

Republic of the Philippines

Department of Education

REGION III
SCHOOLS DIVISION OFFICE OF BATAAN

FEB 2 2 2022

No. 054, s. 2022

REITERATION OF DEPED ORDER 003, S. 2022 ON THE AMENDMENT AND ADDITIONAL PROVISION ON AVAILMENT OF ADDITIONAL DEPED PROVIDENT FUND LOAN AS STATED ON DEPED ORDER NOS. 23, 2.2007 and 037, s. 2018

To: Assistant Schools Division Superintendent
Chiefs of Division, CID and SGOD
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Division Unit Heads
All Others Concerned

- This Office informs all concerned regarding the additional amount of the Provident Fund loan which may be availed by all qualified DepEd employees base on the DepEd Order mentioned in this memorandum.
- The additional amount of the loan shall not exceed P200,000.00 will be granted for extreme emergency cases only and is subject to the approval of the Regional Director upon the recommendation of the Schools Division Superintendent and Head of the Regional Provident Fund Board Secretariat.
- Additional loans shall be justified by the DepEd borrower by citing extreme emergency cases, such as:
 - Payment of hospital bills of DepED personnel or member of his/her family within the third civil degree of consanguinity/affinity; or
 - Death of a member of the borrower's family within the third civil degree of consanguinity/affinity; or
 - Borrower is direct victim of a natural or man-made calamity, such as typhoons, fire, robbery, armed conflict, and others.







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- The documentary requirements will be indicated on the application form. (Refer to Annex A1 for Multi Purpose Loan; Annex A2 for Additional Loan on extreme emergency cases)
- 5. Wide dissemination of this Memorandum to all is desired.

Assistant Schools Division Superintendent Officer-in-Charge

Schools Division Superintendent

Encl: As stated

References: DEPED ORDER Nos. 003, S. 2022; 037 s. 2018

February 22, 2022

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Republic of the Philippines Department of Education



PROVIDENT LOAN APPLICATION FORM

Date Submitted:		Loan Application No.:		
Loan Amount: ✓ Php		Purpose : Multi Purpose Loan		
	year/s	Educational Hospitalization/Medical Long Medication/Rehabilitation House Arrears/Equity House Repair - Major Payment of Loans from Private Institution Calamity Others (specify):		
Borrower's Information		Co-Maker's Information		
✓		✓		
(Surname) (First Name) Home Address: ✓	(M.I.)	(Surname) (First Name) (M.I.) Home Address: ✓		
Position: ✓		Position: ✓		
Employee No: ✓ Employment Status: ×		Employee No: ✓ Employment Status: ✓		
Office:		Office:		
Date of Birth: Age:		Date of Birth: Age:		
Monthly Salary: PhP Office tel. no.:		Monthly Salary: PhP Office tel. no.:		
Years in Service: ✓ Mobile no.: ✓		Years in Service: Mobile no.:		
DepEd E-Mail address: ✓				
Specimen Signatures:		Specimen Signatures:		
√		✓		
	LOAN AG	I Greement		
I Hereby apply for a Provident Fund Loan in the a). In installments due based elf with the terms and uidelines of the DepEd romissory Note upon emonthly amortization be, I also hereby agree the date of my full payment in cash or	I hereby agree to assume all the oustanding obligations for the grant of this loan should the principal borrower be separated from the service, and either retirement or separation benefits due to him/her is not received or is insufficient to settle the borrower's outstanding loan, and upon proper notification by the Provident Fund Secretariat. Accordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligation of the principal borrower until his/her loan is fully paid.		
✓	Date	Signature of Co-Maker over Printed Name Date		
<u> </u>		ı •		
	RIFICATE OF EMPLO	DYMENT AND CREDIBILITY II egal Service/Unit:		
Personnel Division/Unit: This is to certify that the above loan applicant/borrower (1) is a ✓permanent/_ co-terminus employee of this 0		Legal Service/Unit: This is to certify that the above loan applicant/borrower has no pending administrative nor civil case charge agaist him/		
and is not on leave of absence without pay;		her based on records on file with DepED.		
(2) has net pay of PhP for the payroll m year of; and (3) has given the true and correct information on the Lo				
Application Form.				
PILAR C. IGNACIO		HELENE ROSE C. CAMACHO		
Signature over Printed Name Designation: ADMINISTRATIVE OFFI Date:	CER V	Signature over Printed Name Designation: ATTORNEY III Date:		

