
 Schools Division Office of Imus City	Document Title:	
	EXCHANGE VISITOR PROGRAM CHECKLIST	
NAME:	CONTACT NO.:	
REQUIREMENTS:	REQUIRED COPIES	REMARKS
<input type="checkbox"/> Indorsement Letter from SDS	3	
<input type="checkbox"/> Certificate of No Pending Case from Legal Unit (Regional Office)	3	
<input type="checkbox"/> School Clearance	3	
<input type="checkbox"/> Division Clearance	3	
<input type="checkbox"/> Certificate of Last Payment - from Regional Office - If Autonomous from respective School	3	
<input type="checkbox"/> Latest Payslip	3	
<input type="checkbox"/> Copy of Job Offer from US School	3	
If with existing liabilities/obligations to PLIs/GFIs:		
<input type="checkbox"/> Special Power of Attorney – signed by the attorney-in fact and concerned teacher	3	
<input type="checkbox"/> Notarized Undertaking of Unpaid Loans – indicating that your attorney-in-fact will pay your existing obligations during your travel and enumerate the concerned PLIs/GFIs	3	
Email Address:		
EVALUATED BY:		
DATE:		

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