Department of Education
Region VI-Western Visayas
DIVISION OF AKLAN
Arch. G.M. Reyes Street, Kalibo, Aklan

DIVISION MEMORANDUM No. 182 s. 2018

TO: **Chief Education Supervisors**
Public Schools District Supervisors
School Heads and other Personnel Concerned

FROM: Dr. **SALVADOR O. OCHAVO, Jr., CESO VI**
Schools Division Superintendent

SUBJECT: **IMPLEMENTING THE OBSERVANCE OF THE PRESCRIBED WORKING HOURS TO ALL PERSONNEL**

DATE: July 03, 2018

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1. Per reminder of Civil Service Commission (CSC) under Section 5, Rule VII of the Omnibus Rules Implementing Book V of Executive Order No. 292, re: **All government officials and employees are required to render eight working hours a day for five days a week, excluding time for lunch.**

2. Section 6 of the same Rule allows the adoption of **FLEXIBLE WORKING HOURS** per CSC Memorandum Circular No. 14, s. 1989, upon filing of written request per enclosed format as prescribed under DepEd Order No. 31, s. 2014.

3. For monitoring and proper recording of attendance, the use of **BIOMETRIC TIME CLOCK** is hereby required to all Level 1 position and Level 2 position personnel, only presidential appointees are exempted.

4. Public Schools District Supervisors may enroll in the Biometric Time Clock of school where the District Office is located effective July 05, 2018.

5. For your information and guidance.

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REQUEST FOR CHANGE OF WORKING SCHEDULE

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_____
_____
_____

Sir:

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

This request is being made with due observance of the requirements of change of work schedule only after six (6) months of implementation of my current work schedule; a prior notice of at least thirty (30) days before the start of the intended change; and approval thereof by the Head of Office before its implementation.

Thank you for the kind consideration and approval of the request.

Very truly yours,

SIGNATURE ABOVE FULL NAME OF THE EMPLOYEE

APPROVED BY:

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