## DIVISION MEMORANDUM

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． 2018To：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

1．This Office informs all concerned regarding the additonal amount of the Provident Fund loan which may be availed by all qualified DepEd employees base on the DepEd Order mentioned in this memorandum．

2．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．

3．Additional loans shall be justified by the DepEd borrower by citing extreme emergency cases，such as：
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 direct victim of a natural or man－made calamity，such as typhoons，fire，robbery，armed conflict，and others．

4．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．


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

February 22， 2022
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\begin{tabular}{|c|c|}
\hline Kapublic of the䞠epartment PROVIDENT LOAN A \& 押hilippines of \(\mathbb{E}\) ©utation APPLICATION FORM \\
\hline \begin{tabular}{l}
Date Submitted: \\
Loan Amount: \\
Php
\end{tabular} \& \begin{tabular}{l}
Loan Application No.: \\
Purpose : Multi Purpose Loan
\end{tabular} \\
\hline \begin{tabular}{l}
```None \\
Type of Loan: \\
Multi Purpose
```

<br>

```Renewal
```

<br>

```Additional Multi Purpose
```

\end{tabular} \& Educational Hospitalization/Medical Long Medication/Rehabilitation House Arrears/Equity House Repair - Major Payment of Loans from Private Institution Calamity Others (specify): <br>

\hline Borrower's Information \& Co-Maker's Information <br>
\hline $\checkmark$ \& $\checkmark$ <br>

\hline | (Surname) |
| :--- |
| (First Name) |
| (M.I.) |
| Home Address: | \& | (Surname) |
| :--- |
| (First Name) |
| (M.I.) |
| Home Address: | <br>

\hline Position: $\downarrow$ \& Position: 1 <br>
\hline  \& Employee No: <br>
\hline \& <br>
\hline Date of Birth: $\checkmark$ Age: $\checkmark$ \& Date of Birth: $\checkmark$ Age: $\checkmark$ <br>
\hline \& <br>
\hline Years in Service: $\downarrow$ Mobile no.: $\downarrow$ \& Years in Service: $\checkmark$ Mobile no.: $\checkmark$ <br>
\hline DepEd E-Mail address: $\sqrt{ }$ \& <br>
\hline Specimen Signatures: \& Specimen Signatures: <br>
\hline $\checkmark$, \& $\checkmark$ ( $\checkmark$ <br>
\hline LOAN AG \& REEMENT <br>

\hline | I Hereby apply for a Provident Fund Loan in the amount of PESOS: $\qquad$ (P) ). In consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd |
| :--- |
| Provident Fund. This document also serves as the Promissory Note upon approval of this loan. |
| Accordingly, I hereby authorize the deductions of the monthly amortization from my salary. Should I be seperated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note. $\qquad$ | \& | 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. | <br>

\hline \multicolumn{2}{|r|}{CERTIFICATE OF EMPLOYMENT AND CREDIBILITY} <br>

\hline | Personnel Division/Unit: |
| :--- |
| This is to certify that the above loan applicant/borrower: |
| (1) is a /permanent/__ co-terminus employee of this Office and is not on leave of absence without pay; |
| (2) has net pay of PhP $\qquad$ for the payroll month \& year of $\qquad$ ; and |
| (3) has given the true and correct information on the Loan Application Form. |
| PILAR C. IGNACIO $\qquad$ | \& | Legal Service/Unit: |
| :--- |
| This is to certify that the above loan applicant/borrower has no pending administrative nor civil case charge agaist him/ her based on records on file with DepED. |
| HELENE ROSE C. CAMACHO |
| Date: $\qquad$ | <br>

\hline
\end{tabular}

## A. Documents Submitted:

$\square$ Loan Application Form (LAF) (3 Copies)
$\square$ Authorization to Deduct (3 Copies)
$\square$ Request Letter
$\square$ Original Latest Payslip (Borrower \& Co-Maker)
$\square$ Approved Appointment (for FIRST TIME borrower only)
$\square$ Updated Service Record (Borrower \& Co-Maker)
$\square$ Photocopy of ATM (for Bataan School of Fisheries Only)
$\square$ Letter of No Plan to retire/resign (Borrower \& Co-Maker)

