

ANNEX A



Control No. 6124

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

REGION: VII- Central Visayas

BUREAU/DIVISION/SCHOOL: DepEd, Schools Division of Negros Oriental

<b>Name</b>	<b>MARY RUTH C. GLORIA, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services and treatment to school learners; Assist in Monitoring SBFP Implementation
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 20, 2024- Sta Catalina Dist 3/ Sta Catalina CES February 21, 2024- Malatubahan ES February 22, 2024- Don Emilio Macias MNHS
<b>Venue/Destination</b>	Santa Catalina District 1 & 3
<b>Fund Source</b>	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

**MARY RUTH C. GLORIA, RN**  
Name and Signature of Requesting Employee

February 19, 2024  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

FEB 19 2024  
Date

**APPROVED:**

**NERIC C. OJASTRO EdD, CESO V**  
Schools Division Superintendent

2/19/24  
Date

ANNEX A



Control No. 0124

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

REGION: VII- Central Visayas

BUREAU/DIVISION/SCHOOL: DepEd, Schools Division of Negros Oriental

024.0339

8


<b>Name</b>	<b>NICANOR F. VILLAROSA JR., DMD</b>
<b>Position/Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct oral health assessment among student athletes.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	Feb. 22-23, 2024
<b>Venue/Destination</b>	Sumaliring CES
<b>Fund Source</b>	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

  
**NICANOR F. VILLAROSA JR., DMD**  
Name and Signature of Requesting Employee


February 19, 2024  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

FEB 19 2024  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**NERI C. OJASTRO, EdD CESO V**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

2/19/24  
Date

ANNEX A



Control No. 0124

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

024.0389  
68


<b>Name</b>	<b>NICANOR F. VILLAROSA JR., DMD</b>
<b>Position/Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct oral health assessment among student athletes.
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	Feb. 22-23, 2024
<b>Venue/Destination</b>	Sumaliring CES
<b>Fund Source</b>	Division MOOE

*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

  
**NICANOR F. VILLAROSA JR., DMD**  
Name and Signature of Requesting Employee


February 19, 2024  
Date

*This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

FEB 19 2024  
Date

*This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

  
**NERI C. OJASTRO, EdD CESO V**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

2/19/24  
Date



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

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DATE

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>EMILDA CHIU, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services to teaching and non-teaching services. Clinic duty.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	FEBRUARY 20, 2024 – STA CATALINA DISTRICT 3 FEBRUARY 21, 2024- SALNGAN ES FEBRUARY 22, 2024 – BASAK ES FEBRUARY 23, 2024- MALUAY ES
<b>Destination</b>	STA. CATALINA DISTRICT 3, ZAMBOANGUITA DISTRICT 1 AND 2
<b>Fund Source</b>	MOOE

*I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.*

**EMILDA CHIU, RN**

Name and Signature of Requesting Employee

FEBRUARY 16, 2024

Date

*This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.*

for:

**RACHEL B. PICARDAL, EdD**

Chief, Education Supervisor SGOD

Name and Signature of Recommending Authority

2/16/24

Date

Approved by:

**NERI C. OJASTRO EdD, CESO V**

Schools Division Superintendent  
Schools Division of Negros Oriental

2/16/2024



Date



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

024.0389  
20 FEB 2024

<b>Name</b>	<b>MARK ANTHONY A. PAJUELAS, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Render health services to teaching and non-teaching services. Clinic duty.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	FEBRUARY 20, 2024 – STA CATALINA DISTRICT 3 FEBRUARY 21, 2024- TAMLANG ES FEBRUARY 22, 2024 – STA. CATALINA CES CLINIC
<b>Destination</b>	STA. CATALINA DISTRICT 3
<b>Fund Source</b>	MOOE
<p><i>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</i></p> <p><b>MARK ANTHONY A. PAJUELAS, RN</b> <span style="float: right;"><u>FEBRUARY 16, 2024</u></span>  Name and Signature of Requesting Employee <span style="float: right;">Date</span></p>	
<p><i>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</i></p> <p>for:   <b>RACHEL B. FICARDAL, EdD</b>  Chief, Education Supervisor SGOD <span style="float: right;"><u>2/16/24</u></span>  Name and Signature of Recommending Authority <span style="float: right;">Date</span></p>	
<p>Approved by:</p> <p>  <b>NERI C. OJASTRO EdD, CESO V</b>  Schools Division Superintendent  Schools Division of Negros Oriental <span style="float: right;"><u>2/16/2024</u></span>  Date</p>	



