



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
CITY OF NAGA, CEBU

NAME : _____
POSITION : _____
DIVISION : _____

CHECKLIST FOR EQUIVALENT RECORD FORM for HEAD TEACHER II

- _____ Endorsement from SDS
- _____ Duly Accomplished ERF (5 Copies)

- _____ At least one (1) year as Head Teacher I, with at least 24 MA Units in the fields of Administration, Supervision, Leadership or Management
- _____ Original copy of Certification from School Registrar for MA Units/CAR
- _____ TOR with Certification, Authentication and Verification (CAV) from CHED (original copy)
- _____ Updated Service Record – (1 Original copy)
- _____ Latest Payslip or Payroll – (1 certified true copy)
- _____ Civil Service Form 212, Revised 2017 (Personal Data Sheet) – (3 original copies)
- _____ Division Rank List signed by the SDS (Certified True Copy)
- _____ Division HRMPSB Certification on the points obtained in the Psychological Attributes and Personality Traits assessment
- _____ Performance Rating (IPCRF) for at least 3 years
(Certified photocopy signed by the Administrative Officer – 1 copy per rating)
- _____ Certificates or Training, Seminars, Workshop, Awards for the last three years **NOT** credited to the previous promotion (certified true copy)
- _____ Certification of 125 hours of training/seminar by the Administrative Officer V
- _____ DREAT/SF7 by District (for ELEMENTARY);
SREAT/SF7 by School (for SECONDARY)
- _____ SBM Task Force Certification as to the rating obtained in the internal and external stakeholder’s assessment
- _____ NEAP Certification on the Basic Training Course for School Heads attended
- _____ Certification that the incumbent of the position to be reclassification is qualified to occupy the new position signed by the SDS
- _____ School Organizational Chart with Plantilla Item Number
- _____ List of teachers supervised and Plantilla item numbers and their respective Class Programs – minimum of 7 teachers
- _____ Latest Approved Appointment – (1 certified true copy)
- _____ Latest Plantilla (PSIPOP) – (1 certified true copy)
- _____ School Form 4 (SF4) Monthly Learners’ Movement and Attendance in the present school
- _____ Sworn Statement that ALL Documents submitted is true and correct with documentary stamp – (1 original copy)

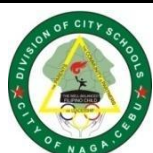
Evaluated by:

CASEY MARIE A. ALFORNON
Administrative Assistant III
(Records & HR Office)

Reviewed by:

REEMAN CLYDE N. MAÑACAP
Administrative Officer IV – HRMO II

Reference: *DepEd Order No. 97, s. 2011*



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