	SECRETARIAT'S ASSESSMENT/EVALUATION							
A December Subm	Per and							
A. Documents Subn	nitted: oplication Form (LAF) ((3 Conies)						
	zation to Deduct (3 Co							
☐ Reques		pies,						
The state of the s	τ Letter Latest Payslip (Borro	wer & Co-Maker)						
_	ed Appointment (for FI		er only)					
	d Service Record (Bo							
-	ppy of ATM (for Bataa		-	Г				
	f No Plan to retire/resig				Reviewed by:		Date:	
	110	J. (,	L				
-	nd Veracity of Submi							
_	and completely filled o							
	te supporting documer		applied for	ļ				
∐ Signatu	res on LAF are by auth	norized signatories			Reviewed by:		Date:	
							<u> </u>	
	Borrower and Co-Mak							
	er will not reach the ma				•			Age:
	er will not reach the mer has Outstanding PF		nent on or beto	re the i	maturity of his/her loa	n.		Age:
	_	Amount: PhP			1			
	rrent Loan Balance							
□ _{Pa}	st-Due Loans	Amount: PhP				_		
	No. of Years/Mor	nths Past Due:	Year/s:		Month/s:			
	er's Net Take-Home Pa		f monthly amort	tization	of the loan being app	olied for is equal to o	or higher	than
	required threshold for	•						
	ewal of loans: Borrowe		0% of the princi	ipal of	the existing loan.			
1 6	rcentage of principal p	aid.	%		Verified by:		Date:	
				l				
D. Computation of I	oan:							
Principal Amount		PhP		١	Net Take Home Pay a	after Deduction PhP		
`	g Balance of Loan to b	e Renewed	_	N	Monthly Amortization	PhP _		
Principa				۲	Period of Loan (mm/yy	- mm/yy)		
Interest Net Proceeds		 PhP		Date Processed:				
				:				
Processed by:		A. VERONA	_	Rema	ırks:			
	-	ver Printed Name Secretariat)						
	(1.1	Corotanaty						
Reviewed by:		C. IGNACIO						
	•	ver Printed Name	_					
	(Head, P	PF Secretariat)						
			ACTION	TAVE	•••			
			ACTION	IAKE	.N:			
Recommending	Approval:							
					pproved			
	PILAR C. IGNACIO	•		□ D	isapproved			
	Head, PF Secreataria							
	nature Over Printed Na	•			ROLANI	O M. FRONDA, E	dD.CES	SO VI
	Date:					Schools Division Su	•	
					, 10.010	Officer-in-Charge		JOIN
						ne Schools Division		endent
					•	Chairperson of the B	soard)	
					Date:			





Authorization for Salary Deduction

Personnel Division			
DepEd, Meralco Ave., Pasig City			
I Hereby authorize the deduc	tion of		PESOS
(P) from my salary	for <pre>for <pre>months</pre>, starting</pre>	ng in, 20	_ to
, 20 or until my	total outstanding loan of 🗸		PESOS
(P✓) has been fully	paid. Amount deducted shall be c	redited to the account of the DepEc	d Provident Fund as
receivables on the said loans.			
		<u> </u>	
		Signature over Printed	l Name
Employee No. ———————————————————————————————————	_ Status: ✓	Designation : ✓	
Division:	_ Code: <	Service: ✓	

AMORTIZATION SCHEDULE GUIDE								
Amount of Loan		Amortoization Schedule						
Amount of Loan	12 mos	24 mos	36 mos	48 mos	60 mos			
5,000.00	430.34	221.61						
10,000.00	860.67	443.21	304.22					
20,000.00	1,721.33	886.42	608.44					
30,000.00	2,582.00	1,329.62	912.66	704.56	579.99			
40,000.00	3,442.66	1,772.83	1,216.88	939.41	773.32			
50,000.00	4,303.33	2,216.04	1,521.10	1,174.26	966.65			
100,000.00	8,606.65	4,432.07	3,042.20	2,348.51	1,933.29			

