



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OFFICE OF BATAAN

October 31, 2024

DIVISION MEMORANDUM

No. 455, s. 2024

**REMINDERS ON THE SUBMISSION OF CSC FORM 48,
APPOINTMENTS, DOCUMENTS FOR PAYMENT OF SALARIES
AND OTHER PERSONNEL BENEFITS**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
School Heads
ADAS III – Finance
All Others Concerned

In line with the efficient and prompt service mandated by SDO Bataan, this Office reminds everyone of the strict compliance required in processing documentation related to salaries and other benefits.

1. The **CSC Form 48 (Daily Time Record) duly signed by the School Head**, along **with Form 7**, shall be submitted on the **3rd day of the following month**. Absences reflected in the DTR must be accompanied by Form 6 (filed, submitted, and approved by the designated authority). For teaching related positions, a copy of the teaching load shall be attached for verification. Official business indicated on the DTR must have corresponding supporting documents for the noted dates. If the deadline falls on a weekend or holiday, the submission should be made before the 3rd day of the following month.

Submission of CSC Form 48 is included in CSC Memorandum Circular No. 21, s. 1991, known as the Policy on Government Working Hours for Government Officials and Employee. Failure to submit the DTR will allow the Division/School Payroll Unit to mark it as **NO SUBMISSION** and take this necessary steps to remind the employee and adjust their payroll.

2. Pertinent papers for newly appointed employees must be submitted within 7 days after the acceptance of advice. This allows ample time for HRMO personnel to process the appointment. An advance copy of appointment papers must not exceed 15 working days from when it is handed to the appointee.

Annex A, B, and C attached to this memorandum detail the official requirements for appointment papers.



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3. The submission for the first salary and other supplemental salaries must be completed on or before the 5th day of the following month, with all required attachments to ensure timely payment for services rendered.

Please refer to Annex D for the set of requirements relative to the payment of benefits.

All documentary requirements stated are part of Section 4 (6) of Presidential Decree No. 1445, known as the Government Auditing Code of the Philippines, which mandates that claims against government funds must be supported by proper documentation. Items 1.1.1 and 4.1.2 of Commission on Audit (COA) Circular No. 2012—001 dated June 14, 2012, outline the necessary documentation required for salary and wage payments.

Immediate dissemination of and strict compliance with this Memorandum is desired.


CAROLINA S. VIOLETA, EdD, CESO V
Schools Division Superintendent

F2/



Republic of the Philippines
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 SCHOOLS DIVISION OFFICE OF BATAAN

PERTINENT PAPERS
 OF

 NAME OF APPLICANT

 SCHOOL

ORIGINAL

REQUIREMENTS

LABELLED - ORDINARY
 LONG FOLDER

RECEIVED FROM: _____

_____	1	Appointment (Form 33)	1
_____	2	Send updated softcopy at appointment.admin.bataan@deped.gov.ph with clear e-signature	
_____	3	GSIS FORM	2
_____	4	Assumption to Duty	3
_____	5	Oath of Office	2
_____	6	Justification (for Temporary Status – address to CSC Director signed by the Superintendent)	2
_____	7	Position Description Form (PDF) w/ complete data	3
_____	8	Publication (for permanent item)	1
_____	9	PSIPOP	1
_____	10	Ranking	1
_____	11	Recommendation/Original Advice of Assignment	1
_____	12	B.I Certification (Original Copy)	2
_____	13	Authority to fill (if vice is resigned/retired/deceased/transfer)	1
_____	14	Clearance from previous employer	
_____	15	Promotion, Resignation, Transfer, Retirement of Incumbent (S.O. / Approved)	1
_____	16	Personal Data Sheet (Form 212) w/ complete data	3
_____	17	Original Copy of Authenticated Report of Rating & PRC License / Authenticated CSC Eligibility	2
_____	18	Medical Certificate (Form 211 w/ Doc. Stamp-Orig. Copy only) with Original & Certified photocopy of the following: a.) Urinalysis b.) Hematology c.) Drug Test d.) X-Ray e.) Neuro	2
_____	19	Original Authenticated Copy of Transcript of Records (TOR)	2
_____	20	Certificate of Live Birth (duly authenticated by PSA or LCR of the municipality or city)	2
_____	21	Marriage Contract/Certificate (duly authenticated by PSA or LCR of the municipality or city)	2
_____	22	Original NBI Clearance	2
_____	23	NCII and TMC1 (FOR SENIOR HIGH SCHOOL-TVL TRACK)	2
_____	24	PAGIBIG MDF	2
_____	25	PHILHEALTH ER2	2
_____	26	BIR 1902/2305	2

I hereby authorized the assigned SDO Personnel to send the advance copy of my appointment documents to our school/district clerk for salary and other benefits and compensation purposes.