B. Completeness and Veracity of Submitted Documents:
$\square$ Signed and completely filled out LAF
$\square$ Complete supporting documents for type of loan applied for
$\square$ Signatures on LAF are by authorized signatories

| Reviewed by: | Date: |
| :--- | :--- |

C. Eiligibilty of the Borrower and Co-M̈äker
$\square$ Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan.
$\square$ Co-maker will not reach the mandatory age retirement on or before the maturity of his/her loan.
$\square$ Borrower has Outstanding PF Loan Balance:
Age:
Age:

| Current Loan Balance | Amount: PhP |  |  |
| :---: | :---: | :---: | :---: |
| Past-Due Loans | Amount: PhP |  |  |
| No. of Years/Months Past Due: |  | Year/s: | Month/s: |Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than the required threshold for the current yearFor renewal of loans: Borrower has paid at least $30 \%$ of the principal of the existing loan. Percentage of principal paid:


D. Computation of Loan:

Principal Amount of Loan
Less: Outstanding Balance of Loan to be Kenewed
Principal PhP Interest
Net Proceeds
$\qquad$
$\qquad$ $\underline{\square}$

Net Take Home Pay after Deduction PhP $\qquad$
Monthly Amortization
PhP $\qquad$
Period ot Loan (mm/yy - mm/yy)

Date Processed: $\qquad$



Processed by:
KIANE A. VERONA
Signature Over Printed Name
(PF Secretariat)

Reviewed by:
PILAR C. IGNACIO
Signature Over Printed Name
(Head, PF Secretariat)
(Head, PF Secretariat)

Remarks:
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## ACTION TAKEN:

Recommending Approval:
$\square$ ApprovedDisapproved
PILAR C. IGNACIO
(Head, PF Secreatariat)
Signature Over Printed Name
Date: $\qquad$
ROLAND M. FRONDA, EdD,CESO VI
Asistant Schools Division Superintendent Officer-in-Charge
Office of the Schools Division Superintendent
(Chairperson of the Board)
Date: $\qquad$


## Authorization for Salary Deduction

Personnel Division
DepEd, Meralco Ave., Pasig City
(P $\qquad$ ) from
$\qquad$
$\qquad$ months, starting in $\qquad$ 20 $\qquad$ to
(PV 20 ) ha has b
receivables on the said loans.


Signature over Printed Name
Employee No. $\qquad$ Status: $\qquad$ $l^{\text {nature over Printer }}$ Division: Code: $\qquad$ Designation Service: $\sqrt{ }$

| AMORTIZATION SCHEDULE GUIDE |  |  |  |  |  |  |
| ---: | ---: | ---: | ---: | ---: | ---: | :---: |
| Amount of Loan | Amortoization Schedule |  |  |  |  |  |
|  | 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 ( $\checkmark$ ).
- 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.

| 3epublic of the路epartment PROVIDENT LOAN | 据hilippines of $\mathbb{E}$ dutation APPLICATION FORM |
| :---: | :---: |
| Date Submitted: <br> Loan Amount: <br> Additional for extreme emergency cases | Loan Application No.: $\square$ <br> Purpose : Additional for extreme emergency cases <br> Hospitalization/Medical Death of a family member Calamity |
| Borrower's Information | Co-Maker's Information |
| $\checkmark$ | $\checkmark$ |
| (Surname) <br> (First Name) <br> (M.I.) <br> Home Address: <br> Position: <br> Employee No: $\qquad$ Employment Status: $\qquad$ <br> Office: $\checkmark$ <br> Date of Birth: $\qquad$ Age: $\qquad$ <br> Monthly Salary: PhP $\qquad$ Office tel. no.. $\downarrow$ <br> Years in Service: $\square$ Mobile no.: $\qquad$ <br> DepEd E-Mail address: | (Surname) <br> (First Name) <br> Home Address: <br> Position: $\qquad$ <br> Employee No: $\qquad$ Employment Status: $\qquad$ <br> Office: $\checkmark$ <br> Date of Birth: $\qquad$ Age: $\qquad$ <br> Monthly Salary: PhP $\qquad$ Office tel. no.: $\square$ <br> Years in Service: $\square$ Mobile no.: $\qquad$ <br> Specimen Signatures: |
| LOAN AGREEMENT |  |
| I Hereby apply for a Provident Fund Loan in the amount of PESOS: $\qquad$ ( $\mathrm{P} \downarrow$ ). In consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd <br> Provident Fund. This document also serves as the Promissory Note upon approval of this loan. <br> Accordingly, I hereby authorize the deductions of the monthly amortization from my salary. Should I be seperated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note. | 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. <br> 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. |
| CERTIFICATE OF EMPLOYMENT AND CREDIBILITY |  |
| Personnel Division/Unit: <br> This is to certify that the above loan applicant/borrower: <br> (1) is a _ permanent/__ co-terminus employee of this Office and is not on leave of absence without pay; <br> (2) has net pay of PhP $\qquad$ for the payroll month \& year of $\qquad$ ; and <br> (3) has given the true and correct information on the Loan Application Form. <br> PILAR C. IGNACIO $\qquad$ | Legal Service/Unit: <br> This is to certify that the above loan applicant/borrower has no pending administrative nor civil case charge agaist him/ her based on records on file with DepED. <br> HELENE ROSE C. CAMACHO <br> Date: $\qquad$ |

