



**Republic of the Philippines**  
**Department of Education**  
**SCHOOLS DIVISION OF SORSOGON**

**DIVISION SPECIAL ORDER**  
**NO. \_\_\_\_\_ S. 2026**

The return to duty from \_\_\_\_\_ of the hereunder listed National (Municipal) Teacher/Personnel hereby made a matter of record.

- |                                      |       |
|--------------------------------------|-------|
| 1. NAME                              | _____ |
| 2. EMPLOYEE NUMBER                   | _____ |
| 3. SCHOOL/DISTRICT                   | _____ |
| 4. POSITION/STATUS                   | _____ |
| 5. MONTHLY SALARY                    | _____ |
| 6. INCLUSIVE DATES OF LEAVE ABSENCES | _____ |
| 7. DATE OF RETURN TO DUTY            | _____ |
| 8. MOBILE NUMBER                     | _____ |

**JOSE L. DONCILLO, CESO V**  
 Schools Division Superintendent

Copy Furnished:  
 The Chief PSU, Deped, RO V  
 Teacher / Personnel  
 D.O File

**RETURN TO DUTY REQUIREMENTS (with leave for more than 30 days)**

| (SICK LEAVE / MATERNITY LEAVE) |   | (VACATION LEAVE)         |   |
|--------------------------------|---|--------------------------|---|
| <input type="checkbox"/>       | 1 copy S.O. Form for Return to Duty                       | <input type="checkbox"/> | 1 copy S.O. Form for Return to Duty             |
| <input type="checkbox"/>       | 1 copy Letter of Intent                                   | <input type="checkbox"/> | 1 copy Letter of Intent                         |
| <input type="checkbox"/>       | 1 copy Certificate from Principal                         | <input type="checkbox"/> | 1 copy School Clearance                         |
| <input type="checkbox"/>       | 2 copies Medical Certificate (that indicates Fit to Work) | <input type="checkbox"/> | 1 copy District Clearance (only for Elementary) |
| <input type="checkbox"/>       | 2 copies Birth Certificate (for Maternity Leave)          | <input type="checkbox"/> | 1 copy Certificate from Principal               |
| <input type="checkbox"/>       | 1 copy Approved Form 6                                    | <input type="checkbox"/> | 1 copy Approved Form 6                          |
| <input type="checkbox"/>       | 1 copy Latest Payslip                                     | <input type="checkbox"/> | 1 copy Latest Payslip                           |



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