

# Department of Education

## REGION X – NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

29 May 2020

DIVISION MEMORANDUM No. 121 , s. 2020

#### WORK ARRANGEMENT EFFECTIVE JUNE 1, 2020

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. With reference to DepEd Memorandum 54, s. 2020, the following work arrangements shall be observed effective June 1, 2020.

Station	Work Arrangement			
Schools Division Office (SDO)	As is per Inter-Office Memorandum 23, s. 2020			
Office (SDO) Schools	Work from home on June 1-5, 2020 provided that the following outputs are accomplished:  A. School Heads with the Master Teachers and/or Grade Level Leaders: Work Plan of Teachers from June 8 until August 23, 2020  *Attached is a sample template for the Employee's Individual Work Plan and Accomplishment Report  B. Teachers: Enrollment of learners (thru telecommuting)  Schools shall submit to the SDO their proposed Work Arrangement for June 8- August 23, 2020, subject for approval of the SDS			

2. 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:

ATTENDANCE

**EMPLOYEES** 

WORK HOURS

OSDS/AMA



Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 555-0475
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## Department of Education

SCHOOLS DIVISION OF EL SALVADOR CITY

Enclosure No. 1: Sample Individual Work Plan for Teachers

#### INDIVIDUAL WORK PLAN

Grade Level/Subject Area:

Position:	Name of School:			
Date/Period	Key Result Areas (KRAs)	Assigned Tasks		
June 8-11, 2020				
June 15-19, 2020				

Submitted by:

Name of Personnel:

Name and Signature of Master Teacher/ Grade Level Leader Date:

Approved by:

Name and Signature of School Head

Date:

OSDS/AMA



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Enclosure No. 2: Sample Individual Accomplishment Report for Teachers

### INDIVIDUAL ACCOMPLISHMENT REPORT

Grade Level/Subject Area:

Name of School:				
Key Result Areas (KRAs)	Assigned Tasks	Actual Outputs/ Accomplishments		
	Key Result Areas (KRAs)			

Name	and	Signature	of	Teacher

Name of Personnel:

Date:

Verified by:

Submitted by:

Name and Signature of Master Teacher/Grade Level Leader

Date:

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