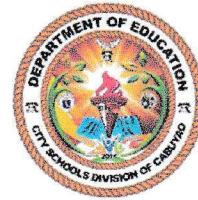


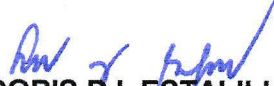


Republic of the Philippines
Department of Education
Region IV-A CALABARZON
CITY SCHOOLS DIVISION OF CABUYAO



MEMORANDUM

TO : OIC – Assistant Schools Division Superintendent
Chief, Curriculum Implementation Division
OIC – Chief, School Governance and Operation Division
All Elementary & Secondary Officers-In-Charge & School Heads
All Division Personnel
All Others Concerned

FROM : 
DORIS DJ. ESTALILLA
Officer-In-Charge
Schools Division Superintendent

SUBJECT : **CHECKLIST OF REQUIREMENTS FOR ALL SCHOOLS DIVISION
PERSONNEL TRANSACTIONS AND NEW TRAVEL ORDER
FORMAT**

DATE : May 7, 2018

Anent the Regional Memorandum No. 227: Checklist of Requirements for Personnel Section's Actions dated April 20, 2018; to observe uniformity, this Office reiterates strict compliance on attaching the complete necessary and pertinent documents that support the relative transactions/requests with the Schools Division Personnel.

Furthermore, local travel must be accompanied by New Revised Format of Travel Order and must be submitted 3 to 5 days prior the date(s) of your travel. It can be downloaded at <http://depedcabuyao.ph/downloads/forms/>.

All requests, documents, travel orders and the like must be submitted directly to the Records Section located at the old SPED room, Cabuyao Central Elementary School.

Immediate and widest dissemination of this memorandum is desired.

UM 173 s. 2018



ISO 9001 : 2015



AUTHORITY TO TRAVEL

Division of Cabuyao

INSERT SCHOOL NAME



Name of school

DEPED-4A-GF082002-18

DOCUMENT NO.

VERSION NO.
1.0

REVISION NO.
0.2

EFFECTIVITY DATE:
2 March 2018

Page 1 of 1

Division Reference Number

TO BE PROVIDED BY DIVISION OFFICE

Date

Click or tap to enter a date.*

NAME OF OFFICIAL/EMPLOYEE

DESIGNATION & STATION

Click or tap here to enter text.

LAST NAME, FIRST NAME MI *

Click or tap here to enter text.

PURPOSE: Click or tap here to enter text.

DESTINATION: Click or tap here to enter text.*

PERIOD OF TRAVEL

FROM

Click or tap to enter a date.*

TO

Click or tap to enter a date.*

Please Check: -

- 1. Official Business
- Cash Advance
- Reimbursement

- 2. Official Time

(NO EXPENSE to be incurred by the Division Office/School)

If it will be personal fund/out of the pocket expense it must be considered Official Time

Estimated Expense-

Registration Fee Php

Transportation

Travel Allowance

On Travel Time only

Full Allowance

TOTAL ESTIMATED

EXPENSES Php

ESTIMATED EXPENSES
MUST BE INDICATED

Requested by:

NAME

Designation

Funds Available- for Official *

Business (specify the source of funds)

Division Fund

LSB Fund

Others: _____

Approved:

IF THE REQUESTED TRAVEL
DESTINATION WILL BE WITHIN
CALABARZON

DORIS DJ. ESTALILLA, Ed. D

OIC - Schools Division

Superintendent

Recommending Approval: *

ASDS OR CHIEF OF CONCERNED DIVISION

DEPARTMENT

Name

Choose an item.

Noted

On Official Time Only

Other Funds:

NATHALIE JOY U. ULEP

Division Accountant III

REPLACED IT WITH THE SCHOOL OWN DESIGNATED

BOOKKEEPER

REMARKS:

1. Insert the Division logo in division level and remove the school logo
2. Insert the division logo and school logo if school level
3. Filled out the all having an asterisk
4. Use separate sheet if there more than 5 person with "See attached File"



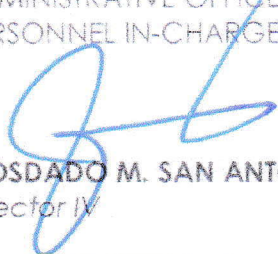
Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
Gate 2 Karangalan Village
1900 Cainta, Rizal



