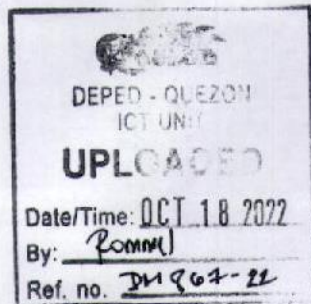




Republic of the Philippines
Department of Education
Region IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE



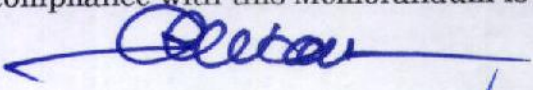
10 October 2022

DIVISION MEMORANDUM
DM No. 167, s. 2022

**CHECKLIST ATTACHMENT ON THE DOCUMENT SUBMISSIONS
TO SUB-OFFICES AND DIVISION OFFICE**

To: Assistant Schools Division Superintendents
Division Chiefs
Unit/Section Heads
Public Schools District Supervisors
Elementary and Secondary School Heads
Records Personnel, Sub-Offices and Division Office
Liaison Officers (LOs) and Alternate Liaison Officers (ALOs)
All Others Concerned

1. **To facilitate the completeness and accuracy of submitted documents**, this Office advises the LOs, ALOs, and Records Personnel both in Sub-Offices and Division Office to **ensure the attachment of the approved checklist to the applicable documents**. This may include documents relative to Human Resource Management, Administrative Services, and other documents with the checklist provided in the Google Link (tinyurl.com/SDO-Templates-Checklist).
2. This is to address the back-and-forth of the documents submitted and ensure smooth transactions.
3. Immediate dissemination and strict compliance with this Memorandum is desired.


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

recsop10/10/2022

DEPEDQUEZON-TM-SDS-04-009-003



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Website: www.depedquezon.com.ph



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

**CERTIFICATE OF EXAMINED DOCUMENTS FOR SUBMISSION TO
THE SCHOOLS DIVISION OFFICE**

This is to certify that I personally examined the documents coming from our school district for submission to the Schools Division Office. This certification ensures that the undersigned did the document checking/ examination in terms of completeness and accuracy, utilization of SDO prescribed templates/ forms, and schedule of submission of documents, to wit:

LIST OF DOCUMENTS FOR SUBMISSION (*You may add or delete number below, if necessary*)

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

(SIGNATURE OVER PRINTED NAME OF THE SCHOOL HEAD)

(DATE SIGNED)

DEPEDQUEZON-SDO-REC-04-007-003



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STUDY LEAVE

Name: _____

District/School _____

- ☐ Civil Service Form 6 Revised 2020 (2 original)
- ☐ Letter request noted by the immediate supervisor
- ☐ Schedule of Study Leave
- ☐ Memorandum of Agreement
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Certification without substitution (for Teachers)
- ☐ Certificate of bonafide employee
- ☐ Updated Service Record (1 original, 2 photocopy)
- ☐ Permit to Study
- ☐ Latest Performance Rating
- ☐ Medical Certificate (Physically Fit)

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TRANSFER TO OTHER DIVISION/AGENCY

Name: _____

District/School _____

- ☐ Series of Indorsement if within DepEd (2 original)
- ☐ Proof that the appointee has been hired/accommodated in the division/agency
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ Approved Certificate of Last Payment (1 original, 1 photocopy)
- ☐ Certificate of Termination of Account from Landbank (1 original)
- ☐ BIR 2316 (1 original)
- ☐ Updated Service Record (1 original)
- ☐ Latest Payslip (1 photocopy)
- ☐ Latest Performance (1 photocopy)

DEPEDQUEZON-SDO-PER-04-078-000



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Name: _____

District/School _____

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**REQUIREMENTS FOR REQUEST FOR
TRANSFER (Rendered at least three (3) years in
present station as permanent)**

Name: _____

District/School _____

- ☐ Letter request for transfer (1 original)
- ☐ 1st indorsement from the district supervisor/
school head (1 original)
- ☐ Updated Service Record (1 original)
- ☐ Three (3) latest consecutive performance
rating (1 photocopy)

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**REQUIREMENTS FOR REQUEST FOR
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DEPEDQUEZON-SDO-PER-04-076-000



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

APPLICATION FOR PERMIT TO TEACH

Date

School Division Superintendent
Schools Division of Quezon Province
Talipan, Pagbilao Quezon

Dear Sir/Madam;

In compliance with Republic Act 6713, Republic Act 3019, CSC MC No. 5, s. 1966 and other CSC Circulars, I have the honor to request permission to teach after office hours. In this connection, I am submitting the following data or information for your reference.

Name of Teacher: _____

Applicant's Assignment:

School: _____

District: _____

School where the applicant plans to teach:

School: _____

Place : _____

Last Performance Rating: _____

LIST OF SUBJECTS TO TEACH

☐ 1st Semester ☐ 2nd Semester ☐ Trimester ☐ Summer SY 20__ - 20__

SUBJECT/S	UNITS	DAY	TIME

Certified Correct:

Signature of Teacher

University Dean

RECOMMENDING APPROVAL:

The undersigned shall require the above-named to comply strictly with all existing rules and regulations regarding permission to study.

District Supervisor/School Head

Approved:

Schools Division Superintendent

DEPEDQUEZON-SDO-PER-04-073-000



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

APPLICATION FOR PERMIT TO STUDY

Name of Applicant: _____ Position: _____
Civil Service Eligibility: _____ Civil Status: _____
Name of School where employed: _____ District: _____
Distance in Kms between official station and college where enrolled: _____

(Name and Location of college where applicant wished to enroll)

Course applied for: _____
Academic Year: _____ Qtr./Sem. Summer: _____
(1st, 2nd, 3rd, 4th)

Course to be taken this term and the schedule:

COURSE TO BE TAKEN	DAYS OF THE WEEK	HOURS OF THE WEEK

Credits or units towards - - - BSE MA Ed. D./Ph.D.
Total number of units previously _____
Number of units to be earned this Qtr./Sem./Summer _____

I hereby certify that I have carefully read the information on the next page of this form, all the provisions of which I am bound to observe very strictly, I understand that the regulations on the outside study of teachers are intended to primarily safeguard the health of the teachers as well as of course to maintain their efficiency in the service. I also understand that if in the opinion of the Division Superintendent of School this study adversely affects my efficiency as a teacher this permission to study shall be revoked.

(Signature of Applicant)

Date Submitted: _____

APPROVAL RECOMMENDED:

The undersigned shall require strict compliance by the applicant with all the existing rules and regulations regarding permission to study and should hold responsible for any undue delay in forwarding the applicant to the office doing satisfactory work with an efficiency rating of "ABOVE AVERAGE" or higher. The applicant will be required by me to submit through office, to the Division Superintendent a certified copy of the report rating obtained in the course which should be attended to his/her outside study not earlier than thirty minutes after the afternoon session in the public school.

Date Submitted: _____

District Supervisor/School Head

APPROVED:

Date: _____

Schools Division Superintendent

DEPEDQUEZON-SDO-PER-04-072-000



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

DATE

REQUEST FOR MULTIPLE

SERVICE RECORDS

Schools Division Superintendent
DepEd – Division of Quezon
Sitio Fori Brgy. Talipan, Pagbilao, Quezon

Madam:

The following teachers/personnel of _____ would like to request a copy of their Service Record, as certified by their signature and purpose as stated therein.

COMPLETE NAME	SIGNATURE	SPECIFIC PURPOSE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

Thank you very much.

(Signature Over PSDS or School Head Name)

Approved:

Received By:

DEPEDQUEZON-SDO-PER-04-071-002



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

DATE

REQUEST FOR SERVICE RECORD (INDIVIDUAL)

Schools Division Superintendent
DepEd – Division of Quezon
Sitio Fori Brgy. Talipan, Pagbilao, Quezon

Madam:

I would like to request a copy of my Service Record, _____ of
(COMPLETE NAME)

(CURRENT POSITION)

(SCHOOL ASSIGNMENT)

It is needed for _____
(SPECIFIC PURPOSE)

Thank you very much.

(Signature Over Printed Name of Requesting Party)

Approved:

Received By:

DEPEDQUEZON-SDO-PER-04-070-002



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Website: www.depedquezon.com.ph

NOTICE OF SALARY ADJUSTMENT (NOSA)

Name: _____

District/School _____

- ☐ Summary (by plantilla) (3 original) (long)
- ☐ NOSA Form (2 original) (short)
- ☐ Latest Payslip (1 photocopy)
- ☐ Updated Plantilla (1 photocopy)
- ☐ ARA Form C (3 original) (long)

DEPEDQUEZON-SDO-PER-04-067-005



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

NOTICE OF SALARY ADJUSTMENT (NOSA)

Name: _____

District/School _____

- ☐ Summary (by plantilla) (3 original) (long)
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NOTICE OF STEP INCREMENT (NOSI)

Name: _____

District/School _____

- ☐ Summary (3 original) (long)
- ☐ NOSI Form (3 original) (short)
- ☐ Latest Appointment (1 photocopy)
- ☐ Latest Payslip (1 photocopy)

*Submit request for Step Increment monthly

DEPEDQUEZON-SDO-PER-04-066-005



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District/School _____

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Email Address: quezon@deped.gov.ph

RESIGNATION

Name: _____

District/School: _____

- ☐ Letter of Resignation with effectivity (2 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ Approved Certificate of Last Payment (1 original, 1 photocopy)
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DEPEDQUEZON-SDO-PER-04-065-005



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



RESIGNATION

Name: _____

District/School: _____

- ☐ Letter of Resignation with effectivity (2 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ Approved Certificate of Last Payment (1 original, 1 photocopy)
- ☐ Certificate of Termination of Account from Landbank (1 original)
- ☐ BIR 2316 (1 original)
- ☐ Updated Service Record (1 original)
- ☐ Latest Payslip (1 photocopy)
- ☐ Latest Performance (1 photocopy)

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RESIGNATION

Name: _____

District/School: _____

- ☐ Letter of Resignation with effectivity (2 original)
- ☐ District/School Clearance (3 original)
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- ☐ Update Service Record (1 original)
- ☐ Latest Payslip (1 photocopy)
- ☐ Latest Performance (1 photocopy)

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RESIGNATION

Name: _____

District/School: _____

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

RETIREMENT

Name: _____

District/School _____

- ☐ GSIS Retirement Form (3 original) (long)
- ☐ Certificate of No Pending Case (3 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 Original)
- ☐ Approved Certificate of Last Payment (1 original, 2 photocopy)
- ☐ Certificate of Termination of Account from Landbank (1 original, 2 photocopy)
- ☐ Ombudsman Clearance (1 original, 2 photocopy)
- ☐ BIR 2316 (1 original, 2 photocopy)
- ☐ Updated Service Record (1 original, 2 photocopy)
- ☐ Latest Payslip (1 photocopy)
- ☐ Letter of intent to retire

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Email Address: deped@deped.gov.ph
Website: www.deped.gov.ph

RETIREMENT

Name: _____

District/School _____

- ☐ GSIS Retirement Form (3 original) (long)
- ☐ Certificate of No Pending Case (3 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 Original)
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- ☐ Letter of intent to retire

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RETIREMENT

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RETIREMENT

Name: _____

District/School _____

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- ☐ Updated Service Record (1 original, 2 photocopy)
- ☐ Latest Payslip (1 photocopy)

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Website: www.deped.gov.ph

SURVIVORSHIP (DECEASED)

Name: _____

District/School _____

- ☐ GSIS Retirement Form (3 original) (long)
- ☐ GSIS Application Form for Survivorship (3 original) (long)
- ☐ Updated Service Record (1 original, 2 photocopy)
- ☐ Approved Certificate of Last Payment (1 original, 2 photocopy)
- ☐ Certificate of No Pending Case (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Certificate of Termination of Account from Landbank (1 original, 2 photocopy)
- ☐ BIR 2316 (1 original, 2 photocopy)
- ☐ Latest Payslip (1 photocopy)
- ☐ Latest Performance Rating
- ☐ Live birth, marriage certificate and death certificate
- ☐ Special power of attorney

DEPEDQUEZON-SDO-PER-04-074-000



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

SURVIVORSHIP (DECEASED)

Name: _____

District/School _____

- ☐ GSIS Retirement Form (3 original) (long)
- ☐ GSIS Application Form for Survivorship (3 original) (long)
- ☐ Updated Service Record (1 original, 2 photocopy)
- ☐ Approved Certificate of Last Payment (1 original, 2 photocopy)
- ☐ Certificate of No Pending Case (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Certificate of Termination of Account from Landbank (1 original, 2 photocopy)
- ☐ BIR 2316 (1 original, 2 photocopy)
- ☐ Latest Payslip (1 photocopy)
- ☐ Latest Performance Rating
- ☐ Live birth, marriage certificate and death certificate
- ☐ Special power of attorney

DEPEDQUEZON-SDO-PER-04-074-000



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SURVIVORSHIP (DECEASED)

Name: _____

District/School _____

- ☐ GSIS Retirement Form (3 original) (long)
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- ☐ Latest Payslip (1 photocopy)
- ☐ Latest Performance Rating
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- ☐ Latest Payslip (1 photocopy)
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CHANGE OF NAME

Name: _____

District/School _____

- ☐ Special Order Form (3 original) (A4)
- ☐ Request Letter (2 original)
- ☐ PSA/NSO Marriage Certificate (2 photocopy)
- ☐ Latest Appointment (2 photocopy)
- ☐ Latest Payslip (2 photocopy)
- ☐ Updated Pag-ibig Member's Data Form (1 original, 1 photocopy)
- ☐ Updated Philhealth Member Data Record (MDR) (1 original, 1 photocopy)
- ☐ Updated BIR 1905 (1 original, 1 photocopy)

