



Republic of the Philippines
Department of Education
Region IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE

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| DEPED - QUEZON ICT UNIT |
| UPLOADED |
| Date/Time: MAY 11 2022 |
| By: <u>Chickell 2:14 PM</u> |
| Ref. no. <u>DM 032 s: 2022</u> |


10 May 2022

DIVISION MEMORANDUM
DM No. 032, s. 2022

**SUBMISSION OF PERTINENT DOCUMENTS OF ALL NEWLY HIRED, PROMOTED,
AND RECLASSIFIED TEACHING AND NON-TEACHING PERSONNEL
FOR SALARY PAYMENT AND INTEGRATION FOR THE 2ND QUARTER OF CY 2022**

To: Assistant Schools Division Superintendents
Division Chiefs
Public Elementary and Secondary School Heads
All Others Concerned

1. To expedite the processing of salary payment and integration for the 2nd quarter of CY 2022, please be advised that all newly hired, promoted, and reclassified teaching and non-teaching personnel shall submit their respective pertinent documents for salary payment and salary integration once they have already rendered at least one month of government service.
2. Likewise, all pertinent documents/attachments must be provided completely for the continuous processing of payments and inclusion to regular payroll to RPSU.
3. **Deadline of submission is on or before May 30, 2022.** As such, submit pertinent papers to the division office or respective sub-offices.
4. Hereto attached is the copy of checklist for claims and other benefits.
5. Immediate dissemination of this Memorandum is earnestly desired.


ELIAS A. ALICAYA JR., EdD
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Admmda05/10/2022

DEPEDQUEZON-TM-SDS-04-009-003



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Email Address: quezon@deped.gov.ph
Website: www.depedquezon.com.ph



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Processing of Salaries and Other Benefits

- The Administrative Clerk receives and encodes the documents from the Person in charge of records.
- The Administrative Clerk distributes to assigned payroll clerks/ AO II for elementary and secondary levels.
- The Payroll Clerk/AO II sorts out document by categories, such as regular payment, salary differential, substitute, other bonuses.
- The Payroll Clerk/AO II checks and evaluates the computation on disbursement vouchers based on the submitted Daily Time Record (DTR).
- The Payroll Clerk/AO II encodes the data in the payroll system for submission in the Accounting and Cash Section.

Processing of Salary Integration

- The Administrative Clerk receives from the Person in charge the request for salary integration and forwards to Payroll Clerk/AO II.
- The Payroll Clerk/AO II receives the pertinent documents for integration and sorts out the document by categories such as Original (Appointment), Promotion, Transfer, etc.
- The Payroll Clerk/AO II encodes the data in the Master File Update.
- The Payroll Clerk/AO II prepares the softcopy of Master File Update for submission at the RPSU.



