



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VIII
SCHOOLS DIVISION OFFICE OF CATBALOGAN CITY



October 18, 2018

DIVISION MEMORANDUM:

No. 373, s. 2018

**TO: All Division Office Personnel
Field Public School District Supervisors
Elementary/Secondary School Heads
Teachers and Non-Teaching Personnel**

**REVISED COMPOSITION OF DIVISION PROVIDENT FUND SECRETARIAT
AND ADOPTION OF THE PROVIDENT FUND APPLICATION FORM**

Pursuant to **DepEd Order No. 37, s. 2018**, *RE: Revised Implementing Guidelines for the DepEd Provident Fund*, enclosed hereto is the Revised Provident Fund Application Form and its corresponding accountable signatories to ensure proper coordination and implementation. Further, hereunder is the revised composition of the Division Provident Fund Secretariat, to wit:

Chairman: Carmelino P. Bernadas, Ph.D., CESO VI
OIC-Schools Division Superintendent

Vice-Chairman: Michael G. Cabañero
Administrative Officer V

Members: Rhea P. Mardoquio
Attorney III

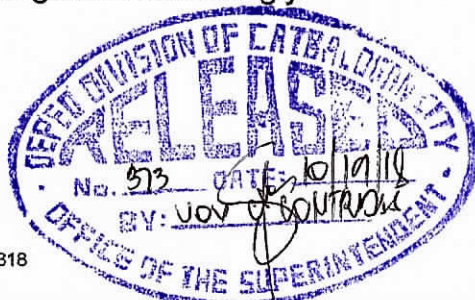
Jessie Rose B. Cabañero
Accountant III


Aries C. Comeque
Administrative Officer IV

Majesty N. Labro
Administrative Assistant III

Franzlilac R. Montejo
Administrative Aide VI

Please be guided accordingly.




DR. CARMELINO P. BERNADAS, CESO VI
Schools Division Superintendent

OSDS/AS1/MGC/fmm/101818



BUNGKARAS - Building New Generation Knowledge and Attitudes by Raising Advanced and Innovative School Leaders
"Liderato nga maabik DepEd nga makail" (Empowered and Innovative leadership results to dynamic DepEd)

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Catbalogan City
Telefax: (005) 251-3196 (055) 530 0175



**Republic of the Philippines
Department of Education
Provident Fund**

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

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. _____
DepEd E-mail address: _____	
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.

Signature of Borrower
over Printed Name

Date

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 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: (Two copies of each)

- | | |
|--|---|
| <input type="checkbox"/> Loan Application Form (LAF)
<input type="checkbox"/> Authorization to Deduct
<input type="checkbox"/> Latest copy of pay slip
<input type="checkbox"/> Photocopy of DepEd ID
<input type="checkbox"/> Approved Appointment (for <i>FIRST TIME borrowers and Co-terminus employees only</i>)
<input type="checkbox"/> Document showing proof that the co-terminus employee has rendered at least 2 years service in DepEd, e.g. Notarized Contract of Service
<input type="checkbox"/> Others (specify): _____
_____ | <input type="checkbox"/> Additional documents for Additional Loan:
<input type="checkbox"/> Letter request
<input type="checkbox"/> Hospitalization/Medical Expenses
<input type="checkbox"/> Medical Abstract/Certificate/Prescription/Diagnosis
<input type="checkbox"/> Barangay/LGU certificate/resolution declaring the borrower's place under State of Calamity |
|--|---|
- | | |
|--------------------|-------------|
| Reviewed by: _____ | Date: _____ |
|--------------------|-------------|

B. Completeness and Veracity of Submitted Documents:

- | | | | |
|--|---|--------------------|-------------|
| <input type="checkbox"/> Signed and completely filled out LAF
<input type="checkbox"/> Complete supporting documents for type of loan applied for
<input type="checkbox"/> Signatures on LAF are by authorized signatories | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:60%">Reviewed by: _____</td> <td style="width:40%">Date: _____</td> </tr> </table> | Reviewed by: _____ | Date: _____ |
| Reviewed by: _____ | Date: _____ | | |