DEPEDQUEZON-SDO-PER-04-063-00



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

CHANGE OF NAME

Name: _____

District/School _____

- ☐ Special Order Form (3 original) (A4)
- ☐ Request Letter (2 original)
- ☐ PSA/NSO Marriage Certificate (2 photocopy)
- ☐ Latest Appointment (2 photocopy)
- ☐ Latest Payslip (2 photocopy)
- ☐ Updated Pag-ibig Member's Data Form (1 original, 1 photocopy)
- ☐ Updated Philhealth Member Data Record (MDR) (1 original, 1 photocopy)
- ☐ Updated BIR 1905 (1 original, 1 photocopy)

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CHANGE OF NAME

Name: _____

District/School _____

- ☐ Special Order Form (3 original) (A4)
- ☐ Request Letter (2 original)
- ☐ PSA/NSO Marriage Certificate (2 photocopy)
- ☐ Latest Appointment (2 photocopy)
- ☐ Latest Payslip (2 photocopy)
- ☐ Updated Pag-ibig Member's Data Form (1 original, 1 photocopy)
- ☐ Updated Philhealth Member Data Record (MDR) (1 original, 1 photocopy)
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CHANGE OF NAME

Name: _____

District/School _____

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RETURN TO DUTY

Name: _____

District/School _____

- ☐ Special Order Form (2 original)
- ☐ Medical Certificate of Fit to Work with Documentary Stamp (1 original, 1 photocopy)
- ☐ Birth Certificate (for Maternity Leave) (1 photocopy)
- ☐ Certificate of Completion (if Study leave)

DEPEDQUEZON-SDO-PER-04-062-004



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



RETURN TO DUTY

Name: _____

District/School _____

- ☐ Special Order Form (2 original)
- ☐ Medical Certificate of Fit to Work with Documentary Stamp (1 original, 1 photocopy)
- ☐ Birth Certificate (for Maternity Leave) (1 photocopy)
- ☐ Certificate of Completion (if Study leave)

DEPEDQUEZON-SDO-PER-04-062-004



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RETURN TO DUTY

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District/School _____

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RETURN TO DUTY

Name: _____

District/School _____

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- ☐ Birth Certificate (for Maternity Leave) (1 photocopy)
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Website: www.deped.gov.ph

APPLICATION FOR RECLASSIFICATION - PAL
(SCHOOL PRINCIPAL)

Name: _____

District/School _____

- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records from CHED (if MA is taken in Private) (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records by the Registrar (if MA is taken in Public) (1 original)
- ☐ Ranklist for the current year (1 photocopy)
- ☐ SF-7 for the current year (1 photocopy)
- ☐ Duly authenticated copy of certificates of attendance (Basic-Training Course for School Heads from NEAP)
- ☐ List of Teachers under supervision with the identification of their respective plantilla item number **(for the secondary)**
- ☐ Performance Rating for the last three consecutive year (IPCRF) (1 photocopy)
- ☐ Certificate of Trainings/Seminars Attended
- ☐ Course Curriculum/Syllabus
- ☐ Copy of the latest PSIPOP where the item is reflected (with sign of HRMO II and SDS)
- ☐ Justification for the reclassification of position (1 original)
- ☐ Certification of non-availability of item
- ☐ Latest payslip (1 photocopy)
- ☐ Certificate/Proofs of Outstanding accomplishments (1 photocopy)

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

APPLICATION FOR RECLASSIFICATION - PAL
(SCHOOL PRINCIPAL)

Name: _____

District/School _____

- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
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- ☐ Certificate of Trainings/Seminars Attended
- ☐ Course Curriculum/Syllabus
- ☐ Copy of the latest PSIPOP where the item is reflected (with sign of HRMO II and SDS)
- ☐ Justification for the reclassification of position (1 original)
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Website: www.deped.gov.ph

APPLICATION FOR RECLASSIFICATION
OF POSITION - ERF (HEAD TEACHER)

Name: _____

District/School _____

- ☐ Duly accomplished Equivalent Record Form (3 original) (long)
- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records from CHED (if MA is taken in Private) (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records by the Registrar (if MA is taken in Public) (1 original)
- ☐ Ranklist for the current year (1 photocopy)
- ☐ SF-7 for the current year (1 photocopy)
- ☐ List of Teachers per subject area with respective plantilla item number **(for the secondary)**
- ☐ Performance Rating for the last three consecutive year (IPCRF) (1 photocopy)
- ☐ Certificate of Trainings/Seminars Attended
- ☐ Course Curriculum/Syllabus
- ☐ Copy of the latest PSiPOP where the item is reflected (with sign of HRMO II and SDS)
- ☐ Advise as TIC/OIC (for those applying for school head positions)

DEPEDQUEZON-SDO-PER-04-060-005



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Email Address: deped@deped.gov.ph
Website: www.deped.gov.ph

APPLICATION FOR RECLASSIFICATION
OF POSITION - ERF (HEAD TEACHER)

Name: _____

District/School _____

- ☐ Duly accomplished Equivalent Record Form (3 original) (long)
- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records from CHED (if MA is taken in Private) (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records by the Registrar (if MA is taken in Public) (1 original)
- ☐ Ranklist for the current year (1 photocopy)
- ☐ SF-7 for the current year (1 photocopy)
- ☐ List of Teachers per subject area with respective plantilla item number **(for the secondary)**
- ☐ Performance Rating for the last three consecutive year (IPCRF) (1 photocopy)
- ☐ Certificate of Trainings/Seminars Attended
- ☐ Course Curriculum/Syllabus
- ☐ Copy of the latest PSiPOP where the item is reflected (with sign of HRMO II and SDS)
- ☐ Advise as TIC/OIC (for those applying for school head positions)

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Telephone: (04322) 734-0384, (04322) 734-0384, (04322) 734-0384, (04322) 734-0384
Email Address: deped@deped.gov.ph
Website: www.deped.gov.ph

APPLICATION FOR RECLASSIFICATION - PAL
(MASTER TEACHER)

Name: _____

District/School _____

- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records from CHED (if MA is taken in Private) (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records by the Registrar (if MA is taken in Public) (1 original)
- ☐ Ranklist for the current year (1 photocopy)
- ☐ SF-7 for the current year (1 photocopy)
- ☐ List of Teachers per subject area with respective plantilla item number **(for the secondary)**
- ☐ Performance Rating for the last three consecutive year (IPCRF) (1 photocopy)
- ☐ Certificate of Trainings/Seminars Attended
- ☐ Course Curriculum/Syllabus
- ☐ Copy of the latest PSIPOP where the item is reflected (with sign of HRMO II and SDS)

DEPEDQUEZON-SDO-PER-04-058-005



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

APPLICATION FOR RECLASSIFICATION - PAL
(MASTER TEACHER)

Name: _____

District/School _____

- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records from CHED (if MA is taken in Private) (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records by the Registrar (if MA is taken in Public) (1 original)
- ☐ Ranklist for the current year (1 photocopy)
- ☐ SF-7 for the current year (1 photocopy)
- ☐ List of Teachers per subject area with respective plantilla item number **(for the secondary)**
- ☐ Performance Rating for the last three consecutive year (IPCRF) (1 photocopy)
- ☐ Certificate of Trainings/Seminars Attended
- ☐ Course Curriculum/Syllabus
- ☐ Copy of the latest PSIPOP where the item is reflected (with sign of HRMO II and SDS)

DEPEDQUEZON-SDO-PER-04-058-005



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

APPLICATION FOR RECLASSIFICATION - ERF (FOR
TEACHER II/TEACHER III, SPET I-III)

Name: _____

District/School _____

- ☐ Duly accomplished Equivalent Record Form (3 original) (long)
- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records from CHED (if MA is taken in Private) (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records by the Registrar (if MA is taken in Public) (1 original)
- ☐ Seminars attended with appearance and Authority to Travel/Memorandum (if not MA Graduate) (1 photocopy)
- ☐ Course Curriculum/Syllabus (1 original)
- ☐ Certification of Services rendered from the Private School (if not MA Graduate) (1 original)

**Additional requirements for reclassification of
SPET position**

- ☐ Certification from school head that he/she is handling SPED class for at least 3 years
- ☐ Seminars/Trainings attended relevant to Special Education
- ☐ At least 18 MA Units in Special Education for SPET I and SPET II
- ☐ MA Graduate in Special Education for SPET III

DEPEDQUEZON-SDO-PER-04-058-005



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

APPLICATION FOR RECLASSIFICATION - ERF (FOR
TEACHER II/TEACHER III, SPET I-III)

Name: _____

District/School _____

- ☐ Duly accomplished Equivalent Record Form (3 original) (long)
- ☐ Updated Service Record (1 original)
- ☐ Duly Authenticated Transcript of Records for Masteral/Doctoral Program by the Registrar (1 original)
- ☐ Certification Authentication and Verification (CAV) of Transcript of Records from CHED (if MA is taken in Private) (1 original)
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- ☐ Seminars attended with appearance and Authority to Travel/Memorandum (if not MA Graduate) (1 photocopy)
- ☐ Course Curriculum/Syllabus (1 original)
- ☐ Certification of Services rendered from the Private School (if not MA Graduate) (1 original)

**Additional requirements for reclassification of
SPET position**

- ☐ Certification from school head that he/she is handling SPED class for at least 3 years
- ☐ Seminars/Trainings attended relevant to Special Education
- ☐ At least 18 MA Units in Special Education for SPET I and SPET II
- ☐ MA Graduate in Special Education for SPET III

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Website: www.depedquezon.com.ph

PERMANENT (TRANSFER FROM OTHER DIVISION) for
Non-Teaching (Rendered at least three (3) years in present
station as permanent)

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated Certificate of Eligibility (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ BIR 1905 (update/transfer of employer) (3 original)
- ☐ Philhealth Member Data Record (MDR) (1 photocopy)
- ☐ Pag-ibig Member's Data Form with MID Number (1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original) (A4)
- ☐ Series of Indorsements (1 photocopy each)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original) (A4)
- ☐ Approved Certificate of Last Payment (1 original)
- ☐ Last day of Service (1 original)
- ☐ Photocopy of Latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)
- ☐ Latest Payslip (1 photocopy)
- ☐ Updated Service Record (1 photocopy)

DEPEDQUEZON-SDO-PER-04-056-005

PERMANENT (TRANSFER FROM OTHER DIVISION) for
Non-Teaching (Rendered at least three (3) years in present
station as permanent)

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated Certificate of Eligibility (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ BIR 1905 (update/transfer of employer) (3 original)
- ☐ Philhealth Member Data Record (MDR) (1 photocopy)
- ☐ Pag-ibig Member's Data Form with MID Number (1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original)
- ☐ Series of Indorsements (1 photocopy each)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original) (A4)
- ☐ Approved Certificate of Last Payment (1 original)
- ☐ Last day of Service (1 original)
- ☐ Photocopy of Latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)
- ☐ Latest Payslip (1 photocopy)
- ☐ Updated Service Record (1 photocopy)

DEPEDQUEZON-SDO-PER-04-056-005

PERMANENT (TRANSFER WITHIN THE DIVISION)
for NON-TEACHING (Rendered at least three (3) years
in present station as permanent)

Name: _____

District/School _____

- ☐ Recommendation from the School Head or Principal (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated Certificate of Eligibility (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Neuro-Psychiatric Examination (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original) (A4)
- ☐ Series of Indorsements (1 photocopy each)
- ☐ District/School Clearance (3 original)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)
- ☐ Latest Payslip (1 photocopy)

DEPEDQUEZON-SDO-PER-04-055-005



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Website: www.deped.gov.ph

PERMANENT (TRANSFER WITHIN THE DIVISION)
for NON-TEACHING (Rendered at least three (3) years
in present station as permanent)

Name: _____

District/School _____

- ☐ Recommendation from the School Head or Principal (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Neuro-Psychiatric Examination (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original) (A4)
- ☐ Series of Indorsements (1 photocopy each)
- ☐ District/School Clearance (3 original)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)
- ☐ Latest Payslip (1 photocopy)

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

**PERMANENT
(REEMPLOYMENT/REAPPOINTMENT)
(NON-TEACHING)**

Name: _____

District/School _____

- ☐ Recommendation from the School Head/ Principal (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Division Ranking (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated Certificate of Eligibility (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) w/ documentary stamp (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ NBI Clearance (1 original)
- ☐ BIR 1902 (TIN Enrollment), BIR 1905 (update or transfer of employer) (3 original)
- ☐ Philhealth Member Data Record (MDR) (1 photocopy)
- ☐ Pag-ibig Member's Data Form with MID Number (1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Photocopy of latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

DEPEDQUEZON-SDO-PER-04-054-005



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Website: www.deped.gov.ph

**PERMANENT
(REEMPLOYMENT/REAPPOINTMENT)
(NON-TEACHING)**

Name: _____

District/School _____

- ☐ Recommendation from the School Head/ Principal (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Division Ranking (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
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- ☐ Request for ARA Form (1 original)
- ☐ Photocopy of latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

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Website: www.deped.gov.ph

PERMANENT (ORIGINAL)
(NON-TEACHING)

Name: _____

District/School _____

- ☐ Recommendation from the School Head or Principal (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Division Ranking (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
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- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Properly filled-up Membership Information Sheet (MIS) (1 original)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

DEPEDQUEZON-SDO-PER-04-053-005



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Email: deped@deped.gov.ph
Website: www.deped.gov.ph

PERMANENT (ORIGINAL)
(NON-TEACHING)

Name: _____

District/School _____

- ☐ Recommendation from the School Head or Principal (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Division Ranking (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
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- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Properly filled-up Membership Information Sheet (MIS) (1 original)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

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Email: deped@deped.gov.ph
Website: www.deped.gov.ph