 Name and signature of the appointee



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PERTINENT PAPERS
OF

NAME OF APPLICANT

SCHOOL

PROMOTION/ RECLASSIFICATION

REQUIREMENTS

LABELLED - ORDINARY LONG
FOLDER

RECEIVED FROM: _____

_____ 1. Appointment (Form 33)	1
_____ Send updated softcopy at appointment_admin.bataan@deped.gov.ph with clear e-signature	
_____ 2. GSIS FORM	2
_____ 3. Assumption to Duty	3
_____ 4. Oath of Office	2
_____ 5. Position Description Form (PDF) w/ complete data	3
_____ 6. ERF , PAL , NOSCA	2
_____ 7. Personal Data Sheet (Form 212) w/ complete data with Work experience sheet	3
_____ 8. Report of Rating & PRC License / CSC Eligibility	2
_____ 9 Performance Rating (latest rating period)	2
_____ 10. Transcript of Records / MA Grad or MA Units	2
_____ 11. Certification, Authentication & Verification (CAV) from CHED (for graduates from Private Schools)	2
_____ 12. Trainings	2
_____ 13. Neuro test and Drug test	2
_____ 14. NC II and TMC I (FOR SENIOR HIGH SCHOOL TVL TRACK)	2
_____ 15. Class Program (for MT ITEM) (For Reclass only)	2
_____ 16. PAGIBIG MDF	2
_____ 17. PHILHEALTH ER2	2
_____ 18. BIR 1902/2305	2

I hereby authorized the assigned SDO Personnel to send the advance copy of my appointment documents to our school/district clerk for salary and other benefits and compensation purposes.

Name and signature of the appointee



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Annex I

PERTINENT PAPERS
OF

NAME OF APPLICANT

SCHOOL

TRANSFER

REQUIREMENTS	LABELLED - ORDINARY LONG FOLDER
RECEIVED FROM: _____	
_____ 1. Appointment (Form 33) Send updated softcopy at appointment.admin.bataan@deped.gov.ph with clear e-signature	1
_____ 2. GSIS FORM	2
_____ 3. Assumption to Duty	3
_____ 4. Oath of Office	2
_____ 5. Position Description Form (PDF) w/ complete data	3
_____ 6. Money and Property and Administrative Clearance (Division clearance if FROM OTHER DIVISION; School clearance if WITH DIVISION)	2
_____ 7. Publication, PSIPOP	1
_____ 8. Recommendation / Advice of Assignment	
_____ 9. Personal Data Sheet (Form 212) w/ complete data with Work experience sheet	3
_____ 10. Authenticated Report of Rating & PRC License / CSC Eligibility	2
_____ 11. Medical Certificate (Form 211 w/ Doc. Stamp-Orig. Copy only) with Original and certified photocopies of the following: (FOR TRANSFER FROM OTHER DIVISION) a.) Urinalysis b.) Hematology c.) Drug Test d.) X-ray e.) Neuro	2
_____ 12. Transcript of Records – ORIGINAL AUTHENTICATED COPY	2
_____ 13. Performance Rating (latest rating period)	2
_____ 14. Certificate of Live Birth (ORIGINAL COPY IF FROM OTHER DIVISION OR AGENCY)	2
_____ 15. Marriage Contract/Certificate (ORIGINAL COPY IF FROM OTHER DIVISION OR AGENCY)	2
_____ 16. NBI Clearance (ORIGINAL COPY IF FROM OTHER DIVISION OR AGENCY)	2
_____ 17. NC II and TMC I (FOR SENIOR HIGH SCHOOL TVL TRACK)	2
_____ 18. Approved transfer including Special Order (SO)	2
_____ 19. Service Record and Certification of Leave Credits (FOR TRANSFER FROM OTHER DIVISION)	2
_____ 20. PAGIBIG MDF	2
_____ 21. PHILHEALTH ER2	2
_____ 22. BIR 1902/2305	2

I hereby authorize the assigned SDO Personnel to send the advance copy of my appointment documents to our school/district clerk for salary and other benefits and compensation purposes.

