

Department of Education

SCHOOLS DIVISION OF SOUTH COTABATO

Office of the Schools Division Superintendent

22 August 2023

DIVISION MEMORANDUM OSDS No. 7 0 3, s. 2023

SUBMISSION OF PERTINENT DOCUMENTS FOR RECLASSIFICATION THROUGH EQUIVALENTS RECORD FORM (ERF) OF TEACHING, TEACHING-RELATED POSITIONS AND SCHOOL ADMINISTRATION POSITIONS

To: Schools Division Office Personnel
Public Schools District Supervisors/Principals In-Charge
Public Elementary and Secondary School Heads
Clustered Administrative and Finance Personnel
All others concerned

- 1. In reference to Region Memorandum AD No. 020 S. 2023 titled **DepEd SOCCSKSARGEN** Region Revised Guidelines on the Implementation of Equivalent Records Form and Reclassification for Teaching Positions and Region Memorandum AD No. 07 S. 2023 on Omnibus Clarification and Guidance on the Implementation of Reclassification for School Administration Position, qualified teacher applicants are required to submit documentary requirements for Reclassification through Equivalent Records Form (ERF) of Teaching and Teaching-Related Positions.
- 2. To ensure uniformity and conformity with the region's issuances, please refer to these basic documentary for each position:

Enclosure No. 1: Checklist of Documentary Requirements for Teacher II and III/Guidance Counselor/Librarian

Enclosure No. 2: Checklist of Documentary Requirements for Special Education Teachers I, II, and III (SPET I, II, and III)

Enclosure No. 3: Documentary Requirements for Master Teacher I, II, III and IV

SDOSC-OSDS-DIO-NM-v3.0r0.0, effective 04/06/2020



Address: Alunan Avenue, Koronadal City, South Cotabato 9506

Telephone Number: (083)228-3801

Email Address: south.cotabato@deped.gov.ph







Department of Education

REGION XII SCHOOLS DIVISION OF SOUTH COTABATO

Enclosure No. 4: Checklist of Documentary Requirements for Special Science Teacher I, II, III, IV, and IV

Enclosure No. 5: Checklist of Documentary Requirements for Head Teacher I, II, III, IV, V and VI and Principal I, II, III and IV.

3. All teacher-applicants shall **strictly** use these prescribed Equivalents Record Form (ERF):

Enclosure No. 6: Equivalents Record Form (ERF) for Teacher II and Teacher III Position, Guidance Counselor Position, Librarian Position, SPET Teachers Position and Special Science Teacher Position.

Enclosure No. 7: Equivalents Record Form (ERF) for Master Teacher Position

Enclosure No. 8: Equivalents Record Form (ERF) for School Head Position

- 4. All teacher-applicants must submit the duly accomplished, notarized and properly filled up prescribed Equivalents Record Form(ERF) with complete documentary requirements attached as stated to avoid disqualification and delay in the submission of documents for evaluation in the regional office.
- 5. All teacher-applicants are advise to use long size bond paper in the submission of the pertinent documents for evaluation.
- 6. Applicants are advised to submit the required documentary requirements in order which must be place in a **long yellow folder** with Table of Contents, Earmark and Cover Page that includes the Name of the School, District, Division, Name of the Applicant, Present Position Title, Desired Position, Contact Number and Active E-mail Address.
- 7. All electronic copy of the aforesaid documentary requirements can be downloaded through this link: https://bit.ly/SDSC_Recla

SDOSC-OSDS-DIO-NM-v3.0r0.0, effective 04/06/2020



Address: Alunan Avenue, Koronadal City, South Cotabato 9506 Telephone Number: (083)228-3801

Email Address: south.cotabato@deped.gov.ph





AB THE PERSON NO.



Department of Education

SCHOOLS DIVISION OF SOUTH COTABATO

8. Immediate dissemination of this memorandum is directed.

LEONARDO M. BALALA, CESE Schools Division Superintendent

Encl.: As stated Reference: As stated

To be indicated in the Perpetual Index under

the following subjects:

APPOINTMENT PROMOTIONS REQUIREMENTS

RMB/NM- submission of pertinent documents for reclassification through equivalents record form (erf) of teaching, teaching-related positions and school administration positions
August 22, 2023

SDOSC-OSDS-DIO-NM-v3.0r0.0, effective 04/06/2020



Address: Alunan Avenue, Koronadal City, South Cotabato 9506

Telephone Number: (083)228-3801

Email Address: south.cotabato@deped.gov.ph







Department of Education

SOCCSKSARGEN REGION

Annex E

CHECKLIST OF REQUIREMENTS FOR TEACHER II AND III/GUIDANCE COUNSELOR/LIBRARIAN

Name of Applicant:Position Applied For:	Document Tracking System (DTS):
Division Office Name:	
Contact Number:	
Religion:	
Ethnicity:	
Gender:	
Person with Disability: Yes () No ()	
Solo Parent: Yes () No ()	9