RM-251

DEPED-4A-RM-08C-18- 227

TO : SCHOOLS DIVISION SUPERINTENDENTS
ADMINISTRATIVE OFFICER V
ADMINISTRATIVE OFFICER IV (HRMO)
PERSONNEL IN-CHARGE

FROM : 
DIOSDADO M. SAN ANTONIO
Director IV

SUBJECT : CHECKLIST OF REQUIREMENTS FOR PERSONNEL SECTION'S
ACTIONS

DATE : April 20, 2018

1. In the efforts of this Office to improve core processes, and in order to have smooth operations and delivery of services to our clientele and co-workers, specifically at the Personnel Section, checklist of requirements per transaction have been prepared for reference and compliance.
2. In this regard, all personnel transactions must be accompanied by a checklist of requirements with check-marks (/) in the box as initial proof of compliance.
3. Incomplete requirements shall not be accepted by this Office.
4. Sample checklists are hereby enclosed for information and guidance.
5. Immediate dissemination of and compliance with this memorandum is desired.


Incls.: As stated


Comarichu





True: (02) 682-5773/684-4914 /647-7487
Fax: (02)-2114
Website: calabarzon.ph
Facebook: DEPED-4A Calabarzon
E-mail: region4ed@deped.gov.ph





			Checklist for Travel Abroad Personnel Section (08C) DEPED-4A-GF831001-18	
CHECKLIST NO.	VERSION NO. 1.1	REVISION NO. 01	EFFECTIVITY DATE 30 January 2018	Page 1 of 1
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Letter request <input type="checkbox"/> Indorsement of the SDS Principal <input type="checkbox"/> Form 6 (for absence with pay or without pay) <input type="checkbox"/> School Clearance <input type="checkbox"/> Division Clearance <input type="checkbox"/> Form A (If the travel is on OB/OT). DepEd Order No. 43, s. 2014 <input type="checkbox"/> Certification of the principal that someone will take over the class (for teachers who are travelling to present a research or attend an international conference or for medical purposes during school days)				
Remarks: _____ _____				
Checked: _____				


			Checklist for ERF Personnel Section (08C) DEPED-4A-GF831002-18	
CHECKLIST NO.	VERSION NO. 1.1	REVISION NO. 01	EFFECTIVITY DATE 30 January 2018	Page 1 of 1
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Recommendation from the SDS <input type="checkbox"/> Filled-up ERF <input type="checkbox"/> Updated Service Record <input type="checkbox"/> Transcript of Records for MA <input type="checkbox"/> Seminar/Trainings Attended <input type="checkbox"/> Course Curriculum				
Remarks: _____ _____				
Checked: _____				


			Checklist for Reclassification to School Head Position. T-III to HT-I, HT-III to HT-IV, T-III to MT-I Personnel Section (08C) DEPED-4A-GF831003-18	
CHECKLIST NO.	VERSION NO. 1.1	REVISION NO. 01	EFFECTIVITY DATE 30 January 2018	Page 1 of 1
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Indorsement/recommendation from the SDS <input type="checkbox"/> Duty accomplished Form 2012 <input type="checkbox"/> Updated Service Record <input type="checkbox"/> Transcript of Records for Masteral Program/Doctoral <input type="checkbox"/> Ranklist for the current year <input type="checkbox"/> Performance rating for last three (3) consecutive years <input type="checkbox"/> SF-7 for the current year <input type="checkbox"/> Copy of seminar attended (Basic Training Course for School Heads) from NEAP (For Principal applicant only) <input type="checkbox"/> Plantilla Allocation List (MT only) - 4 copies <input type="checkbox"/> List of teachers per subject area (For Secondary) ERF (HT only)				
Remarks: _____ _____				
Checked: _____				


			Checklist for Retirement Personnel Section (08C) DEPED-4A-GF831004-18	
CHECKLIST NO.	VERSION NO. 1.1	REVISION NO. 01	EFFECTIVITY DATE 30 January 2018	Page 1 of 1
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Indorsement from the SDS <input type="checkbox"/> Filled-up GSIS Application Form <input type="checkbox"/> Updated Service Record <input type="checkbox"/> Certificate of Last Payment (get from the Payroll Services/Personnel Section) <input type="checkbox"/> Certificate of No Pending Administrative Case (get from the Legal Section) <input type="checkbox"/> School Clearance <input type="checkbox"/> Division Clearance				
Remarks: _____ _____				
Checked: _____				


			Checklist for PAL Personnel Section (DSC) DEPED-4A-GF831005-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVE DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Indorsement of the SDS <input type="checkbox"/> PAL signed by the SDS (4 copies) <input type="checkbox"/> Approved ERF (Original) (1 copy) <input type="checkbox"/> Updated Service Record (1 copy) <input type="checkbox"/> PSIPOP (for ROP use only)				
Remarks: _____ _____				
Checked: _____				