Name and signature of the appointee

Republic of the Philippines
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 Abucay, Bataan

First Salary

Date: _____
 Time: _____
 Received by: _____
 Received from: _____
 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the Teacher	
	3	copy/s	Form 33 (Appointment)	
	2	copy/s	NOSA (if new tranche is not reflected)	
	2	copy/s	Advise Letter /Recommendation/ Reassignment order	
	3	copy/s	First Day of Service (Signed by the SH)	
	2	copy/s	Oath of Office	
	3	copy/s	Certification of Assumption to Duty	
	3	copy/s	Complete Form 212 (Personal Data Sheet)	
	2	copy/s	SALN dated as of Appointment Date	
	2	copy/s	PSIPOP	
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Approved DTR	
	2	copy/s	SDO ICT Letter & School Logsheet (if not using Biometrics)	
	2	copy/s	Additional Attachment based on DTR (Memo, CA, Locator, logsheet) Per Month	
	2	copy/s	Form 7	
	2	copy/s	Clear Copy of ATM or Deposit Slip	
	3	copy/s	BIR FORM 1902 (for New Registration) /BIR FORM 1905 (for Change/ Update in Registration Information)	
	3	copy/s	Philhealth ID	
	3	copy/s	PAG-IBIG MDF (validated)/Pag-Ibig ID/ Loyalty Card	
	3	copy/s	GSIS Letter or Email Showing GSIS BP Number	
	3	copy/s	Middle Name (fill-out only)	
		PAKI LAGAY PO ANG INFORM ATION SA RIGHT SIDE	Birthday (fill-out only)	
			Appointment Date (fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

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Last Salary (Retired)

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the Teacher	
	2	copy/s	Clearance from money, property and legal accountabilities	
	2	copy/s	Certification of Available Leave Credits	
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Approved DTR	
	2	copy/s	SDO ICT Letter & School Logsheets (if not using Biometrics)	
	2	copy/s	Additional Attachment based on DTR (Memo, CA, Locator, logsheet) Per Month	
	2	copy/s	Clear copy of the Latest Payslip	
	2	copy/s	NOSA (if new tranche is not reflected)	
		PAKI LAGAY PO ANG INFORMA TION SA RIGHT SIDE PLEASE LANG	Middle Name (fill-out only)	
			Birthday (fill-out only)	
			Appointment (fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

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Last Salary (RESIGN/TRANSFER)

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the Teacher	
	2	copy/s	Clearance from money, property and legal accountabilities	
	2	copy/s	Certification of Available Leave Credits	
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Approved DTR	
	2	copy/s	SDO ICT Letter & School Logsheets (if not using Biometrics)	
	2	copy/s	Additional Attachment based on DTR (Memo, CA, Locator, logsheet) Per Month	
	2	copy/s	Clear copy of the Latest Payslip	
	2	copy/s	NOSA (if new tranche is not reflected)	
		PAKI LAGAY PO ANG INFORMA TION SA RIGHT SIDE PLEASE LANG	Middle Name (fill-out only)	
			Birthday (fill-out only)	
			Appointment (fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

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**First Salary (Inclusion) Transfer from another
 Division or Government Agency**

Date: _____
 Time: _____
 Received by: _____
 Received from: _____
 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the Teacher	
	3	copy/s	Form 33 (Appointment)	
	2	copy/s	NOSA (if new tranche is not reflected)	
	2	copy/s	Advise Letter /Recommendation/ Reassignment order	
	2	copy/s	First Day of Service (Signed by the SH)	
	2	copy/s	Oath of Office	
	2	copy/s	Certification of Assumption to Duty	
	3	copy/s	Complete Form 212 (Personal Data Sheet)	
	2	copy/s	SALN dated as of Appointment Date	
	2	copy/s	PSIPOP	
	2	copy/s	BIR FORM 2316	
	2	copy/s	BIR FORM 1905 (for Change/ Update in Registration Information)	
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Approved DTR	
	2	copy/s	SDO ICT Letter & School Logsheet (if not using Biometrics)	
	2	copy/s	Additional Attachment based on DTR (Memo, CA, Locator, logsheet) Per Month	
	2	copy/s	Form 7	
	3	copy/s	Clear copy of ATM card or Deposit Slip	
	2	copy/s	Clearance from money, property and legal accountabilities from the previous office	

	2	copy/s	Certification of Last Payment from previous office	
	2	copy/s	Official Receipt (if there's an overpayment)	
	2	copy/s	Certificate of Available Leave Credits	
	2	copy/s	Service Record	
	2	copy/s	Certification of Contribution to PAG-IBIG	
	2	copy/s	Certification of Contribution to PHILHEALTH	
	3	copy/s	PHILHEALTH ID	
	3	copy/s	PAG-IBIG MDF FORM (validated)/ ID/ LOYALTY CARD	
	3	copy/s	GSIS Letter or Email Showing GSIS BP Number	
		PAKI LAGAY PO ANG INFORM ATION SA RIGHT SIDE PLEASE LANG	Middle Name (fill-out only)	
			Birthday (fill-out only)	
			Appointment Date (fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

