



# Human Resources Development Office

UP Diliman, Quezon City

## REQUEST SLIP FORM

|   |  |
|---|--|
| Name  |  |
| Unit / College  |  |
| Tel. no.  |  |
| Date Requested  |  |
| <input checked="" type="checkbox"/> DOCUMENT REQUESTED  |  |
| Service Record (SR)   |  |
| Certificate of Employment (CE)  |  |
| Certificate of No Pending Administrative Case (CNPAC)   |  |
| Certificate of Employment and Compensation (CEC)  |  |
| Certificate of Leave Credits (CLC)  |  |
| <input checked="" type="checkbox"/> PURPOSE   |  |
| For GSIS  |  |
| <input type="checkbox"/> Loans: <input type="checkbox"/> Salary <input type="checkbox"/> Policy <input type="checkbox"/> Others _____                           |  |
| <input type="checkbox"/> Maturity of Policy / Re-Insurance  |  |
| For UP Provident Fund, Inc.   |  |
| For Pag-ibig: <input type="checkbox"/> Loan <input type="checkbox"/> Maturity <input type="checkbox"/> Others   |  |
| For Travel Abroad: Place & Date of Travel   |  |
| For PHILHEALTH  |  |
| For Housing   |  |
| For Separation: <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Non-renewal <input type="checkbox"/> Transfer |  |
| For Hospitalization   |  |
| For Personal Reason (Specify)   |  |
| Others:   |  |
| Requested by:   |  |



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| For Personal Reason (Specify)   |  |
| Others:   |  |
| Requested by:   |  |

### FOLLOW-UP SLIP

COPY FOR EMPLOYEE

|                                     |                     |
|-------------------------------------|---------------------|
| Name of Employee                    |                     |
| Unit / College                      |                     |
| Date Requested                      |                     |
| Document Requested                  | CE SR CEC CLC CNPAC |
| TO BE FILLED UP BY HRDO STAFF       |                     |
| Received by: _____                  | Date: _____         |
| <small>(Name of HRDO Staff)</small> |                     |

9818500  
loc. 2565  
loc. 2566  
loc. 2564

### FOLLOW-UP SLIP

COPY FOR EMPLOYEE

|                                     |                     |
|-------------------------------------|---------------------|
| Name of Employee                    |                     |
| Unit / College                      |                     |
| Date Requested                      |                     |
| Document Requested                  | CE SR CEC CLC CNPAC |
| TO BE FILLED UP BY HRDO STAFF       |                     |
| Received by: _____                  | Date: _____         |
| <small>(Name of HRDO Staff)</small> |                     |

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