



WORK PROCEDURE

Doc. No: CHMSC-DEN-WP-01

Title: Operational Guidelines of the Dental Services

1.0 Objective

To establish guidelines in the availment of dental services

2.0 SCOPE

This work procedure covers the guidelines in the availment of dental services of the four Campuses, namely Alijis, Binalbagan, Fortune Towne and Talisay Campus.

3.0 Definitons and Abbreviations

- 3.1 CHMSC – Carlos Hilado Memorial State College
- 3.2 DEN - Dental

4.0 REFERENCES

Dental Primer



WORK PROCEDURE

Doc. No: CHMSC-DEN-WP-01

TITLE: OPERATIONAL GUIDELINES OF THE DENTAL SERVICES 5.0 DETAILS

FLOW	RESPONSIBLE	NOTES/REFERENCES
START		
Patients come in to the Dental clinic	Dental Assistant	1. Inquires patients complaints or dental problems.
Vital signs checking, Assessment of patient's health and dental history	Dental Assistant	2. To have a baseline information regarding patients health and dental condition and to prevent complications.
Dental Charts	Dental Assistant	3. Record patient for follow up and dental check up.
Dental Consultation	Dentist	4. Instruct patient Do's and Dont's. 5. Ensure oral health and well being of all CHMSCians.
Dental Extraction	Dentist	6. Issues Dental certificates. (case to case basis) 7. Educates all treated patients regarding oral health.
Dental Medicines	Dentist	8. Provide preventive measures through corrective treatments among students. 9. Provides dental medicines, gives instruction regarding timing, dosage and frequency of medication.
After treatment evaluation form	Dentist Dental Assistant	10. Provides dental prescriptions. 11. Gives referral for cases not within the scope. 12. Post operative instructions.
END		13. Patients evaluation by answering Dental evaluation form.



WORK PROCEDURE

Doc. No: CHMSC-DEN-WP-01


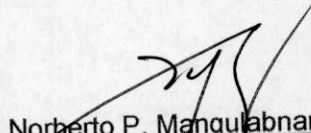
Title: Operational Guidelines of the Dental Services

6.0 Attachment

6.1 Dental Brochure

7.0 Forms

- 7.1 Patients Chart
- 7.2 After Treatment Evaluation Form
- 7.3 Dental Orientation Evaluation Form
- 7.4 Dental Mission Evaluation Form

Reviewed by:	Approved by:
 Dr. Ma. Generose S. Alunan School Dentist II	 Norberto P. Mangulabnan, Ph.D. Director QAA
Date 12/21/16	Date 12/20/2016

Effective date: December 2016

Rev. No.: 1

Page: 3 of 3



REPUBLIC OF THE PHILIPPINES
CARLOS HILADO MEMORIAL STATE COLLEGE
 TALISAY CITY, NEGROS OCCIDENTAL



Doc. No: CHMSC-DEN-F01

DENTAL HEALTH RECORD

NAME _____
 SURNAME FIRST NAME MIDDLE INITIAL

Date of Birth: _____ Age: _____
 Address: _____ Civil Status: _____
 Occupation: _____ Course and Year: _____

TEMPORARY DECIDUOUS TEETH

	55	54	53	52	51	61	62	63	64	65
OPERATION										
CONDITION										
CONDITION										
OPERATION										
	85	84	83	82	81	71	72	73	74	75

PERMANENT TEETH

OPERATION															
CONDITION															
	18	17	16	15	14	13	12	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	31	32	33	34	35	36	37	38
CONDITION															
OPERATION															

PATIENT #:



REPUBLIC OF THE PHILIPPINES
CARLOS HILADO MEMORIAL STATE COLLEGE
 TALISAY CITY, NEGROS OCCIDENTAL



Doc. No: CHMSC-DEN-F01

DENTAL HEALTH RECORD

NAME _____
 SURNAME FIRST NAME MIDDLE INITIAL

Date of Birth: _____ Age: _____
 Address: _____ Civil Status: _____
 Occupation: _____ Course and Year: _____

TEMPORARY DECIDUOUS TEETH

	55	54	53	52	51	61	62	63	64	65
OPERATION										
CONDITION										
CONDITION										
OPERATION										
	85	84	83	82	81	71	72	73	74	75

PERMANENT TEETH

OPERATION															
CONDITION															
	18	17	16	15	14	13	12	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	31	32	33	34	35	36	37	38
CONDITION															
OPERATION															

PATIENT #:



REPUBLIC OF THE PHILIPPINES
CARLOS HILADO MEMORIAL STATE COLLEGE
TALISAY CITY, NEGROS OCCIDENTAL



Doc. No: CHMSC-DEN-F02

PERFORMANCE EVALUATION (AFTER TREATMENT):

EVALUATOR: _____

COURSE/YR/SE C & CAMPUS: _____

POSITION/OFFICE: _____

INSTRUCTION: Kindly shade your rating on the corresponding number.

NUMBER CODE:

RATING GUIDE:

5	HIGHEST	OUTSTANDING
4		SATISFACTORY
3		GOOD
2		BETTER
1	LOWEST	NEEDS IMPROVEMENT

1. The Dental clinic is clean, organized and orderly.	1	2	3	4	5
2. The room is conducive for work.	1	2	3	4	5
3. The Dentist and the Dental Assistant are knowledgeable with their work.	1	2	3	4	5
4. Dental workers are neat and presentable in appearance.	1	2	3	4	5
5. He/she smiles, make patients comfortable and at ease.	1	2	3	4	5
6. Gets along easily, demonstrates concern and gives post operative instructions.	1	2	3	4	5
7. Works under pressure both in clerical and clinical works.	1	2	3	4	5
8. Teach students proper politeness and courtesy.	1	2	3	4	5
9. Gives quality and quantity of work due to proper materials and equipments in hand.	1	2	3	4	5
10. Dental objectives are achieved.	1	2	3	4	5



REPUBLIC OF THE PHILIPPINES
CARLOS HILADO MEMORIAL STATE COLLEGE
TALISAY CITY, NEGROS OCCIDENTAL



Doc. No: CHMSC-DEN-F03

DENTAL ORIENTATION EVALUATION FORM

EVALUATOR: _____

COURSE/YR/SEC & CAMPUS: _____

POSITION/ OFFICE _____

INSTRUCTION: Kindly shade your rating on the corresponding number.

NUMBER CODE:		RATING GUIDE:
5	HIGHEST	OUTSTANDING
4		SATISFACTORY
3		GOOD
2		BETTER
1	LOWEST	NEEDS IMPROVEMENT

Health Programs and Services					
1.	Dental Orientation every July is widely disseminated to freshmen students.	1	2	3	4 5
2.	Dental services include Dental extraction, consultation and oral health education.	1	2	3	4 5
3.	Dental programs are conducted on a regular basis.	1	2	3	4 5
4.	Annual Dental check-up to determine oral health problems of the freshmen and transferee students.	1	2	3	4 5
5.	Dental services are designed for the prevention and treatment of oral diseases.	1	2	3	4 5
Personnel					
1.	The Dentist and the Dental Assistant are approachable and friendly.	1	2	3	4 5
2.	They give sensible dental advice or referral.	1	2	3	4 5
3.	The personnel are knowledgeable in their area of specialization.	1	2	3	4 5
4.	Give first aid treatment when needed.	1	2	3	4 5
Availability, Location and Set - up					
1.	Dental clinic is accessible to students.	1	2	3	4 5
2.	Dental clinic is conducive for Dental treatments.	1	2	3	4 5



**DENTAL MISSION EVALUATION
 FEEDBACK FORM**

EVALUATOR: _____

COURSE/YR/SEC& CAMPUS: _____

POSITION/OFFICE: _____

DATE: _____ VENUE: _____

INSTRUCTION: Kindly shade your rating on the corresponding number.

NUMBER CODE:

RATING GUIDE:

5	HIGHESTOUTSTANDING
4	SATISFACTORY
3	GOOD
2	BETTER
1	LOWEST NEEDS IMPROVEMENT

OBJECTIVES					
1. The Dental clinic promotes oral health and total well-being of the students, faculty and staff through dental missions every February.	1	2	3	4	5
2. Prevention and treatments are done properly.	1	2	3	4	5
ORGANIZATION					
3. The Dental programs and activities are well disseminated.	1	2	3	4	5
4. Oral health educations are widely spread through these activities.	1	2	3	4	5
5. Develops camaraderie among students, faculty and staff.	1	2	3	4	5
6. Dental health workers get along easily demonstrates concern and gives healthy smile to everyone.	1	2	3	4	5
7. Works under pressure through physical health.	1	2	3	4	5
8. Teach students proper politeness, courtesy with health wellness and well-being.	1	2	3	4	5
FACILITIES					
9. Gives quality and quantity of work due to proper materials and equipments.	1	2	3	4	5
10. Overall rating of the Dental Mission Activity	1	2	3	4	5

RECOMMENDATIONS/ SUGGESTIONS AND COMMENTS:

(This questionnaire will help us evaluate the effectiveness of our performance. All information contained in this document will be treated with utmost confidentiality.)



WORK PROCEDURE

Doc. No: CHMSC-ECS-WP-01

Title: Procedures and Work Instruction for Extension Services

1.0 Objectives

To establish a system and procedure in conducting Extension Programs and Projects.

2.0 Scope

This work procedures covers the activities in the planning, budgeting, forecasting and implementing the approved extension activities.

3.0 Definitions and List of Abbreviations

- 3.1 CHMSC - Carlos Hilado Memorial State College
- 3.2 ECS - Extension and Community Services
- 3.3 ECS Director -refers to the College wide head of the Extension and Community Services Unit
- 3.4 ECS Coordinator - refers to the faculty extensionist designated as head of Extension and Community Services in a College Unit
- 3.5 ECS Staff - refers to the ECS office personnel
- 3.6 Extensionist - refers to an Extension Workers
- 3.7 VPRE & IP - refers to the Vice President for Research Development Services, Extension and Community Services, Training Services, and Intellectual Property Services
- 3.8 MOA - Memorandum of Agreement
- 3.9 Program/Project Proposal – refers to extension proposal evaluated by the technical working group and forwarded to the college president for approval
- 3.10 Terminal Report- refers to the final assessment of program or project that measure if the objectives are attained

4.0 Reference

- 4.1 Research, Extension and IP Manual (2009). *Approved during the 124th Regular Board Meeting held at Function Room of Negros State College of Agriculture, Kabankalan City, Negros Occidental. Board Resolution No. 504, s. 2009.*
- 4.2 CHMSC College Code