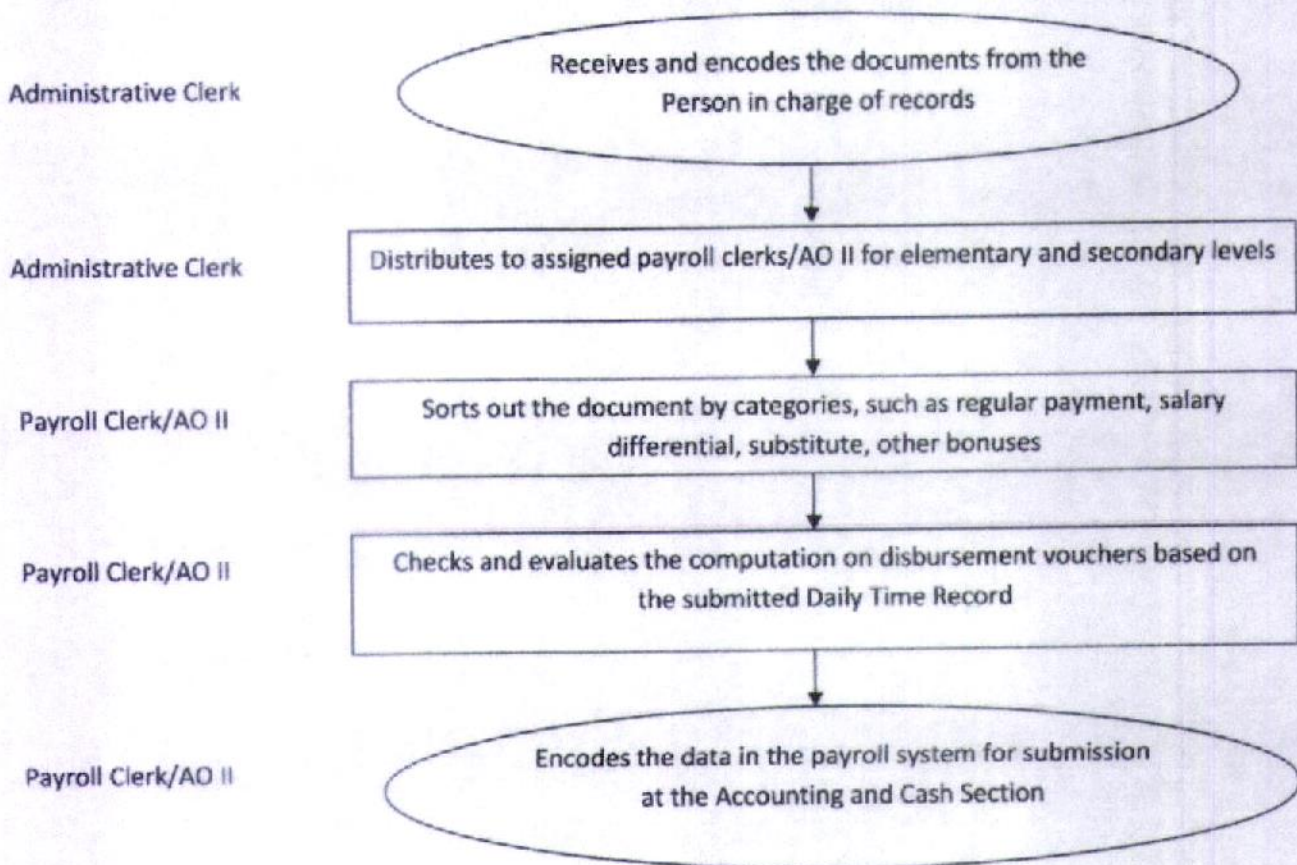
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Processing of Salaries and Other Benefits



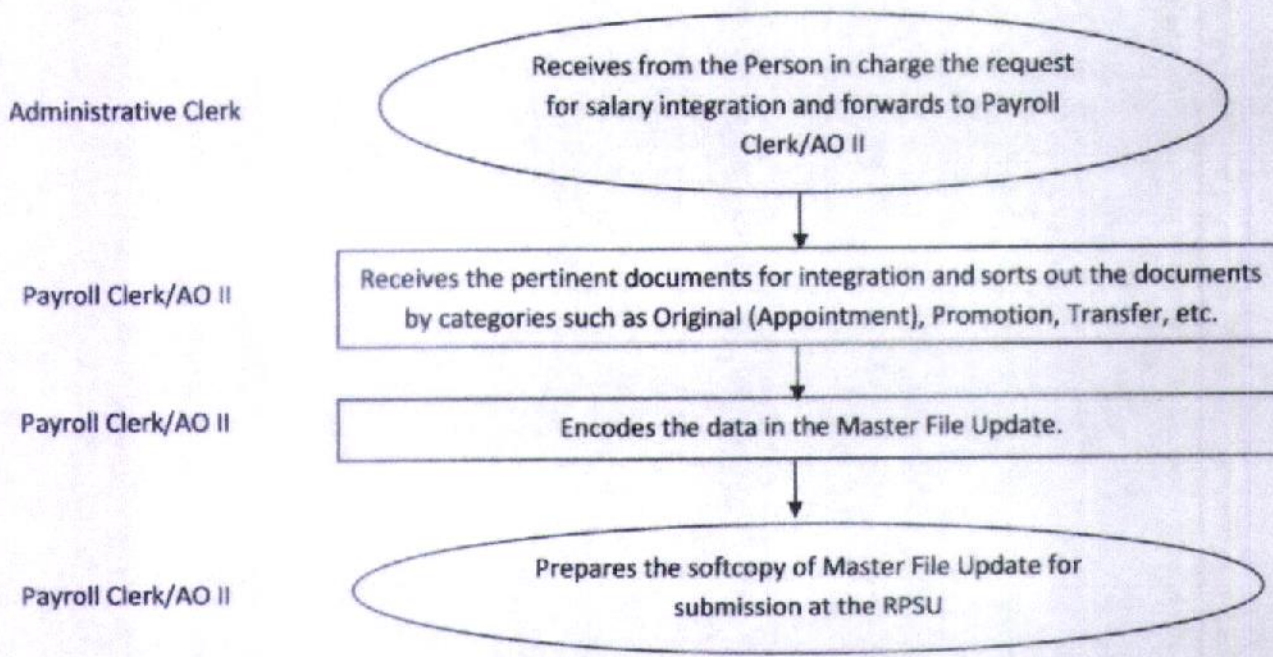
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Processing of Salary Integration



