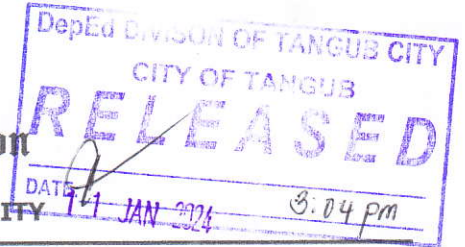




Republic of the Philippines
Department of Education
Region X
SCHOOLS DIVISION OF TANGUB CITY



Office of the Schools Division Superintendent

January 10, 2024

DIVISION MEMORANDUM
No. 18, s. 2024

**REITERATION ON THE USE OF BIOMETRIC TIME RECORDING
SYSTEM (BTRS), LOCATOR SLIP, PASS SLIP IN MONITORING
ATTENDANCE OF EMPLOYEES**

To: Assistant Schools Division Superintendent
CID and SGOD Chief Education Supervisors
Education Program Supervisors
Public Schools District In- Charge
Elementary and Secondary School Heads
Section/ Unit Heads
All Others Concerned
This Division

1. To ensure close monitoring of the whereabouts of the employees during office hours, this Office reiterates the use of Biometrics Time Recording System in monitoring attendance of personnel.
2. All employees are hereby reminded that the time-in and time-out shall be recorded using the Biometric Time Recording System (BTRS). The manual logbook shall still be maintained for reference purposes in case of malfunction of biometric. In the event that the time-in/time-out of the employee was not recognized or reflected in the BTRS, a letter request for adjustment of entry for time-in or time-out shall be submitted to the Head of Office or authorized representative, subject for approval. Exemption shall only be considered for no entries in the BTRS during power outage.
3. It is directed that all employees shall submit accurate handwritten entries of time-in and time-out in the CSC prescribed Daily Time Record (DTR) with the following attachment: print-out from Biometric Time Recording, machine copy of logbook in case of the time-in and time -out is not reflected, approved Authority to Travel, Locator Slip and Certificate of Appearance for verification purposes.

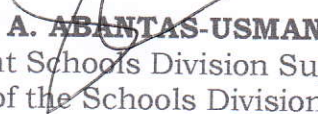


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4. The Issuance of **Locator Slip** shall not be used for personal business; it is emphasized that this shall only be used for official business such as attending an activities/events/errand that would require leaving from or going out of the permanent station or workplace during office hours within the day and certification shall be countersigned by the authorized personnel of the office visited.
5. Further, it is reiterated that personal matters need permission from the Head of Office or Authorized Representative. Employees who leave the office during office hours but are not attending to official business, and that is to attend socials/events/functions and/ or wakes/interments, the same shall be reflected in the **Personal Pass Slip** and shall be charged in their leave credits.
6. A copy of the duly accomplished Pass Slip shall be submitted by the concerned personnel to the Guard – on- duty upon leaving the premises. Guard -on- duty will take charge in keeping the pass slip and this will be submitted every first day of the week to the admin office for record purposes.
7. This complies to the CSC Memorandum Circular No. 01, s. 1994 re: Amendment to Section 1, Rule XVIII of the Omnibus Rules Implementing Book V of the 1987 Administrative Code “*it shall be the duty of agency to require all officers and employee under him/his to strictly observe the prescribed office hours*”.
8. Attached is the CSC prescribe Daily Time Record /Form 48, template of Locator Slip and Pass Slip for reference.
9. Immediate dissemination and strict compliance with this Memorandum.


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

NRL/drd/01-10-24
Incl: As stated
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:

EMPLOYEES OFFICIALS POLICY OFFICE HOURS



Address: Anecito Siete St. Mantic, Tangub City
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DAILY TIME RECORD

Last Name _____ First Name _____ Middle Name _____
 For the month of _____
 Official hours for arrival _____
 and departure _____

Day	A.M.		P.M.		UNDERTIME	
	Arrival	Departure	Arrival	Departure	Hours	Minutes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTAL						

I CERTIFY on my honor that the above is true and correct report of number of hours of work performed, record of which was made daily at the time of arrival and at departure from office.

 Employee Signature

 VERIFIED as to the prescribed office hours

 In- Charge

DAILY TIME RECORD

Last Name _____ First Name _____ Middle Name _____
 For the month of _____
 Official hours for arrival _____
 and departure _____

Day	A.M.		P.M.		UNDERTIME	
	Arrival	Departure	Arrival	Departure	Hours	Minutes
1						
2						
3						
4						
5						
6						
7						
8						
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25						
26						
27						
28						
29						
30						
31						
TOTAL						

I CERTIFY on my honor that the above is true and correct report of number of hours of work performed, record of which was made daily at the time of arrival and at departure from office.

 Employee Signature

 VERIFIED as to the prescribed office hours

 In- Charge



Republic of the Philippines

Department of Education

Region X

SCHOOLS DIVISION OF TANGUB CITY

LOCATOR SLIP

Date of filing	
Name	
Position/Designation	
Permanent Station	
Purpose	<input type="checkbox"/> Official Business <input type="checkbox"/> Official Time
Please check	
Destination	
Date and time of event / transaction meeting	
Requested by: (Name and Signature Employee)	
Recommending Approval: (Name and Signature of Section Head)	
Approved:	SHAMBAEH A. ABANTAS-USMAN, PhD, CESO VI Assistant Schools Division Superintendent OIC- Office of the Schools Division Superintendent

CERTIFICATION

This is to certify that the above employee appeared in this Office for the above purpose.

Signature Over Printed Name

Position

Date

(Note: This portion shall be filled out by the Official/authorized personnel of the Office visited.)



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Republic of the Philippines

Department of Education

Region X

SCHOOLS DIVISION OF TANGUB CITY

LOCATOR SLIP

Date of filing	
Name	
Position/Designation	
Permanent Station	
Purpose	
Please check	
Destination	
Date and time of event / transaction meeting	
Requested by: (Name and Signature Employee)	
Recommending Approval: (Name and Signature of Section Head)	
Approved:	SHAMBAEH A. ABANTAS-USMAN, PhD, CESO VI Assistant Schools Division Superintendent OIC- Office of the Schools Division Superintendent

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PASS SLIP
 Personal Transaction

Date	
Name	
Position / Designation	
Office / Section	
Destination	
Purpose	
Time of departure <i>(To be filled out by the security guard on duty)</i>	
Time of arrival / return <i>(To be filled out by the security guard on duty)</i>	
Recommending Approval: <i>(Name and Signature of Section Head)</i>	
Approved:	SHAMBAEH A. ABANTAS-USMAN, PhD, CESO VI Assistant Schools Division Superintendent OIC- Office of the Schools Division Superintendent



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PASS SLIP
 Personal Transaction

Date	
Name	
Position / Designation	
Office / Section	
Destination	
Purpose	
Time of departure <i>(To be filled out by the security guard on duty)</i>	
Time of arrival / return <i>(To be filled out by the security guard on duty)</i>	
Recommending Approval: <i>(Name and Signature of Section Head)</i>	
Approved:	SHAMBAEH A. ABANTAS-USMAN, PhD, CESO VI Assistant Schools Division Superintendent OIC- Office of the Schools Division Superintendent



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