



Control No. 819

ANNEX A

Republic of the Philippines  
Department of Education

RELEASED  
NO.: 023-2776  
DATE: 02 OCT 2023  
BY: [Signature]  
RECORD SECTION

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

|  |   |   |
|--|---|---|
| <b>Name</b>                                      | <b>MARILYN T. ALCALA</b>  |   |
| <b>Position/Designation</b>                      | Dentist II  |   |
| <b>Permanent Station</b>                         | Division Office   |   |
| <b>Purpose of Travel</b>                         | To render dental care services to learners, teaching and non-teaching personnel.  |   |
| <b>Host of Activity</b>                          | Division Office   |   |
| <b>Period Covered (Inclusive of Travel Time)</b> | Oct. 2, 2023 - Bacong CS<br>Oct. 4,5,6, 2023 - Bagacay ES<br>Oct. 9, 2023 - Dauin CS<br>Oct. 11,12,13, 2023 - Malongcay ES<br>Oct. 16,18, 2023 - Magsaysay ES | Oct. 19, 2023 - Bulak ES<br>Oct. 23,25, 2023 -Tugawe ES<br>Oct. 26,27, 2023 - Panubtuban ES |
| <b>Venue/Destination</b>                         | Mabinay District I, II, III, IV   |   |
| <b>Fund Source</b>                               | MOOE  |   |

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

**MARILYN T. ALCALA**  
Name and Signature of Requesting Employee

Sept. 25, 2023  
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**  
Name and Signature of Recommending Authority

SEP 26 2023  
Date

Approved:

**NERI C. OJASTRO EdD, CESE**  
Schools Division Superintendent  
Name and Signature of Approving Authority

9/29/23  
Date



Republic of the Philippines  
**Department of Education**  
 REGION VII – CENTRAL VISAYAS  
 SCHOOLS DIVISION OF NEGROS ORIENTAL

ITINERARY OF TRAVEL:  
 For the month October 2023

**OBJECTIVES:**

1. To conduct health talks to learners regarding oral health.
2. To enhance oral health education among teaching/non-teaching personnel in schools.
3. Tele/Online/Face-to-Face Dental Consultation to learners.
4. Tele/Online/Face-to-Face Dental Consultation to teaching/ Non-teaching personnel.
5. Dental treatment to learners, teaching and non-teaching personnel.
6. Division office Clinic Duty.
7. SDHCP clinic duty.
8. Monitor the implementation of dental health programs.

**SCHEDULE OF ACTIVITIES:**

Oct. 2 - Bacing Cent. Sch.  
 3 - DIV. OFFICE  
 4 - Bagacay EIS  
 5 - Bagacay EIS  
 6 - Bagacay EIS  
 9 - Damin C.S  
 10 - DIV. OFFICE  
 11 - Malungcay EIS  
 12 - Malungcay EIS  
 13 - Malungcay EIS  
 14 - Magcaytay EIS  
 17 - DIV. OFFICE

Oct. 18 - Magcaytay EIS  
 19 - Bulak EIS  
 20 - Holiday  
 23 - Tugawe EIS  
 24 - DIV. OFFICE  
 25 - Tugawe EIS  
 26 - Panubtuban EIS  
 27 - Panubtuban EIS  
 30 - Holiday  
 31 - DIV. OFFICE

(NOTE: This schedule is subject to change when deemed necessary)

Submitted by:

MARWIN T. ALCALA  
 Dentist II

**Concurred:**

KARINA LOUISE B. DE LA CRUZ, MD  
 Medical Officer III

**Recommending Approval:**

RACHEL B. PICARDAL EdD  
 SGOD, Chief Education Supervisor

**APPROVED:**

NERI C. OJASTRO EdD, CESE  
 Schools Division Superintendent  
 Schools Division of Negros Oriental  
 9/29/23



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City  
 Telephone Nos.: (035)225-2838 / 225-2376 / 422-7644  
 Email Address: negros.oriental@deped.gov.ph