RECLASSIFICATION FOR APPOINTMENT
ELEMENTARY and JHS

Name: _____

District/School _____

- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/
documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised
2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1
photocopy)
- ☐ Position Description Form (CS Form No. 1) (3
original) (long back to back)
- ☐ Authenticated Transcript of Records (1 original,
1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1
photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1
original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Notice of Organization, Staffing and
Compensation Action (NOSCA) (2 photocopy)
- ☐ Approved Plantilla Allocation List (PAL) (2
photocopy)

DEPEDQUEZON-SDO-PER-04-038-005



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Email Address: curriculum@deped.gov.ph
Website: www.deped.gov.ph

RECLASSIFICATION FOR APPOINTMENT
ELEMENTARY and JHS

Name: _____

District/School _____

- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/
documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised
2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1
photocopy)
- ☐ Position Description Form (CS Form No. 1) (3
original) (long back to back)
- ☐ Authenticated Transcript of Records (1 original,
1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1
photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1
original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Notice of Organization, Staffing and
Compensation Action (NOSCA) (2 photocopy)
- ☐ Approved Plantilla Allocation List (PAL) (2
photocopy)

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Email Address: curriculum@deped.gov.ph
Website: www.deped.gov.ph

PROVISIONAL (REAPPOINTMENT) SHS

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ NBI Clearance (1 original)
- ☐ PSA/NSO Birth Certificate (2 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (2 photocopy)
- ☐ Photocopy of Latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)

Additional requirements if required in the position

- ☐ Authenticated Transcript of Records Master's degree or Doctorate degree (2 original, 1 photocopy)
- ☐ Authenticated NC 2,3,4 (2 photocopy)
- ☐ Authenticated TMC1 (2 photocopy)

DEPEDQUEZON-SDO-PER-04-075-000

PROVISIONAL (REAPPOINTMENT) SHS

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ NBI Clearance (1 original)
- ☐ PSA/NSO Birth Certificate (2 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (2 photocopy)
- ☐ Photocopy of Latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)

Additional requirements if required in the position

- ☐ Authenticated Transcript of Records Master's degree or Doctorate degree (2 original, 1 photocopy)
- ☐ Authenticated NC 2,3,4 (2 photocopy)
- ☐ Authenticated TMC1 (2 photocopy)

DEPEDQUEZON-SDO-PER-04-075-000

PROMOTION (NON-TEACHING)

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Certificate of Rating (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated Certificate of Eligibility (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Neuro-Psychiatric Examination (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Contract (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original) (A4)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

Additional Requirements in case of transfer incidental to promotion from other division or agency

- ☐ Division/Agency Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7, Revised 2018) (4 original) (A4)
- ☐ Approved Certificate of Last Payment (if applicable) (1 original)
- ☐ Last day of Service (1 original)
- ☐ Latest Payslip (1 photocopy)
- ☐ Updated Service Record (1 photocopy)
- ☐ Approved Special Order from previous division
- ☐ Certificate of Leave Credit balance for other agency
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) with medical result (A4)

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Website: www.deped.gov.ph

PROMOTION (NON-TEACHING)

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Certificate of Rating (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated Certificate of Eligibility (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Neuro-Psychiatric Examination (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Contract (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original) (A4)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

Additional Requirements in case of transfer incidental to promotion

- ☐ Division/Agency Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7, Revised 2018) (4 original) (A4)
- ☐ Approved Certificate of Last Payment (if applicable) (1 original)
- ☐ Last day of Service (1 original)
- ☐ Latest Payslip (1 photocopy)
- ☐ Updated Service Record (1 photocopy)
- ☐ Approved Special Order from previous division
- ☐ Certificate of Leave Credit balance for other agency
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) with medical result (A4)

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PROMOTION (For School Heads)
ELEMENTARY AND SECONDARY

Name: _____

District/School _____

- ☐ Recommendation from the PSDS (1 original)
- ☐ Certificate of Rating (Ranking) (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/
documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised
2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1
photocopy)
- ☐ Position Description Form (CS Form No. 1) (3
original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original,
1 photocopy)
- ☐ Neuro-Psychiatric Examination (1 original)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest
consecutive performance) (3 original) (A4)
- ☐ District/School Clearance (3 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1
photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1
original, 1 photocopy)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/
AWOL/Deceased/Transfer/Approved Appointment
(incumbent) (1 photocopy) (if applicable)

DEPEDQUEZON-SDO-PER-04-037-005



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1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 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2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932,

**PROMOTION (TEACHING)
ELEMENTARY, JHS, SHS**

Name: _____

District/School: _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ District/School Ranking (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
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- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
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- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
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- ☐ Plantilla (1 photocopy)
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Website: www.deped.gov.ph

**PROMOTION (TEACHING)
ELEMENTARY, JHS, SHS**

Name: _____

District/School: _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ District/School Ranking (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Neuro-Psychiatric Examination (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Contract (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original) (A4)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

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Website: www.deped.gov.ph

**PERMANENT (TRANSFER FROM OTHER DIVISION)
ELEMENTARY, JHS, SHS (Rendered at least three (3) years
in present station as permanent)**

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ BIR 1905 (update/transfer of employer) (3 original)
- ☐ Philhealth Member Data Record (MDR) (1 photocopy)
- ☐ Pag-ibig Member's Data Form with MID Number (1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original) (A4)
- ☐ Series of Indorsements (1 photocopy each)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original) (A4)
- ☐ Approved Certificate of Last Payment (1 original)
- ☐ Last day of Service (1 original)
- ☐ Photocopy of Latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)
- ☐ Latest Payslip (1 photocopy)
- ☐ Updated Service Record (1 photocopy)

For SHS Appointee, if required in the position

- ☐ Authenticated Transcript of Records Master's degree or Doctorate degree (2 original, 1 photocopy)
- ☐ Authenticated NC 2,3,4 (1 original, 1 photocopy)
- ☐ Authenticated TMC1 (1 original, 1 photocopy)
- ☐ Certificate of Employment (1 original)

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3470, 3471, 3472, 3473, 3474, 3475, 3476, 3477, 3478, 3479, 3480, 3481, 3482, 3483, 3484, 3485, 3486, 3487, 3488, 3489, 3490, 3491, 3492, 3493, 3494, 3495, 3496, 3497, 3498, 3499, 3500, 3501, 3502, 3503, 3504, 3505, 3506, 3507, 3508, 3509, 3510, 3511, 3512, 3513, 3514, 3515, 3516, 3517, 3518, 3519, 3520, 3521, 3522, 3523, 3524, 3525, 3526, 3527, 3528, 3529, 3530, 3531, 3532, 3533, 3534, 3535, 3536, 3537, 3538, 3539, 3540, 3541, 3542, 3543, 3544, 3545, 3546, 3547, 3548, 3549, 3550, 3551, 3552, 3553, 3554, 3555, 3556, 3557, 3558, 3559, 3560, 3561, 3562, 3563, 3564, 3565, 3566, 3567, 3568, 3569, 3570, 3571, 3572, 3573, 3574, 3575, 3576, 3577, 3578, 3579, 3580, 3581, 3582, 3583, 3584, 3585, 3586, 3587, 3588, 3589, 3590, 3591, 3592, 3593, 3594, 3595, 3596, 3597, 3598, 3599, 3600, 3601, 3602, 3603, 3604, 3605, 3606, 3607, 3608, 3609, 3610, 3611, 3612, 3613, 3614, 3615, 3616, 3617, 3618, 3619, 3620, 3621, 3622, 3623, 3624, 3625, 3626, 3627, 3628, 3629, 3630, 3631, 3632, 3633, 3634, 3635, 3636, 3637, 3638, 3639, 3640, 3641, 3642, 3643, 3644, 3645, 3646, 3647, 3648, 3649, 3650, 3651, 3652, 3653, 3654, 3655, 3656, 3657, 3658, 3659, 3660, 3661, 3662, 3663, 3664, 3665, 3666, 3667, 3668, 3669, 3670, 3671, 3672, 3673, 3674, 3675, 3676, 3677, 3678, 3679, 3680, 3681, 3682, 3683, 3684, 3685, 3686, 3687, 3688, 3689, 3690, 3691, 3692, 3693, 3694, 3695, 3696, 3697, 3698, 3699, 3700, 3701, 3702, 3703, 3704, 3705, 3706, 3707, 3708, 3709, 3710, 3711, 3712, 3713, 3714, 3715, 3716, 3717, 3718, 3719, 3720, 3721, 3722, 3723, 3724, 3725, 3726, 3727, 3728, 3729, 3730, 3731, 3732, 3733, 3734, 3735, 3736, 3737, 3738, 3739, 3740, 3741, 3742, 3743, 3744, 3745, 3746, 3747, 3748, 3749, 3750, 3751, 3752, 3753, 3754, 3755, 3756, 3757, 3758, 3759, 3760, 3761, 3762, 3763, 3764, 3765, 3766, 3767, 3768, 3769, 3770, 3771, 3772, 3773, 3774, 3775, 3776, 3777, 3778, 3779, 3780, 3781, 3782, 3783, 3784, 3785, 3786, 3787, 3788, 3789, 3790, 3791, 3792, 3793, 3794, 3795, 3796, 3797, 3798, 3799, 3800, 3801, 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3968, 3969, 3970, 3971, 3972, 3973, 3974, 3975, 3976, 3977, 3978, 3979, 3980, 3981, 3982, 3983, 3984, 3985, 3986, 3987, 3988, 3989, 3990, 3991, 3992, 3993, 3994, 3995, 3996, 3997, 3998, 3999, 4000, 4001, 4002, 4003, 4004, 4005, 4006, 4007, 4008, 4009, 4010, 4011, 4012, 4013, 4014, 4015, 4016, 4017, 4018, 4019, 4020, 4021, 4022, 4023, 4024, 4025, 4026, 4027, 4028, 4029, 4030, 4031, 4032, 4033, 4034, 4035, 4036, 4037, 4038, 4039, 4040, 4041, 4042, 4043, 4044, 4045, 4046, 4047, 4048, 4049, 4050, 4051, 4052, 4053, 4054, 4055, 4056, 4057, 4058, 4059, 4060, 4061, 4062, 4063, 4064, 4065, 4066, 4067, 4068, 4069, 4070, 4071, 4072, 4073, 4074, 4075, 4076, 4077, 4078, 4079, 4080, 4081, 4082, 4083, 4084, 4085, 4086, 4087, 4088, 4089, 4090, 4091, 4092, 4093, 4094, 4095, 4096, 4097, 4098, 4099, 4100, 4101, 4102, 4103, 4104, 4105, 4106, 4107, 4108, 4109, 4110, 4111, 4112, 4113, 4114, 4115, 4116, 4117, 4118, 4119, 4120, 4121, 4122, 4123, 4124, 4125, 4126, 4127, 4128, 4129, 4130, 4131, 4132, 4133, 4134, 4135, 4136, 4137, 4138, 4139, 4140, 4141, 4142, 4143, 4144, 4145, 4146, 4147, 4148, 4149, 4150, 4151, 4152, 4153, 4154, 4155, 4156, 4157, 4158, 4159, 4160, 4161, 4162, 4163, 4164, 4165, 4166, 4167, 4168, 4169, 4170, 4171, 4172, 4173, 4174, 4175, 4176, 4177, 4178, 4179, 4180, 4181, 4182, 4183, 4184, 4185, 4186, 4187, 4188, 4189, 4190, 4191, 4192, 4193, 4194, 4195, 4196, 4197, 4198, 4199, 4200, 4201, 4202, 4203, 4204, 4205, 4206, 4207, 4208, 4209, 4210, 4211, 4212, 4213, 4214, 4215, 4216, 4217, 4218, 4219, 4220, 4221, 4222, 4223, 4224, 4225, 4226, 4227, 4228, 4229, 4230, 4231, 4232, 4233, 4234, 4235, 4236, 4237, 4238, 4239, 4240, 4241, 4242, 4243, 4244, 4245, 4246, 4247, 4248, 4249, 4250, 4251, 4252, 4253, 4254, 4255, 4256, 4257, 4258, 4259, 4260, 4261, 4262, 4263, 4264, 4265, 4266, 4267, 4268, 4269, 4270, 4271, 4272, 4273, 4274, 4275, 4276, 4277, 4278, 4279, 4280, 4281, 4282, 4283, 4284, 4285, 4286, 4287, 4288, 4289, 4290, 4291, 4292, 4293, 4294, 4295, 4296, 4297, 4298, 4299, 4300, 4301, 4302, 4303, 4304, 4305, 4306, 4307, 4308, 4309, 4310, 4311, 4312, 4313, 4314, 4315, 4316, 4317, 4318, 4319, 4320, 4321, 4322, 4323, 4324, 4325, 4326, 4327, 4328, 4329, 4330, 4331, 4332, 4333, 4334, 4335, 4336, 4337, 4338, 4339, 4340, 4341, 4342, 4343, 4344, 4345, 4346, 4347, 4348, 4349, 4350, 4351, 4352, 4353, 4354, 4355, 4356, 4357, 4358, 4359, 4360, 4361, 4362, 4363, 4364, 4365, 4366, 4367, 4368, 4369, 4370, 4371, 4372, 4373, 4374, 4375, 4376, 4377, 4378, 4379, 4380, 4381, 4382, 4383, 4384, 4385, 4386, 4387, 4388, 4389, 4390, 4391, 4392, 4393, 4394, 4395, 4396, 4397, 4398, 4399, 4400, 4401, 4402, 4403, 4404, 4405, 4406, 4407, 4408, 4409, 4410, 4411, 4412, 4413, 4414, 4415, 4416, 4417, 4418, 4419, 4420, 4421, 4422, 4423, 4424, 4425, 4426, 4427, 4428, 4429, 4430, 4431, 4432, 4433, 4434, 4435, 4436, 4437, 4438, 4439, 4440, 4441, 4442, 4443, 4444, 4445, 4446, 4447, 4448, 4449, 4450, 4451, 4452, 4453, 4454, 4455, 4456, 4457, 4458, 4459, 4460, 4461, 4462, 4463, 4464, 4465, 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4632, 4633, 4634, 4635, 4636, 4637, 4638, 4639, 4640, 4641, 4642, 4643, 4644, 4645, 4646, 4647, 4648, 4649, 4650, 4651, 4652, 4653, 4654, 4655, 4656, 4657, 4658, 4659, 4660, 4661, 4662, 4663, 4664, 4665, 4666, 4667, 4668, 4669, 4670, 4671, 4672, 4673, 4674, 4675, 4676, 4677, 4678, 4679, 4680, 4681, 4682, 4683, 4684, 4685, 4686, 4687, 4688, 4689, 4690, 4691, 4692, 4693, 4694, 4695, 4696, 4697, 4698, 4699, 4700, 4701, 4702, 4703, 4704, 4705, 4706, 4707, 4708, 4709, 4710, 4711, 4712, 4713, 4714, 4715, 4716, 4717, 4718, 4719, 4720, 4721, 4722, 4723, 4724, 4725, 4726, 4727, 4728, 4729, 4730, 4731, 4732, 4733, 4734, 4735, 4736, 4737, 4738, 4739, 4740, 4741, 4742, 4743, 4744, 4745, 4746, 4747, 4748, 4749, 4750, 4751, 4752, 4753, 4754, 4755, 4756, 4757, 4758, 4759, 4760, 4761, 4762, 4763, 4764, 4765, 4766, 4767, 4768, 4769, 4770, 4771, 4772, 4773, 4774, 4775, 4776, 4777, 4778, 4779, 4780, 4781, 4782, 4783, 4784, 4785, 4786, 4787, 4788, 4789, 4790, 4791, 4792, 4793, 4794, 4795, 4796, 4797, 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4964, 4965, 4966, 4967, 4968, 4969, 4970, 4971, 4972, 4973, 4974, 4975, 4976, 4977, 4978, 4979, 4980, 4981, 4982, 4983, 4984, 4985, 4986, 4987, 4988, 4989, 4990, 4991, 4992, 4993, 4994, 4995, 4996, 4997, 4998, 4999, 5000, 5001, 5002, 5003, 5004, 5005, 5006, 5007, 5008, 5009, 5010, 5011, 5012, 5013, 5014, 5015, 5016, 5017, 5018, 5019, 5020, 5021, 5022, 5023, 5024, 5025, 5026, 5027, 5028, 5029, 5030, 5031, 5032, 5033, 5034, 5035, 5036, 5037, 5038, 5039, 5040, 5041, 5042, 5043, 5044, 5045, 5046, 5047, 5048, 5049, 5050, 5051, 5052, 5053, 5054, 5055, 5056, 5057, 5058, 5059, 5060, 5061, 5062, 5063, 5064, 5065, 5066, 5067, 5068, 5069, 5070, 5071, 5072, 5073, 5074, 5075, 5076, 5077, 5078, 5079, 5080, 5081, 5082, 5083, 5084, 5085, 5086, 5087, 5088, 5089, 5090, 5091, 5092, 5093, 5094, 5095, 5096, 5097, 5098, 5099, 5100, 5101, 5102, 5103, 5104, 5105, 5106, 5107, 5108, 5109, 5110, 5111, 5112, 5113, 5114, 5115, 5116, 5117, 5118, 5119, 5120, 5121, 5122, 5123, 5124, 5125, 5126, 5127, 5128, 5129, 5130, 5131, 5132, 5133, 5134, 5135, 5136, 5137, 5138, 5139, 5140, 5141, 5142, 5143, 5144, 5145, 5146

