



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


08 Jan 2020

DIVISION MEMORANDUM  
No. 017, s. 2020

**Submission of Reports for Fiscal Year (FY) 2021  
Budget Allocation for Personnel Services (PS)**

To: **All Public Elementary & Secondary School Heads  
All Others Concerned  
This Division**

1. The field is hereby reminded on their submission of the following reports on or before **January 24, 2020**, following the prescribed template attached:
  - a. FY 2021 Budgetary Requirements for Substitute Teacher
  - b. FY 2021 List of Retirees (Optional and Mandatory)
2. Reports must be submitted in soft copy (Excel File), for consolidation, to [depedelsalvador.hrmo@gmail.com](mailto:depedelsalvador.hrmo@gmail.com) and hard copy to the Division Office c/o Ms. Anna Mae M. Atillo. Only the details indicated in the reports received within the deadline shall be included in this Division's Reports for Budget Allocation for FY 2021.
3. For information, guidance and compliance.

  
**OLGA C. ALONSABE, PhD., CESE**  
Asst. Schools Division Superintendent  
OIC-Office of the Schools Division Superintendent

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

MEMO-SUBMISISON    BUDGET    PERSONNEL

OSDS/AMA



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

LIST OF RETIREES  
FY 2021

AGENCY: SCHOOLS DIVISION OF EL SALVADOR CITY	SCHOOL:		
	NAMES OF RETIREES	Position at Ret. Date	Date (Mo/Day/Year)
1	2	3	4
OPTIONAL (list all employees who will be 60 y.o. by 2021)			
MANDATORY (list all employees who will be 65 y.o. by 2021)			
*****nothing follows*****			

PREPARED BY:

Signature over printed name of School Head

LIST OF EMPLOYEES WHO WILL BE ON LEAVE  
FY 2021

AGENCY: SCHOOLS DIVISION OF EL SALVADOR CITY	SCHOOL:			
	NAME OF EMPLOYEE	Details of Leave		
Type of Leave		Start Date of Leave	End Date of Leave	Duration of Leave (number of months)
1	2	3	4	5
*****nothing follows*****				

PREPARED BY:

Signature over printed name of School Head