



Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
SCHOOLS DIVISION OF OZAMIZ CITY

November 03, 2023

DIVISIONAL MEMORANDUM
No. *343* 0 , s. 2023

**CONTEXTUALIZED APPLICATION FOR PERMISSION TO STUDY AND
PERMISSION TO TEACH IN PUBLIC/PRIVATE SCHOOL
FORMATS/TEMPLATES**

To: Assistant Schools Division Superintendent
Chief Education Supervisors (CID and SGOD)
Public Secondary and Elementary School Heads
This Division

1. To establish uniformity, consistency, efficiency, clarity, correctness, and appropriateness in applying for permission to study and permission to teach in public/private schools, this Office, spearheaded by the Schools Division Research Committee (SDRC), introduces the Division Contextualized Application for Permission to Study and Application for Permission to Teach in Public and Private School Format/Template.
2. The templates/formats were designed to guide and help teachers and school heads legalize their schooling and teaching activities in Graduate and Post Graduate degrees and to ensure that the activities mentioned above will not jeopardize the actual teaching-learning in schools where they are currently assigned but instead, will contribute to the improvement of learning outcomes of the learners.
3. Attached in this Memorandum are samples of the templates for reference. The forms can be downloaded at <https://ozamiz.deped.gov.ph> (Click "Resources," then choose "Downloadables," then Click "Administrative Services").




Address: IBJT Compound, Carangan, Ozamiz City
Telephone No: (088) 545-09-88
Telefax: (088) 545-09-90
Email Address: deped1miz@gmail.com





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4. This Office directs the immediate and wide dissemination of this Memorandum.


NIMFA R. LAGO, PhD, CESO VI
Schools Division Superintendent
SDRC adviser

ATCH.: As stated

References:

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

PERMIT TO STUDY PERMIT TO TEACH

SBC/DM ___/November 03, 2023 “Division Contextualized Application for Permission to Study and Permission to Teach in Private and Public Schools Formats/Templates”
/P&R-rml



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Republic of the Philippines
Department of Education
 REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF OZAMIZ CITY

_____, 2023
 Date

APPLICATION FOR PERMISSION TO STUDY IN PUBLIC/PRIVATE SCHOOL
 (FOR CID AND SGOD PERSONNEL)

The Schools Division Superintendent
 Division of Ozamiz City
 City of Ozamiz

Madam:

This is to request permission to study at _____ for the subject/course _____. Subjects are indicated below for the _____ Semester of _____.

Subject/Course	Units of Credit	No. of Hours	Time	Day

I have earned _____ units for graduation from the _____ in this Division on _____, 20____ (see the back thereof).

Below are my pertinent data and other necessary information:

Name: _____ Sex: _____ Civil Status: _____
 Date of Birth: _____ Place of Birth: _____
 Assignment/Designation: _____
 Education Qualification: _____
 Name of School last attended/graduated: _____
 Address of School: _____
 C.S. Eligibility: _____ Date Taken: _____ Rating: _____
 Length of Service: _____ Monthly Salary: _____
 Distance between Station and public/private school: _____
 Means of transportation to be used in traveling: motorcycle (example)
 Health condition: Physically fit

May this request warrant your approval.

Very truly yours,

 Applicant Signature Over Printed Name

Recommending approval:

 Chief ES – CID/SGOD

Approved for _____ units:

NIMFA R. LAGO, PhD, CESO VI
 Schools Division Superintendent



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Department of Education
 REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF OZAMIZ CITY

_____, 2023
 Date

APPLICATION FOR PERMISSION TO STUDY IN PUBLIC/PRIVATE SCHOOL
 (FOR SCHOOL HEADS)

The Schools Division Superintendent
 Division of Ozamiz City
 City of Ozamiz

Madam:

This is to request permission to study at _____ for the subject/course _____. Subjects are indicated below for the _____ Semester of _____.

Subject/Course	Units of Credit	No. of Hours	Time	Day

I have earned _____ units for graduation from the _____ in this Division on _____, 20__ (see the back thereof).

Below are my pertinent data and other necessary information:

Name: _____ Sex: _____ Civil Status: _____
 Date of Birth: _____ Place of Birth: _____
 Assignment/Designation: _____
 Education Qualification: _____
 Name of School last attended/graduated: _____
 Address of School: _____
 C.S. Eligibility: _____ Date Taken: _____ Rating: _____
 Length of Service: _____ Monthly Salary: _____
 Distance between Station and public/private school: _____
 Means of transportation to be used in traveling: motorcycle (example)
 Health condition: Physically fit

May this request warrant your approval.

