




Tanggapan ng Kawaksing Kalihim
Office of the Assistant Secretary

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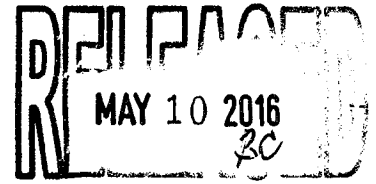
MEMORANDUM

TO : ALL REGIONAL DIRECTORS

FROM :  JESUS L.R. MATEO
Assistant Secretary
Oplan Balik Eskwela (OBE) Chairman

SUBJECT : Submission of names of the Senior Action Officers and Support Personnel for the Oplan Balik Eskwela (OBE) and Public Assistance Station (PAS), SY 2016-2017

DATE : 3 May 2016



DEPED-CAR Time: _____

In consonance with DepEd Memorandum No. 68, s. 2016 dated 29 April 2016, which states that:

"All Regional Directors (RDs) and Schools Division Superintendents (SDSs) are hereby directed to set up their local Information and Action Center (IACs)." and that

"The names and contact details of the local OBEIAC chair and members shall be submitted to the DETxt Action Center on or before May 9, 2016."

In line with this, the Regional Directors are advised to submit a consolidated list of the 2016 Oplan Balik Eskwela (OBE) Task Force of their respective areas of jurisdiction following the attached template using the MS Excel file and send it through email at action@deped.gov.ph on or before the date stated. All division offices are advised to submit their OBE Task Force members to their respective regional offices for consolidation. Hence, only the lists submitted by the regional offices are considered official.

Please provide functional telephone numbers and email addresses to facilitate efficient communication networks during the conduct of the OBE and PAS.

For compliance.

Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION
Wangal, La Trinidad, Benguet

May 6, 2016

To: All Schools Division Superintendents
All Concerned

For information and Compliance.


ELLEN B. DONATO, Ed.D, CESO III
Director IV

(NAME OF REGION)
(Exact Address)

Designation	Name	Contact Number/s / Email Address/es
Chairman (Name of ARD)		
Members		

(NAME OF DIVISION)
(Exact Address)

Designation	Name	Contact Number/s / Email Address/es
Chairman (Name of ASDS)		
Members		

(NAME OF DIVISION)
(Exact Address)

Designation	Name	Contact Number/s / Email Address/es
Chairman (Name of ASDS)		
Members		