

ANNEX B

CERTIFICATE OF COMPLETE STAFF WORK

This is to certify that by signing the attached **MEMORANDUM FOR THE SECRETARY** with the subject **REQUEST FOR EXEMPTION AS OFFICE SKELETAL WORK FORCE DURING THE COVID-19 PANDEMIC**: (i) we confirm that we have thoroughly read, reviewed and evaluated the documents endorsed for the Secretary's approval/signature; (ii) that they are correct and in accordance with applicable rules, policies, issuances, regulations and protocols of the Department; and (iii) that we assume responsibility and accountability for any consequence that may arise by reason of our recommendation and/or endorsement for the Secretary's approval/signature.

	Signature	Date Received/ Reviewed	Date of Release	Recommendation
Originating Unit				
Name <i>Unit</i>				
Bureau/Office Head Concerned				
Name <i>Unit</i>				
Director of Administrative Services				
DOE Doctor/Medical Consultant				
Director of Legal Services				
Assistant Secretary Supervising Legal Services				
Assistant Secretary for Administrative Services				
Undersecretary for Administrative Services				

Attached hereto is a copy of the Memorandum/Legal Opinion from the Legal Services

MEMORANDUM FOR THE SECRETARY

Thru : **Undersecretary Raul B. Aguilos, CESO I**
Assistant Secretary Robert B. Uy
Assistant Secretary Gerardo B. Erguiza, Jr.

From : **(Name), Position**
Unit

Subject : **Application for the Exemption in the Skeleton Work Force**

Date : **xx Month 202x**

A. INTRODUCTION

1. Describe unit, function and workload.
2. Cite justification/s for exemption in the SWF.

B. MANDATE

3. Unit Mandate

C. FACTS

4. Cite Clinical Abstract (Annex A - Medical Certificate and other relevant clinical results)

D. ACTION REQUESTED

5. I would like to respectfully request for the approval of my application for the Exemption in the Skeletal Work Force.

APPROVE / DISAPPROVED

ALFONSO G. CUSI
Secretary