WORK PROCEDURE

Doc. No: CHMSC-ECS-WP-O1

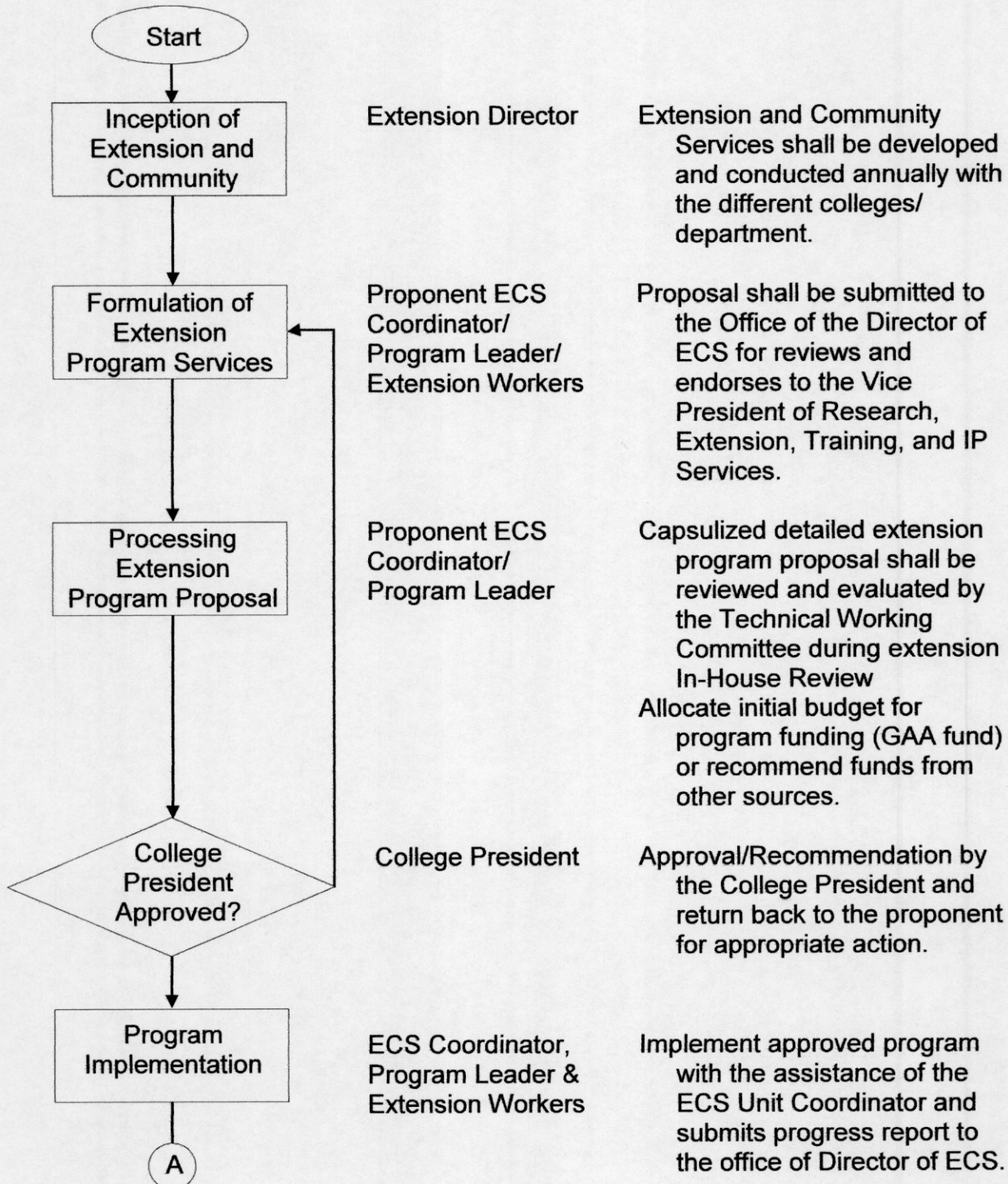
Title: Procedures and Work Instruction for Extension Services

5.0 Work Instruction

FLOW CHART

RESPONSIBILITY

NOTES/REFERENCES

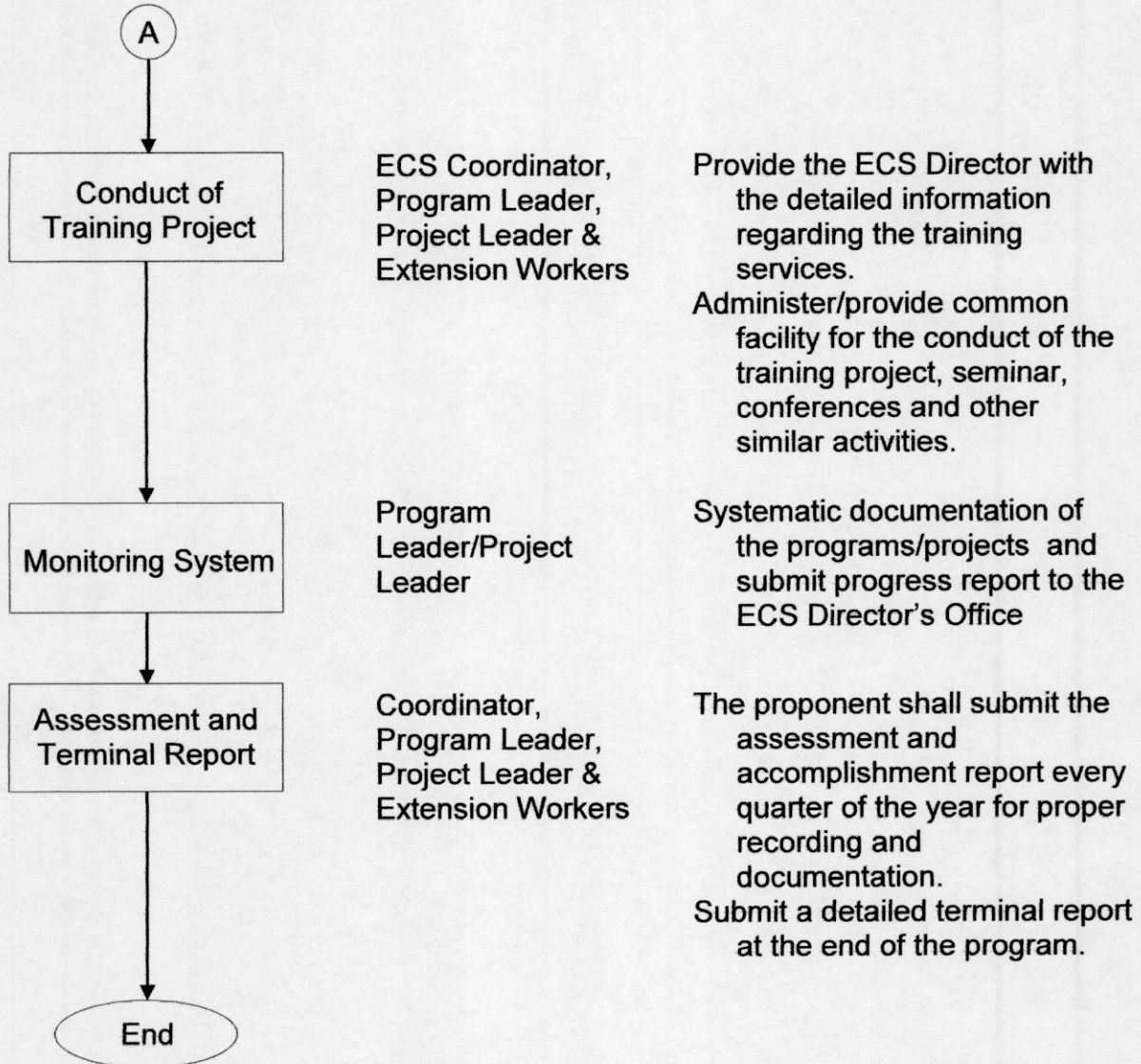




WORK PROCEDURE

Doc. No: CHMSC-ECS-WP-O1

Title: Procedures and Work Instruction for Extension Services



6.0 List of Forms

Form No.	Title
ECS Form F1	Implementer Personal Data Sheet
ECS Form F2	Adopter/Beneficiary Personal Data Sheet
ECS Form F3	Report of Involvement in Extension Program
ECS Form F4	Physical and Financial Monitoring Form
ECS Form F5	Request for Technical Advisory
ECS Form F6	Request for Training
ECS Form F7	Client/Visitor Feedback Form



