



Republic of the Philippines  
**Department of Education**  
Region VI – Western Visayas  
**SCHOOLS DIVISION OF CAPIZ**  
Banica, Roxas City

**DIVISION ADVISORY No. 254, s. 2021**

July 12, 2021

To : Public Schools District Supervisors  
Heads of Public Elementary, Secondary and Integrated Schools  
All others concerned

**Attention : Personnel in-charge in the Districts and Schools**

1. In order to fast tract the processing and payments of the Loyalty Pay, Step Increment, Salary Adjustment, etc. of our personnel (**teaching and non-teaching**) in the field, the Schools Division Office is gathering the necessary Data from the Districts and Schools.
2. Please advise the personnel in-charge of the Plantilla and preparation of said documents to submit the soft and hard copy on or before **July 23, 2021**, to the following Division Office Personnel:

Elementary	RALPH MARTIN QUINTA	ralphmartin.quintana@deped.gov.ph
JHS/SHS	IVAN VITO	ivan.vito@deped.gov.ph

3. Kindly used the attached format. While the soft copy can be downloaded through this link <https://drive.google.com/file/d/1rDol0pK-CddKSm0Ma2gsjbXRWbtaF8w1/view?usp=sharing>.
4. Immediate dissemination of this Advisory is desired.

  
**SALVADOR O. OCHAVO JR., EdD, CESO V**  
Schools Division Superintendent



SCHOOL AGENCY Name of School Agency	DISTRICT Name of District	SCHOOL NO.	ITEM NUMBER	POSITION Name of Position	MONTHLY BASIC SALARY	REPORTING INDEPARTMENT	LAST NAME Last Name	FIRST NAME First Name	NAME OF INCUMBENT Name of Incumbent	SEX	DATE OF BIRTH	DATE OF ORIGINAL APPOINTMENT OR SUBSTITUTION	DATE OF LAST REVISION	STATUS	CLASSIFICATION	CLASSIFICATION CODE	PAY CODE	HOURS PER MONTH	MIN PER MONTH	ACCOUNT NUMBER	REMARKS (When a change of record, request, and present condition)
PRESIDENT JOHN NORTH ELEMENTARY SCHOOL	MANASSAS COUNTY	8100224	DEC. DEC. 10-11-2011	ASSISTANT PRINCIPAL SUPERVISOR	11,500.00	3	QUINLAN	ROBERT MARTIN	VANDEGRADEN	M	08/07/83	09/13/20	09/13/20	P	LT	2000582828	11025291802	11107315424	459661726	0475888888	Standard Appointment (Date)
SCHOOL/AGENCY Name of School Agency	DISTRICT Name of District	SCHOOL NO.	ITEM NUMBER	POSITION Name of Position	MONTHLY BASIC SALARY	REPORTING INDEPARTMENT	LAST NAME Last Name	FIRST NAME First Name	NAME OF INCUMBENT Name of Incumbent	SEX	DATE OF BIRTH	DATE OF ORIGINAL APPOINTMENT OR SUBSTITUTION	DATE OF LAST REVISION	STATUS <th>CLASSIFICATION</th> <th>CLASSIFICATION CODE</th> <th>PAY CODE</th> <th>HOURS PER MONTH</th> <th>MIN PER MONTH</th> <th>ACCOUNT NUMBER</th> <th>REMARKS (When a change of record, request, and present condition)</th>	CLASSIFICATION	CLASSIFICATION CODE	PAY CODE	HOURS PER MONTH	MIN PER MONTH	ACCOUNT NUMBER	REMARKS (When a change of record, request, and present condition)
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