DIGITALLY RELEASED
DATE: November 12, 2026
TIME: 1:00 p.m.
BY: Kristine Keith M. Ambatang
SDO TABUK CITY
— RECORDS UNIT —

Republic of the Philippines
Department of Education
Cordillera Administrative Region
Schools Division of Tabuk City

Office of the Schools Division Superintendent

11 November 2026

DIVISION MEMORANDUM
No. 515, s. 2026

SUBMISSION OF DOCUMENTS NEEDED FOR PROCESSING THE NON-DEPED ARAL TUTORS AND SUPPORT AIDES' INCENTIVES

TO: Chief Education Supervisors (CID)
Education Program Supervisors
Public Schools District Supervisors
Elementary and Secondary School Heads
All Concerned

1. In reference to DepEd Memorandum No. 001, s. 2026, entitled *"Guidelines on the Engagement of Academic Recovery and Accessible Learning Program (ARAL) Tutors and Support Aides,"* the Schools Division of Tabuk City hereby directs all concerned schools to submit the necessary supporting documents for the processing of incentives for Non-DepEd ARAL Tutors and Support Aides covering the period from June 2026 to September 15, 2026.

2. The following documents shall be submitted using the prescribed templates provided in Enclosures 1, 2, and 3 of this Memorandum:
   a. Daily Time Record (DTR);
   b. Accomplishment Report; and
   c. Summary of Services Rendered.

All required documents must be submitted on or before **November 27, 2026**.

3. The complete set of documents shall be forwarded to the Curriculum Implementation Division (CID) for review and consolidation before endorsement to the Accounting Section for the appropriate processing of incentives.

4. Immediate and wide dissemination of, and strict compliance with, this Memorandum are hereby directed.

CHRISTOPHER C. BENIGNO PhD, EdD, CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent

Republic of the Philippines
Department of Education
Cordillera Administrative Region
Schools Division of Tabuk City

Enclosure 1 of DM No. 515 s. 2026

DAILY TIME RECORD OF ARAL TUTOR AND SUPPORT AIDE
For the Month of _____2026

FULL NAME OF ARAL TUTOR/ SUPPORT AIDE: _____
SCHOOL: _____
INCLUSIVE PERIOD: _____

DATE	TIME IN	TIME OUT	LATE/ UNDERTIME/ ABSENCES (hours and minutes)	REMARKS

I CERTIFY that the above is a true and correct report of the work performed, record of which was made at the time of arrival and at the time of departure from the school.

_____
(Name of ARAL Tutor/ Support Aide)

VERIFIED as to the prescribed number of hours of engagement

_____
(Name of School Head

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Enclosure 2 of DM No. 515 s. 2026

ACCOMPLISHMENT REPORT OF ARAL TUTORS/SUPPORT AIDES

For the Month of _____2026

Full Name of ARAL Tutor/Support Aide:_____
School: _____
Area of Specialization: Reading/ Mathematics (Indicate all that applies)
Inclusive Period: _____

Week	Date and Time	Subject	Learners Served	Grade level	Accomplishments (For tutors, including learning sessions conducted, progress and feedback on the tutorial session, for support aide, include type of support provided)
Week 1	August 4, 2026 4:00 pm to 5:00 pm	Reading	Learner A Learner B Learner C Learner D	Grade 3	• Accomplishment 1 • Accomplishment 2 • Accomplishment 3 • Accomplishment 4
Week 1	August 5, 2026 4:00 pm to 5:00 pm	Reading	Learner A Learner B Learner C Learner D	Grade 3	• Accomplishment 1 • Accomplishment 2 • Accomplishment 3 • Accomplishment 4
Week 1	August 6, 2026 4:00 pm to 5:00 pm	Math	Learner A Learner B Learner C Learner D	Grade 3	• Accomplishment 1 • Accomplishment 2 • Accomplishment 3 • Accomplishment 4
Week 1	August 7, 2026 4:00 pm to 5:00 pm	Math	Learner A Learner B Learner C Learner D	Grade 3	• Accomplishment 1 • Accomplishment 2 • Accomplishment 3 • Accomplishment 4

Prepared by:

(Name of ARAL Tutor. Support Aide)
ARAL Tutor

Attested by:

(Name of School Head)
School Head
Date: date of signing

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Department of Education

Cordillera Administrative Region

Schools Division of Tabuk City

Enclosure 3 of DM No. 515 s. 2026

SUMMARY OF SERVICES RENDERED

For the Month of _____ 2026

NAME of ARAL Tutor: _____
School: _____
Inclusive Period (Start & end serving as Tutor):_____

Month	WEEK	No. of Hours						
		Mon	Tue	Wed	Thu	Fri	Sat	TOTAL
June	Week 1 (June 8-12)							
June	Week 2 (June 15-19)							
June	Week 3							
June	Week 4							
July	Week 1							
July	Week 2							
July	Week 3							
July	Week 4							
July	Week 5							
August	Week 1							
August	Week 2							
August	Week 3							
August	Week 4							
September	Week 1							
September	Week 2							

Prepared by:

(Name of ARAL Tutor/ Support Aide)
ARAL Tutor

Attested by:

(Name of School Head)
School Head
Date: date of signing