



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
**REGION III-CENTRAL LUZON**  
 Schools Division of \_\_\_\_\_



**EQUIVALENT RECORD FORM**

(Submit in Five Copies)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 (Surname) (Given) (M.I.)

Employee No. : \_\_\_\_\_ Authorized Position Title: \_\_\_\_\_  
 Item No. : \_\_\_\_\_ SG: \_\_\_\_\_ Authorized Annual Salary: \_\_\_\_\_

**I. Educational Attainment**

Masters Degree (write in full with specialization)	Completed/ Units Earned (if not completed)	Name of School	Year Completed	Equivalent

**II. Years of Teaching Experience:** \_\_\_\_\_  
 Private : \_\_\_\_\_  
 Public : \_\_\_\_\_

**III. Trainings Attended**

Title	Inclusive Dates	Number of Hours	Sponsoring Agency

**IV. For Head Teacher Positions and Other Related Teaching Positions**

Years of Experience in Present Position: \_\_\_\_\_

**V. Latest Performance Rating:** \_\_\_\_\_

\_\_\_\_\_  
 (Teacher's Signature)

**VI. Schools Division Action (For Schools Division Evaluator Only)**

Classification	Date Processed	Range Assignment	Salary Grade	Salary Schedule	REMARKS

Certified Correct: \_\_\_\_\_

Recommending Approval: \_\_\_\_\_

\_\_\_\_\_  
 AO IV-Personnel  
 Schools Division Evaluator

\_\_\_\_\_  
 Schools Division Superintendent

**V. DepEd Regional Office Action**

Classification: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_

Post Audited Assignment: \_\_\_\_\_  
 Salary Grade : \_\_\_\_\_  
 Salary Schedule : \_\_\_\_\_  
 Remarks : \_\_\_\_\_

Approved: \_\_\_\_\_

\_\_\_\_\_  
 Evaluator

\_\_\_\_\_  
 NICOLAS T. CAPULONG, Ph.D.  
 OIC-Assistant Regional Director