Regional Memorandum

GRANT OF CY 2019 COLLECTIVE NEGOTIATION AGREEMENT INCENTIVE (CNAI)

To Schools Division Superintendents

1. In anticipation of the release of CY 2019 Collective Negotiation Agreement Incentive (CNAI) from the Department of Education Central Office, all Schools Division Offices and Regional Office Proper must prepare the requirements stated in the checklist (see attached CNA Payroll/List Checklist) ready for submission to this Office.

2. Immediate and wide dissemination of this Regional Memorandum is hereby desired.

RUTH L. FUENTES
Assistant Regional Director

neu/ggv/ecm
Schools Division Office:  
Address:  
Calendar Year:  

Supporting Documents: Two (2) copies collated  
(Put N/A if not applicable)

☐ ☐ For active employees (ATM)  
☐ ☐ Payroll labeled as Active (ATM), signed boxes A, B, C  
☐ ☐ PACSVAL – Hardcopy  
☐ ☐ PACSVAL – Softcopy (CD)

☐ ☐ For retired/resigned employees (ATM)  
☐ ☐ Payroll labeled as Retired/Resigned (ATM), signed boxes A, B, C  
☐ ☐ PACSVAL – Hardcopy  
☐ ☐ PACSVAL – Softcopy (CD)

☐ ☐ For retired/resigned employees (Check)  
☐ ☐ Signed Payroll labeled as Retired/Resigned (Check), signed boxes A, B, C

☐ ☐ Request for entitled employees but not included in the masterlist (ATM)  
☐ ☐ Request Letter from Head of Agency  
☐ ☐ Payroll labeled as Entitled Employees Not Included in The Masterlist (ATM), signed boxes A, B, C  
☐ ☐ PACSVAL – Hardcopy  
☐ ☐ PACSVAL – Softcopy (CD)  
☐ ☐ Service Record

☐ ☐ Request for entitled employees but not included in the masterlist (Check)  
☐ ☐ Request Letter from Head of Agency  
☐ ☐ Payroll labeled as Entitled Employees Not Included in The Masterlist (Check), signed boxes A, B, C  
☐ ☐ Service Record

☐ ☐ Not entitled but listed in the masterlist  
☐ ☐ List of not entitled personnel, signed by Head of Agency

As per COA circular number: 2012-001 dated June 12, 2012 – “Prescribing the Revised Guidelines and Documentary Requirement for Common Government Transactions”
☐ □ Deceased personnel
☐ □ Request Letter
☐ □ Signed Payroll (Boxes A, B, C)
☐ □ Original or Authenticated PSA/NSO Certificate:
    ☐ □ Certificate of Death of the deceased
    ☐ □ Certificate of Marriage of the deceased & surviving spouse
    ☐ □ Certificate of Live Birth of the primary beneficiary
☐ □ Photocopy of 2 valid IDs of the primary beneficiary
☐ □ Active LBP Account Number of the primary beneficiary (if applicable)
☐ □ Certificate of Non-Pending Case
☐ □ Affidavit of Next Kin/Legal Heirs
☐ □ Decision/Designation of Beneficiaries
☐ □ Waiver of rights of the other beneficiaries in favor of the other/s (optional)
☐ □ Other/s:
    ☐ □
    ☐ □

I hereby certify that above documents are complete and arranged as per checklist.

________________________________________
Signature over Printed Name / Date
Email Address:
Contact Number/s:

As per COA circular number: 2012-001 dated June 12, 2012 – “Prescribing the Revised Guidelines and Documentary Requirement for Common Government Transactions”

DATA PRIVACY NOTICE: Data and information in this form are intended exclusively for the purpose of this activity. The process owner for the purpose of verifying and authenticating identity of the participants will keep this. Serving other purposes not intended by the process owner is a violation of Data Privacy Act of 2012. Data subjects voluntarily provided these data and information explicitly consenting the process owner to serve its purpose.