



Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY

15 Jul 2021

DIVISION MEMORANDUM

No. 271, s. 2021

**ADDENDUM TO DIVISION MEMORANDUM 13, S. 2019 RE: ONLINE
APPLICATION FOR UPDATING OF LEAVE/SERVICE CREDITS**

To: **Asst. Schools Division Superintendent**
Chief CID, SGOD
PSDS, Education Program Supervisors
Section Heads
All Public Elementary & Secondary School Heads
All Others Concerned
This Division

1. This Office would like to reiterate Division Memorandum 13, s. 2019 re: Online Application for Updating of Leave/Service Credits. Further, the attached procedure shall be followed in the succeeding requests for updating of service credits.
2. For inquiries relative to this matter, feel free to contact the Personnel Unit thru this landline number: (088) 557-5375 or via email: attendance.elsalvadorcity@deped.gov.ph.
3. All are reminded that this Office adheres to Equal Opportunity Principle (EEOP). Hence, all decisions and actions shall be based solely on guidelines set forth, with no discrimination on the account of age, gender identity, sexual orientation, civil status, disability, religion, ethnicity or political affiliation.
4. For information, guidance and compliance.


OLGA C. ALONSABE

Asst. Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

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

BENEFITS PROCEDURE

OSDS/AMA

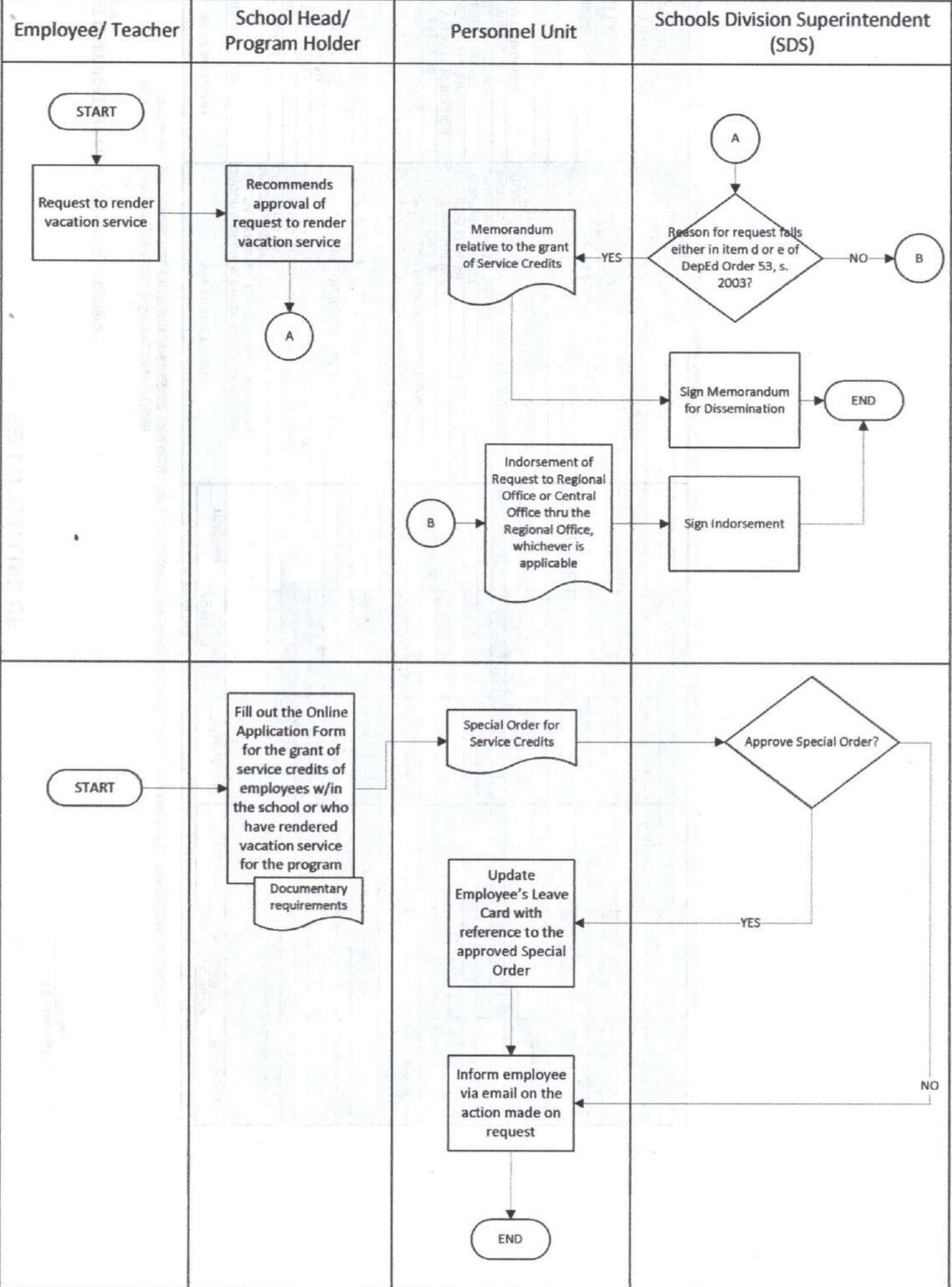


Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 555-0475
Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph

Process Flow_ Request and Grant of Service Credits

Phase I

Phase II





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Enclosure to Division Memorandum 271, s. 2021

Template for Special Order for Service Credits to be issued by the Personnel Unit once all documents submitted in the Online Request form are found to be in order

Letterhead

_____ Date

SPECIAL ORDER
No. _____, s. 2021

SPECIAL ORDER FOR SERVICE CREDITS

Name of School : _____
Activity : _____
Date : _____
Venue : _____
(if virtual, kindly indicate platform used)
Legal Basis for the Grant: _____
(Memorandum/Circular/Order)

NAME	SERVICE CREDIT/s EARNED
1. Last Name, First Name Middle Initial.	5 days
2. Dela Cruz, Juana B.	5 days

*****nothing follows*****

APPROVED:

Signature over printed name of SDS

Footer

OSDS/AMA



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