



Republic of the Philippines

Department of Education

REGION VII – CENTRAL VISAYAS
Schools Division OF NEGROS ORIENTAL

Office of the Schools Division
Superintendent

Division Memorandum
No. 249, s. 2021

SUBMISSION OF JANUARY – MARCH 2021 SPECIAL HARDSHIP ALLOWANCE

To : Assistant Schools Division Superintendents
Division Chiefs
Education Program Supervisors/Coordinators
Public Schools District Supervisors/District In-Charge
Public Elementary and Secondary School Heads
Teachers and All Others Concerned

1. This Office informs all personnel concerned of the submission of the following documents for the processing of Special Hardship Allowance (SHA) for the month of January – March 2021 (2 copies) to wit:
 - Updated Service Record CY 2021
 - Form 1 (Monthly Computation) – *See attached file*
 - Form 48 (DTR) duly signed by the School Head/District Supervisor and indicate whether if **SCHOOL BASED (SB)** or **DISTRICT BASED (DB)** after each time-in
 - Form 3 (Summary of Release)
 - Monthly Work Schedule verified by the School Head and certified correct by the District Supervisor – *See attached file*
2. Supporting documents will be ~~per~~ school submitted to their respective Districts before transmitting to the Division Office.
3. Deadline for submission of documents will be on or before **April 26, 2021**.
4. District Offices shall submit the hard copies in one folder and must be labeled.
5. Submit the hard copy directly to the PERSONNEL OFFICE c/o **Mr. Jason A. Fermiza** and **Mr. Razel B. Katada** with soft copy strictly in **USB**.
6. Immediate dissemination and compliance of this memorandum is desired.

ppaulin

SENEN PRISCILLO P. PAULIN, CESO V
Schools Division Superintendent
4/17/2021

13 APR 2021

SPP/AdsP/LD/jad
April 14, 2021



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
Telephone Nos.: (035) 225-2838 / 225-2376 / 422-7644
Email Address: negros.oriental@deped.gov.ph

MONTHLY HARDSHIP ALLOWANCE

FORM NO. 1

NAME OF SCHOOL:

SCHOOL ID:

DISTRICT:

DISTANCE in KM:

0

RATE PER DISTANCE:

0%

Period Covered

JANUARY 2021

No.	Name of Teachers <small>(Family Name, First Name, Middle Name)</small>	Employee Number	Position/Step <small>___ / ___</small>	Annually Salary	Actual Basic Salary	Rate per Distance	No. of Days Present	Total Class Days in a Month	AMDUNT	REMARKS
1	DELA CRUZ, JUAN ANTIPUESTD									
2										
3										
4										
5										
								TOTAL		

MONTHLY WORK SCHEDULE

Month Covered

NAME OF SCHOOL:

ADDRESS:

DISTRICT:

No.	Name of Teachers <small>(Family Name, First Name, Middle Name)</small>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL SWF							
1	DELA CRUZ, JUAN ANTIPUESTO	SWF	SWF	WFH	WFH	SAT	SUN	WFH	WFH	WFH	WFH	WFH	SAT	SUN	WFH	WFH	WFH	WFH	WFH	SAT	SUN	WFH	WFH	WFH	WFH	WFH	SAT	SUN	SWF	SWF	WFH	WFH	4							
2		SWF	SWF	WFH	WFH			WFH	WFH	SWF	SWF	WFH			WFH	WFH	WFH	WFH	SWF			SWF	WFH	WFH	WFH	WFH			WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	11
3		WFH	WFH	SWF	SWF			SWF	SWF	WFH	SWF	WFH			WFH	WFH	WFH	WFH	WFH			WFH	WFH	WFH	WFH	WFH			WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	6
4		SWF	SWF	WFH	WFH			WFH	WFH	SWF	SWF	WFH			WFH	WFH	WFH	WFH	SWF			SWF	WFH	WFH	WFH	WFH			WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	11
5		SWF	WFH	SWF	WFH			WFH	WFH	SWF	WFH	SWF			WFH	WFH	WFH	WFH	WFH			SWF	WFH	WFH	WFH	WFH			WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	WFH	9

Verified by:

Certified Correct by:

Head Teacher
Signature Over Printed Name
Designation

PSDS
Signature Over Printed Name
Designation