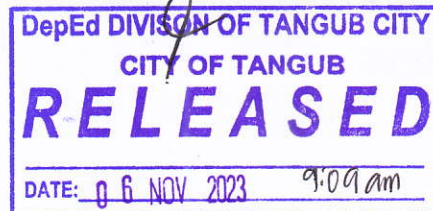




Republic of the Philippines  
**Department of Education**  
Region X  
**SCHOOLS DIVISION OF TANGUB CITY**



November 03, 2023

**DIVISION MEMORANDUM**

No. 325, s. 2023

**APPLICATION OF TERMINAL LEAVE BENEFITS (TLB) FOR INCOMING  
RETIRED/RESIGNED TEACHING AND NON-TEACHING PERSONNEL**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors (CID & SGOD)  
Education Program Supervisors  
Public Schools District Supervisors  
Elementary and Secondary School Heads  
All Others Concerned  
This Division

1. Pursuant to Commission on Audit Circular No. 2023-004 dated June 14, 2023, entitled, "Updated Documentary Requirements for Common Government Transactions", section 5.19, states the following requirements for Terminal Leave Benefits (TLB) Application:

- a. 5 Original Copies of Agency Clearance from money, property and legal accountability from the Central Office and/or from the Regional Office of last assignment
- b. 5 Certified Photocopies of Ombudsman Clearance
- c. 5 Original Copies of employees leave card with computed leave credits as at last date of service by the Personnel Division/Unit/Office/Admin/Human Resources Office/Unit (HRO/U)
- d. 5 Original Copies of Approved leave application form (Form 6)
- e. 5 Original Copies of Complete service record
- f. 5 Certified Photocopies of Statement of Assets, Liabilities and Net Worth (SALN)
- g. 1 Original copy and 4 Certified photocopies of appointment/NOSA showing the highest salary received if the salary under last appointment is not the highest
- h. Computation of Terminal benefits duly signed certified by the Chief Accountant
- i. 5 original Applicant's authorization (in affidavit form) to deduct all financial obligations with the employer/agency/LGU
- j. In case of resignation, employee's letter of resignation duly accepted by the Head of the Agency



Address: Anecito Siete St. Mantic, Tangub City  
Telephone: (088) 530 - 5988



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**Additional Requirements**

- k. 5 Certified Photocopies of Certificate of Last Payment (CLP)
- l. 5 Original Copies of School/District/Clearance (for teachers and School Administrators)
- m. 5 Certified Photocopies of GSIS Retirement Form
- n. 5 Original Copies of Approved Letter of intent to retire
- o. 5 Certified Photocopies of GSIS Voucher
- p. 5 Certified Photocopies of GSIS Adjudication
- q. 5 Original Copies of No Pendency Case

**Additional Requirements in case of Death**

- r. Approved Letter of Dependent to claim TLB on behalf of the deceased
  - s. Death certificate issued by PSA
  - t. Marriage Certificate issued by PSA
  - u. Birth certificate of all surviving legal heirs issued by PSA
  - v. Designation of next-of-kin
  - w. Waiver of rights of children 18 years old and above, if applicable
2. The **Ombudsman Clearance** should be filed 1 month upon effectivity of retirement date.
  3. The **Letter of Intent to Retire/Resign** should be filed 3 months upon retirement in 5 original copies.
  4. Enclosed are the following:
    - a. Steps in filing Ombudsman Clearance Application- Enclosure No. 1
    - b. Application for Ombudsman Clearance form (OMB Form 1) - Enclosure No. 2
  5. All requirements should be submitted to the Office of the Personnel Section and look for **Ms. Lovely Marygold C. Borja**.
  6. Immediate dissemination of this Memorandum to all concerned is enjoined.

**SHAMBAEH A. ABANTAS-USMAN, PhD, CESE**  
Assistant Schools Division Superintendent  
OIC- Office of the Schools Division Superintendent

11/2/23

SAAU/LMCB/11-03-2023

Under the following subjects:

COA  
Rules and Regulations  
DBM



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Enclosure No.1 to Division Memorandum No. 025 s. 2023

**STEPS IN FILING OMBUDSMAN CLEARANCE APPLICATION**

1. **Duly accomplished Application for Ombudsman Clearance (OMB Form 1)** originally signed by the applicant or a formal letter-request addressed to the Ombudsman from requesting government agency or institution (1 original copy)
2. **Valid ID** (1 photocopy of the front and back of the ID) of applicant to any of the following:
  - a) Government-issued ID with picture
  - b) Company-issued ID with picture
  - c) School ID for students
  - d) Integrated Bar of the Philippines ID