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Checklist for Integration for **NEWLY HIRED ORIGINAL/NATURAL VACANCY (ELEMENTARY, JHS, AND SHS)**

Name: _____
District/School: _____

1 Copy each

- Certified True Copy of Appointment signed by SDS
- Certified True Copy of Appointment signed by SDS of the incumbent up to the last/ approved retirement
- First Day of Service
- BIR 1902/2305 (received by BIR)
- Photocopy of GSIS Business Partner # (BP)
- Clear Copy of ATM account # or Snapshot
- Photocopy of Pag-Ibig ID/MDF with MID no.
- Photocopy of PhilHealth ID and MDR under DepEd

DEPEDQUEZON-SDO-ADM-04-010-004



Checklist for Integration for **NEWLY HIRED ORIGINAL/NATURAL VACANCY (ELEMENTARY, JHS, AND SHS)**

Name: _____
District/School: _____

1 Copy each

- Certified True Copy of Appointment signed by SDS
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- First Day of Service
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- Photocopy of GSIS Business Partner # (BP)
- Clear Copy of ATM account # or Snapshot
- Photocopy of Pag-Ibig ID/MDF with MID no.
- Photocopy of PhilHealth ID and MDR under DepEd

DEPEDQUEZON-SDO-ADM-04-010-004



Checklist for Integration for **REEMPLOYMENT/
REAPPOINTMENT/REINSTATEMENT**
(ELEM., JHS AND SHS)

Name: _____
District/School: _____

1 Copy each

- Certified True Copy of Appointment signed by SDS
- Certified True Copy of Appointment signed by SDS of the incumbent up to the last/ approved retirement
- First Day of Service
- BIR 1902/2305 (**Received by BIR**) -
(if transferred from IU or Other Division Office/Agency)
- BIR 2316 for (**REAPPOINTMENT**)
(if transferred from other Division/Agency)
- Clear Copy of ATM account # or Snapshot
- Clear copy of Latest Payslip
(if REAPPOINTMENT from DepEd)
- Photocopy of Pag-Ibig ID/MDF with MID no.
- Photocopy of PhilHealth ID and MDR under DepEd
- Agency Remittance Advice (ARA) and Acknowledgement (from GSIS)

DEPEDQUEZON-SDO-ADM-04-012-005

Checklist for Integration for **REEMPLOYMENT/
REAPPOINTMENT/REINSTATEMENT**
(ELEM., JHS AND SHS)

Name: _____
District/School: _____

1 Copy each

- Certified True Copy of Appointment signed by SDS
- Certified True Copy of Appointment signed by SDS of the incumbent up to the last/ approved retirement
- First Day of Service
- BIR 1902/2305 (**Received by BIR**) -
(if transferred from IU or Other Division Office/Agency)
- BIR 2316 for (**REAPPOINTMENT**)
(if transferred from other Division/Agency)
- Clear Copy of ATM account # or Snapshot
- Clear copy of Latest Payslip
(if REAPPOINTMENT from DepEd)
- Photocopy of Pag-Ibig ID/MDF with MID no.
- Photocopy of PhilHealth ID and MDR under DepEd
- Agency Remittance Advice (ARA) and Acknowledgement (from GSIS)

