



LETTER OF REINSTATEMENT FORM

(Date)

President

This University

Sir / Madam:

Greetings!

Please accept this letter as a formal notice of my reinstatement to my position as

_____ at the _____

effective this _____ in relation to the completion or expiration of my _____ .

Attached herewith are the requirements for my reinstatement.

(Please check the applicable requirements)

SCHOLARSHIP

- Official Transcript of Records
- Diploma
- Thesis/Dissertation

**SABBATICAL LEAVE
(Rest and Recreation)**

- Medical Clearance

**MAGNA CARTA LEAVE FOR WOMEN
/ MATERNITY LEAVE**

- Medical Clearance

**SABBATICAL LEAVE
(With Output)**

- Research Output
- Book
- Extension Report
- Creative Work Output
- Others: _____

REHABILITATION LEAVE

- Medical Clearance

**LEAVE WITHOUT PAY
(One Semester and above)**

- Medical Clearance

OTHERS _____

Thank you!

Very Respectfully,

Recommending Approval:

Dean/Director

VP, _____

Approved:

President