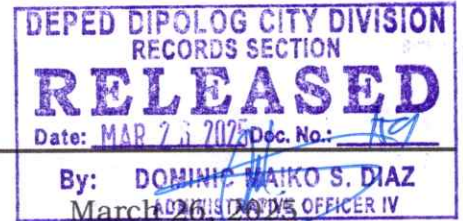




Republic of the Philippines
Department of Education
Region IX – Zamboanga Peninsula
SCHOOLS DIVISION OF DIPOLOG CITY

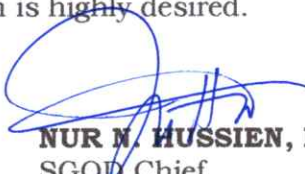


DIVISION MEMORANDUM
No. 159, s. 2025

ADOPTION OF THE FLEXIBLE WORK ARRANGEMENT IN THE
SCHOOLS DIVISION OF DIPOLOG CITY

To: ASST. SCHOOLS DIVISION SUPERINTENDENT
CHIEF, CURRICULUM IMPLEMENTATION DIVISION (CID)
CHIEF, SCHOOLS GOVERNANCE AND OPERATIONS DIVISION (SGOD)
ALL DIVISION SECTION/UNIT HEADS
ALL ELEMENTARY SCHOOL HEADS
ALL SECONDARY SCHOOL HEADS
This Division
All Other Concerned

1. Relative to DepEd Order No. 004, s.2025, the Department of Education (DepEd) issued the **GUIDELINES ON THE ADOPTION OF THE FLEXIBLE WORK ARRANGMENT IN THE DEPARTMENT OF EDUCATION**; the mechanisms, procedures, and standards stipulated herein shall guide all DepEd offices and schools, including heads of offices, human resource management officers, and DepEd personnel on the implementation of flexible work arrangements in the Department.
2. The flexible work arrangements shall cover all **NON-TEACHING AND RELATED-TEACHING OFFICIALS AND EMPLOYEES, CONTRACT OF SERVICE (CoS), and JOB ORDER (JO) PERSONNEL** in all governance levels of DepEd offices, all public elementary, junior, and senior high schools, and community learning centers (CLC).
3. Thus, to adhere with the requirements for the adoption of the aforementioned Order, this Division requires all **SCHOOL HEADS AND HEADS OF FUNCTIONAL OFFICES** to submit **Summary of Personnel under Flexible Work Arrangement** (see Annex B.1 and B.2 of the Order) to the Division Office, addressed to the Schools Division Superintendent, **not later than 28 March 2025**.
4. For questions and/or clarifications, you may contact ALAN D. CHIU, Administrative Officer V (Admin), at 0907-054-7070.
5. Immediate dissemination of this Memorandum is highly desired.


NUR N. HUSSIEN, DM
SGOD Chief
In-charge of Office

For:
MA. LIZA R. TABILON, EdD., CESO V
Schools Division Superintendent

Encl.: none

Reference: As stated

To be indicated in the Perpetual Index
under the following subjects:

| | | | |
|---------|------------|-----------|------------|
| Admin | Employees | Officials | FWA |
| Schools | Attendance | Units | Work Hours |

ADC/20250326-DM-FWA
March 26, 2025



Address: Purok Farmers, Olingan, Dipolog City
Email: dipolog.city@depd.gov.ph
Website: www.depeddipolog.net
Facebook: DepEd Tayo – Division of Dipolog City

Summary of Personnel under Flexible Work Arrangement
(Plantilla)

Name of Office: _____

Covered Period: _____

| No. | NAME OF EMPLOYEE | FLEXIBLE WORK ARRANGEMENT (FWA) | | | | | | | | SIGNATURE OF EMPLOYEE |
|-----|------------------|---------------------------------|------------------|------------------|------------------|---|-----|-----|-----|--------------------------|
| | | FLEXITIME | | | | COMBINATION WORK FROM HOME <small>(Please select preferred WFH day)</small> | | | | |
| | | FULL FLEXITIME | FIXED FLEXITIME | | | TUE | WED | THU | FRI | |
| | | | 07:00 - 04:00 | 08:00 - 05:00 | 09:00 - 06:00 | | | | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |
| 9. | | | | | | | | | | |
| 10. | | | | | | | | | | |

Recommended By: _____

Approved By: _____

(Head of Functional Division)_____
(Head of Office)

Summary of Personnel under Flexible Work Arrangement

(Job Orders / Contract of Service)

Name of Office : _____

Covered Period : _____

| No. | NAME OF EMPLOYEE | FLEXIBLE WORK ARRANGEMENT (FWA) | | | | | | | | SIGNATURE OF EMPLOYEE | |
|-----|------------------|---------------------------------|------------------|------------------|------------------|--|-----|-----|-----|--------------------------|--|
| | | FLEXITIME | | | | COMBINATION WORK FROM HOME (Please select preferred WFH day) | | | | | |
| | | FULL FLEXITIME | FIXED FLEXITIME | | | TUE | WED | THU | FRI | | |
| | | | 07:00 - 04:00 | 08:00 - 05:00 | 09:00 - 06:00 | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |
| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |

Recommended By:

Approved By:

(Head of Functional Division)

(Head of Office)

Request for Change of Flexible Work Arrangement

Date

Name of Head of Office
Position/Designation
Name of Office

Sir / Madam:

I, full name of employee, position/designation, assigned in the name of office, would like to request for a change of work arrangement, from _____ to _____, starting _____.

Justification / Remarks:

Thank you for your kind consideration and approval of this request.

Very truly yours,

SIGNATURE OVER PRINTED NAME OF THE EMPLOYEE

RECOMMENDED BY:

NAME AND SIGNATURE OF THE HEAD OF FUNCTIONAL OFFICE
POSITION / DESIGNATION
DATE:

APPROVED BY:

NAME AND SIGNATURE OF THE HEAD OF OFFICE
POSITION / DESIGNATION
DATE:

