

ACTION SLIP



DETxt ACTION CENTER

Department of Education - Caraga Office

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▶ FAX Transmittal

For: Dr. Ellen B. Donato

Office: DepEd CAR

Fax: (074) 422-4074

Date: May 22, 2013

Re: Request for Action

No. of Page/s: 2 (including this page)

- | | |
|--|---|
| <input type="checkbox"/> Urgent | <input checked="" type="checkbox"/> Information |
| <input type="checkbox"/> For Review | <input type="checkbox"/> Follow-up |
| <input type="checkbox"/> Please Comment | <input type="checkbox"/> Verification |
| <input type="checkbox"/> Please Reply | <input type="checkbox"/> Please Handle |
| <input type="checkbox"/> Appropriate Action Pls. | <input type="checkbox"/> Other matters |


Note:

Attached is the Standard Form to be used in the Oplan Balik Eskwela (OBE) 2013.

Kindly update your local information and Action Center (IAC) in the regional and division level re this matter.

For your information and guidance.


Thank you.

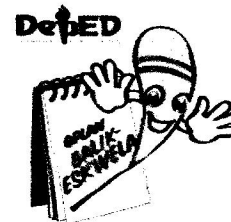

Demli L. Manuel
Director III
Office of the Assistant
Secretary & Chief of Staff

Department of Education-CAR
Wangal, La Trinidad, Benguet
May 23, 2013

To: All Schools Division Superintendents
DepED-CAR

For information and dissemination.


ATTY. SEBASTIAN G. TAYABAN
Chief Administrative Officer
Officer In-Charge
Office of the Assistant Regional Director



CONTROL NO. _____

DATE: _____

- Walk-in
 CALL
 TEXT
 E-MAIL
 FAX
 LETTERS

REQUESTING PARTY: _____
 ADDRESS: _____
 CONTACT NUMBER: _____
 REGION: _____ DIVISION: _____
 NAME OF SCHOOL: _____
 ELEMENTARY
 SECONDARY
 PRIVATE
 PUBLIC
 SCHOOL ADDRESS: _____

Complained DepEd PERSONNEL

- PRINCIPAL
 TEACHER
 OTHERS (Define the position): _____

NAME: _____

NATURE OF ASSISTANCE

- COMPLAINT
 QUERY
 REQUEST
 SUGGESTION

ISSUES / CONCERNS

<input type="checkbox"/> INSUFFICIENT CREDENTIALS / RECORD FOR TRANSFER	<input type="checkbox"/> GOVERNMENT ASSISTANCE TO STUDENTS & TEACHERS IN PRIVATE EDUCATION
<input type="checkbox"/> CONFUSION ON ENROLLMENT POLICY	<input type="checkbox"/> LEGAL ISSUES
<input type="checkbox"/> K TO 12 CONCERN	<input type="checkbox"/> SPECIAL EDUCATION (SPED)
<input type="checkbox"/> SCHOOL FEES / COMPULSORY CONTRIBUTIONS	<input type="checkbox"/> TEXTBOOKS / (DISTRIBUTION / REPLACEMENT)
<input type="checkbox"/> OVER ENROLMENT / CROWDED CLASSROOMS	<input type="checkbox"/> INQUIRY ON CONTACT NUMBERS
<input type="checkbox"/> SCHOOL OPERATING WITHOUT A PERMIT	<input type="checkbox"/> HEALTH AND NUTRITION PROGRAM
<input type="checkbox"/> PEPT AND ALS A&E TEST	<input type="checkbox"/> SELLING OF WORKBOOKS / REFERENCE MATERIALS
<input type="checkbox"/> SCHOOL POLICY	<input type="checkbox"/> LACKING ARMCHAIR(s) / DESK(s)
<input type="checkbox"/> ALTERNATIVE DELIVERY MODE	<input type="checkbox"/> HEALTH AND NUTRITION
<input type="checkbox"/> TEACHER BEHAVIOR	<input type="checkbox"/> OTHERS (Please specify): _____

ACTION TAKEN:

ACTION DATE: _____

STATUS:
 Resolved / Accomplished
 Endorsed
 For Follow-up

NAME OF ACTION OFFICER: _____