



January 4, 2019

**DIVISION MEMORANDUM**

No. 002, s. 2019

**CONFORMITY OF FORMS USED IN HUMAN RESOURCE ACTIONS**

To: Assistant Schools Division Superintendent  
OIC, Office of the Assistant Schools Division Superintendent  
Chief, CID  
OIC - Chief, SGOD  
Education Program Supervisors  
Public Schools District Supervisors  
Elementary and Secondary School Heads  
All Concerned

1. In view of the implementation of 2017 Omnibus Rules on Appointments and Other Human Resource Actions, Revised July 2018, please be informed that this Office hereby issues this memorandum in order to have conformity of forms used in Human Resource Actions.

2. Cite hereunder are the following forms which shall be used immediately effective **January 14, 2019** (see attached enclosures):

- a. CS Form No. 4 Certification of Assumption to Duty
- b. CS Form No. 7 Clearance Form
- c. CS Form No. 9 Request for Publication of Vacant Positions with Instructions
- d. CS Form No. 32 Oath of Office
- e. CS Form No. 33-A Appointment Form – Regulated
- f. CS Form No. 34-A Plantilla of Casual Appointment – Regulated
- g. CS Form No. 34-E Plantilla of Casual Appointment for Renewal - Regulated
- h. CS Form No. 211 Medical Certificate

3. The digital copies of these forms may be download from DepEd Cavite Personnel Unit facebook page.

4. Abovementioned forms shall be filled out properly and accurately.

5. Failure to comply those forms shall be dealt with accordingly.

6. Immediate dissemination of this Memorandum is highly desired.

  
**CHERRYLOU D. REPIA**  
Schools Division Superintendent f

Republic of the Philippines  
Department of Education  
Division of Cavite Province  
(Name of School)

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that Ms/Mr. \_\_\_\_\_ has assumed  
the duties and responsibilities as \_\_\_\_\_ of  
\_\_\_\_\_ effective \_\_\_\_\_.

This certification is issued in connection with the issuance of the  
appointment of Ms/Mr \_\_\_\_\_ as \_\_\_\_\_.

Done this \_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
TIC/Principal

Date: \_\_\_\_\_

Attested by:

ELAINE V. BALEN  
HRMO

201 file  
Admin  
COA  
CSC

*For submission to CSCFO  
within 30 days from the  
date of assumption of the  
appointee*



DEPARTMENT OF EDUCATION  
**CLEARANCE FORM**  
*(Instructions at the back)*

<b>I   PURPOSE</b>					
			Date of Filing _____		
<b>TO: DEPARTMENT OF EDUCATION - DIVISION OF CAVITE PROVINCE</b>					
I hereby request clearance from money, property and work-related accountabilities for:					
Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation:					
<input type="checkbox"/> Retirement <input type="checkbox"/> Leave                      Please specify: _____					
Date of Effectivity: _____					
Office of Assignment: _____			Name and Signature of Employee _____		
Position/SG/Step: _____					
<b>II   CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES</b>					
We hereby certify that this employee is cleared <input type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept.					
_____ TIC/Principal			_____ District Supervisor		
<b>III   CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES</b>					
Name of Unit/Office/Department		Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
<b>1. Administration Sector</b>					
Supply and Property Procurement and a. Management Services				EDWARD JOEVAN R. ROMEN	
b. Human Resource Welfare & Assistance				ELAINE V. BALEN	
				VERNA C. CABAYA	
c. Agency-accredited Union/Cooperative				N/A	
<b>2. Library</b>					
a. Legal Office Library				LEONILA L. CUSTODIO	
b. Library Services					
<b>3. Finance and Assets Management</b>					
a. Financial Services				CHERRY D. BAYOT	
b. Transaction, Processing & Billing Services					
c. Payroll & Remittance Services					
<b>4. Professional and Institutional Development</b>					
a. Scholarship Services				N/A	
<b>IV   CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:</b>					
a. Internal Affairs Office/Legal Affairs Office				ATTY. DANIEL V. CARPINA	
<input type="checkbox"/> with pending administrative case					
<input type="checkbox"/> with ongoing investigation (no formal charge yet)					
<b>V   CERTIFICATION</b>					
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.					
 <b>CHERRYLOU D. REPIA</b> Schools Division Superintendent					