10.	LABEL	DOCUMENTARY REQUIREMENTS	Status	(To b	ification e filled-out RMO/HR Office committee)
	TABBING	•	Submission	Status of Submission (Check if complied)	Remarks
1		Checklist of Requirements and Omnibus Sworn Statement on the Certification on the Authenticity and Veracity (CAV) of the documents submitted and Data Privacy attached form of School Records (Annex C), notarized by authorized official (Division HRMO) (1 Original Copy)			
2	A	Letter of Intent addressed to the Head of Office (1 Original Copy)			
3	В	Four (4) copies of duly accomplished ERF (Computer Generated and Notarized) (4 Original Copies)			
4	С	Duly accomplished PDS (CS Form 212, Revised 2017) with Work Experience sheet (1 Original Copy)			
5	D	Photocopy of valid and updated (not expired and not nearly expiring) PRC License/ID (1 Front and Back Photocopy)			
6	E	Diploma of Masteral or Doctoral Degree Acquired if applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended)			
7	F	Special Order if Applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended)			
8	G	Transcript of Record (TOR) of Masteral or Doctoral Degree/Units Acquired (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended)			
9	Н	Certification as Completed Academic Requirements (CAR) for Masteral and Doctoral Degree if Applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended)			
10	1	Certification, Authentication, and Verification (CAV) (1 Original Copy or 1 Certified as True Copy from the original by the School (SUC attended or CHED)			
11	J	Photocopy of Certificate(s) of Training (1 Photocopy each)			
12	К	Photocopy of updated and duly signed Service Record (1 Approved Original Copy)			
13	L	Photocopy of Latest Appointment (1 Photocopy)			
14	М	Photocopy of Performance Rating in the last rating period(s) covering one-year performance in the current/latest position prior to the deadline of submission (1 Photocopy each)			
15	N	Certificate of Employment (for Teachers with Private School teaching experience) (1 Original Copy)			
16	0	Copy of Approved Study Leave/Permit to Study per Semestral Basis or Scholarship (If applicable) (1 Photocopy each)			

Checked and Attested by:

Human Resource Management Officer



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph Website: depedroxii.org

Doc. Ref. Code	RO12-ASD-F394	Rev	00
Effectivity	07.26.2023	Page	1 of 2



Department of Education

SOCCSKSARGEN REGION

OMNIBUS SWORN STATEMENT

CERTIFICATION OF AUTHENTICITY AND VERACITY

I hereby certify that all information above are true and correct, and of my personal knowledge and belief, and the documents submitted herewith are original and/or certified true copies thereof.

DATA PRIVACY CONSENT

I hereby grant the Department of Education the right to collect and process my personal information as stated above, for purposes relevant to the recruitment, selection, and placement of personnel of the Department and for purposes of compliance with the laws, rules, and regulations being implemented by the Civil Service Commission.

	Name and Signature of Applicant
Subscribed and sworn to before me thisday of, year	
	Person Administering Oath
ENTRY NO PAGE NO BOOK NO SERIES OF	

In consonance with Republic Act No. 8792 or the "Electronic Commerce Act of 2000", [e] lectronic documents shall have the legal effect, validity or enforceability as any other document or legal writing and a) (w) here the law requires a document to be in writing, that requirement is met by an electronic document if the said electronic document maintains its integrity and reliability and can be authenticated so as to be usable for subsequent reference.



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 Email Address: region12@deped.gov.ph

Doc. Ref. Code	RO12-ASD-F394	Rev	00
Effectivity	07.26.2023	Page	2 of 2



Department of Education

SOCCSKSARGEN REGION

CHECKLIST OF DOCUMENTARY REQUIREMENTS FOR SPECIAL EDUCATION TEACHERS I, II, AND III (SPET I, II, AND III)

Name of Applicant:	D
Position Applied For:	Document Tracking System (DTS):
Division Office Name:	
Contact Number:	
Religion:	
Ethnicity:	
Gender:	
Person with Disability: Yes () No ()	
Solo Parent: Yes () No ()	