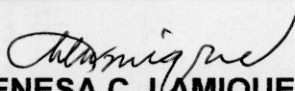
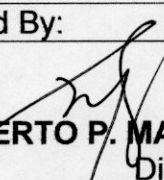
WORK PROCEDURE

Doc. No: CHMSC-ECS-WP-01

Title: Procedures and Work Instruction for Extension Services

7.0 Attachments

- 7.1 Implementer Personal Data Sheet
- 7.2 Adopter/Beneficiary Personal Data Sheet
- 7.3 Report of Involvement in Extension Program
- 7.4 Physical and Financial Monitoring Form
- 7.5 Request for Technical Advisory Services
- 7.6 Request for Training Services
- 7.7 Client/Visitor Feedback Form

Reviewed By:	Approved By:
 DENESA C. LAMIQUE, Ph. D., T.M. Director Extension and Community Services	 NORBERTO P. MANGULABNAN, PH.D. Director Quality Assurance and Accreditation
Date 11/20/2014	Date 12/20/2016



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 EXTENSION & COMMUNITY SERVICES DIVISION



IMPLEMENTER PERSONAL DATA SHEETS

ECS Form F1

(WRITE IN BOLD LETTERS)

PERSONAL INFORMATION						
First Name		Middle Name		Last Name		Suffix
Gender	Marital Status	Date of Birth (mm/dd/yyyy) Birth Place	Home Address Number Street		District/Town	City/Province Zip Code
CONTACT INFORMATION						
Office Contact No.		Fax No.	Home Phone	Cell Phone	Email Address	
EDUCATIONAL ATTAINMENT						
Non-Formal Educ.	National Certificate	Associate Degree	College	Master's Degree	Doctorate Degree	
OCCUPATIONAL STATUS						
Official Title (e.g. Dr./ Prof./ Atty./ Engr./ Mr./ Ms.)	No. of Years Employed in this Institution	Official Designation (or Position Title)	Date of Appointment or Designation		Field of Specialization	

SEMINARS & TRAININGS			
Training/s attended related to Extension Services: (last 2 years)	Priority Training Need/s related to Extension Program/Services: (Planning/ Implementing/ Monitoring-Evaluation/ Fund Sourcing/ Extension Research/ Etc.)		
Other training/s attended : (last 2 years)			
No. of Teaching Load	No. of Units Deloaded for Extension Services	Other benefits received aside from deloading	Other Position/ Designations (2014-2016)

Signature: _____ Date: _____

This is a survey questionnaire and parameters for evaluation of extension services.



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental
EXTENSION & COMMUNITY SERVICES

ECS Form F2

COLLEGE/CAMPUS

(ADOPTER / BENEFICIARY PERSONAL DATA SHEET)

PERSONAL INFORMATION											
Surname											
First Name											
Middle Name											
Date of Birth (mm/dd/yyyy) / /											
Place of Birth											
Sex Male Female											
Civil Status Single Married Annulled Widowed Separated											
Others specify											
Residential Address											
Suffix (e.g. Jr., Sr, III)											
Zip Code											
Telephone No. (if any)											
E-mail Address (if any)											
Citizenship											
Height (m) Weight (kg)											
Cellphone No. (if any)											

FAMILY BACKGROUND					
Spouse's Surname		Name of Child (write full name and list)		Date of Birth (mm/dd/yyyy)	
First Name				/ /	
Middle Name				/ /	
Occupation				/ /	
Father's Surname				/ /	
First Name				/ /	
Middle Name				/ /	
Occupation				/ /	
Mother's Maiden Name				/ /	
First Name				/ /	
Middle Name				/ /	
Occupation				/ /	

EDUCATIONAL BACKGROUND							
Level	Name of School (write in full)	Inclusive Date From To		Level	Course & Name of School (write in full)	Inclusive Date From To	
Elementary				Vocational/ Trade Course			
Secondary				College			
National Certificate (TESDA) NC (class)	Course			Graduate Studies			

<p>I declare under oath that this Adopter's Personal Data Sheet has been accomplished by me, and is a true, correct, and complete pursuant to the requirement of being a beneficiary of Carlos Hilado Memorial State College, Extension and Community Services.</p> <p>I also authorize the barangay head / authorized representatives to verify / validate the contents stated herein. I trust that this information shall remain confidential.</p>			<p>Colored ID picture taken within the last 6 months 3.5 cm x 4.5 cm (Passport Size)</p> <p>Computer generated picture is acceptable</p>
	Verified / Validated:	Conformed:	
Signature/Thumb Mark (Sign inside the box)	Name & Signature (Sign inside the box)	Name & Signature (Sign inside the box)	
Date (mm/dd/yyyy): : /	Brgy. Head / Authorized Representative	Carlos Hilado Memorial State College - ECS Coordinator	



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental
EXTENSION & COMMUNITY SERVICES
REPORT OF INVOLVEMENT IN EXTENSION PROGRAM



ECS Form F3

CAMPUS/COLLEGE: _____ Date Prepared: _____
 NAME OF EXTENSION PROGRAM/PROJECT: _____
 LOCATION: _____
 COLLABORATING AGENCIES: _____

Project/Program Started: _____ Expected of Completion: _____ Fund Source: _____
 Approved Budget: P _____ Remaining Balance: P _____

DATE	SPECIFIC ACTIVITY	PERSON INVOLVED		NO. OF STUDENTS	BENEFICIARIES (Attached extra sheet/s if necessary)	NO. OF BENEFICIARIES		DURATION NO. OF HOURS	REMARKS
		NAMES FACULTY /ADMIN.	NAMES OTHER PARTIES			M	F		

Prepared by: _____ Noted by: _____
 Program/Project Leader Certified Correct: _____ ECS Coordinator
 Campus Executive Director / Dean

7.4 Physical and Financial Monitoring Form



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
EXTENSION & COMMUNITY SERVICES
 Talisay City, Negros Occidental