DEPEDQUEZON-SDO-ADM-04-012-005

Checklist for Integration for **TRANSFER/
PROMOTION**(JHS, SHS)
*(If transferred from IU/Autonomous/other Division/
Agency)*

Name: _____
District/School: _____

1 Copy each

- Certified True Copy of Appointment signed by SDS
- Certified True Copy of Appointment signed by SDS of the incumbent up to the last/ approved retirement
- First Day of Service
- BIR 1902/2305 (received by BIR)-(If transferred from IU or Other Division/Agency)
- BIR 2316 (If transferred from Autonomous Schools or Other Division/ Agency)
- Clear Copy of ATM account # or Snapshot
- Photocopy of Pag-Ibig ID/MDF with MID no.
- Photocopy of PhilHealth ID and MDR under DepEd
- Certificate of Last Payment
- Clear copy of Latest Payslip
- Agency Remittance Advice (ARA) and Acknowledgement (from GSIS)

DEPEDQUEZON-SDO-ADM-04-009-004

Checklist for Integration for **TRANSFER/
PROMOTION**(JHS, SHS)
*(If transferred from IU/Autonomous/other Division/
Agency)*

Name: _____
District/School: _____

1 Copy each

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- Clear Copy of ATM account # or Snapshot
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- Certificate of Last Payment
- Clear copy of Latest Payslip
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DEPEDQUEZON-SDO-ADM-04-009-004

Checklist for Integration for **PROMOTION/
RECLASSIFICATION/TRANSFER (ELEM.
JHS AND SHS)**
(if the salary is uncut)

Name: _____
District/School: _____

1 Copy each

- Clear copy of Latest Payslip
- Certified True Copy of appointment signed by SDS
- Certified True Copy of Appointment signed by SDS of the incumbent up to the last/ approved retirement
- First Day of Service
- Agency Remittance Advice (ARA) and Acknowledgement (from GSIS)

DEPEDQUEZON-SDO-ADM-04-007-004

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(if the salary is uncut)

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DEPEDQUEZON-SDO-ADM-04-007-004

CHECKLIST FOR YEAR END BONUS AND CASH GIFT

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (IF PAYMENT TO BE MADE BY DISTRICTS/SCHOOLS (3 copies)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Payroll from region (in case of Bonus Differential)
- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

DEPEDQUEZON-SDO-ADM-04-015-004



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CHECKLIST FOR YEAR END BONUS AND CASH GIFT

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
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- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

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CHECKLIST FOR YEAR END BONUS AND CASH GIFT

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Payroll from region (in case of Bonus Differential)
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CHECKLIST FOR CHALK/CASH/CLOTHING ALLOWANCE

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (IF PAYMENT TO BE MADE BY DISTRICTS/SCHOOLS (3 copies)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Clear copy of ATM account number

DEPEDQUEZON-SDO-ADM-04-016-003

CHECKLIST FOR CHALK/CASH/CLOTHING ALLOWANCE

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (IF PAYMENT TO BE MADE BY DISTRICTS/SCHOOLS (3 copies)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Clear copy of ATM account number

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CHECKLIST FOR CHALK/CASH/CLOTHING ALLOWANCE

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Clear copy of ATM account number

DEPEDQUEZON-SDO-ADM-04-016-003

CHECKLIST FOR CHALK/CASH/CLOTHING ALLOWANCE

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Clear copy of ATM account number

DEPEDQUEZON-SDO-ADM-04-016-003

CHECKLIST FOR PRODUCTIVITY ENHANCEMENT INCENTIVE (PEI)

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

DEPEDQUEZON-SDO-ADM-04-014-004

CHECKLIST FOR PRODUCTIVITY ENHANCEMENT INCENTIVE (PEI)

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

DEPEDQUEZON-SDO-ADM-04-014-004

CHECKLIST FOR PRODUCTIVITY ENHANCEMENT INCENTIVE (PEI)

