



PAMPANGA STATE  
UNIVERSITY

REPORT FOR DUTY  
REQUEST FORM

Name of Personnel:

(Surname)	(First Name)	(Middle Name)

TYPE OF LEAVE AVAILABLE:

- ☐ Maternity Leave
- ☐ Sick Leave

PERIOD COVERED:

FROM:

TO:

As per the medical certificate issued by my physician, I was examined and declared fit to work on \_\_\_\_\_.

\_\_\_\_\_  
Signature

Recommending Approval:

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
**Debbie Ann Fatima N. Barrera, MPA**  
Supervising Administrative Officer

\_\_\_\_\_  
Cluster Vice President

Approved:

**ENRIQUE G. BAKING, Ed.D.**  
SUC President III

Note:

- A letter from a licensed physician certifying that the requesting personnel is fit to report for work must be attached to this form.
- This form must be submitted immediately to the HRD after it has been approved by the University President.