NO.	LABEL	DOCHWENTARY REQUIREMENTS	Status	(To l	rification be filled-out IRMO/HR Office -committee)
NO.	TABBING	DOCUMENTARY REQUIREMENTS	of Submission	Status of Submission (Check if complied)	Remarks
1		Checklist of Requirements and Omnibus Sworn Statement on the Certification on the Authenticity and Veracity (CAV) of the documents submitted and Data Privacy attached form of School Records (Annex C), notarized by authorized official (Division HRMO) (1 Original Copy)			
2	A	Letter of Intent addressed to the Head of Office (1 Original Copy)			
3	В	Four (4) copies of duly accomplished ERF (computer generated and notarized) (4 Original Copy)			
4	С	Duly accomplished PDS (CS Form 212, Revised 2017) with Work Experience sheet (1 Original Copy)			
5	D	Photocopy of valid and updated (not expired and not nearly expiring) PRC License/ID (1 Front and Back Photocopy)			
6	E	Diploma of Masteral or Doctoral Degree Acquired if applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
7	F	Special Order if Applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
8	G	Transcript of Record (TOR) of Masteral or Doctoral Degree/Units Acquired - including completion of graduate and post-graduate units/degrees (BSED/BEED) with specialization in SPED/has a minimum of 18 units if SPED (SPET 1) or 38 units in SPED (SPET II) and Masters in SPED (SPET III) (1) (1) Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
9	н	Certification as Completed Academic Requirements (CAR) for Masteral and Doctoral Degree if Applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
10	I	Certification, Authentication, and Verification (CAV) (1 Original Copy or 1 Certified as True Copy from the original by the School (SUC or CHED attended)			
11	J	Photocopy of Certificate(s) of Training / Recognition related to SPED (1 Photocopy each)			
12	K	Photocopy of updated and duly signed Service Record(1 Original and Approved)			
13	L	Photocopy of latest appointment(1 Photocopy)			
14	М	Photocopy of Performance Rating in the last rating period(s) covering one- year performance in the current/latest position prior to the deadline of submission(1 Photocopy)			
15	N	Copy of Approved Study Leave/Permit to Study per Semestral Basis or Scholarship (If applicable (1 Photocopy each)			
16	0	Certification that the teacher has at least 3 years of experience in teaching children with special needs (Designation/Assignment Order- School Level) (Attested by the Division Focal Person for SPED) (1 Original Copy)			
17	Р	Certificates of the one-month summer training in SPED conducted at the PNU, UP, YMCA Open College, Manila and other institutions through DepED shall be given 9 units (if applicable) (1 Photocopy each)			

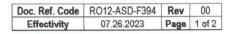
Checked and Attested by:

Human Resource Management Officer



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph Website: depedroxii.org







Republic of the Philippines Department of Education

SOCCSKSARGEN REGION

OMNIBUS SWORN STATEMENT

CERTIFICATION OF AUTHENTICITY AND VERACITY

I hereby certify that all information above are true and correct, and of my personal knowledge and belief, and the documents submitted herewith are original and/or certified true copies thereof.

DATA PRIVACY CONSENT

I hereby grant the Department of Education the right to collect and process my personal information as stated above, for purposes relevant to the recruitment, selection, and placement of personnel of the Department and for purposes of compliance with the laws, rules, and regulations being implemented by the Civil Service Commission.

	Name and Signature of Applicant
Subscribed and sworn to before me thisday of, ye	ar
	Person Administering Oath
ENTRY NO	
PAGE NO.	
BOOK NO SERIES OF	

In consonance with Republic Act No. 8792 or the "Electronic Commerce Act of 2000", (e) lectronic documents shall have the legal effect, validity or enforceability as any other document or legal writing and a) (w) here the law requires a document to be in writing, that requirement is met by an electronic document if the said electronic document maintains its integrity and reliability and can be authenticated so as to be usable for subsequent reference.



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph

Doc. Ref. Code	RO12-ASD-F394	Rev	00
Effectivity	07.26.2023	Page	2 of 2



Department of Education

SOCCSKSARGEN REGION

Annex E

CHECKLIST DOCUMENTARY REQUIREMENTS FOR COVERSION TO MASTER TEACHER I, II, III & IV POSITION

Name of Applicant:	
Position Applied For:	Document Tracking System (DTS):
Division Office Name:	
Contact Number:	
Religion:	
Ethnicity:	
Gender:	
Person with Disability: Yes () No ()	
Solo Parent: Yes () No ()	

NO.	LABEL	DOCUMENTARY REQUIREMENTS	Status of	(To be	rification e filled-out RMO/HR Office committee)
	TABBING		Submission	Status of Submission (Check if complied)	Remarks
1		Checklist of Requirements and Omnibus Sworn Statement on the Certification on the Authenticity and Veracity (CAV) of the documents submitted and Data Privacy attached form of School Records (Annex C), notarized by authorized official (Division HRMO) (1 Original Copy)			
2	Α	Letter of Intent addressed to the Head of Office (1 Original Copy)			
3	В	Four (4) copies of duly accomplished ERF (computer generated and notarized) (4 Original Copies)			
4	С	Certificate of Demonstration Teaching and Lesson plan and evaluation for the last five (5) school years (with Memorandum/Program of Activity) (1 Original Copy)			
5	D	Means of Verification for Leadership, Potential and Accomplishments			
6		D.1 Curriculum Materials/ Teaching Technique/ Simplified Work/Income Generating Project (Attach Division Approved Activity Design and Division/District/School Memorandum) (1 Photocopy Each)			
7	D 2	D.2 Subject Coordinator/Club Adviser (Attach Designation Order, Certification, Work Plan and Accomplishment Report with Documentation) (1 Photocopy Each)			
8	D.3	D.3 Special Committee Chairman (Attach Designation Order, Certification, Work Plan, Accomplishment Report with Documentation, Approved Class Program and Other Outputs) (1 Photocopy Each)			
9		D.4 Educational Research (Attach Approved Copy of Research Proposal and Completion Report) (1 Photocopy Each)			
10		D.5 Project Coordinator/Committee Member (Attach Designation Order Certification from the Baranggay Captain, Head of Other Agencies Work Plan Accomplishment Report with Documentation Attendance Sheet) (1 Photocopy Each)			
11	D.6	D.6 In-Service Training (Attach Approved Copy of Training Proposal and Completion Report Documentation Memorandum Session Guide and QAME Result) (1 Photocopy Each)			
12	D.7	D.7 Trainer or Coach (Attach Certificate of Recognition/Appreciation Plaque or Medallion) (1 Photocopy Each)			