Name: _____
District/School: _____

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- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

DEPEDQUEZON-SDO-ADM-04-014-004

CHECKLIST FOR MATERNITY DOUBLE PAY/SALARY

Name: _____
District/School: _____

DISBURSEMENT VOUCHER (3 COPIES)

FORM 6 (3 COPIES)

Medical Certificate (3 copies)

Return to Duty (3 copies)

Budget Matrix (if **Secondary**) (3 copies)

DTR (noted Maternity Leave)

Birth Certificate (if Maternity Leave Salary)

Payslip

Clear copy of ATM account number

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Clear copy of ATM account number

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CHECKLIST FOR LOYALTY PAY

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (if the payee is more than 1)
- Appointment (3 copies)
- Service Record
- Clear copy of ATM account number

DEPEDQUEZON-SDO-ADM-04-018-003

CHECKLIST FOR LOYALTY PAY

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (if the payee is more than 1)
- Appointment (3 copies)
- Service Record
- Clear copy of ATM account number

DEPEDQUEZON-SDO-ADM-04-018-003

CHECKLIST FOR LOYALTY PAY

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (if the payee is more than 1)
- Appointment (3 copies)
- Service Record
- Clear copy of ATM account number

DEPEDQUEZON-SDO-ADM-04-018-003

CHECKLIST FOR LOYALTY PAY

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- PAYROLL (if the payee is more than 1)
- Appointment (3 copies)
- Service Record
- Clear copy of ATM account number

DEPEDQUEZON-SDO-ADM-04-018-003

CHECKLIST FOR MID-YEAR BONUS

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Payroll from region (in case of Bonus Differential)
- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

DEPEDQUEZON-SDO-ADM-04-017-004

CHECKLIST FOR MID-YEAR BONUS

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Payroll from region (in case of Bonus Differential)
- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

DEPEDQUEZON-SDO-ADM-04-017-004

CHECKLIST FOR MID-YEAR BONUS

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
- Appointment (3 copies)
- Payroll from region (in case of Bonus Differential)
- Certification of no payment received (if transfer from other govt. agency)
- Clear copy of ATM account number

IF RETIRED/RESIGNED

- Certificate of Last Payment, Division Clearance, ATM account number

DEPEDQUEZON-SDO-ADM-04-017-004

CHECKLIST FOR MID-YEAR BONUS

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- PAYROLL (if the payee is more than 1)
- 1ST DAY OF SERVICE (3 copies)
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- Certification of no payment received (if transfer from other govt. agency)
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DEPEDQUEZON-SDO-ADM-04-017-004

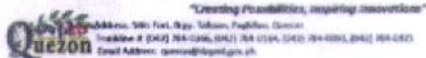
REQUIREMENT FOR LAST SALARY /PVP
(PROPORTIONAL VACATION PAY)
(IF RETIRED/RESIGNED)

Name: _____

District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- CERTIFICATE OF LAST PAYMENT (CLP) 1 COPY
- DIVISION/SCHOOL CLEARANCE (1 COPY)
- PVP (3 COPIES) (if claiming for PVP)
- CLEAR COPY OF ATM (1 COPY)
- SNAPSHOT (1 COPY)

DEPEDQUEZON-SDO-ADM-04-021-001



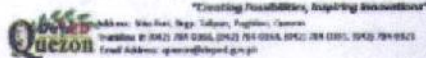
REQUIREMENT FOR LAST SALARY /PVP
(PROPORTIONAL VACATION PAY)
(IF RETIRED/RESIGNED)

Name: _____

District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- CERTIFICATE OF LAST PAYMENT (CLP) 1 COPY
- DIVISION/SCHOOL CLEARANCE (1 COPY)
- PVP (3 COPIES) (if claiming for PVP)
- CLEAR COPY OF ATM (1 COPY)
- SNAPSHOT (1 COPY)

DEPEDQUEZON-SDO-ADM-04-021-001



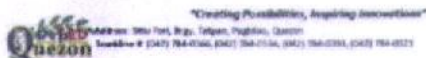
REQUIREMENT FOR LAST SALARY /PVP
(PROPORTIONAL VACATION PAY)
(IF RETIRED/RESIGNED)