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	Dr. Karina Louise de la Cruz, Esan Val Cabrera, Melydith P. Baldado, Mark Lester Amolo, Dennis Chavez, Alexxandria Ruperto, Lovelyn V. Mananquil, Suzette Onde, Melanie Mae Austero, Ana mae Fesarit, Kenneth Misamis, Rosalie Enardecido and Dr. John Paul Mira.
<b>Position/ Designation</b>	Medical Officer III & Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	To render Physical health & dental examination services among athletes and for Immersion students.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	February 28, 2024 - Jimalalud Dist. 1 & 2
<b>Destination</b>	Jimalalud Dist 1 & 2
<b>Fund Source</b>	Division MOOE
<p>I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.</p> <p style="text-align: center;"><i>Melydith P. Baldado</i> <b>MELYDITH P. BALDADO, RN, LPT</b> Name and Signature of Requesting Employee</p> <p style="text-align: right;"><u>02/19/2024</u> Date</p>	
<p>This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.</p> <p style="text-align: center;"><i>Rachel B. Picardal</i> <b>RACHEL B. PICARDAL EdD</b> Chief, Education Supervisor SGOD Name and Signature of Recommending Authority</p> <p style="text-align: right;"><u>FEB 19 2024</u> Date</p>	
<p>Approved:</p> <p style="text-align: center;"><i>Neri C. Ojastro</i> <b>NERI C. OJASTRO EdD, CESD V</b> Schools Division Superintendent Schools Division of Negros Oriental</p> <p style="text-align: right;"><u>2/19/24</u></p>	

ANNEX A



Control No. 0120

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

REGION: VII- Central Visayas

BUREAU/DIVISION/SCHOOL: DepEd, Schools Division of Negros Oriental

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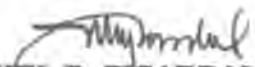
<b>Name</b>	<b>JOHN PAUL C. MIRA, DMD</b>
<b>Position/Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Conduct oral health assessment among student athletes.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	2/22/24 – La Libertad CES 2/28/24 – Jimalalud CES
<b>Venue/Destination</b>	La Libertad and Jimalalud District
<b>Fund Source</b>	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

  
**JOHN PAUL C. MIRA, DMD**  
Name and Signature of Requesting Employee


February 19, 2024  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

FEB 19 2024  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**NERI C. OJASTRO, EdD CESO V**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

2/19/24  
Date

ANNEX A

No.: 0174



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

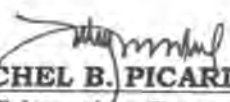
<b>Name</b>	MELCHORA DIOSDADA G. ASDILLO, GWENETH CELESTE O. GEODESICO, NIÑA HYACINTH P. HERRERA, RUNI JOHN TERO
<b>Position/ Designation</b>	DENTIST II & DENTAL AIDE
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	CONDUCT ORAL HEALTH ASSESMENT AMONG LEARNERS.
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	FEBRUARY 20-21, 2024- MAGSAYSAY ES
<b>Destination</b>	SIBULAN DISTRICT
<b>Fund Source</b>	Division MOOE

I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.

  
**MELCHORA DIOSDADA G. ASDILLO, DMD**  
Name and Signature of Requesting Employee

February 19, 2024  
Date

This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.