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph

Doc. Ref. Code	RO12-ASD-F394	Rev	00
Effectivity	07.26.2023	Page	1 of 3





Department of Education

SOCCSKSARGEN REGION

		D.8 Authorship (Attach Book/Manuscript Newspaper	T
13	D.8	(National/Regional/Province/City Circulation) or	
10	D.0	Original Article)	
		(1 Photocopy Each) Duly accomplished PDS (CS Form 212, Revised 2017)	
14	E	with Work Experience sheet	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1 Original Copy)	
		Photocopy of valid and updated (not expired and not	
15	F	nearly expiring) PRC License/ID	
		(1 Front and Back Photocopy)	
		Diploma of Masteral or Doctoral Degree Acquired if	
16	G	applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or	
		SUC attended))	
		Special Order if Applicable (1 Original Copy or 1	
17	Н	Certified as True Copy from the original by the	
		School (HEI, LUC or SUC attended))	
		Transcript of Record (TOR) of Masteral or Doctoral	
18	I	Degree/Units Acquired (1 Original Copy or 1	
		Certified as True Copy from the original by the	
		School (HEI, LUC or SUC attended)) Certification as Completed Academic Requirements	
		(CAR) for Masteral and Doctoral Degree if Applicable	
19	J	(1 Original Copy or 1 Certified as True Copy from	
1,	Ü	the original by the School (HEI, LUC or SUC	
		attended))	
		Certification, Authentication, and Verification (CAV)	
20	K	(1 Original Copy or 1 Certified as True Copy	
		from the original by the School (SUC attended	
-		or CHED))	
21	L	Photocopy of updated and duly signed Service Record (1 Approved Original Copy)	
		(1 Approved Original Copy)	
22	M	Photocopy of latest appointment (1 Photocopy)	
		Photocopy of Performance Rating in the last rating	
23	N	period(s) covering one-year performance in the	
2.0		current/latest position prior to the deadline of	
		submission (1 Photocopy)	
24	0	Copy of Approved Study Leave/Permit to Study per Semestral Basis or Scholarship (If applicable)	
2-1		(1 Photocopy each)	
25	_	Latest Approved Class Program (Elementary) and	
25	P	Teaching Load for (Secondary) (1 Original Copy)	
26	Q	School Form (SF) 7 (1 Original Copy)	
20	Q	School Form (SF) / (1 Original Copy)	

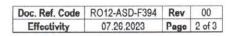
		Water transcription and the second	
Checked	and	Attested	DV:
		11000000	-,

Human Resource Management Officer



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph Website: depedroxii.org





Department of Education

SOCCSKSARGEN REGION

OMNIBUS SWORN STATEMENT

CERTIFICATION OF AUTHENTICITY AND VERACITY

I hereby certify that all information above are true and correct, and of my personal knowledge and belief, and the documents submitted herewith are original and/or certified true copies thereof.

DATA PRIVACY CONSENT

I hereby grant the Department of Education the right to collect and process my personal information as stated above, for purposes relevant to the recruitment, selection, and placement of personnel of the Department and for purposes of compliance with the laws, rules, and regulations being implemented by the Civil Service Commission.

	Name and Signature of Applicant
Subscribed and sworn to before me thisday of	year
	Person Administering Oath
ENTRY NO PAGE NO BOOK NO	

In consonance with Republic Act No. 8792 or the "Electronic Commerce Act of 2000", (e) lectronic documents shall have the legal effect, validity or enforceability as any other document or legal writing and a) (w) here the law requires a document to be in writing, that requirement is met by an electronic document if the said electronic document maintains its integrity and reliability and can be authenticated so as to be usable for subsequent reference.



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 Email Address: region12@deped.gov.ph

Doc. Ref. Code	RO12-ASD-F394	Rev	00
Effectivity	07.26.2023	Page	3 of 3



Department of Education

SOCCSKSARGEN REGION

Annex E

CHECKLIST OF DOCUMENTARY REQUIREMENTS FOR SPECIAL SCIENCE TEACHER I, II, III & IV

Name of Applicant:Position Applied For:	
Division Office Name:	
Contact Number:	
Religion:	
Ethnicity:	
Gender:	
Person with Disability: Yes () No ()	
Solo Parent: Yes () No ()	

