

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

August 30, 2024

DIVISIONAL MEMORANDUM No. 248, s. 2024

### REGULATIONS ON THE APPLICATION FOR PERMIT TO STUDY

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

1. In view of the application process for a permit to study, DECS Order No. 65, s. 1985 Amendment to BPS Circular No. 17, s. 1960 "Regulations on Outside Study of Teachers" Paragraph 1 (a) is revised as follows:

"a. On the certification of his immediate supervisor or superior that he is doing satisfactory work with an efficiency rating of satisfactory or higher, the teacher desiring to engage in outside study may be given permission (when this is sought) to do so, until he completes the curriculum towards a degree. He does not need to file a request for permission every semester."

- 2. However, the concerned personnel are expected to submit an application form once a year, preferably a month before the First Semester of a School Year, for compliance with DECS Order No. 65, s. 1985.
- 3. Further, these regulations related to the application for a permit to study shall now include teaching, teaching-related, and non-teaching personnel in compliance with the existing issuances of DepEd and CSC. Moreover, applicants shall observe and adhere to the provisions encompassing the process of securing the permit to study, as follows:
  - a. Application or letter requests should be accompanied by the draft filled-up enrollment form for the semester or summer term properly signed by the Registrar or Dean of the College/University.
  - b. Regardless of learning modality deliveries, teaching personnel are allowed only nine (9) units during the regular semester. Full study load of nine (9) units during the Summer term shall be considered since there are no teaching duties during Summer. However, school heads and non-teaching employees must enroll in nine (9) units only during the regular semester and six (6) units during the Summer term to prepare for the opening of classes.
  - c. Should concerned personnel be scheduled for the Comprehensive Examination the following semester, teaching and non-teaching



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staff who intend to enroll in the full study load of 12 units in a regular semester and nine (9) units in a Summer term shall only be permitted.

d. Part-time study employing all the modular, online, or offline distance learning shall only be pursued on Saturdays and Sundays or starting at 6:00 pm during weekdays (Mondays-Fridays).

- e. A Very Satisfactory Performance is needed during the time that the teacher/employee is on part-time study. If in the event, he/she will be rated Satisfactory or Unsatisfactory/Poor Performance during the first year of the study, the permit shall be automatically revoked.
- 4. Attached are the revised application forms for a permit to study for teaching, teaching-related, and non-teaching personnel.
- 5. Immediate dissemination and compliance of this Memorandum is desired.

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

ATCH .: As stated

References: DECS Order No. 65, s. 1985; BPS Circular No. 17, s. 1960 To be indicated in the <u>Perpetual Index</u> under the following subjects:

PERMIT TO STUDY TEACHERS NON-TEACHING PERSONNEL

SBC/DM \_\_\_\_/August 30, 2024 "Regulations on the Application for Permit to Study" /P&R-rml



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### Republic of the Philippines

### Department of Education REGION X – NORTHERN MINDANAO

### SCHOOLS DIVISION OF OZAMIZ CITY

|      | , 2024 |
|------|--------|
| Date |        |

### APPLICATION FOR PERMISSION TO STUDY IN PUBLIC/PRIVATE SCHOOL

(FOR TEACHING AND NON-TEACHING PERSONNEL)

The Schools Division Superintendent

| Division of Ozamiz City<br>City of Ozamiz |                              |   |                     |                  |
|---|------------------------------|---|---------------------|------------------|
| Madam:                                    |                              |   |                     |                  |
| Madain.                                   |                              |   |                     |                  |
| This is to req                            | uest permission to s         | study at  |                     | for the          |
| subject/course                            |                              | Subjects are inc  | dicated below for   | or the           |
| Semester of                               |                              |   |                     |                  |
| Subject/Course                            | Units of Credit              | No. of Hours  | Time                | Day              |
|   |                              |   |                     | 1                |
|   |                              |   |                     |                  |
|   |                              |   |                     |                  |
| I have earned                             | units for gradua             | tion from the   |                     | in this Division |
| on, 20 (see                               |                              |   |                     |                  |
|   |                              |   |                     |                  |
| Below are my p                            | ertinent data and other      | er necessary inform   | ation:              |                  |
| Name:                                     | me: Sex: Civil Status:       |   |                     |                  |
| Date of Birth:                            | te of Birth: Place of Birth: |   |                     |                  |
| Assignment/Designation                    |                              |   |                     |                  |
| Education Qualificatio                    | n:                           |   |                     |                  |
| Name of School last at                    |                              |   |                     |                  |
| Address of School:                        |                              | ALAN MARINE SALVANIA AND AND AND AND AND AND AND AND AND AN |                     |                  |
| C.S. Eligibility:                         |                              | _ Date Taken:   | Date Taken: Rating: |                  |
| Length of Service:                        |                              | _ Monthly Sal   | ary:                |                  |
| Distance between Stat                     | ion and public/private       | school:   |                     |                  |
| Means of transportation                   | on to be used in traveli     | ng: motorcycle (exa   | mple)               |                  |
| Health condition: Phys                    | sically fit                  |   |                     |                  |
| May this reque                            | st warrant your approv       | val   |                     |                  |
| way this reque                            | st warrant your appro-       | · cu.   |                     |                  |
|   |                              | Very truly yo   | ours,               |                  |
|   |                              |   |                     |                  |
|   |                              |   |                     |                  |
| Recommending approv                       | val:                         |   |                     |                  |
|   |                              | A 1' + 0'   | , O D               | - 1 N            |
|   |                              | Applicant Si  | gnature Over Pr     | inted Name       |
| School Principal/Scho                     | ol Head/Unit Head            |   |                     |                  |
| ochool i illicipal/ ocho                  | of fieddy offic fiedd        |   |                     |                  |
|   |                              | Approved for  | r units:            |                  |
| DIONESIO L. LIWAGO                        | ON JR., CESE                 |   |                     |                  |
| Assistant Schools Divi                    |                              |   |                     |                  |
|   |                              |   |                     | 4 14             |
|   |                              | NIMITARI  | AGO PhD CES         | SO VI            |



