



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

January 24, 2025

DIVISIONAL MEMORANDUM

No. 037, s. 2025

**RECONSTITUTION OF THE DIVISION PROVIDENT FUND
BOARD OF TRUSTEES AND SECRETARIAT**

TO : Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Elementary and Secondary School Heads
Division Personnel
This Division

1. The new Provident Fund Division Board of Trustees and Secretariat is composed of the following:

Chairperson : NIMFA R. LAGO, CESO VI
OIC Office of the Schools Division Superintendent

Vice Chairperson : DIONESIO L. LIWAGON, JR., CESE
OIC, Assistant Schools Division Superintendent

Members : ATTY. CHARYLJOY C. NAVAREZ, OIC, Attorney III
MARICEL D. AVILA, CPA, Accountant III
DOROTHY JOY B. YTING, Administrative Officer V

Secretariat
Head : ADDA LIZA J. SAQUIN, Administrative Officer IV

Members : RUBY JANE R. GACASAN, Administrative Officer II
KRISTINE P. PELAEZ, Administrative Assistant III
JULIE G. PRANCILISO, Administrative Assistant III

2. The Schools Division Superintendent shall be the approving authority.
3. Attached is the new form for the Provident Loan.
4. Wide dissemination of this Memorandum is desired.


NIMFA R. LAGO, Ph.D., CESO VI
Assistant Schools Division Superintendent
OIC – Office of the Schools Division Superintendent



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Republic of the Philippines
Department of Education
Provident Fund

Date Submitted: [] Loan Application No. []
Loan Amount: PhP [] Purpose:
Type of Loan: [] Multi-purpose [] New [] Renewal [] Additional
Term: [] year/s
[] Educational
[] Hospitalization/Medical
[] Long Medication/Rehabilitation
[] House Arrears/Equity
[] House Repair - Major
[] House Repair - Minor
[] Payment of Loans from Private Institution
[] Calamity
[] Others (specify): []

Borrower's Information Co-Maker's Information
(Surname) (First Name) (M.I.) (Surname) (First Name) (M.I.)
Home Address: Home Address:
Position: Position:
Employee No.: Employment Status: Employee No.: Employment Status:
Office: Office:
Date of Birth: Age: Date of Birth: Age:
Monthly Salary: PhP Office tel. no. Monthly Salary: PhP Office tel. no.
Years in Service: Mobile no. Years in Service: Mobile no.
Specimen Signatures: Specimen Signatures:

LOAN AGREEMENT

I hereby apply for a Provident Fund Loan in the amount of PESOS: (P). In consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd Provident Fund. This document also serves as the Promissory Note upon approval of this loan.

Accordingly, I hereby authorize the deductions of the monthly amortization from my salary. Should I be separated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note.

I hereby agree to assume all the outstanding obligations for the grant of this loan should the principal borrower be separated from the service, and either retirement or separation benefits due to him/her is not received or is insufficient to settle the borrower's outstanding loan, and upon proper notification by the Provident Fund Secretariat.

Accordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligation of the principal borrower until his/her loan is fully paid.

Signature of Borrower over Printed Name Date

Signature of Co-Maker over Printed Name Date

CERTIFICATE OF EMPLOYMENT AND CREDIBILITY

Personnel Division/Unit:

This is to certify that the above loan applicant/borrower:
(1) is a permanent/co-terminus employee of this Office and is not on leave of absence without pay;
(2) has net pay of PhP for the payroll month & year of ; and
(3) has given the true and correct information on the Loan Application Form.

Signature over Printed Name
Designation:
Date:

Legal Service/Unit:

This is to certify that the above loan applicant/borrower has no pending administrative nor civil case charge against him/her based on records on file with DepEd.

Signature over Printed Name
Designation:
Date:

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: _____

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: _____

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 _____
 Past-Due Loans Amount: PhP _____
 No. Of Years/Months Past-Due: Year/s: _____ Month/s: _____
 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: _____ %

Verified by: _____ Date: _____

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.: _____
Division: _____

Status: _____
Code: _____

Designation: _____
Service: _____