  
**RACHEL B. PICARDAL EdD**  
Chief, Education Supervisor SGOD  
Name and Signature of Recommending Authority

FEB 19 2024  
Date

Approved:

  
**NERI C. OJASTRO EdD CESO V**  
Schools Division Superintendent

2/19/24  
Date



ANNEX A



Control No. 0126

Republic of the Philippines  
Department of Education

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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

<b>Name</b>	<b>MARIA NEHMIA BESARIO</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Courtesy Call to School Head, Ocular Survey, Monitor Ok sa DepEd Programs, Render Health Services to Teaching and Non-Teaching Personnel, Physical Assessment to Students
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 21, 2024- Don Cristito C. Tirambulo MES ,Abis ES
<b>Venue/Destination</b>	Mabinay Districtland 4
<b>Fund Source</b>	Division MOOE

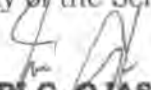
*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

  
**MARIA NEHMIA BESARIO**  
Name and Signature of Requesting Employee  
02/19/2024  
Date

*Sa De This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority  
FEB 19 2024  
Date

Approved  
By the Authority of the Schools Division Superintendent:

  
**NERI C. OJASTRO EdD, CESD V**  
Schools Division Superintendent  
Schools Division of Negros Oriental  
Name and Signature of Approving Authority  
2/19/24  
Date

ANNEX A



Control No. 0126

Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

20 FEB 2024

**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

<b>Name</b>	<b>JIMZU F. PATALAN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Courtesy Call to School Head, Ocular Survey, Monitor Ok sa DepEd Programs, Render Health Services to Teaching and Non-Teaching Personnel, Physical Assessment to Students
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 21, 2024- Don Cristito C. Tirambulo MES ,Abis ES February 22, 2024 -Dahile ES February 23, 2024 -Dahile PCHS
<b>Venue/Destination</b>	Mabinay District land 4
<b>Fund Source</b>	Division MOOE

*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

**JIMZU F. PATALAN**

Name and Signature of Requesting Employee

02/19/24

Date

*So De This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

**RACHEL B. PICARDAL, EdD**

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

FEB 19 2024

Date

Approved

By the Authority of the Schools Division Superintendent:

**NERI C. OJASTRO EdD, CESD V**

Schools Division Superintendent  
Schools Division of Negros Oriental

Name and Signature of Approving Authority

2/19/24

Date



Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

<b>Name</b>	<b>MARANATHA T. UDJAJI</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Courtesy Call to School Head, Ocular Survey, Monitor Ok sa DepEd Programs, Render Health Services to Teaching and Non-Teaching Personnel, Physical Assessment to Students
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 21, 2024-Don Cristito C. Tirambulo MES, Abis ES February 22, 2024-Pedro Gobuyan Sr MES
<b>Venue/Destination</b>	Mabinay District land 4
<b>Fund Source</b>	Division MOOE

*I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.*

  
**MARANATHA T. UDJAJI**

Name and Signature of Requesting Employee

02/19/24

Date

*So De This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.*

  
**RACHEL B. PICARDAL, EdD**

Chief Education Supervisor, SGOD

Name and Signature of Recommending Authority

FEB 19 2024

Date

Approved

By the Authority of the Schools Division Superintendent:

  
**NERI C. OJASTRO EdD, CESD** ✓

Schools Division Superintendent  
Schools Division of Negros Oriental

Name and Signature of Approving Authority

2/19/24

Date



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

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**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

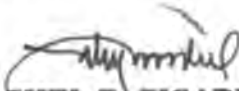
<b>Name</b>	<b>ARECIA B. PASQUIL</b>
<b>Position/ Designation</b>	DENTIST II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	CONDUCT ORAL HEALTH ASSESMENT AMONG LEARNERS.
<b>Host of Activity</b>	SDO Negros Oriental
<b>Inclusive Dates</b>	FEBRUARY 20, 2024- TIGUIB ES FEBRUARY 27, 2024- BINDOY CES FEBRUARY 28, 2024- AYUNGON DISTRICT II FEBRUARY 29, 2024- AYUNGON DISTRICT I
<b>Destination</b>	BINDOY DISTRICT I, AYUNGON DISTRICT I AND II
<b>Fund Source</b>	Division MOOE

*I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.*

  
**ARECIA B. PASQUIL, DMD**  
Name and Signature of Requesting Employee

February 19, 2024  
Date

*This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.*

  
**RACHEL B. PICARDAL EdD**  
Chief, Education Supervisor SGOD  
Name and Signature of Recommending Authority

FEB 19 2024  
Date

Approved:

  
**NERI C. OJASTRO EdD CESO V**  
Schools Division Superintendent

2/19/24  
Date

ANNEX A



Control No. 0126

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Republic of the Philippines  
**Department of Education**

