



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
DIVISION OF CITY SCHOOLS – TAGBILARAN CITY

Office of the Schools Division  
Superintendent

**DIVISION MEMORANDUM**  
MLA-2021-OSDS- OK

TO : **Dr. Aquilino T. Milar, Jr. – Administrative Officer V**  
**(Mrs.) Julie Ann Kristie A. Redillas – Budget Officer**  
**(Mrs.) Jocelyn P. Cutin – Human Resource Management Officer**  
**(Mrs.) Brendalou D. Arancana – Administrative Officer II**  
**Miss Robelyn S. Calipes – Administrative Assistant III**  
**Mr. Reyrusty B. Galan – Administrative Assistant III**  
**Mr. Justino M. Canda – Principal, Tagbilaran City Science HS**  
**Miss Dinah A. Bustamante – Senior Bookkeeper, TCSHS**  
**(Mrs.) Dolores T. Dahab – Principal, Cogon High School EC**  
**(Mrs.) Helen B. Chatto – Administrative Assistant II, CHSEC**  
**(Mrs.) Grace Marie L. Campos – Principal, Manga National HS**  
**(Mrs.) Corazon H. Samuya – Mansasa NHS**  
**(Mrs.) Maria Elena P. Bacus – Administrative Assistant III**  
**(Mrs.) Maria Flores P. Veloso – Administrative Assistant II**  
**(Mrs.) Marlyn S. Dospueblos – Administrative Assistant II, DCPNHS**

FROM : **JOSEPH IRWIN A. LAGURA PhD**  
Schools Division Superintendent

SUBJECT : **ORIENTATION ON THE IMPLEMENTATION OF SEPARATE PAG-IBIG FUND EMPLOYER ID FOR IMPLEMENTING UNIT SCHOOLS (IUS)**

DATE : **January 27, 2021**

1. In preparation for the transfer of Payroll System Unit from the Region to the Division Office, all Pag-IBIG Fund transactions (loans and remittances) shall be done between the Division and Implementing Unit Schools (IUS) and the nearest Pag-IBIG Branch effective January 2021.
2. In this regard, you are hereby directed to attend the Orientation on the Implementation of Separate Pag-Ibig Fund Employer ID for Implementing Unit Schools (IUS) with Pag-IBIG representative on **January 29, 2021 at 2:00 o'clock in the afternoon** at **Tagbilaran City Central Elementary School Library**.
3. The above-named school principals are to fill out the attached Employer's Data Form (EDF) as one of the requirements for the application of separate Pag-IBIG Fund Employer ID. Bring the filled out and signed Forms during our Orientation.
4. Participants must strictly adhere to the health standard protocols set by the Department of Health (DOH) and Inter-Agency Task Force (IATF) by observing social distancing and wearing safety face mask or face shield.
5. Meals/snacks for the conduct of said activity shall be charged against Division MOOE/local funds subject to the usual auditing and accounting rules and regulations.
6. For information, guidance and compliance.

JIAL/MKP/ADMIN/atm



**Address:** Rajah Sikatuna Avenue, Dampas, Tagbilaran City, 6300 Bohol  
**Telephone Nos.:** (038) 427-1702; (038) 422-8177; (038) 427-6718; (038) 544-2147  
**Email Address:** tagbilarancity.division@deped.gov.ph



# EMPLOYER'S DATA FORM (EDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG EMPLOYER ID NUMBER	
REGISTRATION TRACKING NUMBER	

### INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. On the "CONTACT DETAILS" portion, indicate available contact information.
4. All fields which are marked with asterisk (\*) are mandatory.
5. On the "INDUSTRY" portion, indicate industry based on the List of Industry at the back of the form.
6. Submit duly accomplished form and present required supporting documents based on the Checklist of Requirements found at the back of the form.

<b>*EMPLOYER/BUSINESS NAME</b>					
<b>ADDRESS AND CONTACT DETAILS</b>					
<b>*EMPLOYER/BUSINESS ADDRESS</b> Unit/Room No., Floor		Building Name	AREA CODE	TELEPHONE NUMBER	
Lot No., Block No., Phase No.	House No	Street Name	Business (Direct Line)		
Subdivision	Barangay		Business (Fax)		
Municipality/City			Business (Trunk Line)	Local	
Province	ZIP Code		Cell Phone		
			Business Email Address		
<b>EMPLOYER/BUSINESS DETAILS</b>					
<b>START OF BUSINESS OPERATION</b> m m d d y y y y		<b>*INDUSTRY</b>	<b>*WITH RETIREMENT PLAN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PHILIPPINE BUSINESS REGISTRY No.</b>	<b>DATE OF ISSUANCE</b>
<b>*BRANCH/OFFICE</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch (Please Specify) _____		<b>*TYPE OF EMPLOYER</b> <input type="checkbox"/> Private <input type="checkbox"/> Government		<b>DTI/SEC/CDA REGISTRATION CERTIFICATE No.</b>	<b>DATE OF ISSUANCE</b>
<i>For Private Employers</i> <b>*LEGAL PERSONALITY</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		<input type="checkbox"/> Cooperative/Trade Association <input type="checkbox"/> Foreign-owned Corporation		<b>*TAXPAYER IDENTIFICATION NUMBER (TIN)</b> _____	
<i>For Government Employers</i> <b>*CLASSIFICATION</b> <input type="checkbox"/> National Government <input type="checkbox"/> Local Government Unit (LGU)		<input type="checkbox"/> Constitutional Office <input type="checkbox"/> Government-Owned and Controlled Corporation (GOCC)/ Government Financial Institution (GFI)		<i>For Private Employers</i> SSS Employer Number _____	
PREVIOUS EMPLOYER/BUSINESS NAME (If applicable)				<i>For Government Employers</i> Date of Registration m m d d y y y y _____	
				<i>For Government Employers</i> GSIS BUSINESS PARTNER No. _____	
				AGENCY/BRANCH/DIVISION CODE _____	

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
\*Head of Office/Authorized Signatory  
(Signature over Printed Name)

\_\_\_\_\_  
\*Designation/Position

\_\_\_\_\_  
Date

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE	APPROVED BY	DATE
_____	_____	_____	_____

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.