

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

02 Jan 2025

DIVISION MEMORANDUM  
No. 006, s. 2025

**NEW GUIDELINES REGARDING LOCAL TRAVEL AUTHORITIES,  
LOCATOR SLIPS, AND ATTENDANCE**

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

1. In line with the latest internal procedures, the following new guidelines regarding local travel authorities, locator slips, and attendance, **effective January 2, 2024**.
2. For all Local Travel Authorities and Locator Slips concerning Division Personnel, the new signatory will be the **Assistant Schools Division Superintendent (ASDS), Conniebel C. Nistal**, with affixed initial signatures of the respective section heads (Please see attached sample). Please ensure that all documents are submitted for approval accordingly.
3. **CID and SGOD Personnel** are now required to submit an **Accomplishment Report** for all travels conducted during the week every **Friday** before requesting approval for any future travel for the following week. This policy will ensure that all travel activities are properly documented and accounted for.
4. The **signing of Locator Slips/ Local Travel Authorities** for **SGOD and CID Personnel** will take place every **Monday morning**. Kindly ensure that all necessary documents are submitted for processing before the signing schedule.
5. All **SGOD and CID Personnel** are required to be present during **Monday Convocation** and the **Friday afternoon** sessions. No local travel will be permitted every **Monday and Friday** to ensure full attendance and participation.

osds/fml



Address: Zone 3, Poblacion, El Salvador City  
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6. Please make note of these changes and comply with the updated procedures. These measures are designed to improve efficiency and accountability in managing travel and ensuring availability during key events.
7. All are reminded that this Office adheres to the Equal Employment 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.
8. Immediate dissemination and compliance of this memorandum is desired.

  
**RANDOLPH B. TORTOLA** *fm*  
Schools Division Superintendent *fm*

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

*osds/fml*



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

No. LS-0000-00-0000

**LOCATOR SLIP**

<b>NAME</b>	GLADYS GRACE H. CABELTES
<b>Position/ Designation</b>	MEDICAL OFFICER III
<b>Permanent Station</b>	DIVISION OFFICE
<b>Purpose of Travel</b> (must be supported by attachments)	District I Weighing of Learners for School Based Feeding Program Data
<b>Please Check</b>	<input checked="" type="checkbox"/> Official Business <input type="checkbox"/> Official Time
<b>Date and Time</b>	December 13, 2024 (9:00AM to 5:00PM)
<b>Destination</b>	District I Schools
<p align="center"><i>Signature of Requesting Employee</i>  <b>GLADYS GRACE H. CABELTES</b>          Medical Officer III</p> <p align="center"><i>Conniebel C. Nistal</i>  <b>CONNIEBEL C. NISTAL</b> <i>Rolly Labis</i>          Asst. Schools Division Superintendent</p>	

**CERTIFICATION**

To the concerned:

This is to certify that the above-named DepEd official/ personnel has visited or appeared in this Office/ place for the purpose and during the date and time stated above.

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

SAMPLE FOR SGOD



*DN*



**Republic of the Philippines**  
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**SCHOOLS DIVISION OF EL SALVADOR CITY**

No. LS-0000-00-0000

**LOCATOR SLIP**

<b>NAME</b>	MARGIE R. VALMORIA
<b>Position/ Designation</b>	EDUCATION PROGRAM SUPERVISOR
<b>Permanent Station</b>	DIVISION OFFICE
<b>Purpose of Travel</b> (must be supported by attachments)	Instructional Supervision
<b>Please Check</b>	<input checked="" type="checkbox"/> Official Business <input type="checkbox"/> Official Time
<b>Date and Time</b>	December 13, 2024 (9:00AM to 5:00PM)
<b>Destination</b>	Cogon NHS
<p align="center"><i>Signature of Requesting Employee</i>  <b>MARGIE R. VALMORIA</b>          Education Program Supervisor</p> <p align="center"><i>Conniebel C. Nistal</i>  <b>CONNIEBEL C. NISTAL</b> <i>Ninian Alcasid</i>          Asst. Schools Division Superintendent</p>	

