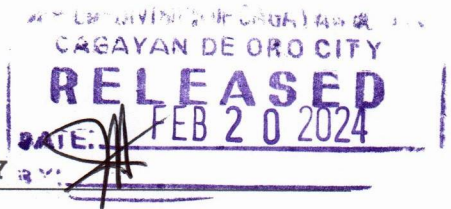




Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY



Office of the Schools Division Superintendent

February 19, 2024

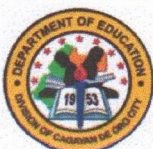
DIVISION MEMORANDUM
No. 130 s.2024

REITERATION ON POLICIES FOR FOREIGN AUTHORITY TO TRAVEL

TO: Assistant Schools Division Superintendent
Chief Education Supervisors, CTD and SGOD
Public Schools District Supervisor
All Elementary and Secondary Public Schools
Division Personnel
This Division

1. In reference to DepEd Order No. 043 s. 2022 (Omnibus Travel Guidelines for all personnel of the Department of Education) as amended by DepEd Order No. 046 s. 2022, this Office reiterates strict compliance on the submission of documents for request for Authority for Foreign Travel.
2. Personnel requesting for Foreign Authority to Travel must submit in 3 copies each the complete set of duly signed/accomplished documentary requirements, to wit:

Document	Signatories
A. CDO-SDO-TRAVEL FORM - CDO-SDO ANNEX 1 (Written manifestation, noted by his/her Head of Office, that his/her absence will not hamper the operational efficiency of the office (attached template), - CDO-SDO ANNEX 2 (Certification as to whom classes/duties shall be dispensed with (attached template), - ANNEX D of Regional Memorandum (DepEd Order No. 43 s. 2022) Travel Authority for Personal Travel form	-applicant -School Head -alternate/Substitute -school head -SDS -Applicant
B. Civil Service Commission Leave Form (CS Form 6)	-applicant -school head -SDS



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Mobile No: +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)
Email Address: cagayandeoro.city@deped.gov.ph



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY

Office of the Schools Division Superintendent

C. Division Clearance	-Applicant -Immediate Head -Division Personnel
D. Certificate of No pending Case (attached template)	-school Head -Legal Office (initial) -ASDS

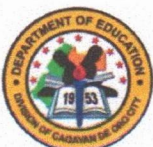
3. School-based personnel must observe the number of days as to submission of documents.

Example: If date of travel is March 25, 2024.

Applicant (School-based Personnel)	Division Office must receive the complete set of duly signed/ accomplished documents	Receiving Office	Regional Office must receive the complete set of duly signed accomplished documents	Receiving Office
(Teacher I- Principal, Non- teaching)	On or before March 1, 2024	Division Office (Records Section)	On or before March 14, 2024	Regional Office (Records Section)

4. Applications for Authority for Foreign Travel with incomplete signatories and documentary requirements that is less than 25 calendar days from date of travel receipt shall not be forwarded to the Office of the Regional Director and the same shall be returned without action.
5. In adherence to Equal Employment Opportunity Principle (EEOP) inclusive and fair treatment is accorded to all concerned regardless of disability, sexual orientation, gender, age, religion, and ethnicity.
6. For compliance and immediate dissemination.

ROY ANGELO E. GAZO
Schools Division Superintendent



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Mobile No: +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)
Email Address: cagayandeoro.city@deped.gov.ph



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY

CDO-SDO ANNEX 1

Date of application_____

ROY ANGELO E. GAZO
Schools Division Superintendent
Division of Cagayan de Oro City

Sir:

Greetings!

The undersigned would like to apply for Travel Abroad. Rest assured that my travel will not hamper the operational efficiency of our office/School and that my duties and responsibilities are properly dispensed with.

Very truly yours,

Signature over printed name
Position: _____
School: _____

Recommended / Indorsed by: (School Head)

Signature over printed name
Position: _____

CDO-SDO ANNEX 2

CERTIFICATION

This is to certify that in the absence of Mr./Ms _____, while he/she is on travel abroad from _____, to _____ at _____, his/her assignments shall be handled by the following employee/s:

ASSIGNMENT / TASK	ALTERNATE / SUBSTITUTE	CONFORME (alternate / substitute must affix signature here)	NOTED BY (School Head's signature over printed name here)

This is to ensure that classes and / or the operations of this Division are not hampered during the travel of the above-named employee. This certification is issued to support the employee's request for authority to travel abroad. Issued this ____ day of _____ at Cagayan de Oro City.