Name: _____

District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- CERTIFICATE OF LAST PAYMENT (CLP) 1 COPY
- DIVISION/SCHOOL CLEARANCE (1 COPY)
- PVP (3 COPIES) (if claiming for PVP)
- CLEAR COPY OF ATM (1 COPY)
- SNAPSHOT (1 COPY)

DEPEDQUEZON-SDO-ADM-04-021-001



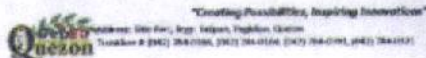
REQUIREMENT FOR LAST SALARY /PVP
(PROPORTIONAL VACATION PAY)
(IF RETIRED/RESIGNED)

Name: _____

District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- CERTIFICATE OF LAST PAYMENT (CLP) 1 COPY
- DIVISION/SCHOOL CLEARANCE (1 COPY)
- PVP (3 COPIES) (if claiming for PVP)
- CLEAR COPY OF ATM (1 COPY)
- SNAPSHOT (1 COPY)

DEPEDQUEZON-SDO-ADM-04-021-001



CHECKLIST FOR FIRST PAYMENT OF SALARY-
ELEMENTARY/SECONDARY
(TRANSFEREE)

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 copy)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- FORM 7 1st month only/ PVP IF APRIL TO
JUNE (3 copies)
- BP NUMBER (1 COPY)
- PHILHEALTH NUMBER (MDR under DEPED-
1 COPY)
- PAG-IBIG NUMBER (MDF WITH MID No.)
(1 copy each)
- BIR FORM 2305/ BIR FORM 1902 with
Stamp received by the BIR
- Payroll (for 2 consecutive months e.g.
Sept 2016-Oct 2016-3 copies)
- Certificate of Last Payment (CLP) if
transferred from other districts/IUs/NON-
IUs/other Division office/company- 3 copies
- School Clearance/ Division Clearance
(3 copies)
- SNAPSHOT FROM LANDBANK/I-ACESS
PRINT OUT (WITH MAINTAINING
BALANCE (1 copy)
- PHOTOCOPY OF ATM CARD-1 COPY

DEPEDQUEZON-SDO-ADM-04-002-003



"Creating Possibilities, Inspiring Innovations"
Address: SDO For. Bldg., Iloilo, Negros, Cebu
Telephone #: (042) 784-0244, (042) 784-0104, (042) 784-0281, (042) 784-0282
Email Address: quezon@deped.gov.ph
Website: www.deped.gov.ph

CHECKLIST FOR FIRST PAYMENT OF SALARY-
ELEMENTARY/SECONDARY
(TRANSFEREE)

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 copy)
- APPOINTMENT (received by CSC-3 copies)
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Website: www.deped.gov.ph

**CHECKLIST FOR SECOND PAYMENT OF SALARY-
ELEMENTARY/SECONDARY (Newly Hired/
Natural Vacancy/Original Appointment/
Reemployment/Transferee)**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 COPIES)
- PAYROLL/PAYSLIP (WHEN INTEGRATED)

DEPEDQUEZON-SDO-ADM-04-003-003



"Creating Possibilities, Inspiring Innovations"
Address: 5th Floor, Bldg. Talpaga, Tagbilaran, Cebu
Telephone #: (0942) 784-0266, (0942) 784-0268, (0942) 784-0269, (0942) 784-0271
Email Address: quezon@deped.gov.ph

**CHECKLIST FOR SECOND PAYMENT OF SALARY-
ELEMENTARY/SECONDARY (Newly Hired/
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(3 COPIES)
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DEPEDQUEZON-SDO-ADM-04-003-003



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Telephone #: (0942) 784-0266, (0942) 784-0268, (0942) 784-0269, (0942) 784-0271
Email Address: quezon@deped.gov.ph

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ELEMENTARY/SECONDARY (Newly Hired/
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District/School: _____

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Telephone #: (0942) 784-0266, (0942) 784-0268, (0942) 784-0269, (0942) 784-0271
Email Address: quezon@deped.gov.ph

