



Republic of the Philippines  
**Department of Education**  
CORDILLERA ADMINISTRATIVE REGION  
**SCHOOLS DIVISION OF BAGUIO CITY**

Office of the Superintendent  
Division Memorandum Number 267, s. 2020

**WORK ARRANGEMENT OF EMPLOYEES IN THE DIVISION**

TO: Assistant Schools Division Superintendent  
Division Chiefs  
Division Unit/Section Heads  
Public School Heads  
All Others Concerned

1. As the City's condition extended to Modified General Community Quarantine and pursuant to DepEd Order No. 011, s. 2020 with Regional Memorandum No, 166, s. 2020, the Division adopts appropriate work arrangement to effectively implement essential services/functions/processes in the division office proper and schools.
2. The determination of appropriate work arrangement, as stated in Enclosure No. 1 to DepEd Order No. 011, s. 2011 item no. 15, shall be guided by the following indicative workforce:
  - a. Under ECQ and MECQ, DepEd shall operate with skeleton workforce to provide for essential services. The rest of the personnel shall be under WFH arrangement.
  - b. Under GCQ, in order to limit exposure and ensure physical distancing, the number of personnel physically reporting to work shall not exceed 50% of the total workforce of the office/school/cls.
  - c. Under MGCQ and post-community quarantine scenario, DepEd may operate at the full operational capacity as maybe allowed by required health standards, including physical distancing protocols and adoption of appropriate work arrangements.
3. The work arrangement of the Division, as based on the prevailing community quarantine classification of the City, adopts the Other Alternative Work Arrangements which is a combination of on-site/physical reporting to work and work-from-home.
4. The following are the parameters in the implementation of this alternative work arrangement:
  - 4.1. Employees shall render service adopting a combination of work arrangements such as:
    - a) Five-Day Physically Reporting Workweek on Two-week Shifting or Rotation
    - b) Four-Day Physically Reporting Workweek and One-Day WFH on Weekly Shifting or Rotation of Work
    - c) Four-Day (compressed) workweek, staggered working hours, or other alternative work arrangements as described in CSC MC. No.10, s. 2020 maybe considered.

Division Chiefs, Unit/Section Heads and School Heads will determine which among the 3 work arrangements above will be adopted by their respective



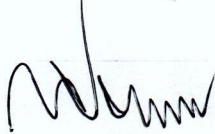
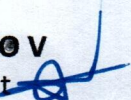


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offices/schools and submit the final work arrangements to the Office of the Schools Division Superintendent.

- 4.2. For personnel physically reporting with limited access to transportation and other regulatory limitations on the inter-zonal or cross-border travel, the workday may consist of six (6) hours on-site at the work station and two (2) hours on WFH arrangement.
- 4.3. Employees on WFH arrangement are required to submit their Individual Workweek plan (enclosure No. 1) before their scheduled WFH and Individual Daily Log and Accomplishment Report (enclosure no. 2) to their immediate supervisor. **No record of accomplishment means no work has been performed for the day, thus, subjecting the staff to absence** as clearly stated in the Revised Guidelines on AWA in the Department of Education. Please refer to DO 011, item 16.a.i-iii for essentials details on WFH.
- 4.4. Employees who are 21 years old or below and those who are 60 years old or above, as well as those who are at high risk of infection, including but not limited to pregnant women, those with immunodeficiency, comorbidities, or other health risk, illnesses and or pre-existing medical conditions, COVID-19 Suspect Cases and COVID-19 Probable Case, including those who reside with the Suspect or Probable Case shall be under WFH arrangement, except when their services rendered physically in the office/school are indispensable or when office work is already permitted.
- 4.5. Flexible working hours shall still apply for on-site/physical reporting and WFH starting from 7:00 a.m. to 9:30 a.m. until 4:00 p.m. to 6:30 p.m.
- 4.6. For the four-day (compressed) work week arrangement, the employee shall render 10-hours a day to complete the 40-hours a week.
5. For purposes of performance monitoring and attendance mechanism, an Office/School Workweek Plan (Enclosure No. 3) indicating the consolidated individual personnel's targeted deliverables and schedule based on alternative work arrangement adopted by the office or school, shall be submitted to the Division Office c/o Administrative-Personnel Section.
6. The required health standards and observance of physical distancing shall be implemented at all times
7. This memorandum is in effect until the same is rescinded.
8. For information, guidance and compliance.

