



**RELEASED**

DATE: 9-28-2020

**DIVISION MEMORANDUM**  
NO., 214 s. 2020

**LEAVE PRIVILEGE OF THE ABSENCES INCURRED IN RELATION TO THE  
REQUIRED PERIOD OF QUARANTINE AND TREATMENT ITS PROCEDURES AND  
PRECAUTIONARY MEASURES**

To : Teaching and Non-Teaching Personnel  
This Division

1. Pursuant to the Civil Service Commission (CSC) Memorandum Circular No. 08, s. 2020 "Revised Guidelines on the Use of Leave Credits for Absences due to Quarantine and/or Treatments Relative to the Corona Virus Disease 2019 (COVID-2019)" this office informs all teaching and non-teaching personnel to adopt and adhere this memorandum judiciously which is posted at DepEd-Tangub City website [depedtangub.net](http://depedtangub.net).
2. Further, this Office provides templates to be filled in by personnel who are in need to undergo the above provisions including the work from home (WFH) Application Form.
3. All entries therein are considered confidential for protection purposes and in strict observance of the anti-privacy act except if there is a court order relative to the act.
4. Please find the attached enclosures:
  - 4.a. Application Form for Work From Home (WFH) Personnel.
  - 4.b. Employee's Declaration Preventing The Spread of COVID-19 Infection.
  - 4.c. Employee's Declaration Who Came from Official/Personal Travel Abroad
  - 4.d. Employee's Submission to Self Quarantine as certified by authorized health personnel.
5. Health personnel of this Division is likewise mandated to keep monitor the health records of every employee with COVID-19 related cases.
6. Immediate dissemination of this Memorandum to all concerned is enjoined.

**AGUSTINES E. CEPE, CESO V**  
Schools Division Superintendent

AEC/mta/09-28-2020





Enclosure No. 4.A of Division Memorandum No. \_\_\_\_ s. 2020

**APPLICATION FORM FOR WORK FROM HOME ARRANGEMENT**

Name of Employee :

Office / School :

Date of Application :

Duration :

Date of Effectivity :

Expiration Date :

Reason for Work From Home Arrangement

- Purok/Barangay/Municipality/City is declared lockdown. (Certification from the Barangay Chairman)
- Immuno Compromised Employee (Health Records)
- Pregnant Women (Pre-Natal Records)
- Lactating Mother (Child's Birth Certificate)
- Living with Immuno Compromised Person (Health Records)
- Living with Senior Citizen (Senior Citizen ID)

I certify that the above statements are true.

\_\_\_\_\_  
Signature over Printed Name of Employee

Attested:

\_\_\_\_\_  
School Head / Chief of Office





Enclosure No. 4.B of Division Memorandum No. \_\_\_\_ s. 2020

**EMPLOYEE'S DECLARATION PREVENTING THE SPREAD OF COVID-19 INFECTION**

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Sir/Ma'am;

I would like to inform the office that I, \_\_\_\_\_ of  
(Name of Personnel)  
\_\_\_\_\_ has employed the necessary measures to prevent the  
(School/Office)  
spread of the COVID-19 infection at home and in the workplace.

Further, these are following health measures I have been doing: (Please check)

- Sanitize with 70% rubbing alcohol.
- Wearing of face mask is already a way of life.
- Wearing of face shield in public transport in crowded places and in the office.
- Stay at home all the time except if there are essentials to be purchased.
- Others. (Please write)

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Signature over Printed Name of Employee

Witness:

1. \_\_\_\_\_
2. \_\_\_\_\_







Enclosure No. 4.C of Division Memorandum No. \_\_\_\_ s. 2020

**EMPLOYEE'S DECLARATION WHO CAME FROM OFFICIAL/PERSONAL TRAVEL  
ABROAD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sir/Ma'am;

This is to inform you that i have travelled to \_\_\_\_\_ on  
(Name of Country/Place)  
\_\_\_\_\_ and arrived at \_\_\_\_\_  
(Date of Departure) (Date of Arrival in the Philippines)

I am willing to submit myself to be quarantined for fourteen (14) calendar days as set by the Civil Service Commission (CSC) under Memorandum Circular No. 08, s. 2020

\_\_\_\_\_  
Signature over Printed Name of Employee

Witness:

1. \_\_\_\_\_
2. \_\_\_\_\_





Enclosure No. 4.D of Division Memorandum No. \_\_\_\_ s. 2020

**EMPLOYEE'S SUBMISSION TO SELF QUARANTINE AS CERTIFIED BY AUTHORIZED HEALTH PERSONNEL**

I am \_\_\_\_\_, \_\_\_\_\_ of

(Complete Name)

(Designation)

\_\_\_\_\_ declared that i have travelled to \_\_\_\_\_

(Name of School/Office)

(Place)

For \_\_\_\_\_ and categorized by the Health Officials that I am a **Person Under Monitoring (PUM) / Person Under Investigation (PUI)**.

(Number of days)

I am willing to submit myself to be quarantined for fourteen (14) calendar days as set by the Civil Service Commission (CSC) under Memorandum Circular No. 08, s. 2020

Under this circumstances I am writing to be quarantined in our home or any appropriate health facility.

\_\_\_\_\_  
Signature over Printed Name of Employee

