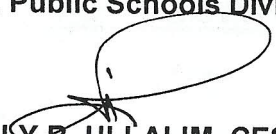


Republic of the Philippines  
Department of Education  
Cordillera Administrative Region  
**SCHOOLS DIVISION OFFICE – IFUGAO**  
Lagawe



**DIVISION MEMORANDUM NO. 84 s., 2016**

To: **ALL Public Schools Division Supervisor (PSDS)**

From: **SALLY B. ULLALIM, CESO V**   
Schools Division Superintendent

Subject: **Updating of Membership to the Department of Education National Employees' Union (DepEd-NEU) of All Non-Teaching Personnel of SDO-Ifugao**

Date: **May 27, 2016**

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By virtue of being a member of the DepEd-NEU, it is noted this year 2016, that some Non-Teaching Personnel (like the School Admin. Aide II, Security Guards, Librarians, Guidance Counselors, Nurses and SDO Personnel) received their Collective Negotiated Agreement (CNA) benefit in the amount ranging from of FIVE THOUSAND ONE HUNDRED (Php 5,100.00) to FIVE THOUSAND EIGHT HUNDRED (Php 5,800.00) for the year 2014. For those who received Php 5,100.00, they were deducted Php 700.00 Union Fees while those who received the latter amount of Php 5,800.00 shows that they were up-to-date in paying their Union Fees, and so, they received said amount without any deductions. Meantime, the CNA benefit for 2015 is being worked out.

Now, so as not to deprive any non-teaching personnel of any CNA forthcoming benefit, there is a need to update the list/roster of said non-teaching personnel from each district. Thus, a copy of the DepEd NEU membership form is hereto attached for reproduction and then to be filled up by those non-teaching personnel who did not receive any CNA benefit. This means to say that said non-recipient personnel are not yet members of the DepEd-NEU and have to be members before receiving any CNA benefit.

A one hundred (Php 100.00) peso lifetime membership fee is also being collected to new members by the cash section thru our Budget Officer, JODA N. BALOG, to be remitted to the DepEd NEU at the Central Office.



DEPARTMENT OF EDUCATION  
NATIONAL EMPLOYEES' UNION  
(DepEDNEU)

Rm. 306, Dorm E, DepED Complex, Meralco Avenue, Pasig City  
DOLE-CSC Registration No. 1737  
Accreditation No. 862  
CNA Registration No. 162



## APPLICATION FOR MEMBERSHIP

(Please write in block letters in filling-up this form)

I, \_\_\_\_\_ wishes to apply for membership  
with the \_\_\_\_\_

(Last Name) (First Name) (MI)

DepEd-NEU. I understand that, as a union member, I will abide by its Constitution and By Laws, and all the lawful orders, policies and programs set by the UNION or, by its authorized representative/s.

Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Home/City Address: \_\_\_\_\_

Residence Tel. No. \_\_\_\_\_ Cellphone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Region: \_\_\_\_\_

Division/School: \_\_\_\_\_

Office/School Address: \_\_\_\_\_ Office Tel. No.: \_\_\_\_\_

Designation: \_\_\_\_\_ Employment Status: \_\_\_\_\_ Yrs. In Service: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Office: \_\_\_\_\_

Name of Dependent/Children	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please notify (in case of emergency):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_ Cellphone: \_\_\_\_\_

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

Applicant's Employee Number: \_\_\_\_\_ Submitted by: \_\_\_\_\_

(Applicant's Signature Over Printed Name)