ECS Form F4

PHYSICAL AND FINANCIAL MONITORING FORM

Extension Program/Project Title: _____
 Department: _____

PROGRAM/COURSE TITLE	PROGRAM TYPE	DATE OF START
VENUE OF TRAINING (Brgy. Mun./City, District)	TRAINING MODE	DATE OF FINISH
	GROUP/INDIVIDUALS BENEFITED	FUND SOURCE

OUTPUT / ACTIVITIES / INPUT	TARGET	ACTUAL	% ACCOMPLISHED	REMARKS
Outputs	-	-	-	-
Activities	-	-	-	-
Inputs (Financial)	-	-	-	-

Prepared By: _____ Conformed: _____ Noted: _____
 Program/Project Leader ECS Coordinator Dean/Campus Executive Director



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE



ECS Form F5

EXTENSION & COMMUNITY SERVICES DIVISION
REQUEST FOR TECHNICAL ADVISORY
(Pangabay Sang Laygay Teknikal)

Requester Data

PERSONAL INFORMATION				
First Name	Middle Name	Last Name	Suffix	
Address: Number	Street	District/Town	City/Province	Zip Code
Name of Company				
Address: Number	Street	District/Town	City/Province	Zip Code
CONTACT INFORMATION				
Office Contact No.	Fax. No.	Home Phone	Cell Phone	Email Address
TECHNICAL ADVICE ON (LAYGAY TECHNICAL PARA SA):				
Please check/s the programs below (Palihod tsek ang mga programa)				
<input type="checkbox"/>	Skills Training Skills Enhancement Program			
<input type="checkbox"/>	Basic Social Services Access to social services for the improvement of educational, gender sensitivity and health status of the academic community			
<input type="checkbox"/>	Alternative Non-Formal Education Services Technology generation / Livelihood skills & development training / Literacy training / Technology transfer			
<input type="checkbox"/>	Environment Protection and Management Services Marine protection / Eco-tourism / Green & clean environment			
<input type="checkbox"/>	Institutional Development Community organizing / Leadership training / Values orientation / Management Capability building			
<input type="checkbox"/>	Technical Assistance and Advisory Services Fund sourcing activities / Linkages & networking / Capability building			
Others (please specify):				

Requested By: _____

Request Approved: _____

Signature Over Printed Name

Date: _____

Director, ECS / Executive Director / Dean

Date: _____

ACTION TAKEN:				
Business/Agenda	Issues and Concerns	Plans for Implementation		
Please rate the action taken:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best (Very great impact) Pinakadako nga bulig	Better (Great impact) Dako nga bulig	Good (Moderate impact) Medyo nakabulig	Fair (negligible impact) Diutay nga bulig	Poor (very negligible impact) Wala nakabulig

Request Delivered By: _____

Signature Over Printed Name

Date Delivered: _____

This is a survey parameter for evaluation of extension services.



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE



ECS Form F6

EXTENSION & COMMUNITY SERVICES DIVISION
REQUEST FOR TRAINING
(Pangabay Sa Paghanas Sang Kinaalam/Kinaadman)

Requester Data

PERSONAL INFORMATION				
First Name		Middle Name		Last Name
Suffix				
Address: Number	Street	District/Town City/Province		Zip Code
Name of Company				
CONTACT INFORMATION				
Office Contact No.	Fax. No.	Home Phone	Cell Phone	Email Address
TRAINING ON (PAGHANAS SA):				
<i>Please check/s the programs below (Palihod tsek ang mga programa)</i>				
<input type="checkbox"/>	Skills Training (Walk-In)	<input type="checkbox"/>	Adult Education	
<input type="checkbox"/>	Livelihood Training	<input type="checkbox"/>	Disaster Preparedness & Risk Reduction	
<input type="checkbox"/>	Organic/Aquatic Agriculture/Farming	<input type="checkbox"/>	Literacy & Numeracy Tutorial	
<input type="checkbox"/>	Solid Waste Management	<input type="checkbox"/>	Urban Agriculture	
<input type="checkbox"/>	Gender and Development	<input type="checkbox"/>	Community Organization	
<input type="checkbox"/>	Responsible Parenthood	<input type="checkbox"/>	Cooperative Formation	
Others (please specify):				

Requested By: _____

Request Approved: _____

Signature Over Printed Name

Director, ECS / Executive Director

Date: _____

Date: _____

ACTION TAKEN:		
Action deferred due to:		
Issues and Concerns:	Recommendation/s:	Plans for Implementation:

Request Assisted By: _____

Signature Over Printed Name

Date: _____

This is a survey parameter for evaluation of extension services.



OFFICE OF THE EXTENSION & COMMUNITY SERVICES
Talisay City, Negros Occidental, 6115
TeleFax: 034 7128464

ECS Form F7

CLIENT/VISITOR FEEDBACK FORM

Date (Petsa):	
Are you pleased with our service? (Nalipay ka bala sang amon serbisyo?)	
<input type="checkbox"/> Yes (Oo)	Reason: <i>Rason:</i>
<input type="checkbox"/> No (Indi/Wala)	
Are you pleased by our attending personnel? (Nalipay ka bala sang nagserbisyo)	
<input type="checkbox"/> Yes (Oo)	Reason for commending the personnel. (Komento/suhestiyon sa empleyado nga ginadayaw.)
<input type="checkbox"/> No (Indi/wala)	
Reason of complaint to the personnel. (Rason nga ginareklamo ang empleyado.)	
Name of employee being commended/ complained. (Ngalan sang empleyado nga ginadayaw/ ginreklamo.)	Name (Ngalan):
Are you satisfied with our office? (Kuntento ka bala sang amon opisina?)	
<input type="checkbox"/> Yes (Oo)	Reason (Rason):
<input type="checkbox"/> No (Indi/wala)	
Comments or suggestions on how we can improve our service. (Komento/suhestiyon kon paano pa mapanami ang serbisyo.)	
Client/Visitors Personal Information (Personal na impormasyon)	
Name (Ngalan):	Contact No. (Numero nga matawagan):
Business Name (Ngalan sang ginaubrahan):	
Business Address (Lugar sang ginaubrahan):	

Thank you very much! Damu na salamat!

This is a survey questionnaire and parameters for evaluation of extension services.



WORK PROCEDURE

Doc. No: CHMSC-GO-WP-01

Title: Guidance Office – Counseling Services

1.0 Objective

To establish a system for the delivery of Counseling Services.

