



Office of the Ombudsman

Mindanao Regional Office

Ground Floor, ALU Bldg., Kauswagan National Highway, Cagayan de Oro City

Telefax no. (08822) 714-752 ; Mobile no. 0917-566-2236

APPLICATION FOR OMBUDSMAN CLEARANCE

- IMPORTANT:**
1. Please provide all information requested. *Incomplete application will NOT be processed or will be returned to the applicant;*
 2. Attach **ORIGINAL / AUTHENTICATED** copy of **UPDATED** Service Record;
 3. File not earlier than *three (3) months* for civilian employees and *six (6) months* for AFP/PNP/BJMP/BFP before retirement/resignation date;
 4. No fee required.

Sir:

I respectfully request your good office to issue a clearance in my favor:
 (Please indicate your purpose by checking [] the appropriate box)

<input type="checkbox"/> Retirement/Resignation	→ Effective Date:	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; text-align: center;">Month</td> <td style="width: 20px; text-align: center;">Day</td> <td style="width: 20px; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Month	Day	Year			
Month	Day	Year						
<input type="checkbox"/> Promotion	<input type="checkbox"/> Appointment							
<input type="checkbox"/> Transfer	<input type="checkbox"/> Schooling/Scholarship							
<input type="checkbox"/> NBI Clearance	<input type="checkbox"/> Loan/Binding							
<input type="checkbox"/> PRC License	<input type="checkbox"/> Service Awards							
<input type="checkbox"/> CESB/CESO	<input type="checkbox"/> Change of Name							
<input type="checkbox"/> Travel	<input type="checkbox"/> Employment							

Your kind consideration on this matter will be greatly appreciated.

Very truly yours,

First Name	Middle Name	Last Name
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Home Address: _____

Name of Office or Agency: _____

Position/Item: _____

Office Address: _____

Tel. / Cellphone No.: _____

Signature

FOR OMBUDSMAN USE ONLY:

Remarks: _____

Verified: _____ Date: _____

INFORMATION SHEET

1. Name of Applicant _____
First Name
Middle Name
Last Name

2. Date of Birth _____ 3. Place of Birth _____

4. City Address _____

5. Provincial Address _____

6. (a) Civil Status _____ 6. (b) Sex _____ 7. Name of Spouse _____

8. HISTORY OF EMPLOYMENT

8. (a) GOVERNMENT SERVICE

	<u>NAME OF OFFICE</u>	<u>POSITION</u>	<u>INCLUSIVE DATE</u>	<u>CAUSE OF SEPARATION</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

8. (b) PRIVATE OFFICE

	<u>NAME OF OFFICE</u>	<u>POSITION</u>	<u>INCLUSIVE DATE</u>	<u>CAUSE OF SEPARATION</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

9. Have you been criminally or administratively charged before any court or administrative body? _____
 if so state the:

Case No.: _____ **and RESULT:** _____

I DECLARE UNDER THE PENALTIES OF PERJURY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ Date Accomplished _____ Signature