Republic of the Philippines **DEPARTMENT OF EDUCATION REGION III-CENTRAL LUZON**

Schools Division of Angeles City

**EQUIVALENT RECORD FORM**

(Submit in Four Copies)

Name:

(Surname) (Given) (M.I.)

Date of Birth: Gender:

Employee No.: Item No.:

**I. Educational Attainment**

SG:

Authorized Position Title: Authorized Annual Salary:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Master’s Degree *(write in full with specialization)*** | **Completed/ Units Earned*****(if not completed)*** | **Name of School** | **Year Completed** | **Equivalent** |
|  |  |  |  |  |
|  |  |  |  |  |

**II. Years of Teaching Experience**: Private:

Public:

 **III. Trainings Attended**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Inclusive****Dates** | **Number of****Hours** | **Sponsoring Agency** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**IV. For Head Teacher Positions and Other Related Teaching Positions**

Years of Experience in Present Position:

**V. Latest Performance Rating:**

 **(Teacher’s Signature)**

 **VI. Schools Division Action *(For Schools Division Evaluator Only)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Classification** | **Date****Processed** | **Range****Assignment** | **Salary Grade** | **Salary****Schedule** | **REMARKS** |
|  |  |  |  |  |  |

**Certified Correct: Recommending Approval:**

  **MARIA CRISTINA S. SARMIENTO MA. IRELYN P. TAMAYO PhD, CESO V**

**AO IV- Personnel Schools Division Superintendent**

 **Schools Division Evaluator**

 **VII. DepEd Regional Office Action**

**Classification: Date Processed:**

**Post Audited Assignment: Salary Grade:**

**Salary Schedule:**

**Remarks:**

**Approved:**

**Evaluator**