NO.	LABEL	OF DOCUMENTARY REQUIREMENTS	Status	Verification (To be filled-out by the HRMO/HR Office /sub-committee)	
NO.	TABBING		of Submission	Status of Submission (Check if complied)	Remarks
1		Checklist of Requirements and Omnibus Sworn Statement on the Certification on the Authenticity and Veracity (CAV) of the documents submitted and Data Privacy attached form of School Records (Annex C), notarized by authorized official (Division HRMO) (1 Original Copy)			
2	A	Letter of Intent addressed to the Head of Office (1 Original Copy)			
3	В	Four (4) copies of duly accomplished ERF (computer generated and notarized) (4 Original Copies)			
4	С	Duly accomplished PDS (CS Form 212, Revised 2017) with Work Experience sheet (1 Original Copy)			
5	D	Photocopy of valid and updated (not expired and not nearly expiring) PRC License/ID (1 Front and Back Photocopy)			
6	E	Diploma of Masteral or Doctoral Degree Acquired if applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
7	F	Special Order if Applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
8	G	Transcript of Record (TOR) of Masteral or Doctoral Degree/Units Acquired (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
9	Н	Certification as Completed Academic Requirements (CAR) for Masteral and Doctoral Degree if Applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
10	I	Certification, Authentication, and Verification (CAV) (1 Original Copy or 1 Certified as True Copy from the original by the School (SUC attended or CHED))			
11	J	Photocopy of updated and duly signed Service Record (1 Approved Original Copy)			
12	К	Photocopy of latest appointment (1 Photocopy)			
13	L	Photocopy of Performance Rating in the last rating period(s) covering one-year performance in the current/latest position prior to the deadline of submission (1 Photocopy each)			
14	М	Copy of Approved Study Leave/Permit to Study per Semestral Basis or Scholarship (If applicable) (1 Original Copy)			
15	N	Latest Approved Teaching Load (Noted by the School Head and approved by SDS) (1 Original Copy)			
16	0	Photocopy of Certificate(s) of Training / Recognition related to Special Science(1 Photocopy each)			

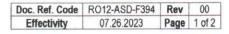
Checked and A	ttested by:
Human Resource	Management Officer



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph Website: depedroxii.org







Department of Education

SOCCSKSARGEN REGION

OMNIBUS SWORN STATEMENT

CERTIFICATION OF AUTHENTICITY AND VERACITY

I hereby certify that all information above are true and correct, and of my personal knowledge and belief, and the documents submitted herewith are original and/or certified true copies thereof.

DATA PRIVACY CONSENT

I hereby grant the Department of Education the right to collect and process my personal information as stated above, for purposes relevant to the recruitment, selection, and placement of personnel of the Department and for purposes of compliance with the laws, rules, and regulations being implemented by the Civil Service Commission.

	Name and Signature of Applicant
ubscribed and sworn to before me thisday of, year_	
day of, year_	
	Person Administering Oath
ENTRY NO	
PAGE NO	

In consonance with Republic Act No. 8792 or the "Electronic Commerce Act of 2000", (e) lectronic documents shall have the legal effect, validity or enforceability as any other document or legal writing and a) (w) here the law requires a document to be in writing, that requirement is met by an electronic document if the said electronic document maintains its integrity and reliability and can be authenticated so as to be usable for subsequent reference.



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 Email Address: region12@deped.gov.ph

Doc. Ref. Code	RO12-ASD-F394	Rev	00	
Effectivity	07.26.2023	Page	2 of 2	



Republic of the Philippines Department of Education

SOCCSKSARGEN REGION

Annex E

CHECKLIST OF DOCUMENTARY REQUIREMENTS FOR SCHOOL HEAD POSITION (Head Teacher I, II, III & IV and Principal I, II, III & IV)

(22000 2000000 2,,	
Name of Applicant:	Document Tracking System (DTS):
Position Applied For:	2004
Division Office Name:	
Contact Number:	
Religion:	
Ethnicity:	
Gender:	
Person with Disability: Yes () No ()	
Solo Parent: Yes () No ()	

NO.	LABEL OF TABBING	OF DOCUMENTARY REQUIREMENTS	Status of Submission	Verification (To be filled-out by the HRMO/HR Office /sub-committee)	
				Status of Submission (Check if complied)	Remarks
1		Checklist of Requirements and Omnibus Sworn Statement on the Certification on the Authenticity and Veracity (CAV) of the documents submitted and Data Privacy attached form of School Records (Annex C), notarized by authorized official (Division HRMO) (1 Original Copy)			
2	A	Letter of Intent addressed to the Head of Office (1 Original Copy)			
3	В	Four (4) copies of duly accomplished ERF (computer generated and notarized) (4 Original Copies)			
4	С	Duly accomplished PDS (CS Form 212, Revised 2017) with Work Experience sheet (1 Original Copy)			
5	D	Photocopy of updated and duly signed Service Record (1 Approved Original Copy)			
6	E	Diploma of Masteral or Doctoral Degree Acquired if applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
7	F	Special Order if Applicable(1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
8	G	Transcript of Record (TOR) of Masteral or Doctoral Degree/Units Acquired (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
9	Н	Certification as Completed Academic Requirements (CAR) for Masteral and Doctoral Degree if Applicable (1 Original Copy or 1 Certified as True Copy from the original by the School (HEI, LUC or SUC attended))			
10	I	Certification, Authentication, and Verification (CAV) (1 Original Copy or 1 Certified as True Copy from the original by the School (SUC attended or CHED))			
11	J	Photocopy of Certificate(s) of Training (1 Photocopy Each)			
12	К	Other Documents as may be required by the HRMPSB for comparative assessment, including but not limited to (means of verification): a. Outstanding Accomplishments, Application of Education and Application of Learning and Development reckoned from the date of			
13	K.1	last issuance of appointment K.1 Outstanding Employee Award (Attach any issuance, memorandum, or document showing Criteria for the search; and Certificate of Recognition/Merit) (1 Photocopy Each)			
14	K.2	K.2 Awards as Trainer/Coach (Attach any issuance or memorandum designating the applicant as trainer/coach; and Certificate of Recognition/Appreciation as Trainer/Coach of a Winning Contest/Event/Activity (1 Photocopy Each)			
15	K.3	K.3 Research and Innovation (Attach Proposal duly approved by the Head of Office or the designated Research Committee per DO No. 16, S. 2017; Accomplishment Report verified by the Head of Office; Certification of Utilization of the innovation or research by another school/office duly signed by the Head of Office and Proof of Citation by other researchers (whose study/research whether published or unpublished is likewise approved by authorize body) or concept/s developed in the research) (1 Photocopy Each)			
16	K.4	K.4 Subject Matter Expert (Attach Issuance/Memorandum showing the membership in NTWG or Committees; Certificate of Participation or Attendance; and Output/Adoption by the Organization/DepEd (1 Photocopy Each)			