**CHECKLIST FOR PAYMENT OF SALARY
ELEMENTARY/SECONDARY (SUBSTITUTE)
FOR ORIGINAL APPOINTMENT**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 COPIES)
- OATH OF OFFICE (3 COPIES)
- STATEMENT OF ASSET, LIABILITIES AND
NET WORTH (3 COPIES)
- APPROVED FORM 6 (3 COPIES)
- INDORSEMENT LETTER FROM THE
BUDGET OFFICER (1 COPY)
- BP NUMBER (1 COPY)
- SNAPSHOT FROM LANDBANK/I-ACCESS
PRINT OUT (WITH MAINTAINING
BALANCE (1 copy)
- PHOTOCOPY OF ATM CARD-1 COPY

FOR REEMPLOYMENT

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 COPIES)
- APPROVED FORM 6 (3 COPIES)
- BP NUMBER (1 COPY)
- SNAPSHOT FROM LANDBANK/
PHOTOCOPY OF ATM CARD/ I-ACCESS
PRINT OUT (WITH MAINTAINING
BALANCE (1 COPY)

DEPEDQUEZON-SDO-ADM-04-004-004



"Creating Possibilities, Inspiring Innovations"
Address: SDO, Inc., P.O. Box 100, Tagaytay, Cavite
Telephone: (042) 284-0200, (042) 284-0100, (042) 284-0101, (042) 284-0102
Email Address: sdo@deped.gov.ph

**CHECKLIST FOR PAYMENT OF SALARY
ELEMENTARY/SECONDARY (SUBSTITUTE)
FOR ORIGINAL APPOINTMENT**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 COPIES)
- OATH OF OFFICE (3 COPIES)
- STATEMENT OF ASSET, LIABILITIES AND
NET WORTH (3 COPIES)
- APPROVED FORM 6 (3 COPIES)
- INDORSEMENT LETTER FROM THE
BUDGET OFFICER (1 COPY)
- BP NUMBER (1 COPY)
- SNAPSHOT FROM LANDBANK/I-ACCESS
PRINT OUT (WITH MAINTAINING
BALANCE (1 copy)
- PHOTOCOPY OF ATM CARD-1 COPY

FOR REEMPLOYMENT

- DISBURSEMENT VOUCHER (3 COPIES)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 COPY)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 COPIES)
- APPROVED FORM 6 (3 COPIES)
- BP NUMBER (1 COPY)
- SNAPSHOT FROM LANDBANK/
PHOTOCOPY OF ATM CARD/ I-ACCESS
PRINT OUT (WITH MAINTAINING
BALANCE (1 COPY)

DEPEDQUEZON-SDO-ADM-04-004-004



"Creating Possibilities, Inspiring Innovations"
Address: SDO, Inc., P.O. Box 100, Tagaytay, Cavite
Telephone: (042) 284-0200, (042) 284-0100, (042) 284-0101, (042) 284-0102
Email Address: sdo@deped.gov.ph

**CHECKLIST FOR FIRST/SECOND PAYMENT OF
SALARY DIFFERENTIAL OF NEWLY PROMOTED
AND RECLASSIFIED PERSONNEL-ELEMENTARY/
SECONDARY**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 copy)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- FORM 7 CORRESPONDING MONTHS
CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)
- PAYROLL/PAYS LIP (when adjusted)-1 copy

DEPEDQUEZON-SDO-ADM-04-006-003

**CHECKLIST FOR FIRST/SECOND PAYMENT OF
SALARY DIFFERENTIAL OF NEWLY PROMOTED
AND RECLASSIFIED PERSONNEL-ELEMENTARY/
SECONDARY**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 copy)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- FORM 7 CORRESPONDING MONTHS
CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)
- PAYROLL/PAYS LIP (when adjusted)-1 copy

DEPEDQUEZON-SDO-ADM-04-006-003

**CHECKLIST FOR FIRST/SECOND PAYMENT OF
SALARY DIFFERENTIAL OF NEWLY PROMOTED
AND RECLASSIFIED PERSONNEL-ELEMENTARY/
SECONDARY**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 copy)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- FORM 7 CORRESPONDING MONTHS
CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)
- PAYROLL/PAYS LIP (when adjusted)-1 copy

