
 Schools Division Office of Imus City		Document Title:	
		<b>STUDY LEAVE CHECKLIST</b>	
NAME:		CONTACT NO.:	
REQUIREMENTS:		REQUIRED COPIES	REMARKS
Letter request noted by the immediate supervisor (ROP)		3	
Indorsement of the SDS		3	
Duly filled-up and signed CSC Form 6		3	
Schedule of Study Leave		3	
Memorandum of Agreement		3	
School/SDO Clearance		3	
Certification without substitution (for Teachers)		3	
Certificate of bonafide employee		3	
Updated Service Record		3	
Permit to Study		3	
Performance Ratings		3	
Medical Certificate (Physically Fit)		3	
<b>Additional Requirement for Scholarship Grant Abroad:</b>			
Form A (if the travel is on OB/OT), DepEd Order No. 43, s. 2014		3	
Justification (DepEd Memorandum No. 8, s. 2018)		3	
Curriculum Vitae		3	
Notarized Waiver (acknowledging the risks involved in traveling) Item A (2d) of the resolution No. 80, s. 2020 by IATF-MEID Dated Oct. 22, 2020		3	
Certification of teaching/non-teaching Personnel that some one will take over during their travel		3	
<b>EVALUATED BY:</b>			
<b>DATE:</b>			

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