PERMANENT (TRANSFER WITHIN THE DIVISION)
ELEMENTARY AND JHS (Rendered at least three (3)
years in present station as permanent)

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Neuro-Psychiatric Examination (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form (1 original)
- ☐ Certification of Performance Rating (2 latest consecutive performance) (3 original)
- ☐ Series of Indorsements (1 photocopy each)
- ☐ District/School Clearance (3 original)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)
- ☐ Latest Payslip (1 photocopy)

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PERMANENT (TRANSFER WITHIN THE DIVISION)
ELEMENTARY AND JHS (Rendered at least three (3)
years in present station as permanent)

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
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- ☐ Approved Retirement/Special Order for Resigned/ AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)
- ☐ Latest Payslip (1 photocopy)

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Website: www.deped.gov.ph

PERMANENT (ORIGINAL)

(TEACHING) ELEMENTARY, JHS, SHS

Name: _____

District/School: _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Certificate of Rating (RQA) (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ NBI Clearance (1 original)
- ☐ BIR 1902 (TIN Enrollment), BIR 1905 (update or transfer of employer) (3 original)
- ☐ Philhealth Member Data Record (MDR) (1 photocopy)
- ☐ Pag-ibig Member's Data Form with MID Number (1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Properly filled-up Membership Information Sheet (MIS) (1 original)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

For SHS Appointee, if required in the position

- ☐ Authenticated Transcript of Records Master's degree or Doctorate degree (2 original, 1 photocopy)
- ☐ Authenticated NC 2,3,4 (1 original, 1 photocopy)
- ☐ Authenticated TMC1 (1 original, 1 photocopy)
- ☐ Certificate of Employment (1 original)

DEPEDQUEZON-SDO-PER-04-032-005



"Creating Possibilities, Inspiring Innovations"
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 Email Address: quezon@deped.gov.ph
 Website: www.deped.gov.ph

PERMANENT (ORIGINAL)

(TEACHING) ELEMENTARY, JHS, SHS

Name: _____

District/School: _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Certificate of Rating (RQA) (1 photocopy)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (1 original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ NBI Clearance (1 original)
- ☐ BIR 1902 (TIN Enrollment), BIR 1905 (update or transfer of employer) (3 original)
- ☐ Philhealth Member Data Record (MDR) (1 photocopy)
- ☐ Pag-ibig Member's Data Form with MID Number (1 photocopy)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Properly filled-up Membership Information Sheet (MIS) (1 original)
- ☐ Plantilla (1 photocopy)
- ☐ Publication (1 photocopy)
- ☐ Approved Retirement/Special Order for Resigned/AWOL/Deceased/Transfer/Approved Appointment (incumbent) (1 photocopy) (if applicable)

For SHS Appointee, if required in the position

- ☐ Authenticated Transcript of Records Master's degree or Doctorate degree (2 original, 1 photocopy)
- ☐ Authenticated NC 2,3,4 (1 original, 1 photocopy)
- ☐ Authenticated TMC1 (1 original, 1 photocopy)
- ☐ Certificate of Employment (1 original)

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**SUBSTITUTE (REEMPLOYMENT/
REAPPOINTMENT) ELEMENTARY, JHS, SHS**

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original) (A4)
 - ☐ - Blood Test (1 original)
 - ☐ - Urinalysis (1 original)
 - ☐ - Chest X-Ray (1 original)
 - ☐ - Drug Test (original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ NBI Clearance (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form
- ☐ Photocopy of latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Photocopy of Form 6 of the incumbent
- ☐ Approved Certificate of Fund Availability (1 photocopy) (ELEM, SHS, JHS NON - IU)
- ☐ Authenticated NC2 relevant to the track for SHS TVL appointee

Note: Photocopy of NBI, medical certificate and medical results will be accepted if still valid (1 year validity for NBI and medical result)

DEPEDQUEZON-SDO-PER-04-031-005



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Email Address: deped@deped.gov.ph
Website: www.deped.gov.ph

**SUBSTITUTE (REEMPLOYMENT/
REAPPOINTMENT) ELEMENTARY, JHS, SHS**

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Work Experience Sheet (3 original) (long)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
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 - ☐ - Drug Test (original)
 - ☐ - Neuro-Psychiatric Examination (1 original)
- ☐ NBI Clearance (1 original)
- ☐ PSA/NSO Birth Certificate (1 original, 1 photocopy)
- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Request for ARA Form
- ☐ Photocopy of latest appointment
- ☐ Plantilla (1 photocopy)
- ☐ Photocopy of Form 6 of the incumbent
- ☐ Approved Certificate of Fund Availability (1 photocopy) (ELEM, SHS, JHS NON - IU)
- ☐ Authenticated NC2 relevant to the track for SHS TVL appointee

Note: Photocopy of medical certificate and medical results will be accepted if still valid (1 year validity from the date of result)

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Website: www.deped.gov.ph

SUBSTITUTE (ORIGINAL)
ELEMENTARY, JHS, SHS

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
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- ☐ PSA/NSO Marriage Certificate (if married) (1 original, 1 photocopy)
- ☐ Properly filled-up Membership Information Sheet (MIS) (1 original)
- ☐ Plantilla (1 photocopy)
- ☐ Photocopy of Form 6 of the incumbent
- ☐ Approved Certificate of Fund Availability (1 photocopy) (ELEM, SHS, JHS NON - IU)
- ☐ Authenticated NC2 relevant to the track for SHS TVL appointee

DEPEDQUEZON-SDO-PER-04-030-005

SUBSTITUTE (ORIGINAL)
ELEMENTARY, JHS, SHS

Name: _____

District/School _____

- ☐ Recommendation from the School Head, noted by PSDS (indicate the school assignment, incumbent and item no.) (1 original)
- ☐ Oath of Office (CS Form No. 32 Revised 2018) w/ documentary stamp (3 original) (A4)
- ☐ Personal Data Sheet (CS Form No. 212 Revised 2017) (3 original) (long back to back)
- ☐ Authenticated PRC License (2 original, 1 photocopy)
- ☐ Position Description Form (CS Form No. 1) (3 original) (long back to back)
- ☐ Authenticated Transcript of Records (2 original, 1 photocopy)
- ☐ Medical Certificate (CS Form No. 211 Revised 2018) (1 original, 1 photocopy) w/ documentary stamp (A4)
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- ☐ Properly filled-up Membership Information Sheet (MIS) (1 original)
- ☐ Plantilla (1 photocopy)
- ☐ Photocopy of Form 6 of the incumbent
- ☐ Approved Certificate of Fund Availability (1 photocopy) (ELEM, SHS, JHS NON - IU)
- ☐ Authenticated NC2 relevant to the track for SHS TVL appointee

DEPEDQUEZON-SDO-PER-04-030-005

**TRAVEL ABROAD (submit forty - five (45) days
before travel)**

Name: _____

District/School _____

3 copies

For Vacation Leave/Personal Leave

- ☐ Letter request (2 original)
- ☐ Indorsement from District Supervisor/Principal (2 original)
- ☐ Civil Service Form 6 Revised 2020 (3 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ Certification from Principal that someone will take over the task during their travel (2 original) (Note: not required for teachers travelling during long vacation period, semestral break and christmas break)

For Official Business/Official Time

- ☐ Letter request (2 original)
- ☐ Indorsement from District Supervisor/Principal (2 original)
- ☐ Civil Service Form 6 Revised 2020 (3 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ Form A (If the travel is on OB/OT) DepEd Order No. 43, s. 2014 (3 original)
- ☐ Justification (DepEd Memorandum no 8, s. 2018)
- ☐ Abstract of the study (if presentation research proposal)
- ☐ Program of Activities
- ☐ Curriculum Vitae
- ☐ Certification from Principal that someone will take over the task during their travel (2 original)
- ☐ Letter of invitation in relation to travel/Memo Order
- ☐ Notarized waiver (if pandemic)

***For teaching position no need to attach form 6 if vacation period

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

**TRAVEL ABROAD (submit forty - five (45) days
before travel)**

Name: _____

District/School _____

3 copies

For Vacation Leave/Personal Leave

- ☐ Letter request (2 original)
- ☐ Indorsement from District Supervisor/Principal (2 original)
- ☐ Civil Service Form 6 Revised 2020 (3 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ Certification from Principal that someone will take over the task during their travel (2 original) (Note: not required for teachers travelling during long vacation period, semestral break and christmas break)

For Official Business/Official Time

- ☐ Letter request (2 original)
- ☐ Indorsement from District Supervisor/Principal (2 original)
- ☐ Civil Service Form 6 Revised 2020 (3 original)
- ☐ District/School Clearance (3 original)
- ☐ Division Clearance (3 original)
- ☐ Clearance Form (CS Form No. 7 Revised 2018) (4 original)
- ☐ Form A (If the travel is on OB/OT) DepEd Order No. 43, s. 2014 (3 original)
- ☐ Justification (DepEd Memorandum no 8, s. 2018)
- ☐ Abstract of the study (if presentation research proposal)
- ☐ Program of Activities
- ☐ Curriculum Vitae
- ☐ Certification from Principal that someone will take over the task during their travel (2 original)
- ☐ Letter of invitation in relation to travel/Memo Order
- ☐ Notarized waiver (if pandemic)

***For teaching position no need to attach form 6 if vacation period

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

MATERNITY LEAVE (submit within two (2) weeks
after the date of leave)

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ District/School Clearance
- ☐ Medical Certificate with Documentary Stamp (1 original, 1 photocopy)

For Live Birth - 105 days

For miscarriage and emergency termination of pregnancy -
60 days

For solo parent - 120 days (attach photocopy of solo parent
ID

Note: For those who wished to allocate 7 days of their leave
please refer to IRR RA No. 11210, Rule VIII Section 1 and
accomplished Civil Service Form 6a, s. 2020

DEPEDQUEZON-SDO-PER-04-027-005



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Email Address: deped@deped.gov.ph
Website: www.deped.gov.ph

MATERNITY LEAVE (submit within two (2) weeks
after the date of leave)

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ District/School Clearance
- ☐ Medical Certificate with Documentary Stamp (1 original, 1 photocopy)

For Live Birth - 105 days

For miscarriage and emergency termination of pregnancy -
60 days

For solo parent - 120 days (attach photocopy of solo parent
ID

Note: For those who wished to allocate 7 days of their leave
please refer to IRR RA No. 11210, Rule VIII Section 1 and
accomplished Civil Service Form 6a, s. 2020

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MATERNITY LEAVE (submit within two (2) weeks
after the date of leave)

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ District/School Clearance
- ☐ Medical Certificate with Documentary Stamp (1 original, 1 photocopy)

For Live Birth - 105 days

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Note: For those who wished to allocate 7 days of their leave
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For miscarriage and emergency termination of pregnancy -
60 days

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Email Address: deped@deped.gov.ph
Website: www.deped.gov.ph

SICK LEAVE (submit within two (2) weeks after the date of leave)

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ District/School Clearance if thirty (30) days and above (original)
- ☐ Medical Certificate with Documentary Stamp (for more than 5 days) (1 original, 1 photocopy)

NOTE: MAGNA CARTA FOR WOMEN

- Histopath (photocopy only)
- Operative Technique (photocopy only)
- Clinical Abstract (photocopy only)

* for evaluation of health section before submission to the records section, maximum of 60 days.

