(Enclosure No. 1 to DepEd Memorandum No. **043**, s. 2020)

**OFFICE WORKWEEK PLAN**

**Division/Section/Unit:**

In compliance with the Guidelines for Alternative Work Arrangements and Support Mechanisms for Personnel in the Department of Education for the Duration of the State of Public Health Emergency, the (division/office/unit) is hereby submitting the work plan for (Date-Date,2020).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of**  **Personnel** | **Position** | **Pre-existing Health Condition and /or disease (if applicable)** | **Days of Work Attendance and Time and Period** | | | | | **Signature** |
| 16 | 17 | 18 | 19 | 20 |
| Mon | Tue | Wed | Thu | Fri |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Submitted by:

(Name and Signature of Division/Unit Head)

Date:

Approved by:

(Name and Signature of RD/SDS)

Date:

(Enclosure No. 2 to DepEd Memorandum No.**043** , s. 2020)

**INDIVIDUAL WORKSHEET ACCOMPLISHMENT REPORT**

**Name of Personnel: Division/Unit:**

**Position:**

|  |  |  |
| --- | --- | --- |
| **Actual Days of**  **Attendance to Work** | **Actual Time Log** | **Actual**  **Accomplishment/Output** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Signature of Personnel)

Date:

Verified by:

(Name & Signature of Division Chief/Office Head)

Date