ROY ANGELO E. GAZO
Schools Division Superintendent

ANNEX D (DepEd Order No.43 s. 2022)



Republic of the Philippines
Department of Education
TRAVEL AUTHORITY FOR PERSONAL TRAVEL

NO.: _____

NAME	
Position/Designation	
Permanent Station	
Inclusive Dates	
Destination	
I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct	
Name and Signature of Requesting Employee	Date
APPROVED	
DR. ARTURO B. BAYOCOT, CESO III Regional Director, DepEd Regional Office X Name and Signature of Approving Authority	





Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY

Office of the Assistant Schools Division Superintendent

CERTIFICATE OF NO PENDING CASE

TO WHOM IT MAY CONCERN:

This is to CERTIFY that _____ Teacher III of this Division is holding a permanent position. This further certifies that he/she has **NO PENDING administrative case** filed against him/her.

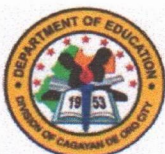
This certification is issued upon request of the above-named employee in support of her application for *Authority to Travel to* _____ effective _____, **2024**.

Given this _____ day of _____ **2024** at Division Office, Father William Masterson Avenue, Upper Balulang, City of Cagayan de Oro, Philippines.

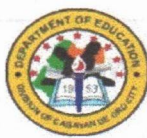
AUDIE S. BORRES

ASST. Schools Division Superintendent

Name and Signature of School Head



Address: Fr. William F. Masterson Avenue, Upper Balulang, Cagayan de Oro City
Telephone: (08822) – 8550048



DIVISION OFFICE CLEARANCE FORM

I PURPOSE					
TO: DEPED Division of CAGAYAN DE ORO CITY I hereby apply for clearance from money, property and work-related accountabilities for: Purpose: ☐ Transfer ☐ Resignation ☐ Other Mode of Separation: ☐ Retirement ☐ Leave Please specify: _____ Effectivity/Inclusive Period: _____ Date of Application: _____					
School/Office of Assignment: _____ Position/SG/Step: _____		Name and Signature of Employee _____			
II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES We hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept. Principal/Immediate Supervisor _____					
III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES					
Name of Unit/Office/Department		Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
1. Administration Sector					
a. Supply and Property Procurement and Management Ser				IGNACIO GABULE JR. AO-II, OIC-Supply Officer	
b. Human Resource Welfare & Assistance				MARILOU F. NAVAJA, AO IV - HRMO	
2. Library					
a. Library Services				LANIE M. SIGNO LIBRARIAN II	
3. Finance and Budget Management					
a. ACCOUNTING SERVICES:Financial Services				ARNEL A. CALUBAG ACCOUNTANT III	
4. Professional and Institutional Development					
a. Scholarship Services				DERROLD MARL S. AVES, Ph.D. SEPS/HRDD	
IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:					
a. Internal Affairs Office/Legal Affairs Office				LAURENCE EDGARDO A. DEL PUERTO ATTORNEY III	
☐ with pending administrative case ☐ with ongoing investigation (no formal charge yet)					
V CERTIFICATION I hereby certify that this employee is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency.					
Signature over Printed Name of Agency Head ROY ANGELO E. GAZO SCHOOLS DIVISION SUPERINTENDENT					



Republic of the Philippines
DEPARTMENT OF EDUCATION
Division of Cagayan de Oro City
Fr. William Masterson Avenue, Upper Balulang, Cagayan de Oro City

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT		2. NAME : (Last) (First) (Middle)													
3. DATE OF FILING		4. POSITION													
		5. SALARY													
6. DETAILS OF APPLICATION															
6.A TYPE OF LEAVE TO BE AVAILED OF		6.B DETAILS OF LEAVE													
☐ Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) ☐ Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) ☐ Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) ☐ Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) ☐ Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) ☐ Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) ☐ Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) ☐ Adoption Leave (R.A. No. 8552) ☐ Others:		☐ In case of Vacation/Special Privilege Leave: ☐ Within the Philippines ☐ Abroad (Specify) ☐ In case of Sick Leave: ☐ In Hospital (Specify Illness) ☐ Out Patient (Specify Illness) ☐ In case of Special Leave Benefits for Women: (Specify Illness) ☐ In case of Study Leave: ☐ Completion of Master's Degree ☐ BAR/Board Examination Review ☐ Other purpose: ☐ Monetization of Leave Credits ☐ Terminal Leave													
6.C NUMBER OF WORKING DAYS APPLIED FOR		6.D COMMUTATION													
INCLUSIVE DATES		☐ Not Requested ☐ Requested (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS		7.B RECOMMENDATION													
<table border="1"><thead><tr><th>As of</th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td></td><td></td></tr><tr><td>Less this application</td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td></tr></tbody></table> Administrative Officer IV - HRMO		As of	Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			☐ For approval ☐ For disapproval due to (Authorized Officer)	
As of	Vacation Leave	Sick Leave													
Total Earned															
Less this application															
Balance															
7.C APPROVED FOR:		7.D DISAPPROVED DUE TO:													
_____ days with pay _____ days without pay _____ others (Specify) (Authorized Official)		_____ _____ _____													