NOTE:

- PLEASE FILL UP ALL PART OF APPLICATION FORM WITH (✓).
- INCOMPLETE INFORMATION AND SIGNATURES WILL NOT BE ACCEPTED.
- ERASURES SHOULD BE SIGNED BY THE LOAN APPLICANT.
- PLEASE REFER TO THE BACK OF PAGE 1 FOR THE DOCUMENTARY REQUIREMENTS NEEDED, PLEASE COMPLY WITH ALL THE REQUIREMENTS BEFORE PASSING THE APPLICATION.
- The Co-Maker's basic salary must be higher than or equal to the Borrower. Borrower & Comaker must have

 Net Take Home Pay of 5,000 after deduction, and No Undeducted Obligations.



Republic of the Philippines Department of Education



PROVIDENT LOAN APPLICATION FORM

Date Submitted:		Loan Application No.:		
Loan Amount: ✓ Php		Purpose : Additional for	extreme emergency cases	
Term:	✓ year/s	Hospitalization/Medical Death of a family mer	al mber	
Additional for outroms amount		☐ Calamity		
Additional for extreme emergence	y cases			
		1		
Borrower's Information			Co-Maker's Information	
<u> </u>		✓		
(Surname) (First Name)	(M.I.)	(Surname)	(First Name)	(M.I.)
Home Address:		Home Address:		
Position:		Position:		
Employee No: ✓ Employment Status:	· <u>· · · · · · · · · · · · · · · · · · </u>	Employee No: ✓	Employment Status: <a>✓	
Office:		Office:		
Date of Birth: Age:		Date of Birth:	Age:	
Monthly Salary: PhP Office tel. no			Office tel. no.: 🗸	
Years in Service: Mobile no.:			Mobile no.:	
DepEd E-Mail address: ✓				
Specimen Signatures:			Specimen Signatures:	
Specimen Signatures.			opecimen oignatures.	
√		✓		
	I OAN AC	REEMENT		
I Hereby apply for a Provident Fund Loan in the			e all the oustanding obligations f	or the grant of this
consideration of the grant thereof, I promise to pay a on the attached amortization schedule and bind my conditions of the loan as stipulated in the applicable Provident Fund. This document also serves as the approval of this loan. Accordingly, I hereby authorize the deductions of the from my salary. Should I be seperated from the servent to settle my outstanding loan balance before retirement/separation from the service, either through the execution of a notarized Promise.	Il installments due based self with the terms and guidelines of the DepEd Promissory Note upon the monthly amortization sice, I also hereby agree to the date of my hull payment in cash or	loan should the principal be retirement or separati insufficient to settle the notification Accordingly, I hereby auth amortizations for the out	corrower be separated from the con benefits due to him/her is not be borrower's outstanding loan, a by the Provident Fund Secreta norize the monthly deduction from the principal his/her loan is fully paid.	service, and either treceived or is and upon proper riat. m my salary of the
✓	✓ Date	Signature of Co-Make	r over Printed Name	 Date
		DYMENT AND CREDIBILITY		Date
Personnel Division/Unit:	RIFICATE OF EMPLO	Legal Service/Unit:		
This is to certify that the above loan applicant/borrowe	er.	_	ove loan applicant/borrower ha	9
(1) is a ✓permanent/_ co-terminus employee of this		·	nor civil case charge agaist him/	
and is not on leave of absence without pay;	,	her based on records on file		
(2) has net pay of PhP for the payroll	month &		·	
year of; and				
(3) has given the true and correct information on the I	_oan			
Application Form.				
PILAR C. IGNACIO		HEI	LENE ROSE C. CAMACHO	
Signature over Printed Name			gnature over Printed Name	
Designation: ADMINISTRATIVE OF	-IGER V		signation: ATTORNEY III	