ANNEX A



Control No. 819

Republic of the Philippines  
Department of Education

DepEd - Negros OR  
**RELEASED**  
NO: 023-2776  
DATE: 02 OCT 2023

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

**REGION:** VII- Central Visayas

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

|  |  |
|--|--|
| <b>Name</b>                                      | <b>MINDA E. REGALADO</b>   |
| <b>Position/Designation</b>                      | Nurse II   |
| <b>Permanent Station</b>                         | Division Office  |
| <b>Purpose of Travel</b>                         | To conduct nursing health services to teaching/non-teaching personnel and school learners. Conduct health teaching on healthy lifestyle.   |
| <b>Host of Activity</b>                          | Division Office  |
| <b>Period Covered (Inclusive of Travel Time)</b> | Oct. 2,9,10, 16,23,24, 2023- Valencia Dist.      Oct.26,27,31- San Jose Dist<br>Oct. 3, 5, 6- Vicente Villa ES<br>Oct. 12,13- Sra. Ascion ES/San Jose Dist.<br>Oct. 17,19- Balili ES |
| <b>Venue</b>                                     | Valencia District and San Jose 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.*

  
**MINDA E. REGALADO**

Name and Signature of Requesting Employee

September 27, 2023

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, Ed. D**

Chief, Education Supervisor

Name and Signature of Recommending Authority

9/27/2023

Date

Approved:

  
**NERI C. OJASTRO, Ed.D, CESE**

Schools Division Superintendent  
Schools Division of Negros Oriental

9/29/23  
Date



Republic of the Philippines  
**Department of Education**  
 REGION VII - CENTRAL VISAYAS  
 SCHOOLS DIVISION OF NEGROS ORIENTAL

**ITINERARY OF TRAVEL:**  
 For the month of October 2023

**OBJECTIVES:**

1. To conduct health table to teaching/non-teaching personnel regarding oral health in relation to COVID-19.
2. To monitor the compliance of anti- COVID-19 protocols among teaching/non-teaching personnel in schools.
3. To monitor the necessary preparations of the school clinics under the School Dental Health Care Program unsing the New-Normal guidelines.
4. To prepare materials for Oral Health Campaign in schools.
5. Tele/Online/Face-to-Face Dental Consultation.
6. Division office clinic Duty

**SCHEDULE OF ACTIVITIES:**

- |   |   |
|---|---|
| <p>Oct. 2 - Valencia Dist<br/>         3 - Vicente Villa ES<br/>         4 - Division office<br/>         5 - Vicente Villa ES<br/>         6 - Vicente Villa ES<br/>         9 - Valencia Dist<br/>         10 - Pata Palaby ES<br/>         11 - Division office<br/>         12 - Spa. Asain ES / San Jose Dist<br/>         13 - Spa. Asain ES / San Jose Dist.<br/>         16 - Valencia Dist<br/>         17 - Bacili ES<br/>         18 - Division office<br/>         19 - Bacili ES<br/>         20 - Holiday</p> | <p>23. Valencia Dist<br/>         24. Valencia Dist<br/>         25 - Division office<br/>         26. San Jose Dist<br/>         27. San Jose Dist<br/>         30 - Holiday<br/>         31 - San Jose Dist</p> |
|---|---|

(NOTE: This schedule is subject to change when deemed necessary)

Submitted by

*Milda E. Pegajar*  
MILDA E. PEGAJAR  
 Dentist II

Concurred:

*Karina Louise B. De la Cruz*  
**KARINA LOUISE B. DE LA CRUZ, MD**  
 Medical Officer III

Recommending Approval:

*Rachel B. Picardal*  
**RACHEL B. PICARDAL, Ed.D.**  
 SGOD, Chief Education Supervisor

APPROVED:

*Nem C. Oquendo*  
**NEM C. OQUENDO, EdD, CESE**  
 SCHOOLS DIVISION SUPERINTENDENT  
 9/29/23

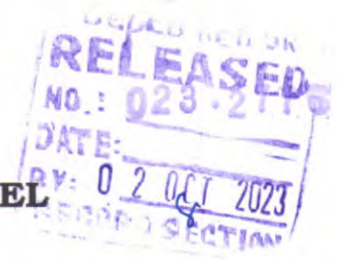


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Republic of the Philippines  
Department of Education  
Schools Division of Negros Oriental

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



|  |   |
|--|---|
| <b>Name</b>  | <b>ALEXANDRIA N. RUPERTO, RN</b>  |
| <b>Position/ Designation</b>                                   | Nurse II  |
| <b>Permanent Station</b>                                       | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments) | Render health services to teaching and non-teaching personnel; Verify health related incident |
| <b>Host of Activity</b>  | Division Office   |
| <b>Inclusive Dates</b>   | September 29, 2023 - Jimalalud National High School   |
| <b>Destination</b>   | Jimalalud I 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