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph
Website: depedroxii.org

 Doc. Ref. Code
 RO12-ASD-F394
 Rev
 00

 Effectivity
 07.26.2023
 Page
 1 of 3





Department of Education

SOCCSKSARGEN REGION

17	K.5	K.5 Resource Speakership/Learning Facilitation (Attach Issuance / Memorandum /Invitation/Training Matrix; Certificate of Recognition/Merit/Commendation/ Appreciation; and Slide deck/s use and and/or Session guide/s) (1 Photocopy Each)	
18	K.6	K.6 Resource Speakership/Learning Facilitation (Attach Issuance / Memorandum /Invitation/Training Matrix; Certificate of Recognition/Merit/Commendation/ Appreciation; and Slide deck/s use and and/or Session guide/s) (1 Photocopy Each)	
19	K.7	K.7 NEAP Accredited Learning Faiclitator (Attach Certificate of Recognition as Learning Facilitator issued by NEAP Regional Office and Certificate of Recognition as Learning Facilitator issued by NEAP Central office (1 Photocopy Each)	
20	L	Photocopy of the Performance Rating obtained from the relevant work experience, if Performance Rating is not relevant to the position to be filled (1 Photocopy Each)	
21	М	Photocopy of updated and duly signed Service Record (1 Approved Original Copy)	
22	N	Photocopy of latest appointment (1 Photocopy)	
23	0	Performance Rating Sheet for the last 3 Consecutive Years (1 Photocopy)	
24	P	Actual Duties and Responsibilities (1 Original Copy)	
25	Q	NEAP Certification as to the result of NQESH / Principal's test or a similar standardized examination nationally administered by DepEd • For HT positions (if any) • For higher school principal positions – NQESH/Principal's test or similar standardized examination nationally administered by DepEd or a result from the written examination developed by the HRMPSB (1 Photocopy)	
26	R	Certificate of Completion / Participation / Attendance to DepEd/NEAP-recognized and other relevant educational leadership trainings aligned to the PPSSH domains (1 Photocopy)	
27	S	SBM Task Force's Certification as to the Rating Obtained In The Internal External, If Applicable (1 Photocopy)	
28	Т	School Form 7 – School Personnel Assignment List of Basic Profile (1 Original Copy)	
29	U	List Of Teachers Under His/Her Supervision With Item Number Duly Certified By The Schools Division Superintendent (1 Original Copy)	

Checked and Attested by:

Human Resource Management Officer



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 Email Address: region12@deped.gov.ph







Department of Education

SOCCSKSARGEN REGION

OMNIBUS SWORN STATEMENT

CERTIFICATION OF AUTHENTICITY AND VERACITY

I hereby certify that all information above are true and correct, and of my personal knowledge and belief, and the documents submitted herewith are original and/or certified true copies thereof.

DATA PRIVACY CONSENT

I hereby grant the Department of Education the right to collect and process my personal information as stated above, for purposes relevant to the recruitment, selection, and placement of personnel of the Department and for purposes of compliance with the laws, rules, and regulations being implemented by the Civil Service Commission.

	Name and Signature of Applicant
Subscribed and sworn to before me thisday of, year	
	Person Administering Oath
ENTRY NO PAGE NO BOOK NO SERIES OF	

In consonance with Republic Act No. 8792 or the "Electronic Commerce Act of 2000", (e) lectronic documents shall have the legal effect, validity or enforceability as any other document or legal writing and a) (w) here the law requires a document to be in writing, that requirement is met by an electronic document if the said electronic document maintains its integrity and reliability and can be authenticated so as to be usable for subsequent reference.