DEPEDQUEZON-SDO-PER-04-023-005



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Website: www.deped.gov.ph

SICK LEAVE (submit within two (2) weeks after the date of leave)

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ District/School Clearance if thirty (30) days and above (original)
- ☐ Medical Certificate with Documentary Stamp (for more than 5 days) (1 original, 1 photocopy)

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Website: www.deped.gov.ph

SICK LEAVE (submit within two (2) weeks after the date of leave)

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ District/School Clearance if thirty (30) days and above (original)
- ☐ Medical Certificate with Documentary Stamp (for more than 5 days) (1 original, 1 photocopy)

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District/School _____

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Email Address: deped@deped.gov.ph
Website: www.deped.gov.ph

PATERNITY LEAVE

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ Marriage Certificate (photocopy only)
- ☐ Proof of child's delivery (Medical Certificate or Birth Certificate) (photocopy only)

Note:

- Please refer to RA 8187: Paternity Leave Act.
- For those with allocated maternity leave credits, attached copy of Approved Civil Service Form 6a, s. 2020

DEPEDQUEZON-SDO-PER-04-026-004



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Telephone #: (042) 784-0364, (042) 784-0365, (042) 784-0366, (042) 784-0367
Email Address: quezon@deped.gov.ph
Website: www.deped.gov.ph

PATERNITY LEAVE

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ Marriage Certificate (photocopy only)
- ☐ Proof of child's delivery (Medical Certificate or Birth Certificate) (photocopy only)

Note:

- Please refer to RA 8187: Paternity Leave Act.
- For those with allocated maternity leave credits, attached copy of Approved Civil Service Form 6a, s. 2020

DEPEDQUEZON-SDO-PER-04-026-004



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

PATERNITY LEAVE

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ Marriage Certificate (photocopy only)
- ☐ Proof of child's delivery (Medical Certificate or Birth Certificate) (photocopy only)

Note:

- Please refer to RA 8187: Paternity Leave Act.
- For those with allocated maternity leave credits, attached copy of Approved Civil Service Form 6a, s. 2020

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Website: www.deped.gov.ph

PATERNITY LEAVE

Name: _____

District/School _____

(2 Copies Each)

- ☐ Civil Service Form 6 Revised 2020 (original)
- ☐ Marriage Certificate (photocopy only)
- ☐ Proof of child's delivery (Medical Certificate or Birth Certificate) (photocopy only)

Note:

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- For those with allocated maternity leave credits, attached copy of Approved Civil Service Form 6a, s. 2020

DEPEDQUEZON-SDO-PER-04-026-004



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



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

DIVISION CLEARANCE

To Whom It May Concern:

This is to certify that _____ of
_____ has been cleared of all the money and property
and other accountabilities as of this date.

This certification is issued in connection with his/her _____

Employee

As to money accountability:
(Cash Advances, Provident Fund Loan, ATM, etc.)

As to property accountability:

Accountant III

Supply Officer II

As to Pending Administrative Cases

- € Has no pending administrative case
€ Is under investigation but without formal charge yet
€ Has pending administrative Case docketed as _____

Attorney III

Approved:

Schools Division Superintendent

DEPEDQUEZON-SDO-PER-04-009-004



"Creating Possibilities, Inspiring Innovations"

Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Trunkline #: (042) 784-0366, (042) 784-0164, (042) 784-0391, (042) 784-0321
Email Address: quezon@depd.gov.ph
Website: www.depedquezon.com.ph



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

Date

SPECIAL ORDER

No. _____, s. 20____

The name now appearing in the National Rolls of _____
_____, Quezon as **MISS** _____
_____ with salary of Php _____ per annum is hereby changed as to read **MRS.**
_____ due to her marriage to Mr. _____
_____.

Date of Marriage : _____
Place of Marriage : _____
Solemnized by : _____

Schools Division Superintendent

Copy Furnished:

The Chief, RPSU
District Office
Mrs. _____
Division Office

GSIS BP # : _____
EMPLOYEE # : _____
MONTHLY SALARY : _____
TIN : _____

DEPEDQUEZON-SDO-PER-04-001-003



"Creating Possibilities, Inspiring Innovations"

Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Trunkline #: (042) 784-0366, (042) 784-0164, (042) 784-0391, (042) 784-0321
Email Address: quezon@depd.gov.ph
Website: www.depedquezon.com.ph



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

Date

SPECIAL ORDER

No. _____, s. 20____

It is made a matter of record that the following personnel in this District, Division of Quezon has RETURNED TO DUTY from **SICK/MATERNITY/VACATION/PERSONAL** Leave of Absence.

- | | | |
|----------------------------------|---|-------|
| 1. Name | : | _____ |
| 2. Employee No. | : | _____ |
| 3. Station Before Going on Leave | : | _____ |
| 4. Monthly Salary | : | _____ |
| 5. Date of Effectivity | : | _____ |
| 6. Date of Return to Duty | : | _____ |
| 7. Substitute Teacher Relieved | : | _____ |
| 8. Period of Leave of Absence | : | _____ |

Principal/District Supervisor

Schools Division Superintendent

Copy Furnished:

District Office
Division Office

DEPEDQUEZON-SDO-PER-04-003-004



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

Date

Special Order No. _____, s. 20__

It is hereby made a matter of record that the teachers mentioned hereunder rendered service____
_____ during _____
_____ at _____
_____ on _____.

Number	Name	Designation	Inclusive Date/s of Service	No. of Service Credit/s

Attached are duly signed Form 48 of teachers concerned and _____ memorandum.

Prepared By:

District Supervisor/School Head

Approved:

School Division Superintendent

DEPEDQUEZON-SDO-PER-04-015-004



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Email Address: quezon@deped.gov.ph

Website: www.depedquezon.com.ph



APPLICATION FOR RETIREMENT/ SEPARATION/ LIFE INSURANCE BENEFITS

Form No. 06302017-RET

Page 1 of 4

INSTRUCTIONS: Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS Office.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action.

Date: _____

I hereby apply for a retirement/separation/life insurance benefit with the GSIS and declare to the best of my knowledge the following:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address			
Date of Birth (mm/dd/yyyy)		Place of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Contact No. (Landline)	Cellphone No.	E-mail address	
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single	If married, Name of Spouse: (Last Name, First Name, Middle Name)		
<input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower	Date of Marriage: _____		
Retirement/Separation Benefits Previously Availed (if applicable)			
<input type="checkbox"/> RA 660 <input type="checkbox"/> RA 1616 <input type="checkbox"/> PD 1146 <input type="checkbox"/> RA 8291			

I have the honor to apply for

☐ Retirement benefits under the retirement mode marked below, effective _____. I affix my signature beside my chosen option. (Please refer to the Terms and Conditions of each retirement mode on subsequent pages)

RETIREMENT LAW	RETIREMENT OPTIONS	SIGNATURE
RA 660	<input type="checkbox"/> Below age 60, monthly annuity payable annually for 5 years <input type="checkbox"/> Aged 60 to below 63, 3-year lump sum, 2 years balance payable on the 63 rd Birthday; monthly annuity after the 5-year guaranteed period <input type="checkbox"/> Aged 63 and above, 5-year lump sum, monthly annuity after the 5-year guaranteed period	_____ _____ _____
PD 1146	<input type="checkbox"/> Immediate Monthly Pension <input type="checkbox"/> 60 months x Basic Monthly Pension (BMP) and BMP after 5 years	_____ _____
RA 8291	<input type="checkbox"/> Option 1: 60 months x BMP and BMP after 5 years <input type="checkbox"/> Option 2: 18 months x BMP and BMP to start on date of retirement	_____ _____
RA 1616	<input type="checkbox"/> Refund of Retirement Premiums (Retirement gratuity to be paid by last Employer)	_____
APPLICATION FOR CLASP	<p>If you opt to retire under a retirement scheme with an immediate monthly pension, you may settle your outstanding loan obligation on installment basis under the Choice of Loan Amortization Schedule for Pensioners (CLASP) program. The remaining balance of your outstanding obligation shall be restructured as a loan with an interest rate of 10% per annum compounded annually (paca). Please indicate your choices below:</p> <p>As payment for my outstanding obligation, please deduct from the proceeds of my retirement benefit the amount equivalent to:</p> <p style="text-align: right;">SIGNATURE</p> <p><input type="checkbox"/> 100%, since I am not availing the CLASP <input type="checkbox"/> 75%, remaining balance of 25% shall be paid through CLASP <input type="checkbox"/> 50%, remaining balance of 50% shall be paid through CLASP <input type="checkbox"/> 25%, remaining balance of 75% shall be paid through CLASP</p> <p>Preferred repayment term for the remaining balance:</p> <p><input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years</p> <p>I confirm that I have read and fully understood the PENSIONER RESTRUCTURED LOAN (PRL) Terms and Conditions and undertake to comply with them. Pursuant to Republic Act (R.A.) No. 9510, otherwise known as the "Credit Information System Act", and its Implementing Rules and Regulations (IRR), I hereby acknowledge and consent to: 1) the regular submission and disclosure of my basic credit data and updates thereon to the Credit Information Corporation (CIC); and 2) the sharing of my basic credit data with lenders authorized by the CIC, and credit reporting agencies and outsource entities duly accredited by the CIC, subject to the provisions of R.A. No. 9510, its IRR and other relevant laws and regulations.</p>	

<input type="checkbox"/> SEPARATION BENEFIT RA 8291 effective (mm/dd/yyyy) _____	SIGNATURE _____ _____ _____
<input type="checkbox"/> Below 60 years old with less than 15 years in service (Cash Benefit payable at age 60)	
<input type="checkbox"/> Below 60 years old with more than 15 years in service (Cash Benefit payable upon separation and monthly pension upon reaching age 60)	
<input type="checkbox"/> 60 years old and above with less than 15 years in service (Cash Benefit payable immediately)	

Declaration of Pendency/Non-Pendency of Case	I undertake to submit my Declaration of Pendency/Non-Pendency of case, duly subscribed and sworn to before a Notary Public or Administering Officer of my agency-employer, as a condition for the release of my retirement benefit and in compliance with Section II of CSC Resolution No. 1302242 dated 1 October 2013.
---	--

<input type="checkbox"/> LIFE INSURANCE BENEFIT	
Type of Life Insurance: <input type="checkbox"/> Compulsory <input type="checkbox"/> Optional	Policy No. (if claiming for Optional Policy): _____

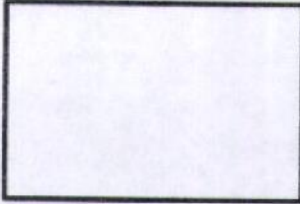
NAME OF CLAIMANT IF MEMBER IS DECEASED:

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Complete Mailing Address _____			
Date of Birth (mm/dd/yyyy)	Relation to Deceased Member:	Contact No./Cellphone No.	

Type of benefit applied for:

<input type="checkbox"/> Maturity Benefits
<input type="checkbox"/> Cash Surrender Value/Termination Value, in view of my <ul style="list-style-type: none"> <input type="checkbox"/> retirement effective _____ <input type="checkbox"/> resignation/separation from the government service on _____ <input type="checkbox"/> state other reason/s _____
<input type="checkbox"/> Death Benefits: Date of Death: _____
<input type="checkbox"/> Accidental Death Benefit (ADB) (applicable for CM(LEP)/Optional policies)

It is understood that the entire outstanding balance of my policy as well as the arrearages and balances of my other loans and accountabilities with the GSIS which are due and demandable shall be deducted from the said benefit pursuant to Articles 1231 and 1278 of the Civil Code of the Philippines, RA 8291 and the existing policies of the GSIS.

Signature of Applicant over Printed Name _____ _____ _____	 Thumb mark (if unable to affix signature)	Printed Name and Signature of Witnesses to Thumb mark: 1. _____ 2. _____
---	---	--

Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest bank or ATM. If you have no eCard/UMID, the proceeds will be paid through check.

TO BE FILLED OUT BY HEAD OF AGENCY OR HIS AUTHORIZED ENDORSING OFFICER**1st Endorsement**

Respectfully forwarded to GSIS this application for retirement/separation/life insurance benefit with our recommendation for approval. It is hereby certified that the applicant: (Place a check (v) mark on the pertinent box only)

1. ☐ has no pending administrative/criminal case.
2. ☐ has pending administrative/criminal case at _____
3. ☐ has a decided administrative case with _____. (Please attach certified copy of Decision)
4. ☐ has a decided criminal case with _____. (Please attach certified copy of Decision)
5. ☐ is applying for Refund of Premiums under RA 1616 and the application for gratuity benefit has been approved by this Office.

