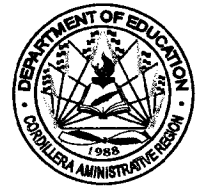




Republic of the Philippines
 Department of Education
 CORDILLERA ADMINISTRATIVE REGION
 Wangal, La Trinidad, Benguet




RELEASED
 JAN 26 2016
 DEPED-CAR Time: 8:40

January 25, 2016

REGIONAL MEMORANDUM

No. **023.2016**

To: Schools Division Superintendents
 Regional Chiefs/Officers-In-Charge
 All Others Concerned

From: 
ELLEN B. DONATO, Ed.D., CESO III
 Regional Director

Subject: **NATIONAL EDUCATORS ACADEMY OF THE PHILIPPINES in the REGION (NEAPR)
 DORMITORY GUIDELINES**

1. Relative to the use of the dormitory facilities at the NEAPR, the following guidelines are to be followed:
 - a. **Reservation Time Schedule:** Monday-Friday from 8 A. M until 6 P.M.
 - b. **Check In Time** starts at- 4: 00 A. M
 - c. **Check Out Time**-12:00 Noon
 - d. **Curfew Time**-10:00 P.M
 - e. The regional office division/unit that will use the facility will be in charge of coordinating with the dorm manager on the expected time of arrival and departure of their participants.
2. The Dorm Manager will be assigned a receipt booklet which will be used for payment done on weekends. Payments will be remitted to the Cash Section on the next working day.
3. Maintenance of facilities will be referred to the Administrative Division for inspection.
4. Attached are the process flow, reservation and registration forms for your reference.
5. For inquiries please contact **Cynthia Harada, Dorm Manager II** at **(074)422-5000**.

HRDD/stf

Telephone Numbers:

Office of the Director IV	-422-1318	Budget and Finance Division	-422-5155	Cash Section	-309-3017	Record Section	-309-301
Fax Machine	-422-4074	Elementary Education Division	-422-7096	Physical Facilities Unit/ICT	-309-3011	Payroll Services Unit	-424-399
Office of the Director III	-309-3013	Alternative Learning System	-422-5187	Regional Planning Unit	-309-1234	Special Services Division	-424-516
Administrative Division	-422-1804	Secondary Education Division	-309-3014	Supply Unit	-422-2198	Commission on Audit	-422-743

FUNCTION HALLS/NEAP R ROOMS/RO DORMITORY

1. CONFERENCE HALL:

NEAP R CONFERENCE HALL CHARGED TO _____

a) Activity _____

b) Date/s of Activity: _____ c) Number of expected participants: _____

STEPHEN N. CAPUYAN HALL CHARGED TO _____

a) Activity _____

b) Date/s of Activity: _____ c) Number of expected participants: _____

2. ACCOMMODATION:

NEAP R ROOMS CHARGED TO _____

a) Number of participants Male _____ Female _____ Total _____

b) Check-in Date _____ Time _____

c) Check-out Date _____ Time _____

RO DORMITORY CHARGED TO _____

a) Number of participants Male _____ Female _____ Total _____

b) Check-in Date _____ Time _____

c) Check-out Date _____ Time _____

3. OTHER NEEDS/DETAILS:

NEAP R CONFERENCE HALL
 ___ Sound System ___ LCD Projector Others _____

STEPHEN N. CAPUYAN HALL (MAINTENANCE/PREPARATION OF HALL - c/o GSU)
 ___ Sound System ___ LCD Projector Others _____

Arrangement of Hall (please specify/sketch at the back of this form) _____

END USER: Name: _____ DIVISION: _____

Contact Number: _____ Signature: _____ Date: _____

<p>CONFIRMED/APPROVED:</p> <p>(Name & Signature) DORM MANAGER</p> <p>_____ (date)</p>	<p>FOR POSTING RECEIVED COPY:</p> <p>(Name & Signature) HRDD</p> <p>_____ (date)</p>	<p>FOR INFORMATION RECEIVED COPY:</p> <p>(Name & Signature) FINANCE DIVISION</p> <p>_____ (date)</p>	<p>FOR INFORMATION AND PREPARATION RECEIVED COPY:</p> <p>(Name & Signature) ADMINISTRATIVE DIV.</p> <p>_____ (date)</p>
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FORM 002 - REGISTRATION

ACCOMMODATION

NEAP R ROOMS

LIVE-IN

Charged to _____

WALK-IN

OR # _____

RO DORMITORY

LIVE-IN

Charged to _____

WALK-IN

OR # _____

Room No. _____

Name _____

(Family Name)

(First Name)

(M.I.)

Valid I.D. _____ No. _____

(DepED ID, GSIS, PRC)

Date of Arrival _____ Time of Arrival _____

Date of Departure _____ Time of Departure _____

Contact No. _____ Position _____

School/ District/ Division _____

Activity / Event Specification _____

1. Check-out time is 12:00 noon.
2. The MANAGEMENT shall not be liable for any loss or damage to valuables left inside the room or any part of the building.
3. All guests should agree and follow all policies, rules and regulations in the NEAP facility.

ISSUED		RETURNED		REMARKS
Items	Number	Items	Number	
1. Room Key				
2. Blanket				
3. Towel				
4.				
5.				
Received by: _____ (Guest)		Received by: _____ (Dorm Manager)		
Date _____		Date _____		

NEAP R & SNC FUNCTION HALLS AND ROOMS PROCESS FLOW

