

APPOINTMENT CERTIFICATE WORKSHEET

NAME: _____

(Clearly print your name as you would like it to appear on your certificate)

ENTER ON DUTY DATE (EOD) : _____

IMMIGRATION COURT: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

Return the worksheet to Glenda Viray

***Ms. Viray will forward the form to
Marcia Cato at OCIJ Headquarters***