



OVCA FORM 109: LETTER OF RECOMMENDATION FOR PERMANENCY

Date: _____

For: **DLSHSI Institutional APEB/ASPEB**

THROUGH: **Naomi M. de Aro, RN, MAN, EdD**
Vice Chancellor for Academics
Chair, Institutional APEB

From: _____
Dean/Director
Chair, College/Department of _____ APEB/AFPEB

Attested: _____
Department Chair/Program Director
Member, College/Department of _____ APEB/ASFEB

Senior Faculty Member/ASF Representative
Member, College/Department of _____ APEB/ASFEB

This is to inform the Institutional APEB/ASPEB of the decision and recommendation of the College/Department of _____ APEB regarding the status of the following faculty members/ASF who are candidates for permanency effective () First/ () Second/ () Third Semester/Term of SY 20____-20 ____.

NAME OF FACULTY MEMBER/ASP	DEPARTMENT	DECISION/ RECOMMENDATION	REMARKS

Attached are the pertinent documents that support the decision of the College/Department of _____ APEB/ASPEB for your perusal.

Thank you very much.

cc: File