

**APPLICATION FOR PERMIT TO TEACH PART-TIME**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUARDO C. ESCORPISO, JR., EdD, CESO VI**

*Assistant Schools Division Superintendent*

OIC, Schools Division Superintendent

Division of Batanes

Sir:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in compliance with Memorandum Circular No. 17, 1986, would like to kindly request permission to teach part-time at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please find hereunder other details of this application:

Subjects Taught: *(Please attach class schedule)*

( ) 1st Semester ( ) 2nd Semester ( ) Trimester ( ) Summe SY 20\_\_- 20\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course  Number | Title of Subject | Days of the Week | Hours of the Week | Units |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Units Taught: | | | |  |

**A. APPLICANT’S COMMITMENT**

Should this application for permit to teach be approved, I hereby commit to always give utmost priority to all the activities, meetings and seminars of DepEd. I understand that I cannot use this as an excuse to be absent or late from any activity, meeting or seminar that my School Head, District Head, Supervisor or any DepEd Official will require. Should there be any violation of this commitment, I am mindful that there are certain sanctions and consequences in accordance with the rules and regulations that may be imposed.

Name & Signature of Requesting Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation/ Position : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. RECOMMENDATION OF THE SCHOOL HEAD/ IMMEDIATE HEAD**

( ) Recommends approval

( ) Does not recommend approval

Due to:

\_\_\_\_\_ Low performance rating in the last school year

\_\_\_\_\_ Frequent lates and absences in the previous school year/s

\_\_\_\_\_ Observed health condition

\_\_\_\_\_ Assigned other administrative tasks in the school

Other Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name & Signature of School Head/ Immediate Head**

**C. ACTION OF THE APPROVING AUTHORITY**

As per recommendation of the School Head/Immediate Head and upon evaluation of your application by this office, this request for permission to teach is hereby ( ) Approved / ( ) Denied, in accordance with the provisions of Memorandum Circular No. 17 s. 1986 and under the following conditions:

Approved Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved No. of Units to Teach : \_\_\_\_\_\_

Other Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUARDO C. ESCORPISO JR. EdD, CESO VI**

*Assistant Schools Division Superintendent*

OIC, Office of the Schools Division Superintendent