DEPEDQUEZON-SDO-ADM-04-006-003

**CHECKLIST FOR FIRST/SECOND PAYMENT OF
SALARY DIFFERENTIAL OF NEWLY PROMOTED
AND RECLASSIFIED PERSONNEL-ELEMENTARY/
SECONDARY**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
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CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)
- PAYROLL/PAYS LIP (when adjusted)-1 copy

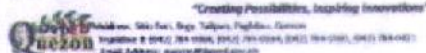
DEPEDQUEZON-SDO-ADM-04-006-003

**CHECKLIST FOR FIRST PAYMENT OF SALARY
DIFFERENTIAL OF NEWLY PROMOTED AND
RECLASSIFIED PERSONNEL-ELEMENTARY/
SECONDARY**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
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(1 copy)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- FORM 7 CORRESPONDING MONTHS
CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)

DEPEDQUEZON-SDO-ADM-04-005-003

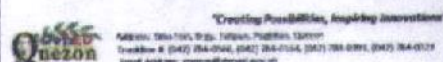


**CHECKLIST FOR FIRST PAYMENT OF SALARY
DIFFERENTIAL OF NEWLY PROMOTED AND
RECLASSIFIED PERSONNEL-ELEMENTARY/
SECONDARY**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 copy)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- FORM 7 CORRESPONDING MONTHS
CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)

DEPEDQUEZON-SDO-ADM-04-005-003

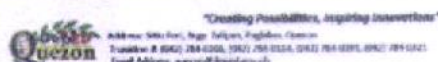


**CHECKLIST FOR FIRST PAYMENT OF SALARY
DIFFERENTIAL OF NEWLY PROMOTED AND
RECLASSIFIED PERSONNEL-ELEMENTARY/
SECONDARY**

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
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- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- FORM 7 CORRESPONDING MONTHS
CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)

DEPEDQUEZON-SDO-ADM-04-005-003

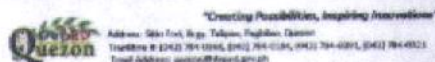


**CHECKLIST FOR FIRST PAYMENT OF SALARY
DIFFERENTIAL OF NEWLY PROMOTED AND
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SECONDARY**

Name: _____
District/School: _____

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CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- RECENT PAYS LIP (3 copies)

DEPEDQUEZON-SDO-ADM-04-005-003



CHECKLIST FOR FIRST PAYMENT OF SALARY-
ELEMENTARY/SECONDARY
(Newly Hired/Natural Vacancy/Original)

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
- ORIGINAL COPY OF DTR
(CORRESPONDING MONTH/S CLAIM)
(1 copy)
- APPOINTMENT (received by CSC-3 copies)
- REPORT OF FIRST DAY OF SERVICE
(3 copies)
- OATH OF OFFICE (3 copies)
- FORM 7 1st month only/ PVP IF APRIL TO
JUNE (3 copies)
- STATEMENT OF ASSET, LIABILITIES AND
NET WORTH (3 copies)
- BP NUMBER (1 COPY)
- PHILHEALTH NUMBER (MDR under DEPED-
1 COPY)
- PAG-IBIG NUMBER (MDF WITH MID No.)
(1 copy each)
- BIR FORM 2305/ BIR FORM 1902 with Stamp
(if transferred from other district/IUs or other
Division Office/company)- 3 copies
- SNAPSHOT FROM LANDBANK/I-ACCESS
PRINT OUT (WITH MAINTAINING
BALANCE (1 copy)
- PHOTOCOPY OF ATM CARD- 1 COPY

DEPEDQUEZON-SDO-ADM-04-019-003



CHECKLIST FOR FIRST PAYMENT OF SALARY-
ELEMENTARY/SECONDARY
(Newly Hired/Natural Vacancy/Original)

Name: _____
District/School: _____

- DISBURSEMENT VOUCHER (3 copies)
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