



# Visayas State University

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Office of the President

5 September 2014

MEMORANDUM NO. 221

Series of 2014


**T O: All Vice Presidents/Deans/Directors/Department/Office Heads**

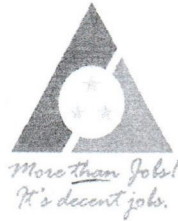
**R E: Survey of DOLE Related Implementation of RA 10533**

Attached please find a profiling form from the Department of Labor and Employment requesting for data as to the number of academic, academic support and non-academic personnel which may be affected by the Enhanced Basic Education Act of 2013. The data gathered will be used as reference for the interventions which may be instituted for those who will be affected by the above law.

All Departments and Offices are requested to gather the needed data by requiring your staff to fill-up the form and to prepare a summary and submit in matrix form indicating all the information found in the survey form together with the filled-up form to the ODAHRD for consolidation and transmittal to DOLE.

For compliance.

  
**JOSE L. BACUSMO**  
President



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF LABOR AND EMPLOYMENT  
WESTERN LEYTE FIELD OFFICE  
2nd Flr., PEMIA's Bldg., Cor. Rizal & San Nicolas Sts.,  
Ormoc City, Leyte  
Tel No.: 255-2436 Fax:  
Email add: [dolero8-wlfo@yahoo.com](mailto:dolero8-wlfo@yahoo.com)

**DR. JOSE L. BACUSMO**

President  
Visayas State University  
Baybay City, Leyte

Dear **Dr. Bacusmo**;

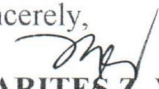
In view of the Implementation of Republic Act 10533 or the Enhanced Basic Education Act of 2013, we would like to request for the number of academic, academic support and non-academic personnel working in your institution. Attached herewith is the form for the profiling.

This will serve as reference for the interventions that will be instituted for those who will be affected with the implementation of the enhanced basic education program.

Kindly submit the list on or before September 1, 2014 to Department of Labor and Employment-Western Leyte Field Office at telephone no. 255-2436 or email at [dolero8-wlfo@yahoo.com](mailto:dolero8-wlfo@yahoo.com).

Thank you and warm regards

Sincerely,

  
**MARITES Z. VIÑAS**  
Chief LEO  
Head, Western Leyte Field Office



DEPARTMENT OF LABOR AND EMPLOYMENT  
Regional Office No. \_\_\_\_\_

**EMPLOYMENT SURVEY OF TEACHING AND NON-TEACHING PERSONNEL  
IN HIGHER EDUCATION INSTITUTIONS**

Name : \_\_\_\_\_  
Surname First Name Middle Name

Address : \_\_\_\_\_ Tel. No. : \_\_\_\_\_  
E-mail Ad : \_\_\_\_\_

Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Civil Status: ☐ Single ☐ Married

Highest Educational Attainment: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Position: \_\_\_\_\_

Type of Work Handled: \_\_\_\_\_ Basic Salary: \_\_\_\_\_

☐ Academic \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Subjects Handled: \_\_\_\_\_

☐ Academic Support \_\_\_\_\_ Regular \_\_\_\_\_ Non-Regular

☐ Non-Academic \_\_\_\_\_ Regular \_\_\_\_\_ Non-Regular

Special Skills:

☐ Machinist

☐ Plumber

☐ Automotive Mechanic

☐ Welder

☐ Practical Electricity

☐ Others, please specify: \_\_\_\_\_

☐ Carpenter

☐ Information Technology \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

No. of years working in the present employer: \_\_\_\_\_

Estimated total number of workers employed in the institution: \_\_\_\_\_

Number of Children (15-25 yrs old) who are in school: \_\_\_\_\_

If you are a Person with Disability, please specify type of disability: \_\_\_\_\_

Have you registered in any of the DOLE/PESO Offices: ☐ Yes ☐ No

If yes, specify the office, address and date of registration: \_\_\_\_\_

Assistance Requested: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_ Date: \_\_\_\_\_