



Republic of the Philippines  
**Department of Education**  
REGION III – CENTRAL LUZON  
SCHOOLS DIVISION OF SAN JOSE DEL MONTE CITY  
GRACEVILLE ELEMENTARY SCHOOL  
BRGY. GRACEVILLE, SAN JOSE DEL MONTE CITY

September 26, 2022

**SCHOOL MEMORANDUM  
NO. 080 s.2022**

To: Master Teachers  
Grade Leaders  
Teaching and Non-Teaching Personnel  
All other concerned

**RESUMPTION ON THE USE OF BIOMETRICS FOR ATTENDANCE**

1. In adherence to Republic Act No. 6713 known as Code of Conduct and Ethical Standards for Public Officials and Employees and DepEd policy to promote integrity and honesty and to support the National Project W.A.T.C.H (We Advocate Time Consciousness and Honesty), this Office hereby informs that effective **October 3, 2022**, all teaching, non-teaching personnel and staff in the Graceville Elementary School shall use the BIOMETRIC Machine for their attendance.
2. In the event, that the time-in/time-out of the employee was not recognized or reflected in the record of biometric, a letter request for adjustment of entry for time-in or time-out shall be submitted to the school administrative officer, subject to his/her approval. Exemption shall only be considered for no entries in Biometric machine, and the manual log-sheet shall still be maintained.
3. Further, it is reiterated that personal matters need permission from the Office of the School Principal or his Authorized Representative. Employees who leave the office during office hours but not attending official business, and that is to attend socials/events/functions and/or wakes/interments, the same shall be reflected in the Personal Pass Slip and shall be charged in their leave credits. This is compliance to the CSC Memorandum Circular No. 01, s.1994 re: Amendment to Section 1, Rule XVIII of the Omnibus Rules Implementing Book V of the 1987 Administrative Code.
4. Attached is the template for Personal Pass Slip and Locator Slip for reference.
5. For guidance and dissemination.

  
DIANALYN A. PALAGANAS PhD  
Principal II



School ID: 162503  
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Date: \_\_\_\_\_

**PASS SLIP**  
 Personal Transaction

Name: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ETD: \_\_\_\_\_ ETR: \_\_\_\_\_  
*\*Estimated Time Departure/Return*

Guard  
 ATD: \_\_\_\_\_ ATR: \_\_\_\_\_  
*\*Actual Time Departure/Return*

Recommended by:

\_\_\_\_\_  
**Grade Leader/Master Teacher-In-Charge**

Approved by:

**DIANALYN A. PALAGANAS PhD**  
 Principal II

*\*Owner's Copy*



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Date: \_\_\_\_\_

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 Personal Transaction

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 Employee Number: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ETD: \_\_\_\_\_ ETR: \_\_\_\_\_  
*\*Estimated Time Departure/Return*

Guard  
 ATD: \_\_\_\_\_ ATR: \_\_\_\_\_  
*\*Actual Time Departure/Return*

Recommended by:

\_\_\_\_\_  
**Grade Leader/Master Teacher-In-Charge**

Approved by:

**DIANALYN A. PALAGANAS PhD**  
 Principal II

*\*School Copy*





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 Republic of the Philippines Department of Education Region III <b>SCHOOLS DIVISION OF CITY OF SAN JOS DEL MONTE</b> <b>GRACEVILLE ELEMENTARY SCHOOL</b> Brgy. Graceville, City of San Jose del Monte				
<b>LOCATOR SLIP</b>				
DATE OF FILING				
NAME				
PERMANENT STATION				
POSITION/ DESIGNATION				
PURPOSE				
PLEASE CHECK		Official Business		Official Time
DESTINATION	Records unit and/or Finance Unit, COA, Municipal City Hall, SM SJDM and Post Office.			
DATE AND TIME OF EVENT/	For the month of:			
TRANSACTION/ MEETING				
<b>KRIZELLE I. AGAPITO</b> <small>Administrative Officer II</small> Date:			<b>Approved:</b> <b>DIANALYN A. PALAGANAS, PhD</b> <small>School Principal II</small> Date:	
<b>CERTIFICATION</b>				
This is to certify that the above employee appeared in this Office for the above purpose.				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Signature over printed name	Position/ Agency	Date		
(Note: This portion shall filled out by the Official/authorized personnel of the Office visited.)				

