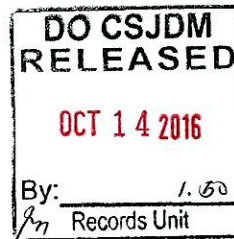




Republic of the Philippines
DEPARTMENT OF EDUCATION
Region III
DIVISION OF CITY SCHOOLS
City of San Jose del Monte



website: www.depedcsjdm.webs.com / e-mail: deped_csjdm@yahoo.com / telefax:

ADVISORY

To : All Secondary Schools Principals (Non-implementing Schools)
All Division Agency Authorized Officers (AAOs)
All Others Concerned

From : *JHP*
GERMELINA H. PASCUAL, CESO V
Schools Division Superintendent

Subject: ARA Training/Seminar for AAOs and Administrative Staff

Date : October 13, 2016

To further improve the GSIS membership updating of employees' records, for prompt posting of remittances and to equip the newly involved personnel with the knowledge in ARA preparation, the GSIS Bulacan Branch Office will conduct ARA Training/ Seminar for Division AAOs and Administrative staff of Non-Implementing Secondary Schools and Division Admin/Personnel Staff at GSIS Bulacan Branch Office, Malolos City, Bulacan on October 18, 2016 at 1:00 p.m.

Please bring the following:

- **USB**
- **Soft Copy of employee masterlist** of your school / district
- A copy of **NSO Marriage Contract** of **recently married personnel** (**Xerox only**)
- **Properly Accomplished MIS** (Members Information Sheet) of **all** newly employed personnel – please see attached **MIS FORM**

The utmost cooperation of all concerned is highly appreciated.

Bulacan Branch Office
Malolos City, 3000 Bulacan

PERSONAL DATA:

Name:			
	<i>Last name</i>	<i>First Name</i>	<i>Middle Name</i>

Sex: _____ Civil Status: _____ TIN: _____

Date of Birth: _____ Place of Birth: _____
(Month/Day/Year) *Town/District* *City/Province*

Residence/Mailing Address:

House, Apt. or Bldg No./St. Name	Barangay or Barrio	Town/City	Province	Zip Code
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EMPLOYMENT DATA:

Office: _____ Date of Original Appointment: _____
(Month/Day/Year)

Office Address:

No.	Street	Town/City	Province
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Position Title: _____ Status of Appointment: _____

Present Salary: _____ Date of Effectivity of Present Salary: _____
(Month/Day/Year)

For DEPED Employees only: Division No.: _____ Station No.: _____ Employee No.: _____

Home Tel. No.: _____ Celphone No.: _____

Office Tel No.: _____ eMail Address: _____

Signature of Member

Attested:

Signature over Printed Name of
Personnel/Administrative Officer