			Checklist for Certification of Last Payment Personnel Section (DSC) DEPED-4A-GF831007-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVE DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Transmittal letter from the SDO <input type="checkbox"/> Updated service record duly signed by the Administrative Officer <input type="checkbox"/> Special Order of Returned to Duty if there are continuous Leave of Absence without pay <input type="checkbox"/> Computation of PVP (teaching personnel only) <input type="checkbox"/> Approved latest NOSI/NOSA <input type="checkbox"/> Death certificate <input type="checkbox"/> Authorization Letter (if through a representative, present a valid I.D.)				
For Transfer <input type="checkbox"/> Transmittal letter from D.O. <input type="checkbox"/> Updated service record duly signed by AO <input type="checkbox"/> Authorization Letter (if through a representative, present a valid I.D.)				
Checked: _____				


			Checklist for Terminal Leave Personnel Section (DSC) DEPED-4A-GF831006-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVE DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Approved Application for Terminal Leave (CSC Form 6) <input type="checkbox"/> Certificate of Last Payment from the School <input type="checkbox"/> Complete Service Record <input type="checkbox"/> Certificate of Leave of Absences & T/L Computation <input type="checkbox"/> Certification on the Conversion of VL/SL (that no payment of PVP was made) <input type="checkbox"/> Statement of Vacation/Sick Leave Credits (Certified by the HRMO) <input type="checkbox"/> Certificate of Highest Salary Received <input type="checkbox"/> Clearance of Money and Property Accountabilities from District & DO <input type="checkbox"/> Clearance/Approval from GSIS <input type="checkbox"/> Copy of Last Appointment/CSC Appointment <input type="checkbox"/> Statement of Assets, Liabilities and Net worth (SALN) <input type="checkbox"/> Latest NOSI/NOSA <input type="checkbox"/> PSIPOP (Planilla) <input type="checkbox"/> Original Leave Card <input type="checkbox"/> Copy of GSIS Application for Retirement & Other Social Insurance Benefits <input type="checkbox"/> Approved Letter of Intent to Retire (must be approved by the SDS) <input type="checkbox"/> NSO Marriage Certificate for change of name of married women <input type="checkbox"/> Special Order (if any)				
Additional Requirements for SDS only: <input type="checkbox"/> Clearance from DepEd Regional Office & DepEd				
Additional Requirements in case of death claim: <input type="checkbox"/> Decision/Designation of Beneficiaries from the Legal Unit (RO) <input type="checkbox"/> Affidavit of Next of Kin/Levabagal Heirs <input type="checkbox"/> Marriage Contract <input type="checkbox"/> Death Certificate <input type="checkbox"/> Birth Certificate of Beneficiaries <input type="checkbox"/> GSIS Application for Survivorship <input type="checkbox"/> Waiver of Rights (Optional)				
Remarks: _____ _____				
Checked: _____				


			Checklist for Updating of Employee's Profile Promotion/Reclassification Personnel Section (DSC) DEPED-4A-GF83108-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Transmittal from D.O./ School (IU) <input type="checkbox"/> Certified thru copy of appointment signed by SDS <input type="checkbox"/> Certified thru copy of appointment signed by SDS of the incumbent up to the last/approved retirement <input type="checkbox"/> GSIS Agency Remittance Advice (ARA) <input type="checkbox"/> Certification of funds availability				
Remarks: _____ _____				
Checked: _____				


			Checklist for Integration for New Employee Personnel Section (DSC) DEPED-4A-GF83109-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Transmittal from D.O./School (IU) with Station number, employee number (if transfer) and name of employees <input type="checkbox"/> Certificate of funds availability <input type="checkbox"/> Certificate of Last Payment <input type="checkbox"/> Certified thru copy of appointment signed by SDS <input type="checkbox"/> Certified thru copy of appointment of the incumbent up to the last/approved retirement <input type="checkbox"/> GSIS ARA if transfer from other region <input type="checkbox"/> BIR 2305 (received by BIR) <input type="checkbox"/> Clear photo copy of ATM account number <input type="checkbox"/> Clear photo copy of GSIS BP number <input type="checkbox"/> Clear photo copy of PAGIBIG ID <input type="checkbox"/> Clear photo copy of Philhealth ID				
Remarks: _____ _____				
Checked: _____				


			Checklist for Notice of Step Increment/Adjustment (NOSI/NOSA) Personnel Section (DSC) DEPED-4A-GF831010-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Transmittal from D.O./ School (IU) <input type="checkbox"/> Certificate of funds availability <input type="checkbox"/> GSIS Agency Remittance Advice (ARA) <input type="checkbox"/> Copy of Notice of Step Increment (NOSI) <input type="checkbox"/> Updated Service Record				
Remarks: _____ _____				
Checked: _____				