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Schools Division Superintendent







### Republic of the Philippines

## Department of Education REGION X - NORTHERN MINDANAO

### SCHOOLS DIVISION OF OZAMIZ CITY

, 2

Date

### APPLICATION FOR PERMISSION TO STUDY IN PUBLIC/PRIVATE SCHOOL

(FOR SCHOOL HEADS)

The Schools Division Superintendent Division of Ozamiz City City of Ozamiz

| subject/course             | uest permission to  | Subjects are in-      | dicated below   | for the          |  |
|----------------------------|---|-----------------------|-----------------|------------------|--|
| Semester of Subject/Course | Units of Credit   | No. of Hours          | Time            | Day              |  |
|                            |   |                       |                 |                  |  |
|                            |   |                       |                 |                  |  |
|                            | units for gradu   | nation from the       |                 | in this Division |  |
| on, 20 (see                | the back thereof).  |                       |                 |                  |  |
| Below are my p             | ertinent data and oth                                     | ner necessary inform  | ation:          |                  |  |
| Nama                       |   | S                     | Ciril State     |                  |  |
| Date of Birth:             | ame: Sex: Civil Status:<br>eate of Birth: Place of Birth: |                       |                 | ls:              |  |
| Assignment/Designation     | on·   | Flace of Bil          | ш               |                  |  |
| Education Qualificatio     | n:  |                       |                 |                  |  |
| Name of School last at     | tended/graduated:   |                       |                 |                  |  |
| Address of School:         |   |                       |                 |                  |  |
| C.S. Eligibility:          |   |                       |                 |                  |  |
|                            |   | Monthly Sala          | Monthly Salary: |                  |  |
| Distance between Stat      | ion and public/priva                                      | te school:            |                 |                  |  |
| Means of transportation    | n to be used in trave                                     | ling: motorcycle (exa | mple)           |                  |  |
| Health condition: Phys     | sically fit   |                       |                 |                  |  |
|                            |   |                       |                 |                  |  |
| may this reques            | st warrant your appr                                      | ovai.                 |                 |                  |  |
|                            |   | Very truly yo         | nire            |                  |  |
|                            |   | very truly ye         | ours,           |                  |  |
|                            |   |                       |                 |                  |  |
| Recommending approv        | ral:  |                       |                 |                  |  |
|                            |   | Applicant Sig         | gnature Over F  | rinted Name      |  |
|                            |   | Approved for          | units:          |                  |  |
| DIONESIO L. LIWAGO         |   |                       |                 |                  |  |
| Assistant Schools Divi     | sion Superintendent                                       |                       |                 |                  |  |
|                            |   | NIMEA D I             | AGO PhD CE      | SO VI            |  |



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### Department of Education REGION X - NORTHERN MINDANAO

### **SCHOOLS DIVISION OF OZAMIZ CITY**

|     |      | , 2024 |
|-----|------|--------|
| 1 m | Date |        |

### APPLICATION FOR PERMISSION TO STUDY IN PUBLIC/PRIVATE SCHOOL

| The Schools Division S<br>Division of Ozamiz City<br>City of Ozamiz | uperintendent        | AND SGOD PERSONNEL)                   |                  |                  |
|---|----------------------|---------------------------------------|------------------|------------------|
| Madam:  |                      |                                       |                  |                  |
| This is to req  | uest permission to   | study at                              |                  | for the          |
| subject/course  |                      | Subjects are in                       | dicated below fo | r the            |
| Semester of   | <del>_</del> ,       |                                       |                  |                  |
| Subject/Course  | Units of Credit      | No. of Hours                          | Time             | Day              |
|   |                      |                                       |                  |                  |
|   |                      |                                       |                  | 1                |
| I have earned _   | units for gradu      | uation from the                       |                  | in this Division |
| on, 20 (see   | the back thereoij.   |                                       |                  |                  |
| Below are my p  | ertinent data and ot | her necessary inform                  | ation:           |                  |
| Name:   |                      | Sex:                                  | Civil Status     |                  |
| Date of Birth:  |                      | Sex: Civil Status:<br>Place of Birth: |                  |                  |
| Assignment/Designation  |                      |                                       |                  |                  |
| Education Qualification   | n:                   |                                       |                  |                  |
| Name of School last att   |                      |                                       |                  |                  |
| Address of School:  |                      |                                       |                  |                  |
|   |                      | Date Taken: Rating:                   |                  |                  |
| Length of Service:  |                      |                                       |                  |                  |
| Distance between Stati  |                      |                                       |                  |                  |
| Means of transportatio  |                      | eling: motorcycle lexa                | mplej            |                  |
| Health condition: Phys  | icany nt             |                                       |                  |                  |
| May this reques   | st warrant your appr | oval.                                 |                  |                  |
|   |                      | Very truly y                          | nurs             |                  |
|   |                      | very duly y                           | Jurs,            |                  |
|   |                      |                                       |                  |                  |
|   |                      | Applicant Si                          | gnature Over Pri | nted Name        |
| Recommending approv   | al:                  |                                       |                  |                  |
| <del></del>   |                      |                                       |                  |                  |
| Chief ES – CID/SGOD   |                      | Approved fo                           | r units:         |                  |
| DIONESIO L. LIWAGO<br>Assistant Schools Divis                       |                      |                                       |                  |                  |

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



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