Date:

**NOTIFICATION SLIP**

**(FOR RENEWAL OF CONTRACT OF JOB ORDER STAFF)**

Kindly check the appropriate box for contract renewal of your staff

Office/ College:

For The Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME** **OF STAFF to be renewed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |
|  |  |  🞏 1 month | 🞏 2 months | 🞏 3 months 🞏 Non-renewal |

Remarks:

 Signature over Printed Name of Immediate Supervisor