SECRETARIAT'S ASSESSMENT/EVALUATION							
Cubmitta							
A. Documents Submitted Loan Applica	ed: ation Form (LAF) ((2 Camina)			□ A Later and descriments for	* Chickens I cons	
	ation Form (LAF) (n to Deduct (3 Cor				Additional documents for	Additional Luaii.	
<u> </u>		pies)			Letter request		
Request Lett		^ O- Makar)			Hospitalization/Medic		
		wer & Co-Maker)			☐ Medical Abstract/Ce		-
		IRST TIME borrows			☐ Barangay/LGU certif		-
•	•	rrower & Co-Make	•		the borrower's place	e under State of	Calamiy
• •	•	n School of Fisher		1			
☐ Letter of No	Plan to retire/resiç	gn (Borrower & Co	-Maker)		Reviewed by:	Date:	
B. Completeness and Ve	eracity of Submi	tted Documents:					
-	completely filled or						
=		nts for type of loan a	applied for				
	on LAF are by auth		11		Reviewed by:	Date:	
C. Eligibilty of the Borro			· or hofor	٠	to the of his hor loop	••••	
					maturity of his/her loan. maturity of his/her loan.		Age:
	vill not reach the ma as Outstanding PF		ment on or peror	re tne	maturity of his/her loan.		Age:
I —		Amount: PhP			1		
	: Loan Balance				4		
Past-D	ue Loans	Amount: PhP					
	No. of Years/Mor	nths Past Due:	Year/s:		Month/s:		
			of monthly amort	izatio	 n of the loan being applied for is e	aual to or higher	than
	uired threshold for	-		-	J	-	
☐ For renewal	of loans: Borrowe	er has paid at least 3	30% of the princi	ipal of	the existing loan.		
	ntage of principal pa		%		_	Date:	
					Verified by:	Date:	
D. Computation of Loan						_	
Principal Amount of Lo Less: Outstanding Bal		PhP ne Renewed			Net Take Home Pay after Deduct		
Principal	PhP				Monthly Amortization Period of Loan (mm/yy - mm/yy)	PhP	
Interest					, 6,102.21.22.0		
Net Proceeds		PhP		- 1	Date Processed:		
							
Processed by:		A. VERONA	_	Rema	arks:		
	-	ver Printed Name	_				
	(PF 5	Secretariat)					
Reviewed by:	PII ΔR (C. IGNACIO					
1101101122 27.		ver Printed Name	_				
	-	PF Secretariat)					
			ACTION	TAKI	EN-		
			A011011	17-11-1	-14.		
Recommending Appr	roval:						
					Approved		
DO! AND M	======================================	2021/		□ r	Disapproved		
	FRONDA, EdD s Division Super						
	ad, PF Secreatariat				MAV B ECLAE	DED CESO	
· ·					MAY B. ECLAR		<u> </u>
_	ire Over Printed Na					al Director	
Date:	:				Signature over Date:	r Printed Name	
					<u></u>		





Authorization for Salary Deduction

Personnel Division DepEd, Meralco Ave., Pasig C	Sity		
			25000
			PESOS
(P) from	my salary for <u></u> month	s, starting in	, 20 to
, 20 c	r until my total outstanding loan of _	✓	PESOS
(P✓) has	been fully paid. Amount deducted sh	nall be credited to the account	of the DepEd Provident Fund as
			·
receivables on the said loans.			
receivables on the said loans.		✓	
receivables on the said loans.		<u>✓</u> Signat	ure over Printed Name
Employee No.	Status: ✓	<u> </u>	ure over Printed Name

AMORTIZATION SCHEDULE GUIDE							
A			oization Sch				
Amount of Loan	12 mos	24 mos	36 mos	48 mos	60 mos		
5,000.00	430.34	221.61					
10,000.00	860.67	443.21	304.22				
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40,000.00	3,442.66	1,772.83	1,216.88	939.41	773.32		
50,000.00	4,303.33	2,216.04	1,521.10	1,174.26	966.65		
100,000.00	8,606.65	4,432.07	3,042.20	2,348.51	1,933.29		
200,000.00	17,213.29	8,864.13	6,084.39	4,697.01	3,866.57		

NOTE:

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For Additional Loan - Extreme emergency cases

- a. Payment of hospital bills of DepEd personnel or member of his/her family within the third civil degree of consanguinity/affinity; or
- b. Death of a member of the borrower's family within the third civil degree of consanguinity/affinity; or
- c. Borrower is a direct victim of a natural or man-made calamity, such as typhoons, fire, robbery, armed conflict, and others.