## A. Documents Submitted:

Loan Application Form (LAF) (3 Copies)$\square$ Authorization to Deduct (3 Copies)
$\square$ Request LetterAdditional documents for Additional Loan:
$\square$ Original Latest Payslip (Borrower \& Co-Maker)
Letter request
Hospitalization/Medical Expenses
$\square$ Approved Appointment (for FIRST TIME borrower only)
$\square$ Updated Service Record (Borrower \& Co-Maker)Photocopy of ATM (for Bataan School of Fisheries Only)
$\square$ Letter of No Plan to retire/resign (Borrower \& Co-Maker)
Medical Abstract/Certificate/Prescription/Diagnosis
Barangay/LGU certificate/ resolution declaring
the borrower's place under State of Calamiy

| Reviewed by: | Date: |
| :--- | :--- |

B. Completeness and Veracity of Submitted Documents:
$\square$ Signed and completely filled out LAF
$\square$ Complete supporting documents for type of loan applied for
$\square$ Signatures on LAF are by authorized signatories

| Reviewed by: | Date: |
| :--- | :--- |

C. Ėligibility of the Borrower and Co-M̈aker
$\square$ Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan.
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Age:
Age:

| $\square$ | Current Loan Balance |
| :--- | :--- |
|  |  |
| $\square$ | Amount: PhP |
|  |  |
|  |  |

No. of Years/Months Past Due
Year/s:
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$\square$ Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than the required threshold for the current year
$\square$ For renewal of loans: Borrower has paid at least $30 \%$ of the principal of the existing loan. Percentage of principal paid:


Date:
D. Computation of Loan:

Principal Amount of Loan
Less: Outstanding Balance of Loan to be Renewed
Principal PhP $\qquad$ Interest
Net Proceeds


Net Take Home Pay after Deduction PhP $\qquad$
Monthly Amortization
PhP $\qquad$
Period ot Loan (mm/yy - mm/yy) $\qquad$

Date Processed: $\qquad$

Processed by:
KIANE A. VERONA
Remarks:
(PF Secretariat)
$\qquad$

PILAR C. IGNACIO
$\qquad$
Reviewed by:
Signature Over Printed Name
(Head, PF Secretariat)

## ACTION TAKEN:

## Recommending Approval:

## Approved

Disapproved
## ROLAND M. FRONDA, EdD,CESO VI

OIC - Schools Division Superintendent (Head, PF Secreatariat)
Signature Over Printed Name Date: $\qquad$

MAY B. ECLAR, PhD, CESO III
Regional Director Signature over Printed Name
Date:


## Authorization for Salary Deduction

Personnel Division
DepEd, Meralco Ave., Pasig City

I Hereby authorize the deduction of
 PESOS (P $\qquad$ ) from my salary for $\qquad$ months, starting in $\qquad$ 20 $\qquad$ to
$\qquad$ 20 $\qquad$ or until my total outstanding loan of $\qquad$ PESOS
$\qquad$ ) has
receivables on the said loans.

|  |  |  |
| :--- | :--- | :--- |
| Employee No. $\checkmark$ | Status: $\checkmark$ | Signature over Printed Name <br> Division: $\downarrow$ <br> Code: <br> $\boxed{l}$ |


| AMORTIZATION SCHEDULE GUIDE |  |  |  |  |  |
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| $50,000.00$ | $4,303.33$ | $2,216.04$ | $1,521.10$ | $1,174.26$ | 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:

- PLEASE FILL UP ALL PART OF APPLICATION FORM WITH ( $\checkmark$ ).
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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

