



Individual Certification of Deloading and Employment

This is to certify that Mr. / Ms. **SERICA JOY M. COMPENDIO**, who is a grantee under the Scholarships for Graduate Studies - Local grant of the Commission on Higher Education is/has been connected with our institution, **VISAYAS STATE UNIVERSITY** from the **commencement of the scholarship grant** up to date

In compliance with the eligibility requirements of the grant, we further certify that:

1. The abovementioned personnel has been affected by the implementation of RA 10533, or the Enhanced Basic Education Act of 2013, during his / her engagement in the institution, and thus have had reduced teaching load or workload.
2. The teaching load/workload of the grantee with our institution, for all terms (including summer/special terms) from the commencement of the grant up to present / up to his/her graduation is as follows:

Term	Months Covered (MM/YYYY-MM/YYYY) <i>If the grant had not yet commenced, write "N/A"</i>	No. of Units OR No. of Work hours per week <i>Indicate whether the load provided is in units or no. of hours per week.</i>
First Semester, SY 2016-2017	August, 2016 – December, 2016	N/A
Second Semester, SY 2016-2017	January 2017 – May, 2017	N/A
Summer, SY 2016-2017	June, 2017 – July, 2017	N/A
First Semester, SY 2017-2018	August, 2017 – December, 2017	N/A
Second Semester, SY 2017-2018	January, 2017 – May 2018	N/A
Summer, SY 2017-2018	June, 2018 – July 2018	N/A
First Semester, SY 2018-2019	August, 2018 – December, 2018	N/A
Second Semester, SY 2018-2019	January, 2019 – May, 2019	N/A
Summer, SY 2018-2019	June, 2019 – July, 2019	N/A
First Semester, SY 2019-2020	August, 2019 – December, 2019	N/A
Second Semester, SY 2019-2020	January, 2020 – May, 2020	N/A