**INSTRUCTIONS:**

1. Employees who are retiring, being separated, transferring to other agencies, leaving the Philippines and going on leave of absence **for more than 30 days** shall prepare this form in quadruplicate.
2. This clearance should be duly accomplished before paying the last salary or any money due the employees. (Specify which type of clearance: maternity leave, retirement, transfer, etc.)
3. If the employees are cleared from a unit/office/department, the clearing/authorized official may attach to this clearance the pertinent document/s that shall prove that the employees are cleared of any obligation or accountability from their office, if any, and tick the box under the "Cleared" column before affixing their signatures.
4. If the employees appear to have uncleared accountability/ies from a unit/office/department, the clearing/authorized official shall attach to this clearance the pertinent document/s that shall prove that the employees have remaining obligation or accountability from their office further indicating the necessary action/s that the employee must satisfy in order to be cleared, and tick the box under the "Uncleared" column. The clearing/authorized official must only sign this clearance corresponding to their name once the employee have complied the necessary requirements and cleared of all the obligation/s and accountability/ies from their office. They must also tick the box under the "Cleared" column.
5. The HRMO shall distribute copies of approved clearance as follows: original to the employee; duplicate to be attached to the payroll or voucher; triplicate to human resource unit file; and fourth copy to accounting/auditing office.
6. Processing of clearance certificate shall follow the order of number indicated.



Republic of the Philippines  
DEPARTMENT OF EDUCATION  
Request for Publication of Vacant Positions

To: CIVIL SERVICE COMMISSION (CSC)

We hereby request the publication of the following vacant positions, which are authorized to be filled, at the (Name of School/District) in the CSC website:

ELAINE V. BALEN  
HRMO  
Date: \_\_\_\_\_

No.	Position Title (Parenthetical Title, if applicable)	Plantilla Item No.	Salary/ Job/ Pay Grade	Monthly Salary	Qualification Standards					Place of Assignment
					Education	Training	Experience	Eligibility	Competency (if applicable)	
1	Master Teacher II	OSEC-DECSB-MTCHR2-270158-2016	19	39151	Bachelor's degree with a major in field(s) under the Track; or any Bachelor's degree plus 18 units of specialization in the Strand; and 24 units for a Master's degree in the fields under the Track	8 hours of training relevant to the courses in the Strand	4 years relevant teaching/industry work experience	PBET/LET/Teacher/RA 1080	N/A	Amaya School of Home Industries

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than October 10, 2018.

1. Fully accomplished Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at [www.csc.gov.ph](http://www.csc.gov.ph);
2. Performance rating in the last rating period (if applicable);
3. Photocopy of certificate of eligibility/rating/license; and
4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

Name of TIC/Principal  
Position Title  
Complete School Address  
School Email Address

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

REPUBLIC OF THE PHILIPPINES  
Department of Education  
Division of Cavite Province

OATH OF OFFICE

I, \_\_\_\_\_ (Name of the Appointee) \_\_\_\_\_ of  
\_\_\_\_\_ (Address of the Appointee) \_\_\_\_\_ having been  
appointed to the position of \_\_\_\_\_ (Position Title) \_\_\_\_\_ hereby  
solemnly swear, that I will faithfully discharge to the best of my ability, the duties of  
my present position and of all others that I may hereafter hold under the Republic of  
the Philippines; that I will bear true faith and allegiance to the same; that I will obey  
the laws, legal orders, and decrees promulgated by the duly constituted authorities of  
the Republic of the Philippines; and that I impose this obligation upon myself  
voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.

\_\_\_\_\_  
(Signature over Printed Name  
of the Appointee)

Government ID: \_\_\_\_\_  
ID Number : \_\_\_\_\_  
Date Issued : \_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_,  
Philippines.

\_\_\_\_\_  
(Signature over Printed Name  
of Person Administering the Oath)

\_\_\_\_\_



CS Form No. 33-A  
Revised 2018

(Stamp of Date of Receipt)

Republic of the Philippines  
Department of Education  
Division of Cavite Province

Mr./Mrs./ Ms.:\_\_\_\_\_

You are hereby appointed as \_\_\_\_\_ ( SG/JG/PG )  
(Position Title)

under \_\_\_\_\_ status at the \_\_\_\_\_  
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of \_\_\_\_\_ (P\_\_\_\_\_ )  
pesos per month.

The nature of this appointment is \_\_\_\_\_ vice \_\_\_\_\_  
(Original, Promotion, etc.)

\_\_\_\_\_, who \_\_\_\_\_ with Plantilla Item No. \_\_\_\_\_  
(Transferred, Retired, etc.)

Page \_\_\_\_\_ .

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

**CHERRYLOU D. REPIA**  
Schools Division Superintendent

Date of Signing

CSC ACTION:



\_\_\_\_\_  
Authorized Official

\_\_\_\_\_  
Date

(Stamp of Date of Release)



### Certification

This is to certify that all requirements and supporting papers pursuant to **CSC MC No. 24, s. 2017 as amended**, have been complied with, reviewed and found to be in order.