ALEXANDRIA N. RUPERTO, RN

September 29, 2023

Name and Signature of Requesting Employee

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

9/29/2023

Date

**APPROVED**

NERI C. OJASTRO, EdD, CESE

Schools Division Superintendent

Name and Signature of Approving Authority

9/29/23

Date



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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

|  |  |
|--|--|
| <b>Name</b>  | <b>ESAN VAL. T. CABRERA, RN</b>                                |
| <b>Position/ Designation</b>                                   | Nurse II   |
| <b>Permanent Station</b>                                       | Division Office  |
| <b>Purpose of Travel</b><br>(must be supported by attachments) | Render health services to teaching and non-teaching personnel; |
| <b>Host of Activity</b>  | Division Office  |
| <b>Inclusive Dates</b>   | October 2, 2023 – Ayungon CES                                  |
| <b>Destination</b>   | Ayungong 2 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

*Esan Val. T. Cabrera*  
**ESAN VAL. T. CABRERA, RN**

**September 29, 2023**

Name and Signature of Requesting Employee

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*  
**RACHEL B. PICARDAL, EdD**

Chief, Education Supervisor, SGOD

Name and Signature of Recommending Authority

9/29/2023

Date

**APPROVED**

*Neri C. Ojastro*  
**NERI C. OJASTRO, EdD, CESE**

Schools Division Superintendent

Name and Signature of Approving Authority

9/29/23

Date



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



**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**

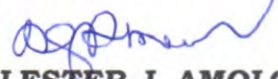
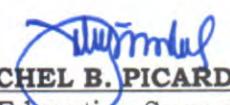

|   |  |
|---|--|
| <b>Name</b>   | <b>ESTER NUEZ, RN</b>  |
| <b>Position/ Designation</b>  | Nurse II   |
| <b>Permanent Station</b>  | Division Office  |
| <b>Purpose of Travel</b><br>(must be supported by attachments)  | Render health services to teaching and non-teaching personnel; |
| <b>Host of Activity</b>   | Division Office  |
| <b>Inclusive Dates</b>  | September 29, 2023 - Crisostomo O. Retes ES                    |
| <b>Destination</b>  | San Jose District  |
| <b>Fund Source</b>  | Division 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><i>for Ester Nuez, RN</i><br/><b>ESTER NUEZ, RN</b> <b>September 29, 2023</b><br/>Name and Signature of Requesting Employee Date</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><i>Rachel B. Picardal</i><br/><b>RACHEL B. PICARDAL, EdD</b> <b>9/29/2023</b><br/>Chief, Education Supervisor, SGOD Date<br/>Name and Signature of Recommending Authority</p> <p><b>APPROVED</b></p> <p><i>Neri C. Ojastro</i><br/><b>NERI C. OJASTRO, EdD, CESE</b> <b>9/29/23</b><br/>Schools Division Superintendent Date<br/>Name and Signature of Approving Authority</p> |  |



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

**TRAVEL AUTHORITY FOR OFFICIAL TRAVEL**



|   |   |
|---|---|
| <b>Name</b>   | <b>MARK LESTER J. AMOLO, RN LPT</b>                               |
| <b>Position/ Designation</b>  | Nurse II  |
| <b>Permanent Station</b>  | Division Office   |
| <b>Purpose of Travel</b><br>(must be supported by attachments)  | To render health services to teaching and non-teaching personnel. |
| <b>Host of Activity</b>   | Division Office   |
| <b>Inclusive Dates</b>  | September 29 ,2023- Jimalalud National High School                |
| <b>Destination</b>  | Jimalalud District I  |
| <b>Fund Source</b>  | Division 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 style="text-align: center;"></p> <p><b>MARK LESTER J. AMOLO, RN LPT</b> <span style="float: right;">September 28, 2023</span><br/>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 style="text-align: center;"></p> <p><b>RACHEL B. PICARDAL EdD</b> <span style="float: right;">SEP 28 2023</span><br/>Chief, Education Supervisor SGOD <span style="float: right;">Date</span></p> <p>Name and Signature of Recommending Authority</p> |   |
| <p>Approved</p> <p style="text-align: center;"></p> <p><b>NERIC C. OJASTRO, EdD, CESE</b> <span style="float: right;">9/29/23</span><br/>Schools Division Superintendent <span style="float: right;">Date</span></p> <p>Name and Signature of Approving Authority</p>  |   |