



Republic of the Philippines
Department of Education
CARAGA REGION

DEPARTMENT OF EDUCATION
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REGIONAL MEMORANDUM
CLMD – 2026 – 1094

To: Schools Division Superintendents) Division of Agusan del Norte
All Others Concerned) Division of Agusan del Sur
) Division of Bislig City
) Division of Cabadbaran City
) Division of Siargao
) Division of Surigao del Norte
) Division of Surigao del Sur

GUIDELINES ON THE UTILIZATION OF PROGRAM SUPPORT FUNDS (PSF) FOR
THE PILOT SSHS WORK IMMERSION PROGRAM, GRADE 12 TECH-PRO TRACK

1. **Activity.** Pursuant to DM – OULS – 2026 – 435, this office issues the Guidelines on the Utilization of PSF for Pilot Strengthened Senior High School (SSHS) Work Immersion Program for Grade 12 Technical Professional (Tech-Pro) learners.

2. **Objective.** This issuance aims to set the simple and uniform rules for the use, release, liquidation, and reporting of PSF.

3. **Recipients.** The identified recipient of schools and their corresponding number of learners-beneficiaries are listed in the enclosure.

4. **Funding and Allowable Expenses.** PSF shall be used only for necessary, reasonable, economical, and directly related to Work Immersion, subject to government accounting and auditing rules and procedures. Allowable expenses include the following:

a. **Work Immersion teachers / focal persons** may charge to the PSF transportation and travel expenses incurred for partner mapping and site inspection, meetings and coordination, deployment, monitoring and evaluation, and consultations, provided such expenses are covered by an **approved travel authority** and supported by the required documents.

b. **Learners:**

- Transportation for Work Immersion activities
- Meals during authorized activities, when allowed by government rules
- Medical expenses, including pre-immersion medical exams
- Health and accident insurance for the required duration
- Clearances and other documents needed for participation and deployment

5. **Requirement.** Each school prepares one consolidated plan and budget and submits it to the CID through the SDO Work Immersion Focal Person. There is no



fixed ceiling or share per expense item; spending follows the approved plan and government rules.

6. **Monitoring and Reporting.** The Schools Division Offices (SDOs) must submit a consolidated Monthly Accomplishment Report on Fund Utilization and Implementation using the attached template in Enclosure 2.

7. **Inquiries.** For inquiries, contact the Curriculum and Learning Management Division (CLMD) through Celsa M. Cataluña, EPS – CLMD, at celsa.cataluna@deped.gov.ph

8. **Dissemination.** Immediate dissemination of this Memorandum to all concerned is highly desired.

ALLAN G. FARNAZO
Director IV

CMC/CLMD/RM-Guidelines on the Utilization of Program Support Funds...
17106/October 9, 2026

(Enclosure 1 to Regional Memorandum CLMD – 2026 -)

List of Identified Recipient Schools

Division	School	No. of Learner
Agusan del Norte	Nasipit National Vocational School	99
Agusan del Sur	Agusan del Sur National High School	513
Agusan del Sur	La Paz National High School	93
Agusan del Sur	Trento National High School	170
Bislig City	Mangagoy National High School	45
Cabadbaran City	Cabadbaran City National High School	327
Siargao	Pilar National High School	35
Surigao del Norte	Surigao del Norte National High School	346
Surigao del Sur	Madrid National High School	172
Surigao del Sur	Tambis National High School	54
Surigao del Sur	Tidman National High School	21



(Enclosure 2 to Regional Memorandum CLMD – 2026 -)

**MONTHLY ACCOMPLISHMENT REPORT ON THE FUND UTILIZATION AND
IMPLEMENTATION OF THE WORK IMMERSION PROGRAMS –
PSF FOR SY 2026-2027**

Division: _____ **For the Month of:** _____

Name of SDO	No. of Schools	No. of Learners	Amount of WI- PSF	Amount Allocated	Date Sub- ARO Received by Schools	Actual Learner Recipients	Amount Disbursed	Balance	Liquidated (Yes/No)
TOTAL									

Status of Activities: ☐ Completed ☐ Ongoing ☐ Pending

Remarks / Issues and Concerns: _____

Prepared by: _____ (NAME) Chief Education Program Supervisor, CID	Noted by: _____ (NAME) Assistant Division Superintendent	Approved by: _____ (NAME) Division Superintendent
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