Signature over printed name of the Head of Agency or his Authorized Endorsing Officer

Date signed: _____

Office name _____

Office address _____

Application Received By: _____

Date Received: _____

TMS Reference No: _____

I. RETIREMENT**A. Eligibility Requirements**

1. Member shall be entitled to the retirement benefit, provided Member is separated from the service at the time of application, and on condition that:

Under RA 660	<div><div><div>1.</div><div>Member has been in the service on or before May 31, 1977;</div></div><div><div>2.</div><div>Member must be on permanent status at the time of retirement with continuous service for the last three (3) prior to retirement and has made contributions for at least five (5) years; and</div></div><div><div>3.</div><div>Member has met the age and service requirements (YOS) as indicated below:</div></div></div> <table><tr><td>Age</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td></tr><tr><td>YOS</td><td>35</td><td>34</td><td>33</td><td>32</td><td>31</td><td>30</td><td>28</td><td>26</td><td>24</td><td>22</td><td>20</td><td>18</td><td>16</td><td>15</td></tr></table>	Age	52	53	54	55	56	57	58	59	60	61	62	63	64	65	YOS	35	34	33	32	31	30	28	26	24	22	20	18	16	15
Age	52	53	54	55	56	57	58	59	60	61	62	63	64	65																	
YOS	35	34	33	32	31	30	28	26	24	22	20	18	16	15																	
Under PD 1146	<div><div><div>1.</div><div>Member should have been separated/retired on or before June 23, 1997; and</div></div><div><div>2.</div><div>Member has rendered at least fifteen (15) years of service in the government.</div></div></div>																														
Under RA 8291	<div><div><div>1.</div><div>Member should have been separated/retired on or after June 24, 1997;</div></div><div><div>2.</div><div>Member has rendered at least fifteen (15) years of service in the government;</div></div><div><div>3.</div><div>Member is at least sixty (60) years of age at the time of retirement;</div></div><div><div>4.</div><div>Member is not receiving a monthly pension benefit due to permanent total disability; and</div></div><div><div>5.</div><div>Member must not be a uniformed personnel of PNP, BJMP and BFP.</div></div></div>																														
Under RA 1616	<div><div><div>1.</div><div>Member has been in the service on or before May 31, 1977;</div></div><div><div>2.</div><div>Member, regardless of age, must have at least twenty (20) years of service in the government at the time of retirement; and</div></div><div><div>3.</div><div>Member must have rendered continuous service for the last three (3) years and must not incur leave without pay of more than one (1) year except in cases of death, disability, abolition or phase-out of position due to reorganization. Except for teachers who are allowed more than one (1) year leave without pay under the Magna Carta for Teachers.</div></div></div>																														

2. Request for conversion from one mode of retirement to another shall not be allowed.
3. The retirement proceeds shall at all times be subject to deduction for any outstanding indebtedness the member may have incurred with GSIS, pursuant to Articles 1231 and 1278 of the Civil Code, GSIS Laws (RA 660, PD 1146, RA 1616, RA 8291 and PD 1146) and existing policies.

B. Conditions For Receipt Of Monthly Pension

*Upon reaching the age 60, or after the end of the 5-year guaranteed period, the qualified pensioner is required to personally appear at GSIS Office nearest his/her place of residence. Member shall be required to fill up a **request for commencement of pension** and afterwards enroll for the **GSIS UMID-Compliant eCard/Kiosk transaction card**. Previously registered old-age and survivorship pensioners shall no longer be required to comply with the Annual Renewal of Active Status (ARAS) EXCEPT: 1) Pensioners on suspended status as of April 30, 2011 and has not renewed active status as of present date; and 2) Pensioners whose birth month falls in CY 2011 on the months of February, March or April. The pensioners living abroad or in the ARMM Region shall be required to comply with the ARAS on their birth month every year.*

II. SEPARATION**A. Entitlement To Separation Benefits Under RA 8291**

A member who has accumulated a minimum of three (3) years creditable service shall be entitled to separation benefit upon resignation or separation under the following terms:

1. For member with at least three (3) years but less than fifteen (15):
A cash payment equivalent to one hundred percent (100%) of the average monthly compensation for every year of creditable service the member has paid contributions, but not less than Twelve Thousand Pesos (P12,000.00), payable upon reaching sixty years of age or upon separation, whichever comes later.
2. For member with at least fifteen (15) years of service and less than sixty (60) years of age upon separation:
 - a. A cash payment equivalent to eighteen (18) times the basic monthly pension, payable at the time of resignation or separation;
 - b. An old-age pension benefit equal to the basic monthly pension, payable monthly for life upon reaching age 60.

B. Prescriptive Period For Filing Of Separation Benefit

Application for separation benefits must be filed within four (4) years from the date of separation as provided for under RA 8291.

III. COMPULSORY LIFE INSURANCE BENEFITS UNDER THE LIFE ENDOWMENT POLICY (LEP)

A member under this policy may be entitled to any of the following benefits, depending on the circumstances:

1. Maturity benefit	The face amount payable to the member upon maturity of the policy.
2. Cash Surrender Value	The earned values during the term of the insurance payable to the member when he is separated from the service before maturity date of the policy or when he is considered as a case of Permanent Total Disability (PTD).
3. Death Benefit	The face value of the policy payable to designated beneficiary/beneficiaries or legal heirs, in the absence of the former, upon the death of the member.
4. Accidental Death Benefit	An additional benefit equivalent to the amount of Death Benefit when the member dies by accident. In this connection, proof must be presented to sufficiently establish that the cause of the member's death is accidental. The right to present sufficient proof to show that death was accidental shall prescribe if the claim for ADB is filed four (4) years after the death of the member.
5. Cash Dividend	A policyholder is entitled to dividends subject to the guidelines as approved by the GSIS Board. This is not a guaranteed benefit.

IV. COMPULSORY LIFE INSURANCE BENEFITS UNDER THE ENHANCED LIFE POLICY (ELP)

A member under this policy may be entitled to any of the following benefits, depending on the circumstances:

1. Death Benefit	Equivalent to the latest annual salary multiplied by the amount of insurance (AOI) factor which is 1.5 or 18 times the current monthly salary of the member or as determined by the GSIS, payable to the legal heirs, less all outstanding obligations of the member in accordance with Articles 1231 and 1278 of the Civil Code, GSIS Laws (RA 660, PD 1146, RA 1616, RA 8291 and PD 1146) and existing policies.
2. Termination Value (TV)	The policy earns a TV during the life of the policy computed from the percentage of the life insurance premiums actually remitted and paid to GSIS. TV is equivalent to a percentage of monthly life insurance premiums as determined by the GSIS, due and paid in full, either by direct remittance or through an APL facility. The accumulated TV will grow at such rate as determined by the Actuary and shall be paid to the member upon his separation from the government service less all indebtedness of the member with the GSIS in accordance with Articles 1231 and 1278 of the Civil Code, GSIS Laws (RA 660, PD 1146, RA 1616, RA 8291 and PD 1146) and existing policies.
3. Cash Dividend	A policyholder is entitled to dividends subject to the guidelines as approved by the GSIS Board. This is not a guaranteed benefit.

V. OPTIONAL LIFE INSURANCE POLICY (OLIP)

A member under this policy may be entitled to any of the following benefits, depending on the circumstances:

1. Maturity Benefit	The face amount payable to the member upon maturity of the policy less indebtedness consisting of premium arrearages and policy loan balance.
2. Cash Surrender Value	The policy reserve earned by the policy at the end of each anniversary year. After the insurance have been in force for one (1) year, it begins to earn cash value which increases annually, but which never exceeds the face value of the policy. The CSV of the policy less indebtedness and surrender charge is the amount which the GSIS will pay to any policyholder in the event Member surrenders the policy.
3. Disability Benefit	A disability claim arises when during the paying period that the policy is in force; the policyholder becomes permanently and totally disabled before his 60 th birthday, whether the disability is caused by illness or injury. Upon permanent and total disability, premium payments on the policy will not be required from the approved date of disability.
4. Death Benefit	The face value of the policy payable to designated beneficiary/beneficiaries or legal heirs, in the absence of the former, upon the death of the member.
5. Accidental Death Benefit	An additional benefit equivalent to the amount of Death Benefit when death occurred within ninety (90) days from the date of the accident. In this connection, proof must be presented to sufficiently establish that the cause of the member's death is accidental.
6. Cash Dividend	A policyholder is entitled to dividends subject to the guidelines as approved by the GSIS Board. This is not a guaranteed benefit.

VI. DOCUMENTARY REQUIREMENTS

A. Retirement/Separation Benefit

1. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits
2. Service Record with Leave Without Pay (LWOP) Certification (*indicating the specific dates and time of LWOP*)
3. Declaration of Pendency/Non-Pendency of Case (PPNPC) form (*date administered/notarized should be on or after receipt of notification from GSIS*)

B. Life insurance Benefit

Maturity or Cash Surrender Value (Regular/ Optional)	<ol style="list-style-type: none"> a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits b. Service Record with LWOP Certification (<i>indicating the specific dates and time of LWOP</i>)
Death Claim/ Accidental Death Benefit (LEP)	<ol style="list-style-type: none"> a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits b. Service Record with LWOP Certification (<i>indicating the specific dates and time of LWOP</i>) c. Death Certificate of member issued by Local Civil Registrar (LCR) or Phil Statistics Authority (PSA) (formerly National Statistics Office or NSO); or authenticated by Philippine Consular Office, if died abroad d. Affidavit of Surviving Legal Heirs/Surviving Spouse/Guardianship Form, if with minor/incapacitated children (for cases with no designated beneficiaries only) e. Court Order, or Affidavit of Surviving Legal Heirs / Surviving Spouse/Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent f. Birth Certificate/s issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if designated beneficiary/ies /payee/s is/are not GSIS member g. Marriage Contract of female beneficiary/ies issued by LCR or PSA h. Police Investigation Report, if death is due to accident
Death Claim (ELP)	<ol style="list-style-type: none"> a. Duly accomplished Application Form for Retirement/Separation/Life Insurance Benefits b. Service Record with LWOP Certification (<i>indicating the specific dates and time of LWOP</i>) c. Death Certificate of member issued by LCR or PSA; or authenticated by Philippine Consular Office, if died abroad d. Affidavit of Surviving Legal Heirs / Surviving Spouse/Guardianship Form, if with minor/incapacitated children e. Court Order, or Affidavit of Surviving Legal Heirs / Surviving Spouse/Guardianship Form supported by a Report or Certification issued by the DSWD Office where the minor/ incapacitated dependent child is residing, if the guardian is not the natural parent f. Birth Certificate/s issued by LCR or PSA or valid passport or two (2) valid government-issued IDs with date of birth and signature, if designated beneficiary/ies /payee/s is/are not GSIS member g. Marriage Contract of female beneficiary/ies issued by LCR or PSA



APPLICATION FOR SURVIVORSHIP

(Please Read Terms and Conditions and Documentary Requirements at the back)

INSTRUCTIONS: Ensure that the application form is properly filled out and submit duly accomplished application form to the nearest GSIS/Handling Office.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit under this application shall be subject to administrative, civil and/or criminal action.

Must be received by GSIS within four (4) years from the date of death of deceased member/pensioner together with the required supporting documents.

DATE OF FILING OF APPLICATION _____

A. DECEASED MEMBER/RETIREE/PENSIONER

Last Name	First Name	Middle Name	GSIS Business Partner (BP) No.
Name and Address of Last Government Office			Date of Birth (mm/dd/yyyy)
Civil Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Religion	Status at the time of death <input type="checkbox"/> Active Member <input type="checkbox"/> Retiree <input type="checkbox"/> Pensioner	Retirement/Separation Benefits <input type="checkbox"/> RA 660 <input type="checkbox"/> RA 1616 <input type="checkbox"/> PD 1146 <input type="checkbox"/> RA 8291

B. PRIMARY BENEFICIARIES (LIVING)

I. Legal Spouse

Last Name	First Name	Middle Name	BP No. (if applicable)
Mailing Address (No/Street/Barangay/Municipality/City/Province/Zip Code)			Date of Marriage(mm/dd/yyyy)
Date of Birth (mm/dd/yyyy)	Religion	Cellphone No.	Email Address

II. Dependent Children (minors and incapacitated): Please indicate status (i.e., legitimate, legally adopted, acknowledged, illegitimate)

Name	Date of Birth	Mailing Address	Status	With Incapacity
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

C. SECONDARY BENEFICIARIES (LIVING) – In the absence of primary beneficiaries

I. Legitimate Descendants/Legal Heirs (i.e. children of legal age, parents, siblings, grandchildren)

Name	Date of Birth	Mailing Address	Status	With Incapacity
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

II. Guardian of Surviving Dependents:

Last Name	First Name	Middle Name	BP No. (if applicable)
Date of Birth(mm/dd/yyyy)	Contact No./Cellphone No.	Email Address	Relationship to the dependent children
Mailing Address (No/Street/Barangay/Municipality/City/Province/Zip Code)			

D. CLAIMANT IS OTHER THAN SPOUSE – (For funeral benefit only)

Last Name	First Name	Middle Name	BP No. (if applicable)
Date of Birth (mm/dd/yyyy)	Place of Birth	Cellphone No.	Email Address
Mailing Address (No/Street/Barangay/Municipality/City/Province/Zip Code)			

Upon filing of this application, it is understood that I have previously secured a tentative computation of the amount of benefits I will receive including the amount deducted from the proceeds in payment of the deceased member's unpaid obligations with GSIS and I fully conform to the same.

I hereby certify that the foregoing information are true and correct and the attached documents are authentic.

