



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY



Office of the Schools Division Superintendent

February 3, 2022

Memorandum 26 s. 2022

**ALS CLUSTER 1 RESULT-BASED PERFORMANCE MANAGEMENT
SYSTEMS LEARNING ACTION CELL (LAC)**

**TO: DR. JANRY B. COLONIA, EPS-II
ALIENE LIBRES, DALSC North I District
RUBENETH SALAZAR, DALSC East II District
All BPOSA Implementers
All Mobile Teachers, Clusters 1 (North 1, East II & Central District)**

1. Relevant to the effective and efficient function of ALS DepEd Cagayan de Oro Cluster I (North 1, East II and Central Districts), all concerned are hereby directed to attend the Learning Action Cell (LAC) on February 16, 2022, 8 am at Tablon Barangay Hall, Cagayan de Oro.
2. In adherence to the Equal Opportunity Principle (EOP), inclusive and fair treatment are accorded to all participants, regardless of disability, sexual orientation, gender, religion, and ethnicity
3. For guidance and compliance.

DR. CHERRY MAE LIMBACO-REYES
[Signature] Schools Division Superintendent

Encl.:
Ref.:
To be indicated in the perpetual index
Under the following subjects.

LAC session
cid/jbc

Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048

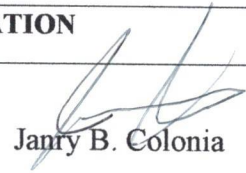



Department of Education
Region X
DIVISION OF CAGAYAN DE ORO CITY
William Masterson Road, Upper Balulang
Cagayan de Oro City



LOCATOR SLIP

REGION	10	
BUREAU/DIVISION/SCHOOL	Cagayan de Oro	
DATE OF FILLING	February 7, 2021	
NAME	POSITION	STATION
Janry B. Colonia, Ph.D.	EPS-II	CID
PURPOSE	ALS CLUSTER RPMS LAC	
Date of Activity	February 16, 2022	
PLEASE CHECK	<input type="checkbox"/> Official Business <input type="checkbox"/> Official Time	
DESTINATION	Venue East II Tablon, Barangay Hall	

<p style="text-align: center;"> Janry B. Colonia _____ Signature of Requesting Official/Employee Date: February 7, 2021</p>	<p>Approved:</p> <p style="text-align: center;"> <u>CHERRY MAE L. LIMBACO-REYES</u> Schools Division Superintendent Date: _____</p>
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CERTIFICATION

This is to certify that the above employee appeared in this Office for the above purpose.

Signature over printed name Position Date

(Note: This portion shall be filled out by the Official/authorized personnel of the office visited.)

*The accomplished and signed Locator Slip shall serve as the authority to travel