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Substitute Original

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Approved DTR	
	2	copy/s	SDO ICT Letter & School Logsheet (if not using Biometrics)	
	2	copy/s	Additional Attachment based on DTR (Memo, CA, Locator, logsheet) Per Month	
	2	copy/s	First Day of Service (Signed by the SH)	
	2	copy/s	Appointment	
	2	copy/s	NOSA (if new tranche is not reflected)	
	2	copy/s	Oath of Office	
	2	copy/s	SALN dated as of Appointment Date	
	2	copy/s	Clear copy of ATM card or Deposit Slip	
	2	copy/s	PHILHEALTH ID	
	2	copy/s	PAG-IBIG MDF FORM (validated) / ID/ LOYALTY CARD	
		PAKI LAGAY PO ANG INFORMA TION SA RIGHT SIDE PLEASE LANG	Middle Name (fill-out only)	
			Birthday (fill-out only)	
			Appointment Date(fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

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Double Maternity

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the teacher	
	2	copy/s	Approved Return to Duty	
	2	copy/s	Special Order (Computation of Maternity)	
	2	copy/s	Approved Form 6	
	2	copy/s	Child's Birth Certificate	
	2	copy/s	Bill of Hospital	
	2	copy/s	Medical Certificate/ Fit to Work	
	2	copy/s	CSC Form 41	
	2	copy/s	Certified Copy of Leave Card	
	2	copy/s	Clear Copy of the Latest Payslip	
			***Additional Requirement If Maternity Leave was shared to the father of the child	
	2	copy/s	CSC Form No. 6a, s. 2020 (Notice of Allocation of Maternity Leave)	
	2	copy/s	Authorization Letter for the allocation of leave credits to the father of the child	
			***Additional Requirement If Solo Parent	
	2	copy/s	Certification as Solo Parent (for additional 15days paid leave)	
	2	copy/s	Valid Solo Parent ID	

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Unpaid Salary (if Deleted from Payroll)

Date: _____
 Time: _____
 Received by: _____
 Received from: _____
 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the Teacher	
	2	copy/s	Approved Return to Duty	
	2	copy/s	Approved Form 6	
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Approved DTR	
	2	copy/s	SDO ICT Letter & School Logsheet (if not using Biometrics)	
	2	copy/s	Additional Attachment based on DTR (Memo, CA, Locator, logsheet) Per Month	
	2	copy/s	Approved Form 7	
	2	copy/s	Medical Certificate if on Sick Leave for 5 days or more	
	2	copy/s	Division Clearance or School Clearance if on leave for 30 days or more	
	2	copy/s	Certified Copy of Leave Card	
	2	copy/s	Clear copy of the Latest Payslip	
	2	copy/s	NOSA (if new tranche is not reflected)	
	2	copy/s	PAG-IBIG ID/ PHILHEALTH ID	
		PAKI LAGAY PO ANG INFORMA TION SA RIGHT SIDE PLEASE LANG	Middle Name (fill-out only)	
			Birthday (fill-out only)	
			Appointment Date (fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

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Substitute Reemployment

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Approved DTR	
	2	copy/s	SDO ICT Letter & School Logsheets (if not using Biometrics)	
	2	copy/s	Additional Attachment based on DTR (Memo, CA, Locator, logsheet) Per Month	
	2	copy/s	First Day of Service (Signed by the SH)	
	2	copy/s	Appointment	
	2	copy/s	NOSA (if new tranche is not reflected)	
	2	copy/s	Oath of Office	
	2	copy/s	Clear copy of ATM card or Deposit Slip	
	2	copy/s	PHILHEALTH ID	
	2	copy/s	PAG-IBIG MDF FORM (validated) / ID/ LOYALTY CARD	
		PAKI LAGAY PO ANG INFORMA TION SA RIGHT SIDE PLEASE LANG	Middle Name (fill-out only)	
			Birthday (fill-out only)	
			Appointment (fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

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Promotion

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the Teacher	
	2	copy/s	First Day of Service (Signed by the SH)	
	4	copy/s	Appointment	
	2	copy/s	NOSA (if new tranche is not reflected)	
	2	copy/s	Oath of Office	
	2	copy/s	Certification of Assumption to Duty	
	2	copy/s	PSIPOP	
	2	copy/s	Certification that the employee has not incurred leave without pay	
	2	copy/s	Certified Copy of Leave Card	
	3	copy/s	Clear Copy of the Latest Payslip	