_____ Signature of Applicant over Printed Name	<div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"></div> Thumbmark (if unable to affix signature)	Witnesses to thumbmark: 1. _____ 2. _____
---	---	---

Claim proceeds shall be electronically credited to your eCard/UMID account and may be withdrawn from your nearest ATM. If you have no eCard/UMID, the proceeds will be paid through check.

TO BE FILLED OUT BY HEAD OF AGENCY OR HIS AUTHORIZED ENDORSING OFFICER**1st Endorsement**

Respectfully forwarded to GSIS this application for survivorship benefit with our recommendation for approval.

It is hereby certified that the late member Mr./Ms./Mrs. _____

1. last day of actual service was rendered on _____

2. ☐ had no / ☐ had an administrative and/or criminal case pending at _____

_____ Signature over Printed Name of the Head of Agency or his Authorized Endorsing Officer	_____ Office Name
Date: _____	_____ Office Address

Application Received By: _____

Date Received: _____

TMS Reference No.: _____

TERMS AND CONDITIONS

SURVIVORSHIP BENEFITS

When a member or pensioner dies, the beneficiaries shall be entitled to the following survivorship benefits, whichever is applicable:

1. Survivorship pension consisting of:
 - a. the basic survivorship pension which is fifty percent (50%) of the Basic Monthly Pension (BMP); and
 - b. the dependent children's pension equivalent to 10% of the BMP for each child but not to exceed fifty percent (50%) of the BMP.
2. Cash payment equivalent to eighteen (18) months BMP;
3. Cash payment equivalent to one hundred percent (100%) of the AMC for every year of service with paid contributions but not less than Twelve Thousand Pesos (P12,000.00).

I. Survivorship Benefits of Members in Active Service.

1. If at the time of death, a member was in the service and has rendered at least fifteen (15) years of creditable service:
 - a. his primary beneficiaries shall receive the survivorship pension and cash payment equivalent to 18 x the BMP; or
 - b. in the absence of primary beneficiaries, his secondary beneficiaries shall receive the cash payment equivalent to 18 x the BMP; or
 - c. in the absence of secondary beneficiaries, the legal heirs shall receive the cash payment equivalent to 18 x the BMP.
2. If at the time of death, the member was in the service with less than fifteen (15) years of creditable service; his primary beneficiaries shall receive the cash payment equivalent to 100% of the AMC for every year of creditable service.

II. Survivorship Benefits of Inactive Members

Primary beneficiaries of inactive members who have at least 15 years of creditable service shall receive the survivorship pension only.

- a. Primary beneficiaries of inactive members who have at least 3 years but less than 15 years of creditable service and were less than 60 years old at the time of death shall receive the cash payment equivalent to 100% of the AMC for every year of creditable service, but not less than P12,000.00.
- b. Primary beneficiaries of inactive members who have less than 15 years of creditable service but were at least 60 years old at the time of separation and have received the corresponding separation benefit, shall not be entitled to survivorship benefits. However, if the member has not received yet his separation benefit within four years after his/her separation, the primary beneficiaries shall receive the cash benefit equivalent to 100% of the inactive member's AMC for every year of creditable service, but not less than P12,000.00.

III. Payment of Survivorship Benefits

The survivorship benefits shall be paid as follows:

- a. When the dependent spouse is the only survivor, he shall receive the basic survivorship pension;
- b. When only the dependent children are the survivors, they shall be entitled only to the dependent children's pension equivalent to 10% of the BMP for every dependent child, not exceeding five (5), counted from the youngest and without substitution;
- c. When the survivors are the dependent spouse and the dependent children, the dependent spouse shall receive the basic survivorship pension for life or until he remarries or cohabits, and the dependent children shall receive the dependent children's pension.
- d. When the dependent spouse and dependent children are already receiving the basic survivorship pension and dependent children's pension, respectively, any subsequent death, emancipation or disqualification of any one of them shall not entitle the other beneficiaries to the forfeited share.
- e. In the absence of a natural guardian, the guardian de facto of dependent children, as well as the physically or mentally incapacitated dependent children, must file a Petition for Guardianship to be able to claim the survivorship benefits on behalf of the dependent children.
- f. When the pensioner dies within the 5-year period after receiving the five-year lump sum, the survivorship pension shall be paid only after the end of the said five-year period. However, filing of claim for survivorship benefit should be done before the end of the 4-year prescription period.

IV. Conditions for Entitlement to Survivorship Benefits

The primary and secondary beneficiaries, except dependent children, shall be entitled to applicable survivorship benefits, subject to the following:

- a. the surviving spouse and the deceased member were living together as husband and wife;
- b. in the case of the dependent spouse, payment of the basic survivorship pension shall discontinue when he remarries, cohabits, or engages in common-law relationship.

The foregoing conditions, except the last one, must be present immediately preceding the death of the member or pensioner.

MEMBERSHIP INFORMATION SHEET

ID Picture
(Taken within the
last 3 months)

Name: _____

Last name *First Name* *Middle Name*

Sex: _____ Civil Status: _____ TIN: _____

Date of Birth: _____ Place of Birth: _____
(Month/Day/Year) Town/District City/Province

Residence/Mailing Address:

House, Apt. or Bldg No./St. Name	Barangay or Barrio	Town/City	Province	Zip Code
----------------------------------	--------------------	-----------	----------	----------

Office: _____ Date of Original Appointment: _____
(Month/Day/Year)

Office Address:

No.	Street	Town/City	Province
-----	--------	-----------	----------

Position Title: _____ Status of Appointment: _____

Present Salary: _____ Date of Effectivity of Present Salary: _____
(Month/Day/Year)

For DEPED Employees only: Division No.: _____ Station No.: _____ Employee No.: _____

Home Tel. No.: _____ Celphone No.: _____

Office Tel. No.: eMail Address:

Signature of Member

Attested:

Signature over Printed Name of
Personnel/Administrative Officer



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
GATE 2, KARANGALAN VILLAGE
1900 CAINTA, RIZAL



CERTIFICATION

TO WHOM IT MAY CONCERN:

This Office certifies, as of this date that:

(FIRST NAME)

(MIDDLE NAME)

(FAMILY NAME)

(POSITION)

(SCHOOL)

(CITY/SCHOOLS DIVISION OFFICE)

- ☐ has no pending case
- ☐ is under investigation but without formal charge yet.
- ☐ has pending administrative case docketed as _____.

This Certification is issued pursuant to the disciplinary jurisdiction of the Office of the Regional Director over teaching and teaching-related personnel in DepEd CALABARZON as laid down in R.A No. 4670 or the Magna Carta for



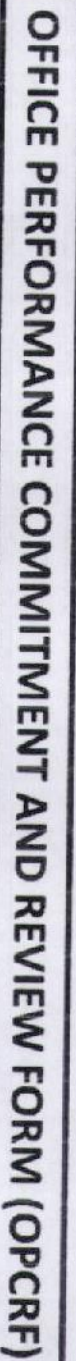
"EXCELLENCE is a CULTURE and QUALITY is a COMMITMENT"

Trunkline: 02-8682-5773/8684-4914/8647-7487

Website: depedcalabarzon.ph

Document Inquiry : <https://r4a-teadoc.com/inquire>

Facebook: DepEd R-4A Calabarzon



*To get the score, the rating is multiplied by the weight assigned.

DEPED RPMS Form for Head of Office | 1

CORE BEHAVIORAL COMPETENCIES		LEADERSHIP COMPETENCIES	
<p>Self-Management</p> <ul style="list-style-type: none"> □ Sets personal goals and direction, needs and development. □ Undertakes personal and behaviors that are clear and purposeful and takes into account personal goal and values congruent to that of the organization. □ Displays emotional maturity and enthusiasm for and is challenged by higher goals. □ Prioritizes work tasks and schedules (through Gantt Charts, checklist, etc.) to achieve goals. □ Sets high quality, challenging, realistic goals for self and other. <p>Professionalism and Ethics</p> <ul style="list-style-type: none"> □ Demonstrates the values and behavior enshrined Norms of Conduct and Ethical Standards for Public Officials and Employees (RA 6713). □ Practices ethical and professional behavior and conduct taking into account the impact of his/her actions and decisions. □ Maintains a professional image: being trustworthy, regularity of attendance and punctuality, good grooming and communication. □ Makes personal sacrifices to meet the organization's needs. □ Acts with a sense of urgency and responsibility to meet the organization's needs, improve systems and help others improve their effectiveness. <p>Result-Focus</p> <ul style="list-style-type: none"> □ Achieve results with optimal use of time and resources most of the time. □ Avoids rework, mistakes and wastage through effective work methods by pleading organizational needs before personal needs. □ Delivers error-free outputs most of the time by conforming to standards operating procedures correctly and consistently. Able to produce very satisfactory quality of work in terms of usefulness/acceptability and completeness with no supervision required. □ Expresses a desire to do better and may express frustration at waste or inefficiency. May focus on new or more precise ways of meeting goals set. □ Makes specific changes in the system or in own work methods to improve performance. Examples may include doing something better, faster, at a lower cost, more efficiently; or improving quality, customer satisfaction, morale, without setting any specific goal. 	<p>Teamwork</p> <ul style="list-style-type: none"> □ Willingly does his/her share of responsibility. □ Promotes collaboration and removes barriers to teamwork and goal accomplishment across the organization. □ Applies negotiation principles in arriving at win-win agreements. □ Drives consensus and team ownership of decisions. □ Works constructively and collaboratively with others and across organizations to accomplish organizational goals and objectives. <p>Service Orientation</p> <ul style="list-style-type: none"> □ Can explain and articulate organizational directions, issues and problems. □ Takes personal responsibility for dealing with and/or correcting customer service issues and concerns. □ Initiates activities that promotes advocacy for men and women empowerment. □ Participate in updating of office vision, mission, mandates and strategies based on DepEd strategies and directions. □ Develops and adopts service improvement programs through simplified procedures that will further enhance service delivery. <p>Innovation</p> <ul style="list-style-type: none"> □ Examines the root cause of problems and suggests effective solutions. Fosters new ideas, processes, and suggests better ways to do things (cost and/or operational efficiency). □ Demonstrates an ability to think "beyond the box". Continuously focuses on improving personal productivity to create higher value and results. □ Promotes a creative climate and inspires co-workers to develop original ideas or solutions. □ Translates creative thinking into tangible changes and solutions that improve the work unit and organizations. □ Use ingenious methods to accomplish responsibilities. □ Demonstrates resourcefulness and the ability to succeed with minimal resources. 	<p>Leading People</p> <ul style="list-style-type: none"> □ Uses basic persuasion techniques in a discussion or presentation e.g. staff mobilization, appeals to reason and/or emotions, uses data and examples, visual aids. □ Persuades, convinces or influences others, in order to have a specific impact or effect. □ "Sets a good example", is a credible and respected leader, and demonstrates desired behavior. □ Forwards personal, professional and work unit needs and interest in an issue. □ Assumes a pivotal role in promoting the development of an inspiring, relevant vision for the organization and influences others to share ownership of DepEd goals, in order to create an effective environment. <p>People Performance Management</p> <ul style="list-style-type: none"> □ Makes specific changes in the performance management system or in own work methods to improve performance (e.g. does something better, faster, at lower cost, more efficiently; improves quality, customer satisfaction, morale, revenues). □ Sets performance standards and measures progress of employees based on office and department targets. □ Provides feedback and technical assistance such as coaching for performance improvement and action planning. □ States performance expectations clearly and checks understanding and commitment. □ Performs all the stages of results-based performance management system supported by evidence and required documents/forms. 	<p>LEADERSHIP COMPETENCIES</p> <p>People Development</p> <ul style="list-style-type: none"> □ Improves the skills and effectiveness of individuals through employing a range of development strategies. □ Facilitates workforce effectiveness through coaching and motivating / developing people within a work environment that mutual trust and respect. □ Prepares simple presentation using powerpoint. □ Conceptualizes and implements learning interventions to meet identified training needs. □ Does long-term coaching or training by arranging appropriate and helpful assignments, formal training or other experiences for the purpose of supporting a person's learning and development. □ Cultivates a learning environment by structuring interactive experiences such as looking for future opportunities that are in support of achieving individual career goals.
<p>OVERALL COMPETENCY RATINGS</p> <p>CORE BEHAVIORAL COMPETENCIES</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		<p>CORE BEHAVIORAL COMPETENCIES</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

PART III: SUMMARY OF RATINGS FOR DISCUSSION

Final Performance Results	Rating	Adjectival Rating
Accomplishments of KRAs and Objectives		

Rater-Ratee Agreement

The signature below confirm that the employee and his/her superior have agreed on content of this appraisal from and performance rating.

Name of Employee	Name of Superior
Signature	Signature
Date	Date

PART IV: DEVELOPMENT PLANS

[illegible]

[Click or tap here to enter text.](#)

Rater

[Click or tap here to enter text.](#)

Ratee

[Click or tap here to enter text.](#)

Approving Authority

NUMERICAL RATING	ADJECTIVE RATING	DESCRIPTION OF MEANING OF RATING
5	Outstanding	Performance represents an extraordinary level of achievement and commitment in terms of quality and time, technical skills and knowledge, ingenuity, creativity and initiative. Employees at this performance level should have demonstrated exceptional job mastery in all areas of responsibility. Employee achievement and contributions to the organization are of marked excellence.
4	Very Satisfactory	Performance exceeded expectations. All goals, objectives and targets were achieved above the established standards.
3	Satisfactory	Performance met expectations in terms of quality of work, efficiency and timeliness. The most critical annual goals were met.
2	Unsatisfactory	Performance failed to meet expectations, and/or one more of the critical goals were not met.
1	Poor	Performance was consistently below expectations, and/or reasonable progress toward critical goal was not made. Significant improvement is needed in one or more important areas.

