\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

**RANDOLPH B. TORTOLA**

Schools Division Superintendent

Department of Education- El Salvador City Division

Poblacion, El Salvador City

Dear **Mr. Tortola:**

The undersigned intends to avail of the optional/mandatory retirement under Republic Act No. 8291 effective **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. For this purpose, his/her preferred mode of payment is through the **Advice to Debit Account (ADA)** payable to his/her account indicated below.

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

He/she understands that he/she has to submit the documents listed in the Checklist, within the prescribed period, to ensure that he/she receives his/her retirement benefits within thirty (30) days from the date of his/her actual retirement in accordance to Department of Budget and Management Circular No. 2013-1, as amended.

Thank you.

Very truly yours,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature over printed name of employee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (state current position and station)

 El Salvador City Division

Approved by:

**RANDOLPH B. TORTOLA**

Schools Division Superintendent