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Step Increment

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Computation	
	2	copy/s	NOSI	
	2	copy/s	CSC Circular No. 1, s. 1990	
	2	copy/s	Certification that the employee has not incurred leave without pay	
	2	copy/s	Certified Copy of Leave Card	
	2	copy/s	Clear copy of the Latest Payslip	
	2	copy/s	CSC Attested Appointment	
	2	copy/s	Complete and Updated Service Record	

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Terminal Leave Benefits (Resigned)

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Terminal Leave Computation	
	2	copy/s	BP Form 205	
	2	copy/s	Approved Form 6	
	2	copy/s	Complete Service Record	
	2	copy/s	Notice of Salary Adjustment	
	2	copy/s	PSA Marriage Certificate	
	2	copy/s	GSIS Clearance/Approval	
	2	copy/s	Certified copy of leave card with computed leave credits as at last date of service	
	2	copy/s	Certification of Last day of Service	
	2	copy/s	Clearance from money, property and legal accountabilities from Division	
	2	copy/s	Statement of Assets, Liabilities and Net Worth (SALN)	
	2	copy/s	Certified Copy of Appointment showing the highest salary received	
	2	copy/s	Applicant's authorization (in affidavit form) to deduct all financial obligations with the employer	
	2	copy/s	In case of Resignation, employee's letter of resignation duly accepted by the SDS	

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Terminal Leave Benefits (Retired)

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Terminal Leave Computation	
	2	copy/s	BP Form 205	
	2	copy/s	Approved Form 6	
	2	copy/s	Retirement Application Form	
	2	copy/s	Complete Service Record	
	2	copy/s	Notice of Salary Adjustment	
	2	copy/s	PSA Marriage Certificate	
	2	copy/s	GSIS Clearance/Approval	
	2	copy/s	Ombudsman Clearance	
	2	copy/s	Certified copy of leave card with computed leave credits as at last date of service	
	2	copy/s	Certification of Last day of Service	
	2	copy/s	Clearance from money, property and legal accountabilities	
	2	copy/s	Statement of Assets, Liabilities and Net Worth (SALN)	
	2	copy/s	Certified Copy of Appointment showing the highest salary received	
	2	copy/s	Applicant's authorization (in affidavit form) to deduct all financial obligations with the employer	

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Last Salary (If Deceased)

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Letter Request by the Surviving Spouse/heir	
	2	copy/s	Certification of Available Leave Credits	
	2	copy/s	Approved DTR	
	2	copy/s	Approved Teacher's Schedule	
	2	copy/s	Certified Copy of Leave Card	
	2	copy/s	Clear copy of the Latest Payslip	
	2	copy/s	Death Certificate issued by the PSA or Court Declaration in case of presumptive death or any evidence of circumstances of death, whichever is applicable	
	2	copy/s	PSA Marriage Certificate, if applicable	
	2	copy/s	PSA Birth Certificate of surviving legal heirs	
	2	copy/s	Waiver of right of children 18 years and above, if applicable	
	2	copy/s	Designation of next-of-kin	
	2	copy/s	Affidavit of two disinterested parties that the deceased is survived by legitimate and illegitimate children (if any), natural, adopted or children of prior marriage	
			Middle Name (fill-out only)	
			Birthday (fill-out only)	
			Appointment (fill-out only)	
			Basic Salary (fill-out only)	
			Philhealth No. (fill-out only)	
			Pag-ibig No. (fill-out only)	
			GSIS BP No. (fill-out only)	

Republic of the Philippines
 Department of Education
 Region III
SCHOOLS DIVISION OFFICE OF BATAAN
 Abucay, Bataan

Terminal Leave Benefits (Deceased)

Date: _____
 Time: _____
 Received by: _____
 Received from: _____

 District: _____
 School: _____
 Payee: _____

			Documentary Requirements	Remarks
	2	copy/s	Terminal Leave Computation	
	2	copy/s	BP Form 205	
	2	copy/s	Approved Form 6	
	2	copy/s	Retirement Application Form	
	2	copy/s	Complete Service Record	
	2	copy/s	Notice of Salary Adjustment	
	2	copy/s	PSA Marriage Certificate	
	2	copy/s	GSIS Clearance/Approval	
	2	copy/s	Certified copy of leave card with computed leave credits as at last date of service	
	2	copy/s	Certification of Last day of Service	
	2	copy/s	Clearance from money, property and legal accountabilities from the Regional Office	
	2	copy/s	Statement of Assets, Liabilities and Net Worth (SALN)	
	2	copy/s	Certified Copy of Appointment showing the highest salary received	
	2	copy/s	Death Certificate issued by the PSA	
	2	copy/s	PSA Birth Certificate of all surviving legal heirs	
	2	copy/s	Designation of next-of-kin	
	2	copy/s	Waiver of right of children 18 years and above, if applicable	