			Checklist for Change of Name and Additional Dependent Personnel Section (DSC) DEPED-4A-GF831011-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Transmittal from D.O./ School (IU) <input type="checkbox"/> GSIS Agency Remittance Advice (ARA) <input type="checkbox"/> Special order <input type="checkbox"/> 2305 received by BIR <input type="checkbox"/> Waiver if wife is the claimant of dependent				
Remarks: _____ _____				
Checked: _____				


		Checklist for Request for GSIS Deduction Personnel Section (BSC) DEPED-4A-GF831012-18		
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Letter request for deduction (indicate your GSIS BP number) <input type="checkbox"/> Copy of voucher <input type="checkbox"/> Photo copy of bank slip <input type="checkbox"/> Photo copy of ID <input type="checkbox"/> Authorization letter w/ valid ID if not the owner				
Remarks: _____ _____				
Checked: _____				

		Checklist for Stoppage of Insurances Personnel Section (BSC) DEPED-4A-GF831013-18		
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
For Insurance <input type="checkbox"/> Request letter <input type="checkbox"/> Photo copy of payslip <input type="checkbox"/> Photo copy of DepEd ID or any valid ID w/ signature <input type="checkbox"/> Authorization letter w/ valid ID if not the owner				
For GSIS <input type="checkbox"/> Certification of stoppage from GSIS				
For PLI's <input type="checkbox"/> Letter request <input type="checkbox"/> Photo copy of payslip <input type="checkbox"/> Attached certification from PLI such as full payment <input type="checkbox"/> Copy of DepEd ID or any valid ID w/ signature <input type="checkbox"/> Authorization letter w/ valid ID if not the owner				
Note: Two (2) copies each for PLI's				
Checked: _____				

		Checklist for Reclassification T II/T III (through PAL) HT I to HT II/III Personnel Section (BSC) DEPED-4A-GF831014-18		
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Recommendation/Indorsement from the SDS (1 copy) <input type="checkbox"/> Plantilla Allocation List (PAL) (4 copies) <input type="checkbox"/> Approved ERF (Original copy) (1 copy) <input type="checkbox"/> Updated Service Record (1 copy) <input type="checkbox"/> PSISOP copy (for ROP use only)				
Remarks: _____ _____				
Checked: _____				

		Checklist for Transfer of Station Personnel Section (BSC) DEPED-4A-GF831015-18		
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Letter request <input type="checkbox"/> Updated Service Record <input type="checkbox"/> Indorsement of the Principal <input type="checkbox"/> Indorsement of the SDS				
Remarks: _____ _____				
Checked: _____				

			Checklist for Application to Vacant Position in the ROP Personnel Section (ORC) DEPED-4A-GF831016-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Personal Data Sheet (PDS) with recent photo <input type="checkbox"/> Performance Ratings for the last 3 rating period (1 SY/CY per rating period) <input type="checkbox"/> Service Record/Certificate of Employment with brief description of duties and responsibilities <input type="checkbox"/> Latest approved appointment <input type="checkbox"/> Transcript of Records (TOR), authenticated by the institution/university <input type="checkbox"/> Photocopy of Licenses/Proof of Eligibility, authenticated by appropriate Institution, i.e. PRC, CSC <input type="checkbox"/> Certificate of training relevant to the position being applied (must not be Credited during the last promotion) <input type="checkbox"/> Proof of Outstanding Accomplishments				
Remarks: _____ _____ _____				
Checked: _____				

			Checklist for Study Leave Personnel Section (ORC) DEPED-4A-GF831017-18	
CHECKLIST NO.	VERSION NO.	REVISION NO.	EFFECTIVITY DATE	Page 1 of 1
	1.1	01	30 January 2018	
Name: _____ Position: _____ Division: _____				
<input type="checkbox"/> Letter request noted by the immediate supervisor (ROP) <input type="checkbox"/> Indorsement of the SDS <input type="checkbox"/> Duly filled-up and signed CSC Form 6 <input type="checkbox"/> Schedule of Study Leave <input type="checkbox"/> Memorandum of Agreement <input type="checkbox"/> School/SDO Clearance <input type="checkbox"/> Certification without substitution (for Teachers) <input type="checkbox"/> Certificate of bonafide employee <input type="checkbox"/> Updated Service Record <input type="checkbox"/> Permit to Study <input type="checkbox"/> Performance Ratings <input type="checkbox"/> Medical Certificate (Physically Fit)				
Checked: _____				