



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
IPHO Bldg., Sudlon, Lahug, Cebu City




DIVISION MEMORANDUM

No. 703, s. 2018

**URGENT SUBMISSION OF PERSONNEL DATA FOR TEACHING AND NON-TEACHING
EMPLOYEES OF DEPED CEBU PROVINCE**

**TO: Assistant Schools Division Superintendents
Chiefs, Functional Divisions
Education Program Supervisors/Coordinators
Public Schools Division Supervisors (PSDSs)/OICs/ Caretakers
Principal/Heads of Elementary and Secondary Schools
Teachers and All Others Concerned**

1. To verify and ensure that all PERSONNEL DATA both Teaching and Non-Teaching employees of DepEd Cebu Province are accurate, the field is hereby REQUIRED to submit the following data per SCHOOL using the format (Excel Format) attached herewith.
2. Please fill-up all the columns provided in the sheet without leaving any column/area blank/unfilled. Make sure that data entry for each employee is CORRECT and TRUE. It is required that each employee signifies by affixing signature at the column designated for signature.
3. Completed form per school must be accomplished in soft and hard copy, submitted to ASDS FUTALAN's secretariat SALINA A. LOQUELLANO (hard copy) and e-mail to salina.loquellano@deped.gov.ph (soft copy) on or before **OCTOBER 16, 2018 (Tuesday)**.
4. Strict compliance and wide dissemination of this memorandum is desired.


RHEA MAR A. ANGTUD, Ed.D., CESO VI
Schools Division Superintendent

Plantilla Item No	Origin of Plantilla Item <i>(ELEM, Kinder, SHS, Compostela NHS)</i>	Employee No	LastName	FirstName	MiddleName	NameExt	Gender	Birthdate	PlaceOfBirth

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Res Address/Zip	Date of Signing Original Appointment	First Day Service	Date Last Promotion	Salary Grade	Step (Base on last promotion)	Status (Permanent, Provisional)	Eligibility

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Grade/level handled	SHS - ACAD (Subject Taught)	SHS - TVL (Subject Taught)	SHS - Arts & design (Subject Taught)	SHS - Sports (Subject Taught)	Leave of absence without pay (No. of days)	Signature of Employee certifying correctness of data
---------------------	-----------------------------	----------------------------	--------------------------------------	-------------------------------	--	--

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10