Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY
Office of the Schools Division Superintendent

CAGAYAN DE ORO CITY
RELEASED
DATE: FEB 20 2024

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),	-applicant -School Head
-CDO-SDO ANNEX 2 (Certification as to whom classes/duties shall be dispensed with (attached template),	-alternate/Substitute -school head -SDS
-ANNEX D of Regional Memorandum (DepEd Order No. 43 s. 2022) Travel Authority for Personal Travel form	-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

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

CDO-SDO TRAVEL FORM

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)*

NO.:_____

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

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

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 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

CS Form No. 7
Series of 2018

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

DIVISION OFFICE CLEARANCE FORM

I PURPOSE

Date of Application: _____

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: _____

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.

ROY ANGELO E. GAZO
SCHOOLS DIVISION SUPERINTENDENT
Signature over Printed Name of Agency Head

Civil Service Form No. 6

Revised 2020

ANNEX A

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

- ☐ 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: _____

6.B DETAILS OF LEAVE

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

_____

INCLUSIVE DATES

_____

6.D COMMUTATION

- ☐ Not Requested
- ☐ Requested

_____

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of _____

	Vacation Leave	Sick Leave
Total Earned		
Less this application		
Balance		

_____

Administrative Officer IV - HRMO

7.B RECOMMENDATION

- ☐ For approval
- ☐ For disapproval due to _____

_____

(Authorized Officer)

7.C APPROVED FOR:

_____ days with pay

_____ days without pay

_____ others (Specify)

7.D DISAPPROVED DUE TO:

_____

(Authorized Official)