2.0 Scope

This work procedure covers the counseling services of CHMSC Guidance Office.

3.0 Definitions and Abbreviations

- 3.1 CHMSC – Carlos Hilado Memorial State College
- 3.2 GC – Guidance Counselor
- 3.3 GP – Guidance Personnel
- 3.4 SC – Student Concerned

4.0 References

- 4.1 Guidance Manual
- 4.2 CMO No. 9, S. 2013



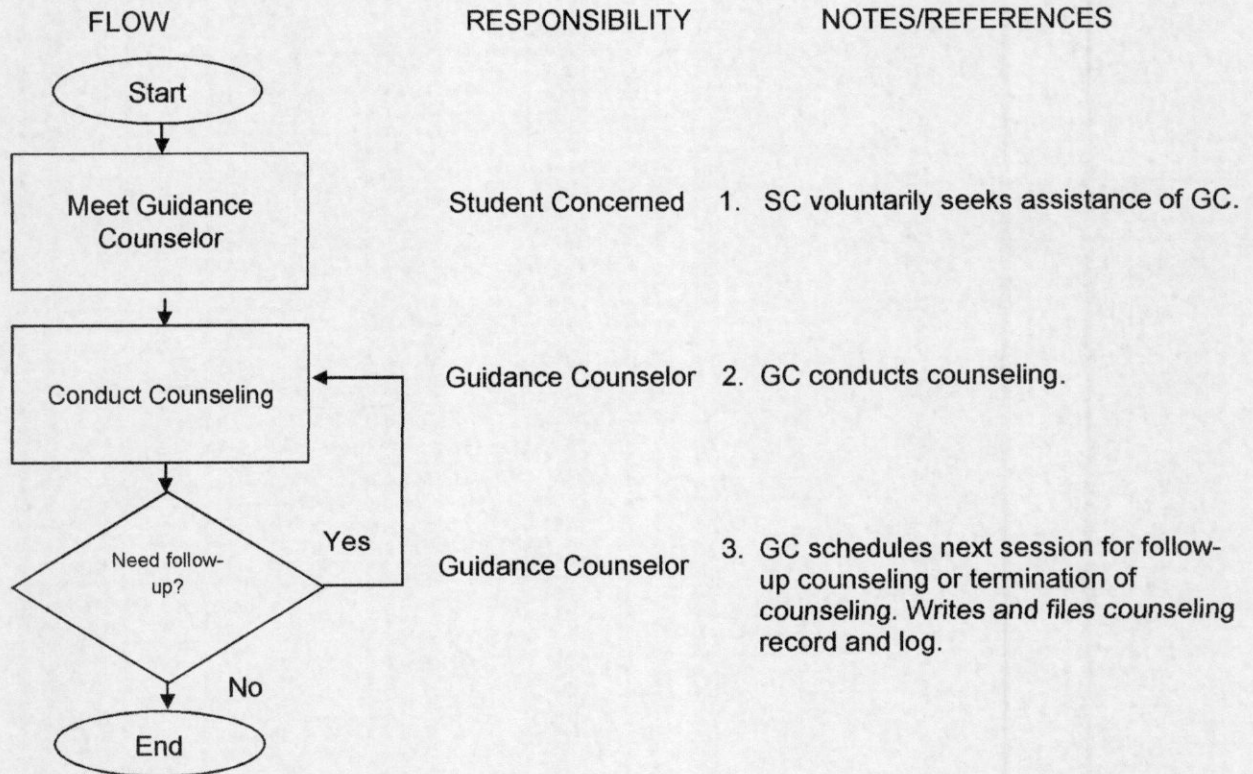
WORK PROCEDURE

Doc. No: CHMSC-GO-WP-01

Title: Guidance Office – Counseling Services

5.0 Details

A. Walk-in





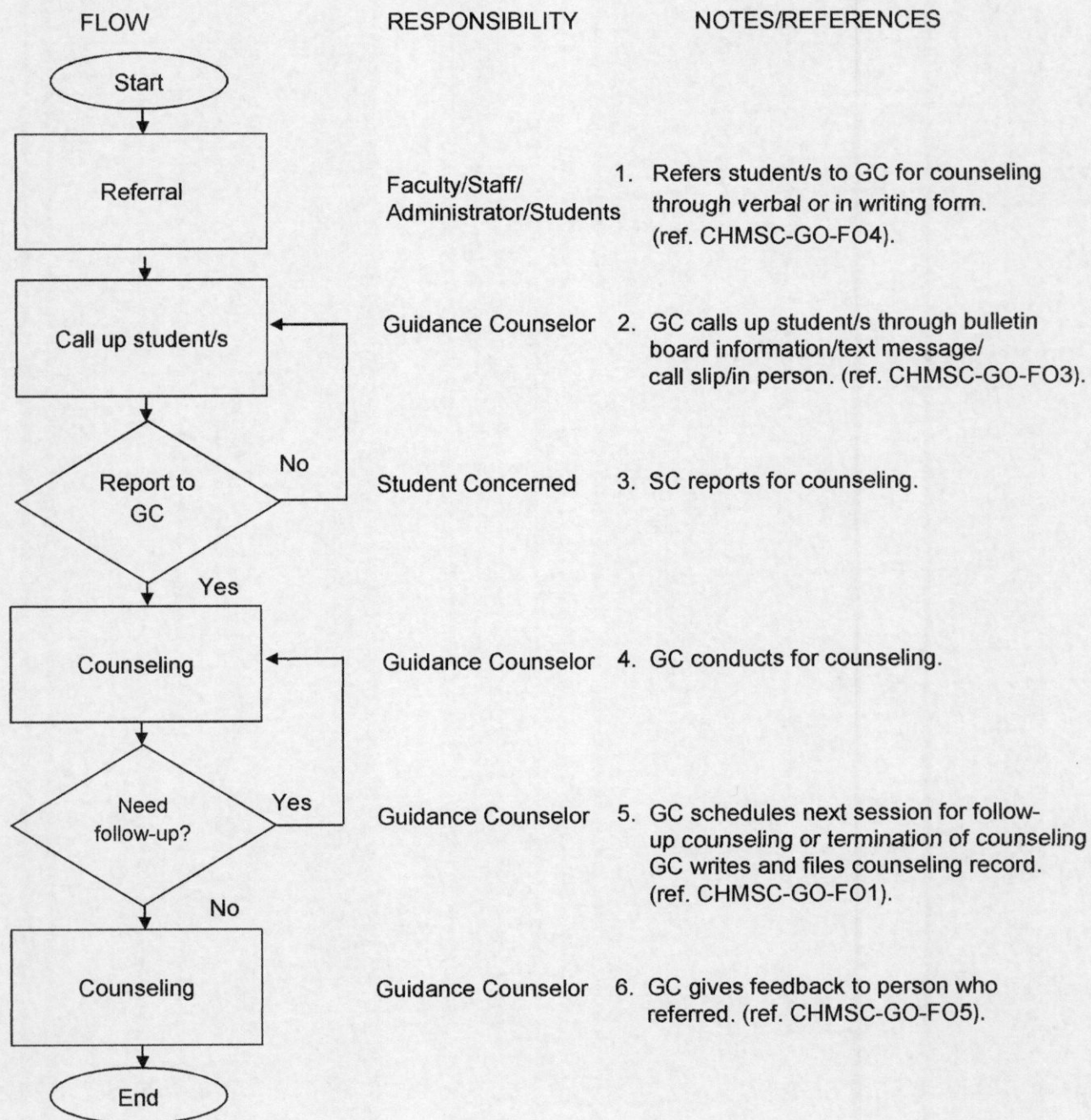
WORK PROCEDURE

Doc. No: CHMSC-GO-WP-01

Title: Guidance Office – Counseling Services

6.0 Details

B. Referral





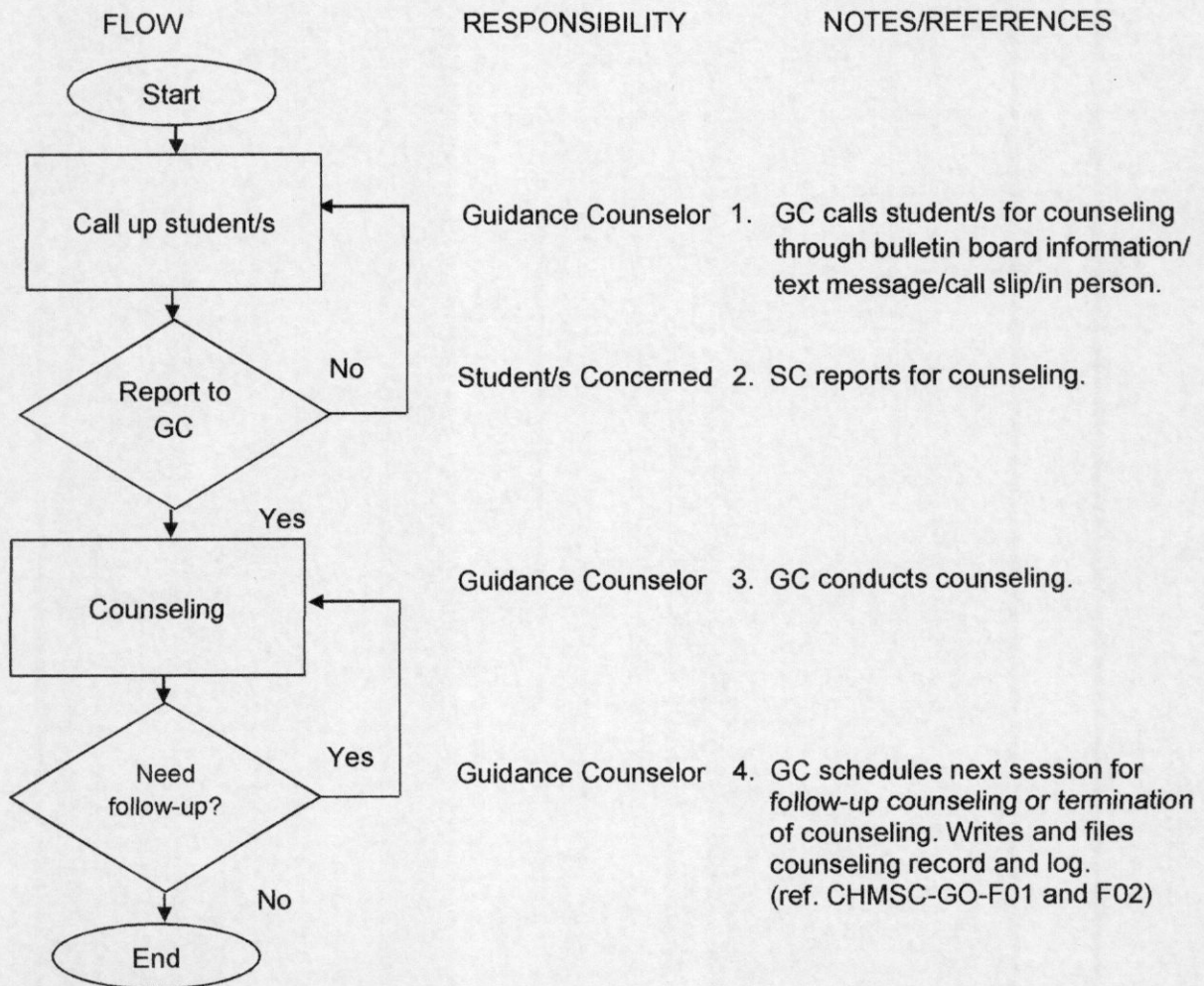
WORK PROCEDURE

Doc. No: CHMSC-GO-WP-01

Title: Guidance Office – Counseling Services

7.0 Details

C. Scheduled





WORK PROCEDURE

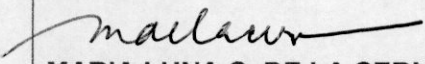
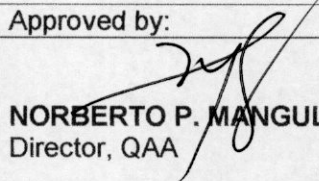
Doc. No: CHMSC-GO-WP-03

Title: Guidance Office – Admission Test

6.0 Attachments

7.0 Forms

- 7.1. Counseling Record
- 7.2. Counseling Log
- 7.3. Call Slip
- 7.4. Referral Form
- 7.5. Feedback Form

Reviewed by:  MARIA LUNA C. DE LA CERNA Director, Guidance Services	Approved by:  NORBERTO P. MANGULABNAN, Ph D Director, QAA
Date <i>11/20/2014</i>	Date <i>Dec. 20, 2014</i>



WORK PROCEDURE

Doc. No: CHMSC-GO-WP-02

Title: Guidance Office – Individual Inventory Services

1.0 Objective

To establish a system in gathering student's individual inventory.