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 Email Address: region12@deped.gov.ph

Doc. Ref. Code	RO12-ASD-F394	Rev	00
Effectivity	07.26.2023	Page	3 of 3



Department of Education

SOCCSKSARGEN REGION

Division of South Cotabato EQUIVALENT RECORD FORM (ERF)

School:	District:

Name: Date of Birth: Gender: (Surname) (Given) (Middle)

Employee No. Authorized Position Title:

Item No. Authorized Salary: Present SG rcvd: Step:

I. EDUCATIONAL ATTAINMENT AND CIVIL SERVICE ELIGIBILITY:

Titles, Degree Highest Grade Attained	Name of Institution	Year Received	Civil Service Examination	Rating	Date

SCHOOL YEAR

II. SERVICE RECORDS

(ATTACH DULY CERTIFIED SERVICE RECORD)

NO OF UNITS

III. EQUIVALENT UNITS

A. Total number of years teaching: (Public only)B. Degree to Degree Equivalent: Present Degree

Equivalent: 0.00

DESCRIPTION

Equivalent:

C. Areas of Equivalents:

Professional Study:
 Teaching Experiences:

a. Public Schools

b. Private Schools

3. Adm. Supervisory Experience:

a. Public Schools

b. Private Schools

4. Others (Seminars, Workshops, etc.)

0.0	

LATEST EFFICIENCY RATING: Numerical: Adjectival:

TOTAL

_

(NAME AND SIGNATURE OF SCHOOL HEAD)

Teacher's Name and Signature

POSITION/DESIGNATION

Note: TEACHERS - Do not write below.

IV. DIVISION ACTION

Classification	Date Processed	Range Assignment	Salary Range	Scheduled Salary	Remarks
					NBCS

CERTIFIED CORRECT:

RECOMMENDING APPROVAL:

Conforme:

JASMIN P. ISLA

LEONARDO M. BALALA

Assistant Schools Division Superintendent/HRMPSB Chairman

Schools Division Superintendent

V. DepEd-REGIONAL OFFICE ACTION:

EVALUATED BY:

LEONARDO B. MISSION

NATHANIEL F. BANGOC II

JOVEL S. HUNAS

Education Program Supervisor-Chairman Education Program Supervisor-Member

Teacher Credentials Evaluator II

CERTIFIED CORRECT:

APPROVED:

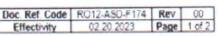
JOSEPH RUSSEL M. FARNAZO

Supervising Administrative Officer OIC-CAO KATHRINE H. LOTILLA
Chief Administrative Officer
OIC-ARD

PLEASE FILL-UP AT THE BACK

Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 **Email Address**: region12@deped.gov.ph







Department of Education

SOCCSKSARGEN REGION

VI. DepEd PROPER ACTION

I hereby certify that under oath that I have actually enrolled in the school or schools in the accompanying transcript of records that I have earned the units and/or graduated as indicated therein.

As required, the Bureau of Public Schools or the Department of Education has been furnished with

authentic of the Sworn Statement and its enclosures.			
		O (Teacher's Printed Nar	ne and Signature)
SUBSCRIBED AND SWORN to before me this _	day of	,20	affiant
exhibiting his/her Residence Certificate Noon	at _		
		Signature of Person A	dministering Oath
D. W.			
Doc No.: Page No.: Book No.: Series of: DO/Page:			



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 **Email Address**: region12@deped.gov.ph





Department of Education

SOCCSKSARGEN REGION

Division of South Cotabato EQUIVALENT RECORD FORM (ERF)

School:

District:

Name:

(Surname) (Given) Date of Birth:

Gender:

Employee No.

(Middle)

Authorized Position Title:

Step:

DESCRIPTION

Item No.

Authorized Salary:

Present SG rcvd:

NO OF UNITS

0.0

I. EDUCATIONAL ATTAINMENT AND CIVIL SERVICE ELIGIBILITY:

Titles, Degree Highest Grade Attained	Name of Institution	Year Received	Civil Service Examination	Rating	Date

SCHOOL YEAR

II. SERVICE RECORDS

(ATTACH DULY CERTIFIED SERVICE RECORD)

III. EQUIVALENT UNITS

A. Total number of years teaching: (Public only)

Equivalent: Equivalent: 0.00

B. Degree to Degree Equivalent: Present Degree

C. Areas of Equivalents:

- 1. Professional Study:
- 2. Teaching Experiences:
 - a. Public Schools
 - b. Private Schools
- 3. Adm. Supervisory Experience:
 - a. Public Schools
 - b. Private Schools
- 4. Others (Seminars, Workshops, etc.)

TOTAL

LATEST EFFICIENCY RATING:

Numerical: Adjectival:

Conforme:

Teacher's Name and Signature

(NAME AND SIGNATURE OF SCHOOL HEAD)

POSITION/DESIGNATION

Note: TEACHERS - Do not write below.