Very truly yours,

Recommending approval:

 Applicant Signature Over Printed Name

Approved for _____ units:

DIONESIO L. LIWAGON JR., CESE
 Assistant Schools Division Superintendent

NIMFA R. LAGO, PhD, CESO VI
 Schools Division Superintendent



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Republic of the Philippines
Department of Education
 REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF OZAMIZ CITY

_____, 2023
 Date

APPLICATION FOR PERMISSION TO STUDY IN PUBLIC/PRIVATE SCHOOL
 (FOR TEACHING AND NON-TEACHING PERSONNEL)

The Schools Division Superintendent
 Division of Ozamiz City
 City of Ozamiz

Madam:

This is to request permission to study at _____ for the
 subject/course _____. Subjects are indicated below for the _____
 Semester of _____.

Subject/Course	Units of Credit	No. of Hours	Time	Day

I have earned _____ units for graduation from the _____ in this Division
 on _____, 20__ (see the back thereof).

Below are my pertinent data and other necessary information:

Name: _____ Sex: _____ Civil Status: _____
 Date of Birth: _____ Place of Birth: _____
 Assignment/Designation: _____
 Education Qualification: _____
 Name of School last attended/graduated: _____
 Address of School: _____
 C.S. Eligibility: _____ Date Taken: _____ Rating: _____
 Length of Service: _____ Monthly Salary: _____
 Distance between Station and public/private school: _____
 Means of transportation to be used in traveling: motorcycle (example)
 Health condition: Physically fit

May this request warrant your approval.

Very truly yours,

Recommending approval:

 Applicant Signature Over Printed Name

 School Principal/School Head/Unit Head

Approved for _____ units:

DIONESIO L. LIWAGON JR., CESE
 Assistant Schools Division Superintendent

NIMFA R. LAGO, PhD, CESO VI
 Schools Division Superintendent



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PERMIT TO TEACH

A. Personal Data

Name of Teacher:	
Position:	
School/Station:	
District:	
Latest Performance Rating:	
School <i>(Where the Teacher Plan to Teach Outside Department of Education):</i>	
Place <i>(Location of School Where the Teacher Plan to Teach Outside DepEd):</i>	
Level of Courses/Subjects to be Taught: <i>(Check the appropriate courses/subjects)</i>	<input type="checkbox"/> Undergraduate Courses/Subjects <input type="checkbox"/> Master Courses/Subjects <input type="checkbox"/> Doctoral Courses/Subjects
School Year:	

B. Lists of Subjects to Teach

<input type="checkbox"/> 1 st Semester	<input type="checkbox"/> 2 nd Semester	<input type="checkbox"/> Trimester	<input type="checkbox"/> Summer
Subject/s		Units	Day
			Time

C. Certification

1. I hereby certify that I have read Section 12, Rule XIII of CSC MC No. 15, s. 1999 that as a public employee and as provided by law, I shall not engage directly or indirectly in any private business of profession without a written permission from the head of agency and have read all the provisions of which I am bound to observe strictly. I understand that if my efficiency as a DepEd employee will be adversely affected, this permission will be revoked. I shall discharge the said private functions only after office hours, prioritize my official functions and shall faithfully heed to the other rules and regulations therein.
2. I certify that I have understood the provisions pursuant to CSC Memorandum Circular No. 5, s. 1966 and other CSC Circulars, Republic Act 6713, and R.A. 3019 as follows:
 - 2.1. That I only teach for subjects or courses which are related to the particular field of work for special fields or subjects where there is dearth of qualified teachers.
 - 2.2. That my teaching load shall be limited only to twelve (12) hours a week, and in no case shall I teach more than three hours a day on regular working days.
 - 2.3. That I am not allowed to teach in any school or institution over which I directly or indirectly exercises jurisdiction, control, supervision, or influence by reason



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of the office or position in the Government in contemplation of the Anti-Graft and Corrupt Practice and the Prohibited Acts under the Code of Ethics.

- 2.4. I hereby certify that the statement of my official load duly signed by my immediate head in public school I am assigned with, is correct.
- 2.5. Certified further that the attached certification from the authorized official of the private school/entity where my profession is to be practiced, is correct.
- 2.6. That this permit to teach shall be valid for one semester only.

Recommending approval:

DIONESIO L. LIWAGON JR., CESE
Assistant Schools Division Superintendent

Applicant Signature Over Printed Name

Approved for _____ units:

NIMFA R. LAGO, PhD, CESO VI
Schools Division Superintendent

NOTE: Must be submitted in triplicate copies



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