C. Eligibility of the Borrower and Co-Maker

- | | | | | | | | | | | | | |
|--|--|---|---------------|----------------|---|-------------|-------|--|--|---|---------------|----------------|
| <input type="checkbox"/> Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan. | <table border="1" style="width:100%; height: 15px;"> <tr> <td>Age: _____</td> </tr> </table> | Age: _____ | | | | | | | | | | |
| Age: _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Co-Maker will not reach the mandatory age retirement on or before the maturity of his/her loan. | <table border="1" style="width:100%; height: 15px;"> <tr> <td>Age: _____</td> </tr> </table> | Age: _____ | | | | | | | | | | |
| Age: _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Borrower has Outstanding PF Loan Balance: | | | | | | | | | | | | |
| <table border="0" style="width:100%"> <tr> <td style="width:20%"><input type="checkbox"/> Current Loan Balance</td> <td style="width:10%">Amount: PhP</td> <td style="width:70%">_____</td> </tr> <tr> <td><input type="checkbox"/> Past-Due Loans</td> <td>Amount: PhP</td> <td>_____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> No. of Years/Months Past-Due:</td> <td> <table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:30%">Year/s: _____</td> <td style="width:70%">Month/s: _____</td> </tr> </table> </td> </tr> </table> | | <input type="checkbox"/> Current Loan Balance | Amount: PhP | _____ | <input type="checkbox"/> Past-Due Loans | Amount: PhP | _____ | <input type="checkbox"/> No. of Years/Months Past-Due: | | <table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:30%">Year/s: _____</td> <td style="width:70%">Month/s: _____</td> </tr> </table> | Year/s: _____ | Month/s: _____ |
| <input type="checkbox"/> Current Loan Balance | Amount: PhP | _____ | | | | | | | | | | |
| <input type="checkbox"/> Past-Due Loans | Amount: PhP | _____ | | | | | | | | | | |
| <input type="checkbox"/> No. of Years/Months Past-Due: | | <table border="1" style="width:100%; height: 15px;"> <tr> <td style="width:30%">Year/s: _____</td> <td style="width:70%">Month/s: _____</td> </tr> </table> | Year/s: _____ | Month/s: _____ | | | | | | | | |
| Year/s: _____ | Month/s: _____ | | | | | | | | | | | |
| <input type="checkbox"/> 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. | | | | | | | | | | | | |
| <input type="checkbox"/> For renewal of loans: Borrower has paid at least 30% of the principal of the existing loan.
Percentage of principal paid: _____ % | | | | | | | | | | | | |
- | | |
|--------------------|-------------|
| Verified by: _____ | Date: _____ |
|--------------------|-------------|

D. Computation of Loan:

Principal Amount of Loan	PhP _____	Net Take Home Pay after Deduction	PhP _____
Less: Outstanding Balance of Loan to be Renewed		Monthly Amortization	PhP _____
Principal	PhP _____	Period of Loan (mm/yy - mm/yy)	_____
Interest	_____		
Net Proceeds	PhP _____	Date Processed:	_____

Processed by: _____
 Signature over Printed Name
 (PF Secretariat)

Remarks:

Reviewed by: _____
 Signature over Printed Name
 (Head, PF Secretariat)

ACTION TAKEN:

Recommending Approval:

- Approved
 Disapproved

 Head, PF Secretariat
 Signature over Printed Name
 Date: _____

 Chairperson of the Board
 Signature over Printed Name
 Date: _____



Authorization for Salary Deduction

Personnel Division
DepED , Meralco Ave., Pasig City

I hereby authorize the deduction of _____ PESOS
(P _____) from my salary for _____ months, starting in _____, 20__ to
_____, 20__ or until my total outstanding loan of _____ PESOS
(P _____) has been fully paid. Amount deducted shall be credited to the account of the DepED Provident Fund as
receivables on the said loans.

Employee No. _____ Status: _____ Designation: _____
Division: _____ Code: _____ Service: _____

Signature over Printer Name