



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



November 10, 2022

DIVISION MEMORANDUM

No. 462, s. 2022

SUBMISSION OF REQUIREMENTS FOR INITIAL SALARY

- To: OIC, Office of the Assistant Schools Division Superintendent
Chief Education Program Supervisors, SGOD & CID
Public Schools District Supervisors
Heads of Public Elementary, Secondary and Integrated Schools
1. In order to fast track the payments of the Initial Salary of our Newly Appointed Personnel, the Schools Division Office is gathering the requirements from the districts and schools.
 2. The list of requirements is attached in the Enclosure.
 3. Personnel in-charge of the preparation of payments of the said documents are advised to submit the same on or before **December 02, 2022** at the Division Office c/o Admin Section.
 4. Immediate dissemination of and compliance with this Memorandum are desired.


MIGUEL MAC D. APOSIN EdD, CESO V
Schools Division Superintendent 

osds/admin

Encl: As Stated

Reference: None

To be indicated in the Perpetual Index
Under the following subjects:

EMPLOYEES

BENEFITS



Address: Banica, Roxas City
Contact Number: (036) 620 2371
Email Address: capiz@deped.gov.ph
Website: <http://depedcapiz.ph>



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CHECKLIST OF REQUIREMENTS FOR PAYMENT OF INITIAL SALARY (NEWLY HIRED)

Name of Payee: _____ Station: _____
Contact No.: _____ School: _____

- (5) Disbursement Voucher (c/o admin)
- (1) ORAS (c/o admin)
- (5) Payroll (c/o admin)
- (3) Approved Daily Time Record (DTR)
- (2) Certified photocopy of duly approved Appointment
- (1) Certified Photocopy of Assignment Order (if applicable)
- (1) Certified Photocopy of Oath of Office (Panunumpa)
- (1) Certified Photocopy of Cert of Assumption (1st Day of Service)
- (1) Certified Photocopy of SALN
- (2) Certified Photocopy of BIR Form 1902 (1905 if Transferred)
- (2) GSIS BP Number - List/ Letter
- (2) Pag-IBIG MID Number (Pag-IBIG form)
- (2) Philhealth Number (MDR)
- (2) LBP Account Number (Photocopy of Deposit Slip or ATM Card)
- (1) Teacher/Employee Individual Record Form (Signed by AO V)

Remarks: _____

Prepared by: _____

Received by: _____

Date: _____
Time: _____



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