**CERTIFICATION**

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Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

SAMPLE FOR CID



2



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**SCHOOLS DIVISION OF EL SALVADOR CITY**

No. LS-0000-00-0000

**LOCATOR SLIP**

<b>NAME</b>	RIZAN L. SARDANE
<b>Position/ Designation</b>	CASHIER II
<b>Permanent Station</b>	DIVISION OFFICE
<b>Purpose of Travel</b> (must be supported by attachments)	Forward remittances to LBP
<b>Please Check</b>	<input checked="" type="checkbox"/> Official Business <input type="checkbox"/> Official Time
<b>Date and Time</b>	December 13, 2024 (9:00AM to 5:00PM)
<b>Destination</b>	LBP El Salvador
<p align="center"><i>Signature of Requesting Employee</i>  <b>RIZAN L. SARDANE</b>          Cashier II</p> <p align="center"><i>Conniebel C. Nistal</i>  <b>CONNIEBEL C. NISTAL</b>          Asst. Schools Division Superintendent</p>	

**CERTIFICATION**

To the concerned:

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Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

**SAMPLE FOR OSDS &  
ADMIN**



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**SCHOOLS DIVISION OF EL SALVADOR CITY**

No. LS-0000-00-0000

**LOCATOR SLIP**

<b>NAME</b>	CHERRY LOU D. ASEQUIA
<b>Position/ Designation</b>	ADMINISTRATIVE ASSISTANT III
<b>Permanent Station</b>	DIVISION OFFICE
<b>Purpose of Travel</b> (must be supported by attachments)	Attend Meeting in RO
<b>Please Check</b>	<input checked="" type="checkbox"/> Official Business <input type="checkbox"/> Official Time
<b>Date and Time</b>	December 13, 2024 (9:00AM to 5:00PM)
<b>Destination</b>	DepEd R10, Cagayan de Oro City
<p align="center"><i>Signature of Requesting Employee</i>  <b>CHERRY LOU D. ASEQUIA</b>          Administrative Assistant III</p> <p align="center"><i>Conniebel C. Nistal</i>  <b>CONNIEBEL C. NISTAL</b>          Asst. Schools Division Superintendent</p>	

**CERTIFICATION**

To the concerned:

This is to certify that the above-named DepEd official/ personnel has visited or appeared in this Office/ place for the purpose and during the date and time stated above.

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

Name and Signature: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_

**SAMPLE FOR FINANCE**



*AS*



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**ACCOMPLISHMENT REPORT**

<b>DATE</b>	<b>SCHOOL/ OFFICE VISITED</b>	<b>REMARKS (Report of Observation &amp; Accomplishments)</b>	<b>Verified as to the truthfulness of the visit: School Head/ Office Representative Signature over printed name and Date</b>
Monday Date: January 6, 2025	Sambulawan NHS LS-2025-01-0001	AM – Attended Monday Convocation PM – Instructional Supervision; Observed 3 Teachers; Technical Assistance to School Head on Curriculum Implementation	<i>Joey A. Oco</i> Joey A. Oco 01/06/2025
Tuesday Date: January 7, 2025	Division Office	1. Attended Online Webinar on ELLN 2. Prepared a 37-slide presentation on Implementing Reading Program: a Community-based Participatory Approach	
Wednesday Date: January 8, 2025	Cogon ES/ Cogon NHS LS-2025-01-0005	1. Provided technical assistance to the school head and teacher of Cogon ES. 2. Monitored and conducted technical assistance to Cogon NHS school head.	<i>Bob T. Paquinol</i> 01/08/2024 <i>Rebecca B. Namoc</i> 01/08/2024
Thursday Date: January 9, 2025	Division Office	1. Prepared additional Supervisory plan for the month of January 2. Research on some important key concepts in the presentation	
Friday Date: January 10, 2025	Division Office	Evaluated Grade 2 achievement test submitted by the teacher	

Noted by:

**SIGNATURE ABOVE PRINTED NAME**

**SIGNATURE OVER PRINTED NAME OF SUPERIOR**



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