Pursuant to National Budget Circular 514 s. 2007, this office releases the following revised forms for Special Hardship Allowance.

1. SHA Form 1 – Classroom Teachers/School Heads Assigned in Hardship Post (Transport Inaccessibility)
2. SHA Form 2 - Classroom Teachers/School Heads Assigned in Hardship Post (Difficulty of Situation)
3. SHA Form 3 – Multigrade Teachers
4. SHA Form 4-1- Mobile Teachers
5. SHA Form 4-2 – Alternative Learning Coordinators (ALS)
6. SHA Form 4-3 – ABOT Alam Teachers

It is stated in paragraph 3.2 of NBC 514 s. of 2007 that "hardship post (HP) refers to public schools of community learning centers located in areas characterized by extraordinary hard, uncomfortable and extreme difficulties due to transport inaccessibility and difficulty of situation. Hence, schools not covered by this are not entitled to receive Special Hardship Allowance.

A certification from the Registry of Deeds/ Planning or Engineering Office of Municipalities as to the distance must be attached to SHA Form 1 and 2. All forms must be signed first by the Education Supervisor assigned to the district and it is still subject to the approval of the Schools Division Superintendent.

It is also advised that these forms must be submitted monthly to the Personnel Section.

For your information, guidance and wide dissemination.
Republic of the Philippines  
Department of Education  
Region V (Bicol)  
**DIVISION OF CATANDUANES**  
Virac

SHA FORM 2

Classroom Teachers/ School Heads Assigned in Hardship Post  
(DIFFICULTY OF SITUATION)  
For the month of ___________ 2016

DISTRICT: ______________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School Assigned</th>
<th>Residence</th>
<th>Place declared Calamitous by the Coordinating Council (NDCC)</th>
<th>Involves Hazards to life including exposures to armed conflict</th>
<th>Inconvenience of Travel due to dangerous terrain, isolation and extreme weather condition</th>
<th>Distance in km.</th>
<th>Inclusive dates</th>
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**Note:** Certification as to the distance from Registry of Deeds/ Planning or Engineering Office of Municipalities must be attached to this form.

Certified Correct: ______________________  
Recommendning Approval: ______________________  
APPROVED: ______________________

Public Schools District Supervisor/ School Head  
Education Program Supervisor Assigned to the District  
Schools Division Superintendent  
SOCORRO V. DELA ROSA, CESO VI
Republic of the Philippines  
Department of Education  
Region V (Bicol)  
DIVISION OF CATANDUANES  
Vice

SHAFORM 1

Classroom Teachers/ School Heads Assigned in Hardship Post  
(TRANSPORT INACCESSIBILITY)  
For the month of _______ 2016

SCHOOL : ________________  
DISTRICT : ________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School</th>
<th>Residence</th>
<th>Available Regular</th>
<th>Means of Transportation</th>
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</thead>
<tbody>
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<td>Land Transport</td>
<td>Hiking</td>
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</table>

Inclusive dates

Note: Certification as to the distance from Registry of Deeds/ Planning or Engineering Office of Municipalities must be attached to this form.

Certified Correct: ___________________  
Recommendng Approval: ___________________  
APPROVED: ___________________

Public Schools District Supervisor/ School Head: ___________________  
Education Program Supervisor Assigned to the School: ___________________

Socorro V. Dela Rosa, CESO VI  
Schools Division Superintendent
Republic of the Philippines  
Department of Education  
Region V (Bicol)  
DIVISION OF CATANDUANES  
Virac

SHA FORM 3

MULTIGRADE TEACHERS  
For the month of 2016

**DISTRICT:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School Assigned</th>
<th>Status (regular or substitute)</th>
<th>Grades Handled</th>
<th>Inclusive dates of Service</th>
<th>Remarks</th>
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*Note: Class program must be attached for Kinder & Grade I teachers*

**Certified Correct:**

**Recommending Approval:**

**APPROVED:**

Public Schools District Supervisor/ School Head  
Education Program Supervisor In-Charge of Multigrade  

SOGCORRO V. DELA ROSA  
Schools Division Superintendent
SHA FOR MOBILE TEACHERS
For the month of ____________ 2016

DISTRIBUTION:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School/District Assigned</th>
<th>Learning Group</th>
<th>Inclusive dates</th>
<th>Remarks</th>
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Certified Correct: ____________________________

Recommended Approval: ____________________________

APPROVED: ____________________________

PSDS/ School Head: ____________________________

Education Program Specialist II (ALS): ____________________________

SOCORRO V. DELA ROSA, CESO VI
Schools Division Superintendent
SHA FORM 4-2

SHA for Alternative Learning Coordinators (ALS)
For the month of ___________ 2016

DISTRICT: ____________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School/ District Assigned</th>
<th>Learning Group</th>
<th>Inclusive dates</th>
<th>Remarks</th>
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Certified Correct: ____________________

Recommended Approval: ____________________

APPROVED: ____________________

PSDS/ School Head:

Education Program Specialist II (ALS):

SOCORRO V. DELA ROSA, CESO VI
Schools Division Superintendent
SPECIAL HARDSHIP ALLOWANCE FOR ABOT ALAM TEACHERS
For the month of __________ 2016

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School/ District Assigned</th>
<th>Learning Group</th>
<th>Inclusive dates</th>
<th>Remarks</th>
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Certified Correct: ____________________  Recommending Approval: ____________________

PSDS/ School Head  Education Program Specialist II (ALS)

APPROVED:
SOCORRO V. DELA ROSA, CESO VI
Schools Division Superintendent