MEMORANDUM
OSDS-Per-UM-01-16-20

TO: CID Chief, Education Program Supervisors
     Public Schools District Supervisors
     Elementary School Heads

Date: January 16, 2020

FROM: DANilo E. DESPANI
     Schools Division Superintendent

SUBJECT: SPECIAL HARDSHIP ALLOWANCE (SHA) Revised 2020

Please find the following SHA Form. (Revised 2020).

1. FORM 1 – Transport Inaccessibility
2. FORM 2 – Difficulty of Situation
3. FORM 3 – Multigrade Teachers
4. FORM 4 – Mobile Teachers
5. FORM 5 – Alternative Learning Coordinators (ALS)

For the List of Schools entitled to SHA- Transport Inaccessibility and Difficulty of Situation, please find attachment to Unnumbered Division Memorandum dated January 22, 2018.

Likewise, per paragraph 3.2.2 of NBC 514 s, 2007, and as approved by the Schools Division Superintendent Cagraray ES Annex, Bato East District is considered as Hardship Post – Difficulty of Situation, thus, teachers and school head are entitled to receive such allowance provided, complete documents are submitted. Incomplete documents shall not be accepted. Submission is every first week of the following month to the In-Charge of SHA in the personnel section.

The process flow for submission will be, School Head forward the complete required documents to the District Office, the SDS submits documents of all schools in the district to the In-Charge of SHA in Personnel Section, then the SHA In-charge will forward the documents for approval of the SDS, finally, the SDS staff returns the signed forms to the In-Charge at Personnel Section.

Individual submission of SHA documents shall not be accepted in the Personnel Section. Transmittal with the list of schools signed by the District Supervisor must be attached to the accomplished SHA documents.

Please be guided accordingly.
Classroom Teachers/ School Heads Assigned in Hardship Post  
(TRANSPORT INACCESSIBILITY)  
For the month of ___________ 2020

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>School Assigned</th>
<th>Residence</th>
<th>Available Regular</th>
<th>Mean of Transportation</th>
<th>Inclusive dates</th>
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<td>TEMPORARY</td>
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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.

Prepared by: ________________________________ 
School Head

Recommending Approval: ________________________________ 
Public Schools District Supervisor/ OIC

APPROVED: ________________________________
DANilo E. DESPI 
Schools Division Superintendent
Classroom Teachers/ School Heads Assigned in Hardship Post
(DIFFICULTY OF SITUATION)
For the month of __________ 2020

<table>
<thead>
<tr>
<th>Name</th>
<th>School Assigned</th>
<th>POSITION</th>
<th>BASIC SALARY</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>Inclusive dates</th>
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Note: Please check which hardship does the school falls.

Prepared by: ____________________________

School Head

Recommending Approval: ____________________________

Public Schools District Supervisor

APPROVED:

DANilo E. DESPI
Schools Division Superintendent
## MULTIGRADE TEACHERS

**For the month of** 2020

### DISTRICT:

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<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 from</th>
<th>Inclusive dates of Service to</th>
<th>Remarks</th>
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*Note: copy of SPF Form 4 (SFA) Daily Attendance Report of Learners of the school must be attached to this form monthly*

Prepared by:  

School Head

Recommended Approval:

DANilo E. DESPI  
Public Schools District Supervisor/OIC  
Schools Division Superintendent
Republic of the Philippines  
Department of Education  
Region V (Bicol)  
DIVISION OF CATANDUANESE  
Virac

SHA FORM 4 (REVISED 2020)

SHA FOR MOBILE/TEACHERS  
For the month of _______________ 2020

DISTRICT: _______________________

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<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:  
DANilo E. Despi  
Schools Division Superintendent

Education Program Specialist:  
CHIEF, CID
SHA FORM 5 (Revised 2020)

SHA for Alternative Learning Coordinators (ALS)
For the month of _______ 2020

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: __________________________

Recommending Approval: __________________________

APPROVED: __________________________

Education Program Specialist: __________________________

CHIEF, CID

DANilo E. Despi
Schools Division Superintendent