(OFFICIAL LETTERHEAD OF AGENCY)

<u>(DATE)</u>

CERTIFICATE OF EMPLOYMENT

TO WHOM IT MAY CONCERN:

This is to certify that as appearing in the records of this Office, **Mr./Ms.** (COMPLETE NAME), with <u>GSIS BP NUMBER</u>, is an employee of the (COMPLETE AGENCY NAME), a (AGENCY TYPE - GFI, GOCC, LGU, NG, etc.). He/she is holding the position of (POSITION TITLE) with Salary Grade (SG/Job Level or SG equivalent). As such, he/she receives an annual basic salary of (AMOUNT).

As a permanent employee since <u>(MONTH/DAY/YEAR)</u>, his/her length of service in the government is <u>(YEARS IN SERVICE)</u>. Based on records, Mr./Ms. (SURNAME) has premium payments for the last six (6) months.

This certification is being issued upon the request of Mr./Ms. (SURNAME) as a requirement for his/her application in the GSIS Scholarship Program for AY 2019-2020.

AGENCY AUTHORIZED OFFICER (i.e. Personnel Manager/HR Officer) Position Title

(OFFICIAL LETTERHEAD OF SCHOOL)

<u>(DATE)</u>

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that based on our records, Mr./Ms. <u>(COMPLETE NAME OF</u> <u>STUDENT)</u> is qualified to enroll or enrolled as incoming college freshman in <u>(COMPLETE COURSE TITLE)</u>, a <u>(COURSE DURATION)</u> year degree course for AY 2019-2020.

This certification is being issued upon the request of Mr./Ms. (SURNAME) as a requirement for his/her application in the GSIS Scholarship Program for AY 2019-2020

AUTHORIZED SCHOOL OFFICER (i.e. Admission Officer/Registrar) Position Title