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

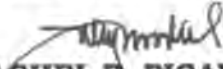
**BUREAU/DIVISION/SCHOOL:** DepEd, Schools Division of Negros Oriental

<b>Name</b>	<b>ELLEN R. MAYAGMA, RN</b>
<b>Position/Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	Physical examination of school children. SBFP monitoring and evaluation. Render health services to teaching and non teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Period Covered</b> (Inclusive of Travel Time)	February 23, 2024- Bacong Central School February 28, 2024- Isugan Elem. School February 29, 2024- Sacsac Elem. School
<b>Venue/Destination</b>	Bacong District
<b>Fund Source</b>	MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

  
**ELLEN R. MAYAGMA, RN** February 19, 2024  
 Name and Signature of Requesting Employee Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**RACHEL B. PICARDAL, EdD** FEB 19 2024  
 Chief, Education Supervisor, SGOD Date

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Name and Signature of Recommending Authority Date

Approved:

  
**NERIC C. OJASTRO EdD, CESO V** 2/19/24  
 Schools Division Superintendent Date

ANNEX A



Control No. 0126

Republic of the Philippines  
Department of Education

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

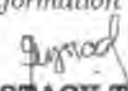
REGION: VII- Central Visayas

BUREAU/DIVISION/SCHOOL: DepEd, Schools Division of Negros Oriental

024-0189  
4


<b>Name</b>	<b>GWYNNE STACY T. MONCIDA, RN</b>
<b>Position/Designation</b>	<b>NURSE II</b>
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b>	To render health services and treatment to school learners; Assist in Monitoring SBFP Implementation; SBFP Consultative Meeting
<b>Host of Activity</b>	Division Office
<b>Period Covered (Inclusive of Travel Time)</b>	February 20, 2024 – Sta. Catalina District 3 February 21, 2024- Palayuhan ES February 22, 2024- Palayuhan HS
<b>Venue/Destination</b>	Sta. Catalina District 3; Siaton 1
<b>Fund Source</b>	Division MOOE

I hereby attest the information in this form and in the supporting documents attached hereto are true and correct.

  
**GWYNNE STACY T. MONCIDA, RN**  
Name and Signature of Requesting Employee


February 16, 2024  
Date

This is to certify that the trip of the requesting employee satisfies all the minimum conditions for authorized official travel and that alternatives to travel are insufficient for purposes stated herein.

  
**RACHEL B. PICARDAL, EdD**  
Chief Education Supervisor, SGOD  
Name and Signature of Recommending Authority

2/16/24  
Date

**APPROVED:**

  
**NERI C. OJASTRO EdD, CESO V**  
Schools Division Superintendent  
Schools Division of Negros Oriental

2/16/2024  
Date



Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

<b>Name</b>	<b>DEANNE BETH Q. MANABAN, RN</b>
<b>Position/ Designation</b>	Nurse II
<b>Permanent Station</b>	Division Office
<b>Purpose of Travel</b> (must be supported by attachments)	Assist in the distribution of eye glasses, conduct health lecture recipients on eye care, render health services to teaching and non-teaching personnel.
<b>Host of Activity</b>	Division Office
<b>Inclusive Dates</b>	FEBRUARY 16, 2024 - ZAMBOANGUITA SCIENCE HS
<b>Destination</b>	ZAMBOANGUITA 2 District
<b>Fund Source</b>	MOOE

I hereby attest that the information in this form and in the supporting documents attached hereto are true and correct.

**DEANNE BETH Q. MANABAN, RN**  
Name and Signature of Requesting Employee

FEBRUARY 16, 2024  
Date

This is to certify that the trip of the requesting employee satisfies all minimum conditions for authorized official travel and that alternatives to travel are insufficient for purpose stated herein.

for: **RACHEL B. PICARDAL, EdD**  
Chief, Education Supervisor SGOD  
Name and Signature of Recommending Authority

2/16/24  
Date

Approved by:

**NERI C. OJASTRO EdD, CESO V**  
Schools Division Superintendent  
Schools Division of Negros Oriental

2/16/2024  
Date