



2412-1280

Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF VIGAN CITY

Office of the Schools Division Superintendent

Division Memorandum
No. 44, s. 2024

SUBMISSION OF REQUIREMENTS DOCUMENTS FOR THE PROCESSING OF THE REIMBURSEMENT OF COMMUNICATION ALLOWANCE EXPENSES FOR SCHOOL MENTAL HEALTH COORDINATORS AND SCHOOL MENTAL HEALTH SECTION

To: *Chief Education Supervisor- SGOD
Public Elementary and Secondary Schools Heads
All Others Concerned*

1. The DepEd's mandate under the Republic Act No. 11036 or the **Mental Health Act** and DepEd Order No. 74, s. 2021 or the **Inclusion and Promotion of Mental Health Program in DepEd Events and Programs**, DepEd prioritizes the promotion and protection of the mental health and general welfare of its' personnel and learners, especially in time of crisis. The provision of communication load allowance to Mental Health Advocates helps ensure that employees and learners can stay connected in cases where mental health services or issues arise, necessitating referral.
2. In line with this, the communication load allowance/expenses will be reimbursed to the School Mental Health Coordinators, School Health and Nutrition Section Personnel, and Registered Guidance Counselors. The following documents must be submitted on or before **December 13, 2024**, at **Schools Division Office-Clinic Vigan City**:
 - A. Certificate of Designation as School Mental Health Program Coordinator
 - B. Certification that the Cellphone number used is not Postpaid indicating that all calls made in the cellphone number used are official. (refer to attachment for template)
 - C. Invoice Receipt of the purchased load **amounting to One Thousand Pesos (1,000.00)**.
3. For information, guidance and compliance.



VILMA D. EDA, CESO V
Schools Division Superintendent



Address: Mena Crisologo St. corner Rivero St., Brgy. IX, Vigan City, Ilocos Sur
Telephone No: (077) 722-20-23 / (077) 632-05-33
Email Address: vigan.city@deped.gov.ph
Website: www.depedvigancity.com

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Name of Designated Mental Health Coordinators/Advocates	NAME OF SCHOOL
Flordeliz Fermato	VCS
Judy Ann Adolfo	BPES
Cerelina Verzosa	GESMS II
Margie Bulaoat	MES
Ligaya Lourdes Alon	SPBES
Antonette Bisenio	TES
Marjorie Lontoc	BMSW
Joseph Bautista	APES
Nova Labiano LLapitan	CAPEs
Annalyn Frando	SJES
Ma. Nona Ambida	JSES
Larene Mary Mae P. Rabena	PIS
Sonia Soberano	BMSE
Jenny Barut	NES
Maylene Alcartado	CAMES
Rubelyn Alcaín	CCES
Leneilene Rapanut	RPES
Precy Yu	RES
Charmaine Antiporda	ISNHS
Marites Iniba	VNHSE
Wilmarie Amongol	VNHSW
Dr. Arlyn Batulan	Mental Health Program Advocate
Dr. Mac Lubert Rapacon	Mental Health Program Advocate
Laurie Angela Agati	Division Alternate Focal Person for Mental Health Program
Maria Korynne Taborda	Division Focal Person for Mental Health Program
Nadia Marie Adcapan	ISNHS-RGC
Rowena Navarro	ISNHS-RGC

Recommending Approval:

RODRIGO Q. REYES, JR.
Chief Education Supervisor-SGOD

Approved:

VILMA D. EDA, CESO V
Schools Division Superintendent



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CERTIFICATION

This is to certify that cellphone number _____ is not a postpaid number and all calls made from November to December, 2024 are all OFFICIAL.

Signature Over Printed Name
of Employee
Position and Designation



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