



Republic of the Philippines  
**Department of Education**  
REGION VIII - EASTERN VISAYAS

November 13, 2025

**REGIONAL MEMORANDUM**

AD-2025- **1518**

**ADOPTION OF THE FOXPRO PROGRAM FOR PAYROLL PROCESSING**

To: Schools Division Superintendents  
School Heads of Implementing Units  
All Others Concerned

1. To ensure a standardized and streamlined payroll operation, this Office, through the Administrative Division, enjoins all Implementing Units (IUs) to adopt the FoxPro program for payroll processing.
2. In line with this directive, the Schools Division Superintendent shall create a Technical Team tasked to conduct readiness assessment and provide the necessary technical assistance to the IUs that have expressed their intent to adopt the program. The duration of the transition period shall depend on the readiness of each IU, as determined and recommended by the Technical Team.
3. The Regional Office shall oversee and monitor compliance with this Memorandum to ensure a smooth transition and the timely release of salaries and benefits for all personnel.
4. Expenses incurred by the Technical Team and monitoring personnel, including transportation, meals, accommodation and other incidental costs, shall be charged against their respective local/MOOE funds, subject to existing accounting and auditing rules and regulations.
5. Immediate dissemination of and strict compliance with this Memorandum are desired.

**RONALO AL K. FIRMO CESO IV**  
Assistant Regional Director  
Officer-In-Charge  
Office of the Regional Director

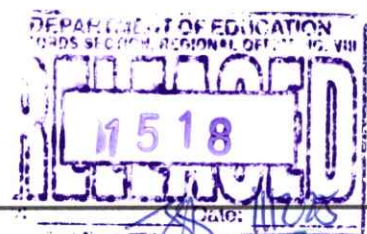
Enclosures: Assessment Tool

References: None

To be indicated in the Perpetual Index under the following subject

FOXPRO PROGRAM  
IMPLEMENTING UNITS  
PAYROLL SYSTEM

AD-EEC



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Enclosure to RM  
AD-2025

## ASSESSMENT TOOL

### APPLICATION FOR THE ADOPTION OF THE FOXPRO PROGRAM TO IMPLEMENTING UNITS (IUs)

This Assessment Tool shall be used to determine the readiness of the Implementing Unit (IU) to implement and administer the payroll preparation process for the payment of salaries and other emoluments of DepEd personnel using the FoxPro program. The result of the assessment shall be used as baseline information for the recommendation of the Technical Team for the provision of technical assistance and issuance of the corresponding approval order.

<b>Name of IU</b>	:
<b>Name of Payroll Officer</b>	:
<b>Position/Designation</b>	:
<b>Contact No.</b>	:
<b>Email Address</b>	:

#### SCHOOL PERSONNEL PROFILE:

Office/School	No. of Personnel	Remarks
Teaching Personnel		
• Junior High School		
• Senior High School		
Non-Teaching Personnel		
<b>TOTAL</b>		

#### ASSESSMENT:

INDICATOR	PER EVALUATION	PASSED/FAIL
<b>A. Payroll Management Process Flow</b>		
1. The IU has a process flow on the payroll preparation and process	<i>Please attach a copy of the process flow</i>	
2. The process flow can be easily understood by the users.		

INDICATOR	PER EVALUATION	PASSED/FAIL
<b>B. Human Resources</b> 3. The IU has the following personnel to be in-charge of the payroll services.  <i>Pls. specify name and position title (Designation)</i>  <i>e.g.</i> 1. Pedro Penduco, Administrative Officer II, Head of Payroll 2. Juana De Leon, Administrative Officer II, Head of Payroll Preparation 3. Juan dela Cruz, Computer Operator (Data Encoder) 4. Jane Doe, Administrative Assistant II (Data Controller) Juana Dela Cruz (Administrative Support)		
4.The identified personnel for payroll have undergone payroll training (hands on) on FoxPro program relative to efficient delivery of payroll services.	<i>Pls. attach copies of Certificates of Training conducted by the Region of the above personnel</i>  <i>Date of Training:</i> <i>Names of Personnel trained and designation:</i> a. _____ b. _____ c. _____ d. _____ e. _____	
<b>C. Payroll System</b>  C.1 The payroll system is properly installed in the devices to be utilized for payroll processing.	<i>As assessed by the Technical Team</i>  <i>Pls. attach screen shot of the payroll system and sample payslip.</i>	



INDICATOR	PER EVALUATION	PASSED/FAIL
C.2 A successful run of 2 to 6 months payroll was conducted	<i>Pls. specify number of times the payroll was done</i>	
<b>D. Equipment and Supplies</b> D.1 Availability of the following equipment and supplies:		
a. Printing Machine	<i>Please specify no. of units and specification and photos</i>	
b. Computer Desktop or laptop	<i>Please specify no. of units and specification</i>	
c. Paper for pay slips	<i>Please specify type of paper</i>	
d. Aircon unit	<i>Please specify</i>	
e. Printer ribbon or ink or toner		

INDICATOR	PER EVALUATION	PASSED/FAIL
<b>E. Working and Storage Area</b> E.1 The working space is conducive for payroll preparations. <ul style="list-style-type: none"> <li>• Four (4) square meters for every personnel</li> <li>• A reception area of at least twenty (20) square meters; the reception area should be outside the Payroll Office</li> <li>• Secured storage room minimum of 20 square meters.</li> <li>• Airconditioned room</li> </ul>	Pls. specify floor area in square meters	
<b>F. The storage area is elevated and non-flooded.</b>	Pls. attach picture of the installed cabinet/photos of the payroll working and storage areas.	
<b>G. Internal Control Mechanisms</b>		
G.1 Authenticity of the data and the generated payroll report	Pls. specify activity, Forms and Templates, Monitoring Tools	
<b>H. Security of the working and storage area</b>	Pls. specify	
<b>I. Pay slips distribution</b>	Pls. specify schedule	
<b>J. Budgetary Requirements</b>		
J.1 The IU has included a budget for the operations of the Payroll Services Unit (PSU) for the current fiscal year.	Budget cost:  Php _____  Pls. attach an Approved budget for the operations of the Payroll, if applicable (Work and Financial Plan)	

**Other Remarks:**

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**VALIDATORS/VISITING OFFICIALS:**

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Team Leader

*Signature over Printed Name and Designation*

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Member

*Signature over Printed Name and Designation*

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Member

*Signature over Printed Name and Designation*

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Member

*Signature over Printed Name and Designation*

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Member

*Signature over Printed Name and Designation*

**CONFORME:**

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*Signature over Printed Name and Designation*

Schools Division Superintendent

Date: \_\_\_\_\_