The position was published at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_,  
20\_\_\_\_ and posted in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_,  
20\_\_\_\_ in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion  
and Selection Board (HRMPSB) started on \_\_\_\_\_, 20\_\_\_\_.

**ELAINE V. BALEN**  
HRMO

### Certification

This is to certify that the appointee has been screened and found  
qualified by the majority of the HRMPSB/**Placement Committee** during the deliberation held on  
\_\_\_\_\_.

**IVAN BRIAN L. INDUCTIVO**  
OIC – Office of the Assistant Schools Division  
Superintendent

### CSC Notation


ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR  
INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY  
THE COMMISSION.

Original Copy - for the Appointee  
Original Copy - for the Civil Service Commission  
Original Copy - for the Agency

#### Acknowledgement

Received original/photocopy of appointment on \_\_\_\_\_

\_\_\_\_\_  
Appointee



For Regulated  
National Government Agencies/ Government-  
Owned or Controlled Corporations/State  
Universities and Colleges  
  
(Stamp of Date of Receipt)

PLANTILLA OF CASUAL APPOINTMENT

Department/Office: (Name of School) \_\_\_\_\_ Source of Funds: \_\_\_\_\_

INTRUCTIONS:

- (1) Only a maximum of fifteen (15) appointees must be listed on each page of the Plantilla of Casual Appointments.
- (2) Indicate 'NOTHING FOLLOWS' on the row following the name of the last appointee on the last page of the Plantilla.
- (3) Provide proper pagination (Page n of n page/s)

NAME OF APPOINTEE/S				POSITION TITLE (Do not abbreviate)	EQUIVALENT SALARY/ JOB/ PAY GRADE	DAILY WAGE	PERIOD OF EMPLOYMENT		NATURE OF APPOINTMENT	ACKNOWLEDGEMENT OF APPOINTEE		CSCFO ACTION	
Last Name	First Name	Name Extension (Jr/Ill)	Middle Name				From (mm/dd/yyyy)	To (mm/dd/yyyy)		(Original/ Reappointment/ Reemployment)	Signature	Date Received	A-Approved D-Disapproved
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

The above/named personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any time before the expiration of the employment period when their services are no longer needed or funds are no longer available or the project has already been completed/finished or their performance are below par.

CERTIFICATION APPOINTING OFFICER / AUTHORITY

This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24 s. 2017, as amended, have been complied with, reviewed and found in order.

ELAINE V. BALEN

HRMO

Date: \_\_\_\_\_

CHERRYLOU D. REPIA

Schools Division Superintendent

Date: \_\_\_\_\_

CSC Official

\_\_\_\_\_

Republic of the Philippines  
Department of Education  
Division of Cavite Province

For National Government Agencies/ Government-Owned or Controlled  
Corporations/State Universities and Colleges

(Stamp of Date of Receipt)

PLANTILLA OF CASUAL APPOINTMENT  
(REAPPOINTMENT-RENEWAL)

Department/Office: \_\_\_\_\_ (Name of School) \_\_\_\_\_

Source of Funds: \_\_\_\_\_

INSTRUCTIONS:

- (1) Only a maximum of fifteen (15) appointees must be listed on each page of the Plantilla of Casual Appointments.
- (2) Indicate 'NOTHING FOLLOWS' on the row following the name of the last appointee on the last page of the Plantilla.
- (3) Provide proper pagination (Page n of n pages)

NAME OF APPOINTEE/S				POSITION TITLE (Do not abbreviate)	EQUIVALENT SALARY/ JOB/ PAY GRADE	DAILY WAGE	PERIOD OF EMPLOYMENT		ACKNOWLEDGEMENT OF APPOINTEE	
Last Name	First Name	Name Extension (Jr/II)	Middle Name				From (mm/dd/yyyy)	To (mm/dd/yyyy)	Signature	Date Received
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

The above-named personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any time before the expiration of the employment period when their services are no longer needed or funds are no longer available or the project has already been completed/finished or their performance are below par.

CERTIFICATION

APPOINTING OFFICER / AUTHORITY

CSC NOTATION

This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24 s. 2017, as amended, have been complied with, reviewed and found in order.

\_\_\_\_\_  
ELAINE V. BALEN  
HRMO

Date: \_\_\_\_\_

\_\_\_\_\_  
CHERRYLOU D. REPIA  
Schools Division Superintendent

Date: \_\_\_\_\_

\_\_\_\_\_  
CSC Official

Date: \_\_\_\_\_



MEDICAL CERTIFICATE  
(For Employment)

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ Blood Test  
☐ Urinalysis  
☐ Chest X-Ray  
☐ Drug Test  
☐ Psychological Test  
☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
ADDRESS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically ☐FIT / ☐UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION		DATE EXAMINED		