*Note: Put your signature three (3) times at the Photocopy*

3. **Payment of OMB clearance fee of ₱150.00 per copy**, except for indigents and first time jobseekers

*Note: For mail requests, payment may be made through postal money order (PMO), which may be secured from the post office, payable to "Office of the Ombudsman Clearance Fees"*

**ADDITIONAL REQUIREMENTS (WALK-IN or MAIL):**

4. **Service record** (required only if there is a need for further verification) (1 photocopy)
5. If the application pertains to a deceased person:
  - ✓ Death certificate of the deceased person, and
  - ✓ Marriage certificate/birth certificate to prove relationship to the deceased

*Note: 1 photocopy each*

6. If application is filed by a representative:
  - ✓ Duly accomplished OMB Form 1 signed by the applicant and representative (1 original copy),
  - ✓ Authorization letter (1 original copy), and
  - ✓ Valid ID of representative (any of the following):
    - Government-issued ID with picture
    - Company-issued ID with picture
    - School ID for students
    - Integrated Bar of the Philippines ID

*Note: 1 photocopy of the front and back of the ID*



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7. For first time jobseeker, barangay certification stating that the client is a first time jobseeker (1 original copy)
8. For indigent client, certificate of indigency (1 original copy)
9. Payment of ₱3.00 per page for plain copy and ₱5.00 per page for certified true copy, if applicable

*Note: For mail requests, payment may be made through PMO, which may be secured from the post office, payable to "Office of the Ombudsman – Clearance Fees" or through LandBank Linkbiz Portal.*

10. If the applicant intends to receive the Clearance/Certification through courier service, **a blank prepaid envelope should be provided**, otherwise it will be released to the applicant via ordinary mail free of charge
11. Upon sending Ombudsman Clearance application together with all the requirements via Private Courier, it should be addressed to the following:

**OFFICE OF THE OMBUDSMAN FOR MINDANAO**

Libra Street corner Earth Street,  
GSIS Heights, Matina,  
Davao City



Republic of the Philippines  
Office of the Ombudsman

FOR OMB USE ONLY

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Receiving Officer: \_\_\_\_\_

**APPLICATION FOR OMBUDSMAN CLEARANCE (OMB Form 1)**

NUMBER OF ORIGINAL COPIES REQUESTED: \_\_\_\_\_

NUMBER OF CERTIFIED COPIES REQUESTED: \_\_\_\_\_

*\* can only be availed if original OMB Clearance/Certification is secured*

**MODE OF PAYMENT:** Please check (v) the appropriate box.

Cash

Postal Money Order payable to  
"Office of the Ombudsman  
Clearance Fees"

Others, please specify: \_\_\_\_\_

Exempted

First time jobseeker

Indigent

**MODE OF RELEASE:** Please check (v) the appropriate box.

pick-up at  
OMB office

regular mail  
 office  
 present/home address

private courier  
*\*prepaid envelope to be provided by the applicant*

**APPLICANT'S INFORMATION:** Please PRINT legibly. Write "N/A" if not applicable

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

\_\_\_\_\_ *Middle Name*

Current Position: \_\_\_\_\_

If married, mother's  
maiden surname  
(for female applicant) \_\_\_\_\_

Agency/Office Name: \_\_\_\_\_

Agency/Office Address: \_\_\_\_\_

\_\_\_\_\_ *Zip Code*

Present Address: \_\_\_\_\_

\_\_\_\_\_ *House No./Blk. No.*

\_\_\_\_\_ *Street Name*

\_\_\_\_\_ *Barangay*

\_\_\_\_\_ *City/Municipality*

\_\_\_\_\_ *Province*

\_\_\_\_\_ *Zip Code*

Date of Birth: \_\_\_\_\_

*mm/dd/yyyy*

Contact Nos.: \_\_\_\_\_

*Mobile/Landline*

Sex: \_\_\_\_\_

I declare that the answers given above are true and correct to the best of my knowledge and belief. I respectfully request your good office to issue a clearance in my favor.

By signing below, I agree to the Ombudsman Privacy Policy and give my consent to the collection and processing of my personal data in accordance thereto.

\_\_\_\_\_  
Signature Over Printed Name of Client

\_\_\_\_\_  
Date

**IN CASE APPLICATION IS FILED BY AUTHORIZED REPRESENTATIVE OR REQUESTER IN BEHALF OF THE DECEASED PERSON**

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

\_\_\_\_\_ *Middle Name*

Relation to Applicant/Deceased \_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name of Client

\_\_\_\_\_  
Date

**TO BE ACCOMPLISHED BY THE RECEIVING PERSONNEL**

Amount Paid: \_\_\_\_\_

OR Number: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Signature of Receiving Personnel: \_\_\_\_\_