This rating scale is based on the Civil Service Commission Memorandum Circular No. 06, s. 2012 that sets the guidelines on the establishment and implementation of the Strategic Performance Management System (SPMS) in all government agencies.

RANGE	ADJECTIVAL RATING
4.500 – 5.000	Outstanding
3.500 – 4.499	Very Satisfactory
2.500 – 3.499	Satisfactory
1.500 – 2.499	Unsatisfactory
below 1.499	poor

The overall rating/assessment for the accomplishments shall fall within the following adjectival and shall be in three (3) decimal points.

SCALE	DEFINITION
5	Role Model
4	Consistently demonstrates
3	Most of the time demonstrated
2	Sometimes demonstrates
1	Rarely demonstrates

Competencies shall be monitored for the development purposes. In evaluating the individual's demonstration of competencies, this rating scale shall apply.

Grievance and Appeals

1. A Grievance Committee shall be created in each level of the organization to act as appeals board and final arbiter of all issues relating to the implementation of RPMS.
2. The office performance assessment as discussed in the performance review and evaluation phase shall be final and not appealable. Any issue/appeal on the initial performance assessment of an office shall be discussed and decided during the performance review conference.
3. Individual employees who feel aggrieved or dissatisfied with their final performance ratings can file an appeal with the Grievance Committee at their level within ten (10)

4. The Grievance Committee shall decide on the appeals within one (1) month from receipt. Appeals lodged at any Grievance Committee shall follow the hierarchical jurisdiction of various Grievance Committees within the agency. For example, the decision of the Division Grievance

working days from the date of receipt of their final performance evaluation rating from the rater. The ratee, however, shall not be allowed to protest the performance ratings of co-employees. Ratings obtained by the ratee can only be used as basis for reference for comparison in appealing the individual performance ratings.

Committee is appealable to the Regional Grievance Committee, which decision is in turn appealable to the Central Office Grievance Committee.

5. The decision of the Central Office Grievance Committee is final.



INDIVIDUAL PERFORMANCE COMMITMENT AND REVIEW FORM (IPCRF)

[illegible]

Rater _____ Rater _____
PART II: COMPETENCIES

Approving Authority _____

CORE BEHAVIORAL COMPETENCIES		CORE SKILLS
<p>Self-Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sets personal goals and direction, needs and development. <input type="checkbox"/> Undertakes personal and behaviors that are clear and purposive and takes into account personal goal and values congruent to that of the organization. <input type="checkbox"/> Displays emotional maturity and enthusiasm for and is challenged by higher goals. <input type="checkbox"/> Prioritize work tasks and schedules (through Gantt Charts, checklist, etc.) to achieve goals. <input type="checkbox"/> Sets high quality, challenging, realistic goals for self and other. <p>Professionalism and Ethics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates the values and behavior enshrined Norms of Conduct and Ethical Standards for Public Officials and Employees (RA 6713). <input type="checkbox"/> Practices ethical and professional behavior and conduct taking into account the impact of his/her actions and decisions. <input type="checkbox"/> Maintains a professional image: being trustworthy, regularity of attendance and punctuality, good grooming and communication. <input type="checkbox"/> Makes personal sacrifices to meet the organization's needs. <input type="checkbox"/> Acts with a sense of urgency and responsibility to meet the organization's needs, improve systems and help others improve their effectiveness. <p>Result-Focus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Achieve results with optimal use of time and resources most of the time. <input type="checkbox"/> Avoids rework, mistakes and wastage through effective work methods by placing organizational needs before personal needs. <input type="checkbox"/> Delivers error-free outputs most of the time by confirming to standards operating procedures correctly and consistently. Able to produce very satisfactory quality of work in terms of usefulness/acceptability and completeness with no supervision required. <input type="checkbox"/> Expresses a desire to do better and may express frustration at waste or inefficiency. May focus on new or more precise ways of meeting goals set. <input type="checkbox"/> Makes specific changes in the system or in own work methods 	<p>Teamwork</p> <ul style="list-style-type: none"> <input type="checkbox"/> Willingly does his/her share of responsibility. <input type="checkbox"/> Promotes collaboration and removes barriers to teamwork and goal accomplishment across the organization. <input type="checkbox"/> Applies negotiation principled in arriving at win-win agreements. <input type="checkbox"/> Drives consensus and team ownership of decisions. <input type="checkbox"/> Works constructively and collaboratively with others and across organizations to accomplish organizational goals and objectives. <p>Service Orientation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Can explain and articulate organizational directions, issues and problems <input type="checkbox"/> Takes personal responsibility for dealing with and/or correcting customer service issues and concerns <input type="checkbox"/> Initiates activities that promotes advocacy for men and women empowerment. <input type="checkbox"/> Participate in updating of office vision, mission, mandates and strategies based on DepEd strategies and directions. <input type="checkbox"/> Develops and adopts service improvement programs through simplified procedures that will further enhance service delivery. <p>Innovation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Examines the root cause of problems and suggests effective solutions. 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Continuously focuses on improving personal productivity to create higher value and results. <input type="checkbox"/> Promotes a creative climate and inspires co-workers to develop original ideas or solutions. <input type="checkbox"/> Translates creative thinking into tangible changes and solutions that improve the work unit and organizations. <input type="checkbox"/> Use ingenious methods to accomplish responsibilities. <input type="checkbox"/> Demonstrates resourcefulness and the ability to succeed with minimal resources. 	<p>Oral Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follows instructions accurately. <input type="checkbox"/> Expresses self clearly, fluently, and articulately. <input type="checkbox"/> Uses appropriate medium for the message. <input type="checkbox"/> Adjust communication style to others. <input type="checkbox"/> Guides discussions between and among peers to meet an objective. <p>Written Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Knows the different written business communication formats used in the DepEd. <input type="checkbox"/> Writes routine correspondence/ communications, narrative and descriptive report based on readily available information data with minimal spelling or grammatical errors (e.g. memos, minutes, etc.) <input type="checkbox"/> Secures information from required references (i.e. Directories, schedules, notices, instructions), for specific purposes. <input type="checkbox"/> Self-edits words, numbers, phonetic notation and content, if necessary. <input type="checkbox"/> Demonstrates clarity, fluency, impact, conciseness and effectiveness in his/her written communications. <p>Computer/ICT Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepares basic compositions (e.g. letters, reports, spreadsheets and graphics presentation using Word Processing and Excel. <input type="checkbox"/> Identifies different computer parts, turns the computer on/off, and work on a given task with acceptable speed and accuracy and connects computer peripherals (e.g. printer, modems, multimedia projectors, etc.) <input type="checkbox"/> Prepares simple presentation using powerpoint. <input type="checkbox"/> Utilizes technologies to: access information to enhance professional productivity, assists in conducting research and communicate through local and professional networks. <input type="checkbox"/> Recommends appropriate and updated technology to enhance productivity and professional practice.
<p>OVERALL COMPETENCY RATINGS</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		

CORE BEHAVIORAL COMPETENCIES	
CORE SKILLS	<input type="text"/>
OVERALL RATING	<input type="text"/>

PART III: SUMMARY OF RATINGS FOR DISCUSSION

Final Performance Results	Rating	Adjectival Rating
Accomplishments of KRAs and Objectives		

Rater-Ratee Agreement

The signature below confirm that the employee and his/her superior have agreed on content of this appraisal from and performance rating.

Name of Employee	Name of Superior
Signature	Signature
Date	Date

PART IV: DEVELOPMENT PLANS

[illegible]

[Click or tap here to enter text.](#)

Rater

[Click or tap here to enter text.](#)

Ratee

[Click or tap here to enter text.](#)

Approving Authority

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Appeals lodged at any Grievance Committee shall follow the hierarchal jurisdiction of various Grievance Committees within the agency. For example, the decision of the Division Grievance Committee is appealable to the Regional Grievance Committee, which decision is in turn appealable to the Central Office Grievance Committee.

5. The decision of the Central Office Grievance Committee is final.

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



"Creating Possibilities, Inspiring Excellence"
Quezon
Telephone #: (043) 294-0265, (043) 294-0266, (043) 294-0267, (043) 294-0268, (043) 294-0269
Email Address: deped@deped.gov.ph

Checklist for Integration for **NEWLY HIRED
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Email Address: deped@deped.gov.ph

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)

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DepEd Quezon
DepEd Office - Division Office - Quezon
DepEd Office - Division Office - Quezon
DepEd Office - Division Office - Quezon

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
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DepEd Quezon
DepEd Office - Division Office - Quezon
DepEd Office - Division Office - Quezon
DepEd Office - Division Office - Quezon

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



"Creating Possibilities, Inspiring Innovations"

Quezon Province, Division Office, Region IV-A, Marikina City
Quezon B. 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015

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

Name: _____
District/School: _____

1 Copy each

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- ☐ First Day of Service
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DEPEDQUEZON-SDO-ADM-04-007-004



"Creating Possibilities, Inspiring Innovations"

Quezon Province, Division Office, Region IV-A, Marikina City
Quezon B. 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015

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DEPEDQUEZON-SDO-ADM-04-007-004



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Quezon Province, Division Office, Region IV-A, Marikina City
Quezon B. 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015

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Quezon Province, Division Office, Region IV-A, Marikina City
Quezon B. 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015

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

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

DEPEDQUEZON-SDO-ADM-04-015-004

CHECKLIST FOR YEAR END BONUS AND CASH GIFT

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District/School: _____

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DEPEDQUEZON-SDO-ADM-04-015-004

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DEPEDQUEZON-SDO-ADM-04-015-004

CHECKLIST FOR CHALK/CASH/CLOTHING ALLOWANCE

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District/School: _____

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- ☐ Clear copy of ATM account number

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- ☐ PAYROLL (IF PAYMENT TO BE MADE BY DISTRICTS/SCHOOLS (3 copies)
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Training possibilities, inspiring innovations?
by Jürgen Hoffmeyer, Germany
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CHECKLIST FOR PRODUCTIVITY ENHANCEMENT INCENTIVE (PEI)

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District/School: _____

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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

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**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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Quezon Province: Marikina City, Marikina City, Marikina City

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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

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CHECKLIST FOR MID-YEAR BONUS

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District/School: _____

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- ☐ 1ST DAY OF SERVICE (3 copies)
- ☐ Appointment (3 copies)
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IF RETIRED/RESIGNED

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^aCreating Resilience: Engaging Communities

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Journal of Management Inquiry 18(4)

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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 (1COPY)

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Contact: 100 Km. 100, 100m, 100m, 100m

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REQUIREMENT FOR LAST SALARY /PVP
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Division Office (DO) 100 Km. 100, 100m, 100m, 100m
Contact: 100 Km. 100, 100m, 100m, 100m

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 Connections"
Address: 1001/101, Naga, Iloilo, Negros Occidental
Division Office (SDO) - QUEZON, SDO - ILOILO, SDO - NEGROS OCCIDENTAL
Email Address: sdoquezon@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)
- ☐ 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



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Division Office (SDO) - QUEZON, SDO - ILOILO, SDO - NEGROS OCCIDENTAL
Email Address: sdoquezon@deped.gov.ph
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. Tolosa, Tagbilaran, Cebu
Telephone #: (092) 284-1234, (092) 284-1235, (092) 284-1236, (092) 284-1237
Email Address: deped@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



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Telephone #: (092) 284-1234, (092) 284-1235, (092) 284-1236, (092) 284-1237
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(3 COPIES)
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DEPEDQUEZON-SDO-ADM-04-003-003



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Telephone #: (092) 284-1234, (092) 284-1235, (092) 284-1236, (092) 284-1237
Email Address: deped@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



"Ensuring Quality Education, Inspiring Innovations"
Address: 3001 San Roque, Talavera, Quezon
Telephone: (043) 284-0000, (043) 284-0001, (043) 284-0002, (043) 284-0003
Email Address: deped@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



"Ensuring Quality Education, Inspiring Innovations"
Address: 3001 San Roque, Talavera, Quezon
Telephone: (043) 284-0000, (043) 284-0001, (043) 284-0002, (043) 284-0003
Email Address: deped@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 PAYSLIP (3 copies)
- ☐ PAYROLL/PAYSLIP (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 PAYSLIP (3 copies)
- ☐ PAYROLL/PAYSLIP (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
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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 PAYSLIP (3 copies)
- ☐ PAYROLL/PAYSLIP (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
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CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- ☐ RECENT PAYSLIP (3 copies)
- ☐ PAYROLL/PAYSLIP (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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- ☐ FORM 7 CORRESPONDING MONTHS
CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- ☐ RECENT PAYSIP (3 copies)

DEPEDQUEZON-SDO-ADM-04-005-003



"Creating Possibilities, Inspiring Innovations"
Address: 384 First St. Brgy. Talavera, Tagbilaran, Cebu
Telephone: (092) 284-1000, 284-1001, 284-1002, 284-1003, 284-1004, 284-1005, 284-1006
Email Address: deped@deped.gov.ph

**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 PAYSIP (3 copies)

DEPEDQUEZON-SDO-ADM-04-005-003



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Address: 384 First St. Brgy. Talavera, Tagbilaran, Cebu
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Email Address: deped@deped.gov.ph

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

Name: _____

District/School: _____

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DEPEDQUEZON-SDO-ADM-04-005-003



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CLAIM/ PVP IF APRIL TO JUNE (3 copies)
- ☐ RECENT PAYSIP (3 copies)

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Email Address: deped@deped.gov.ph

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
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- ☐ SNAPSHOT FROM LANDBANK/I-ACCESS
PRINT OUT (WITH MAINTAINING
BALANCE (1 copy)
- ☐ PHOTOCOPY OF ATM CARD- 1 COPY

DEPEDQUEZON-SDO-ADM-04-019-003