **16** |  |  |  |  |  |
| **17** |  |  |  |  |  |
| **18** |  |  |  |  |  |
| **19** |  |  |  |  |  |
| **20** |  |  |  |  |  |
| **21** |  |  |  |  |  |
| **22** |  |  |  |  |  |
| **23** |  |  |  |  |  |
| **24** |  |  |  |  |  |
| **25** |  |  |  |  |  |
| **26** |  |  |  |  |  |
| **27** |  |  |  |  |  |
| **28** |  |  |  |  |  |
| **29** |  |  |  |  |  |
| **30** |  |  |  |  |  |
| **31** |  |  |  |  |  |

Total No. of days rendered:

Total days absent:

SIGNATURE OVER PRINTED NAME

Noted:

**MARK PRESTON S. LOPEZ, Ph.D.**

OIC-Department Chairperson

APPROVED:

**CHRISTIE LYNNE C. CODOD Ed.**

Position/Designation: Executive Dean