



Mabalacat City College

Mabalacat City



Date: _____

ACCOMPLISHMENT REPORT

Name: _____

Age: _____

Address: _____

Office: _____

As _____ EMPLOYEE of the LGU/MCC of Mabalacat City, Xevera, Tabun, Mabalacat Pampanga, I worked at the Office of the _____.

Description of Work:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

I certify the above-cited information are true and correct.

Signature over Printed Name of Employee

Immediate Supervisor