  
**MARIE CAROLYN B. VERANO, CESO V**  
Schools Division Superintendent 

Enclosure No. 1

**INDIVIDUAL WORKWEEK PLAN**

Name of Personnel:

Office/School:

Date/s Covered:

<b>Alternative Work Arrangement</b> <i>(*Indicate if 2-week shift)</i>	<b>Date and Time</b>	<b>Target Deliverables for the Week</b>
Ex. On-site/Physical Reporting	7/6/2020 8:00AM – 5:00PM	Process Liquidation Report for Workshop AA Submit to Acctg. Division Pending TEVs Receive incoming documents
Ex. On-site/Physical Reporting	7/7/2020 8:00AM – 5:00PM	Facilitate meeting with Office AA via MS Teams Submit report on xxxxxx
Ex. On-site/Physical Reporting	7/8/2020 8:00AM – 5:00PM	Receive incoming documents
Ex. On-site/Physical Reporting	7/9/2020 8:00AM – 5:00PM	Draft Memo re: xxxxxx
Ex. WFH	7/10/2020 8:00AM – 5:00PM	Submit report on xxxxxx

Submitted by:

Approved by:

(Name & Signature of Personnel)

Date:

(Name & Signature of Immediate Supervisor)

Date:



Enclosure No. 2

### INDIVIDUAL DAILY LOG AND ACCOMPLISHMENT REPORT

Name of Personnel:

Office/School:

Date/s Covered:

<b>Alternative Work Arrangement</b> <i>(*Indicate if 2-week shift)</i>	<b>Date and Actual Time logs</b>	<b>Actual Accomplishments</b>
Ex. On-site/Physical Reporting	7/6/2020 Time-in: 7:30AM Time out: 5:00 PM	Processed Liquidation Report for Workshop AA Submitted to Acctg. Division Pending TEVs Received incoming documents
Ex. On-site/Physical Reporting	7/7/2020 Time-in: 7:00AM Time out: 6:00 PM	Facilitated meeting with Office AA via MS Teams Submitted report on xxxxxx
Ex. On-site/Physical Reporting	7/8/2020 Time-in: 7:50AM Time out: 5:00 PM	Received incoming documents
Ex. On-site/Physical Reporting	7/9/2020 Time-in: 7:30AM Time out: 7:00 PM	Drafted Memo re: xxxxxx
Ex. WFH	7/10/2020 Time-in: 8:00AM Time out: 5:00 PM	Submitted report on xxxxxx

Submitted by:

Approved by:

(Name & Signature of Personnel)

Date:

(Name & Signature of Head of Office)

Date:

Enclosure No. 3

**(OFFICE/SCHOOL/CLC) WORKWEEK PLAN**

**To the Division Personnel Section:**

In compliance with the DepEd Order No. 011, s. 2020, the **(OFFICE/SCHOOL/CLC)** is hereby submitting the workweek plan for the period: \_\_\_\_\_.

Name of Personnel/ Position	Pre-existing Health Condition and/or disease	Alternative Work Arrangement, Time and Period					Target Deliverables for the Week	Signature
		Mon	Tue	Wed	Thu	Fri		
Ex. Juan del Mundo PDO III	None	<i>Skeleton WF</i>	<i>WFH</i>	<i>Skeleton WF</i>	<i>WFH</i>	<i>Skeleton WF</i>	1. Submit to Acctg. Division Pending TEVs 2. Receive incoming documents 3. Submit report on xxxxxx 4. Release documents to various offices	
		<i>8AM-3PM</i>	<i>8AM-5PM</i>	<i>8AM-3PM</i>	<i>8AM-5PM</i>	<i>8AM-3PM</i>		
Ex. Maria Juana dela Cruz	Pregnant	<i>Skeleton WF</i>	<i>WFH</i>	<i>Skeleton WF</i>	<i>WFH</i>	<i>Skeleton WF</i>	1. Draft Memo re: xxxxxx 2. Prepare draft policy on xxx 3. Review related policies and references for xxx	
		<i>8AM-5PM</i>	<i>8AM-5PM</i>	<i>8AM-5PM</i>	<i>8AM-5PM</i>	<i>8AM-5PM</i>		
Ex. Luzviminda Reyes	None	<i>2-week Shift (Week 1) Skeleton WF</i>	<i>2-week Shift (Week 1) Skel</i>	<i>2-week Shift (Week 1) Skel</i>	<i>2-week Shift (Week 1) Skel</i>	<i>2-week Shift (Week 1) Skel</i>		
		<i>8AM-5PM</i>	<i>8AM-5PM</i>	<i>8AM-5PM</i>	<i>8AM-5PM</i>	<i>8AM-5PM</i>		

In consideration of the situation of the following personnel who will not be able to perform and submit their Individual Workweek Accomplishment Report for reasons as stated, the undersigned request the payment of their salaries and benefits for the period of **(Month-Date, 2020)**.



Name of Personnel	Position	Pre-existing Health Condition and/or disease (if applicable)	Authorized Official or Personnel to serve as Skeleton Workforce	Justifiable Reason/s Not to be Able to Perform Tasks at Home	Signature
Ex. Jose Reyes	Utility Worker	None	No	<i>Assigned to tasks that are dependent only on the office equipment and materials available in the office premises but do not belong to the identified essential or critical services.</i>	
Ex. Julian Santos	Admin Aide	None	No	<i>Assigned to tasks that are dependent only on the normal condition in the office such as receiving and releasing of (hard copies) documents but do not belong to the identified essential or critical services.</i>	

Submitted by:

Approved by:

(Name & Signature of Functional Office Head/School Head

**MARIE CAROLINE B. VERANO, CESO V**  
Schools Division Superintendent

Date:

Date: