



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
No. 199, s. 2025

March 31, 2025

COMPOSITION OF THE DIVISION PROVIDENT FUND SECRETARIAT

To : Division Office Personnel
Public Elementary and Secondary School Heads
All Others Concerned

1. This Office disseminates the composition of the Provident Fund Secretariat of the Department of Education, Division of City Schools – Tagbilaran City, to wit:

Chairperson	:	WILFREDA D. BONGALOS PhD, CESO V Schools Division Superintendent
Head Secretariat	:	MICHELLE T. SAGARAL PhDM, CPA Accountant III
Secretariat Members	:	AQUILINO T. MILAR JR JD, PhD Administrative Officer V BRENDA LOU D. ARANCANA PhDM, JD, REA Administrative Officer IV, Personnel ANGELI FAITH V. PASCUAL Administrative Assistant III MARIA MAXIMINA L. BABIANO Administrative Assistant III

2. The general duties and functions of the Secretariat shall be to administer the operations of the Provident Fund in the Division; attend and authorize to matters related to the disbursement of the fund; and coordinate and keep records of the remittances, collections and financial transactions for proper accounting.

3. Furthermore, enclosed herewith is a new loan application form in pursuance to DepEd Order No. 037, s.2018, which shall be used effective immediately.

4. Immediate and wide dissemination of this Memorandum is desired.

WILFREDA D. BONGALOS PhD, CESO V
Schools Division Superintendent

SECRETARIAT'S ASSESSMENT/EVALUATION

A. Documents Submitted:

- Loan Application Form (LAF) - two (2) copies
- Authorization to Deduct - two (2) copies
- Print out of EHRIS-generated pay slip, certified correct by Personnel Division/Unit - original
- Photocopy of DepEd ID
- Certification of pending loan application/s with other lending institutions - two (2) copies
- Others (specify): _____

- Additional documents for Additional Loan:
 - Letter request
 - Hospitalization/Medical Expenses
 - Medical Abstract/Certificate/Prescription/Diagnosis
 - Barangay/LGU certificate/resolution declaring the borrower's place under State of Calamity

Reviewed by: _____	Date: _____
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B. Completeness and Veracity of Submitted Documents:

- Signed and completely filled out LAF
- Complete supporting documents for type of loan applied for
- Signatures on LAF are by authorized signatories

Reviewed by: _____	Date: _____
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C. Eligibility of the Borrower and Co-Maker

- Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan. Age: _____
- Co-Maker will not reach the mandatory age retirement on or before the maturity of his/her loan. Age: _____
- Borrower has Outstanding PF Loan Balance:
 - Current Loan Balance

Amount: PhP	_____
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 - Past-Due Loans

Amount: PhP	_____
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 - No. Of Years/Months Past-Due:

Year/s:	_____	Month/s:	_____
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- Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than the required threshold for the current year.
- For renewal of loans: Borrower has paid at least 50% of the principal of the existing loan.
Percentage of principal paid:

_____	%
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Verified by: _____	Date: _____
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D. Computation of Loan:

Principal Amount of Loan	PhP	_____	Monthly Amortization	PhP	_____
Less: Outstanding Balance of Loan to be Renewed					
Principal	PhP	_____	Period of Loan (mm/yy - mm/yy)		
Interest		_____			
Net Proceeds	PhP	_____	Date Processed: _____		

Processed by: _____
Signature over Printed Name
(Secretariat, PF NBT)

Remarks:

Reviewed by: _____
Signature over Printed Name
(Head, Secretariat, PF NBT)

ACTION TAKEN:

Recommending Approval:

- Approved
- Disapproved

Head, Secretariat, PF
Signature over Printed Name
Date: _____

Chairperson of the Board
Signature over Printed Name
Date: _____

Authorization for Salary Deduction

Personnel Division/Unit
(Address) _____

I hereby authorize the deduction of _____ PESOS
(P_____) from my salary for _____ months, from _____, 20__ to _____, 20__,
or until my total outstanding loan of _____ PESOS (P_____) plus
interest has been fully paid. Amount deducted shall be **credited to the account** of the DepEd Provident Fund as
receivables on the said loans.

Signature over Printer Name

Employee No.: _____ Status: _____ Designation: _____
Division: _____ Code: _____ Service: _____