IV. DIVISION ACTION

Classification	Date Processed	Range Assignment	Salary Range	Scheduled Salary	Remarks
					NBCS

CERTIFIED CORRECT:

RECOMMENDING APPROVAL:

JASMIN P. ISLA

LEONARDO M. BALALA

Assistant Schools Division Superintendent/HRMPSB Chairman

Schools Division Superintendent

V. DepEd-REGIONAL OFFICE ACTION:

EVALUATED BY:

LEONARDO B. MISSION

NATHANIEL F. BANGOC II

JOVEL S. HUNAS

Education Program Supervisor-Chairman

Education Program Supervisor-Member

Teacher Credentials Evaluator II

CERTIFIED CORRECT:

APPROVED:

KATHRINE H. LOTILLA

Chief Administrative Officer OIC-ARD

CARLITO D. ROCAFORT

Director IV

PLEASE FILL-UP AT THE BACK



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph

Website: depedroxii.org

Effectivity 02 20 2023 | Page 1 of 2

Doc. Ref. Code RO12-ASD-F174 Rev



SOCCSKSARGEN REGION

VI. DepEd PROPER ACTION

I hereby certify that under oath that I have actually enrolled in the school or schools in the accompanying transcript of records that I have earned the units and/or graduated as indicated therein.

As required, the Bureau of Public Schools or the Department of Education has been furnished with authentic of the Sworn Statement and its enclosures.

		O (Teacher's Printed Nar	ne and Signature)	
exhibiting h	SSCRIBED AND SWORN to before me this nis/her Residence Certificate No	day of at _	,20	affiant
		,	Signature of Person A	dministering Oath
Doc No.: Page No.: Book No.: Series of: DO/Page:				



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 Email Address: region12@deped.gov.ph



Doc. Ref. Code	RO12-ASD-F174	Rev	00
Effectivity	02 20 2023	Page	2 of 2



Department of Education

SOCCSKSARGEN REGION

Division of South Cotabato EQUIVALENT RECORD FORM (ERF)

~					
Sc	h	^	~		
DC	11	v	v.	1.	

District:

Name:

(Surname)

(Middle)

Gender:

Employee No.

(Given)

Name of Institution

Authorized Position Title: Present SG rcvd:

Date of Birth:

NO OF UNITS

Step:

DESCRIPTION

0.00

Item No.

Authorized Salary:

I. EDUCATIONAL ATTAINMENT AND CIVIL SERVICE ELIGIBILITY:

Year Received	Examination	Rating	Date	
			TRACED!	
(ATT	ACH DULY CERTI	FIED SERVICE I	RECORD)	

Equivalent:

Equivalent:

II. SERVICE RECORDS

Titles, Degree **Highest Grade**

Attained

III. EQUIVALENT UNITS

A. Total number of years teaching: (Public only)

B. Degree to Degree Equivalent: Present Degree

C. Areas of Equivalents:

- 1. Professional Study:
- 2. Teaching Experiences:
 - a. Public Schools
 - b. Private Schools
- 3. Adm. Supervisory Experience:
 - a. Public Schools
 - b. Private Schools
- 4. Others (Seminars, Workshops, etc.)

TOTAL

Numerical: Adjectival:

LATEST EFFICIENCY RATING:

0.0

Conforme:

Teacher's Name and Signature Assistant Schools Division Superintedent

SCHOOL YEAR

Note: TEACHERS - Do not write below. IV. DIVISION ACTION

Classification	Date Processed	Range Assignment	Salary Range	Scheduled Salary	Remarks
					NBCS

CERTIFIED CORRECT:

RECOMMENDING APPROVAL:

JASMIN P. ISLA

Assistant Schools Division Superintendent/HRMPSB Chairman

LEONARDO M. BALALA

JASMIN P. ISLA

Schools Division Superintendent

V. DepEd-REGIONAL OFFICE ACTION:

EVALUATED BY:

LEONARDO B. MISSION

NATHANIEL F. BANGOC II

JOVEL S. HUNAS

Education Program Supervisor-Chairman

Education Program Supervisor-Member

Teacher Credentials Evaluator II

CERTIFIED CORRECT:

APPROVED:

KATHRINE H. LOTILLA

Chief Administrative Officer OIC-ARD

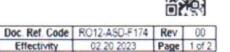
CARLITO D. ROCAFORT

Director IV

PLEASE FILL-UP AT THE BACK

Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal Telephone Nos.: (083) 2288825/ (083) 2281893

Email Address: region12@deped.gov.ph





SOCCSKSARGEN REGION

VI. DepEd PROPER ACTION

I hereby certify that under oath that I have actually enrolled in the school or schools in the accompanying transcript of records that I have earned the units and/or graduated as indicated therein.

As required, the Bureau of Public Schools or the Department of Education has been furnished with authentic of the Swarn Statement and its enclosures

authence of the Sworn Statement and its enclosures.	
	O (Teacher's Printed Name and Signature)
SUBSCRIBED AND SWORN to before me thisday of exhibiting his/her Residence Certificate Noon	
	Signature of Person Administering Oath
Doc No.: Page No.: Book No.: Series of: DO/Page:	



Address: Regional Center, Brgy. Carpenter Hill, City of Koronadal

Telephone Nos.: (083) 2288825/ (083) 2281893 Email Address: region12@deped.gov.ph

