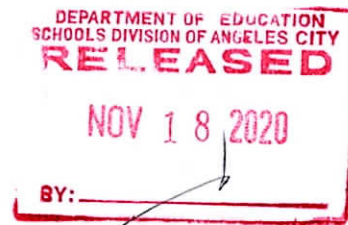




Republic of the Philippines  
**Department of Education**  
Region III  
**SCHOOLS DIVISION OF ANGELES CITY**



November 18, 2020

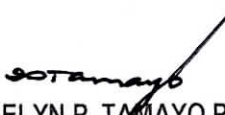
**DIVISION MEMORANDUM**

No. 292 s. 2020

**VALIDATION OF THE 2019 NATIONAL ROASTER OF NON-ACADEMIC RANK-AND-FILE  
EMPLOYEES IN THE DEPED**

To: Assistant Schools Division Superintendent  
Chief, Curriculum Implementation Division  
Chief, School Governance Operations Division  
Heads of All Public Elementary and Secondary Schools

1. Pursuant to the Unnumbered NEU Memorandum dated November 10, 2020 and in connection with the request for the grant of the 2019 CNA Incentive, the Division of Angeles City needs to submit an updated and validated Division Roaster of Non-Academic Rank-And File Employees to the DepEd NEU on **November 25, 2020**.
2. In this regard, rank-and file employees in the Division Office and schools are required to update their membership by accomplishing the attached DepEd NEU Form No. 1/5-01(Membership Form) and Authorization To Deduct Form and completely answering the Google Form using this link: [https://docs.google.com/forms/d/e/1FAIpQLSd9wkMmAeZTsGHjcA-YF9B1LMY\\_35AXKKuC-xYeZ7Rq-66Pg/viewform](https://docs.google.com/forms/d/e/1FAIpQLSd9wkMmAeZTsGHjcA-YF9B1LMY_35AXKKuC-xYeZ7Rq-66Pg/viewform).
3. Attached are the DepEd NEU Form No. 1/5-01(Membership Form) and Authorization To Deduct Form.
4. Immediate dissemination and compliance with the contents of this Memorandum is earnestly desired.

  
**MA. IRELYN P. TAMAYO PhD, CESE**  
Assistant Schools Division Superintendent  
Officer-in-Charge  
Office of the Schools Division Superintendent

agg/seps/hrd



Address: Jesus Street, Pulungbulu, Angeles City  
Telephone No. (045) 322-4101





Department of Education  
**NATIONAL EMPLOYEES' UNION**  
(DepEdNEU)

3/F Dormitory E Bldg., DepED Complex, Meralco Ave., Pasig City  
Website: [depedneu.wordpress.com](http://depedneu.wordpress.com) / eMail: [depedneu@gmail.com](mailto:depedneu@gmail.com)  
Direct Line: Telefax: (02) 636-3549  
DOLE-CSC REG. NO. 1737  
CSC ACCREDITATION NO. 862  
CNA Registration No. 162



**APPLICATION FOR MEMBERSHIP**

I, \_\_\_\_\_ wishes to apply for membership with the  
(Last Name ) (First Name) (MI)

DepEd-NEU. I understand that, as a union member, I will abide by its Constitution and By Laws, and all the lawful orders, policies and program set by the UNION or, by its authorized representatives.

Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Home/City Address: \_\_\_\_\_  
Residence Tel. No. \_\_\_\_\_ Cellphone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Region: \_\_\_\_\_ Division/School Address: \_\_\_\_\_  
Office Tel. No.: \_\_\_\_\_ Email Address: \_\_\_\_\_ Designation: \_\_\_\_\_  
Employment Status: \_\_\_\_\_ Yrs. in Service: \_\_\_\_\_ Date of Filing: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Office/Address: \_\_\_\_\_

Name of Dependent/Children	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please notify (in case of emergency):  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Cellphone No.: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Applicant's Employee Number: \_\_\_\_\_

Submitted by: \_\_\_\_\_

**Application Approved by:**  
\_\_\_\_\_  
(Signature Over Printed Name)

*(for internal office use only)*  
Application received by/Date: \_\_\_\_\_  
Application Form Control No.: \_\_\_\_\_  
Assigned Identification Card No. \_\_\_\_\_

DepEd NEU Treasurer Control  
Control No.: \_\_\_\_\_  
OR No. : \_\_\_\_\_  
Payment Date: \_\_\_\_\_



**Department of Education  
NATIONAL EMPLOYEES' UNION  
(DepEdNEU)**

3/F Dormitory E Bldg., DepED Complex, Meralco Ave., Pasig City  
Website: [depedneu.wordpress.com](http://depedneu.wordpress.com) / eMail: [depedneu@gmail.com](mailto:depedneu@gmail.com)

Direct Line: Telefax: (02) 636-3549

DOLE-CSC REG. NO. 1737

CSC ACCREDITATION NO. 862

CAN Registration No. 162



**AUTHORIZATION TO DEDUCT**

To: Payroll Services Unit/Cash Division  
Department of Education  
Regional/Division Office No.  
Address: \_\_\_\_\_

Note to the Applicant:  
*Please sign this **AUTHORIZATION**  
on the space provided below to avoid delay  
in processing of your application.*

I hereby authorize the Department of Education, Payroll Service Unit/Cash Division/School to immediately facilitate deduction from my monthly salary the amount of **ONE HUNDRED FIFTY PESOS** (Php 150.00) through **APDS CODE No. 2039**, representing payment of my union dues amounting to one hundred pesos (Php 100.00) and mutual aid contribution in the amount of fifty pesos (Php 50.00).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Division No.) (Station No.) (Employees No.)

\_\_\_\_\_  
(Applicant's Signature Over Printed Name)