2.0 Scope

This work procedure covers the student's individual inventory of CHMSC.

3.0 Definitions and Abbreviations

3.1 Individual Inventory – Synthesis of information about the individual which includes personal information, educational background, home and family background, health and interests/hobbies.

3.2 CHMSC – Carlos Hilado Memorial State College

3.3 GP – Guidance Personnel

3.4 SSI – Student's Individual Inventory

4.0 References

4.1 Guidance Manual

4.2 CMO No. 9, S. 2013

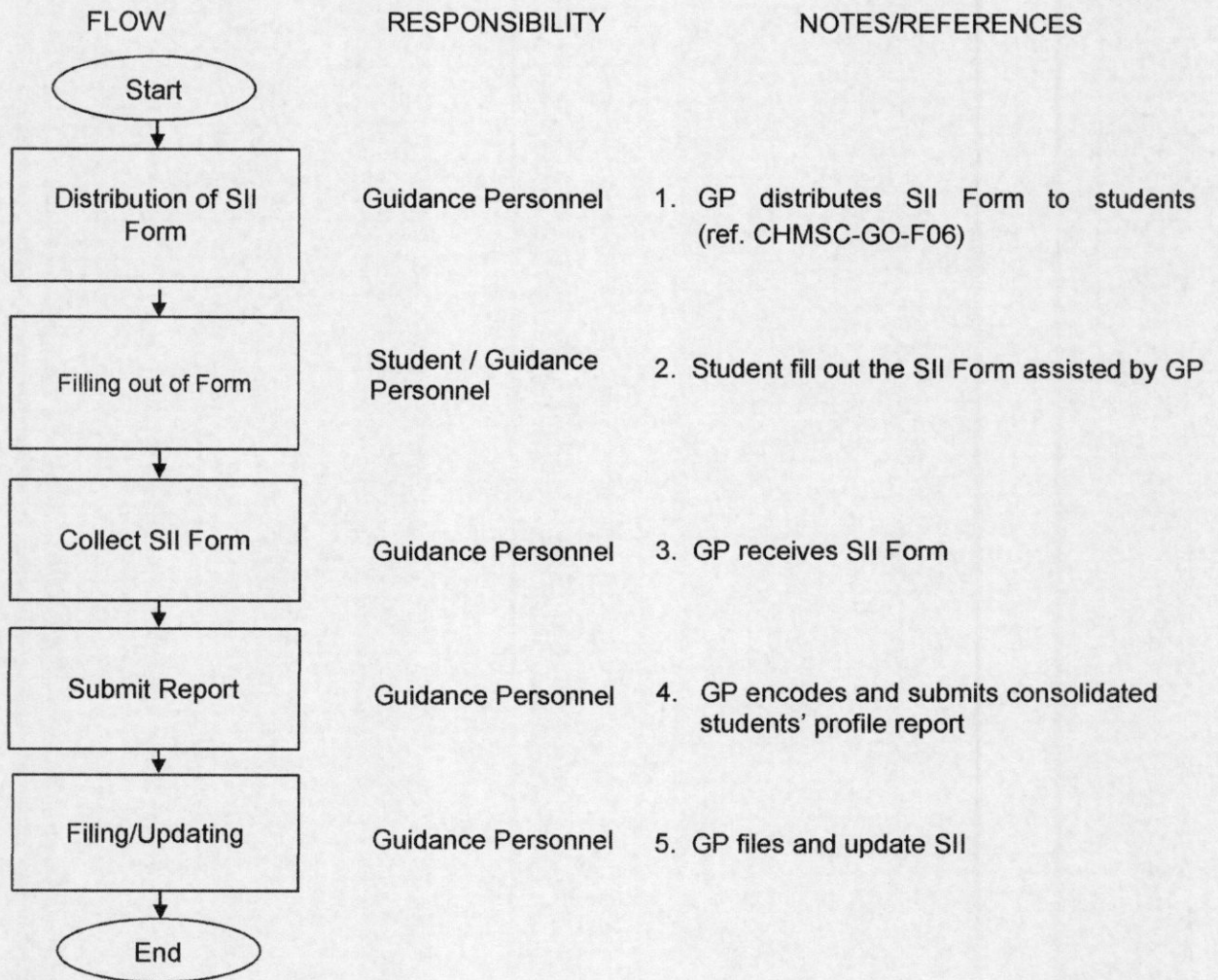


WORK PROCEDURE

Doc. No: CHMSC-GO-WP-02

Title: Guidance Office – Individual Inventory Services

5.0 Details





WORK PROCEDURE

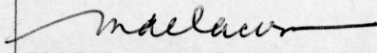
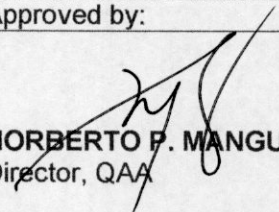
Doc. No: CHMSC-GO-WP-02

Title: Guidance Office – Individual Inventory Services

6.0 Attachments

7.0 Forms

7.1. Student's Individual Inventory

Reviewed by:	Approved by:
 MARIA LUNA C. DE LA CERNA Director, Guidance Services	 NORBERTO P. MANGULABNAN, Ph D Director, QAA
Date 11/20/2014	Date DEC. 20, 2014



WORK PROCEDURE

Doc. No: CHMSC-GO-WP-03

Title: Guidance Office – Admission Test

1.0 Objective

To establish a system in the conduct of entrance test as admission requirement.

2.0 Scope

This work procedure covers the admission test conducted during enrollment period by the Guidance Services.

3.0 Definitions and Abbreviations

- 3.1 CHMSC – Carlos Hilado Memorial State College
- 3.2 GC – Guidance Counselor
- 3.3 GP – Guidance Personnel
- 3.4 OLSAT – Otis-Lennon School Ability Test
- 3.5 PAAF – Pre-admission Application Form
- 3.6 ESP – Exam Schedule Permit

4.0 References

- 4.1 Guidance Manual
- 4.2 CMO No. 9, S. 2013

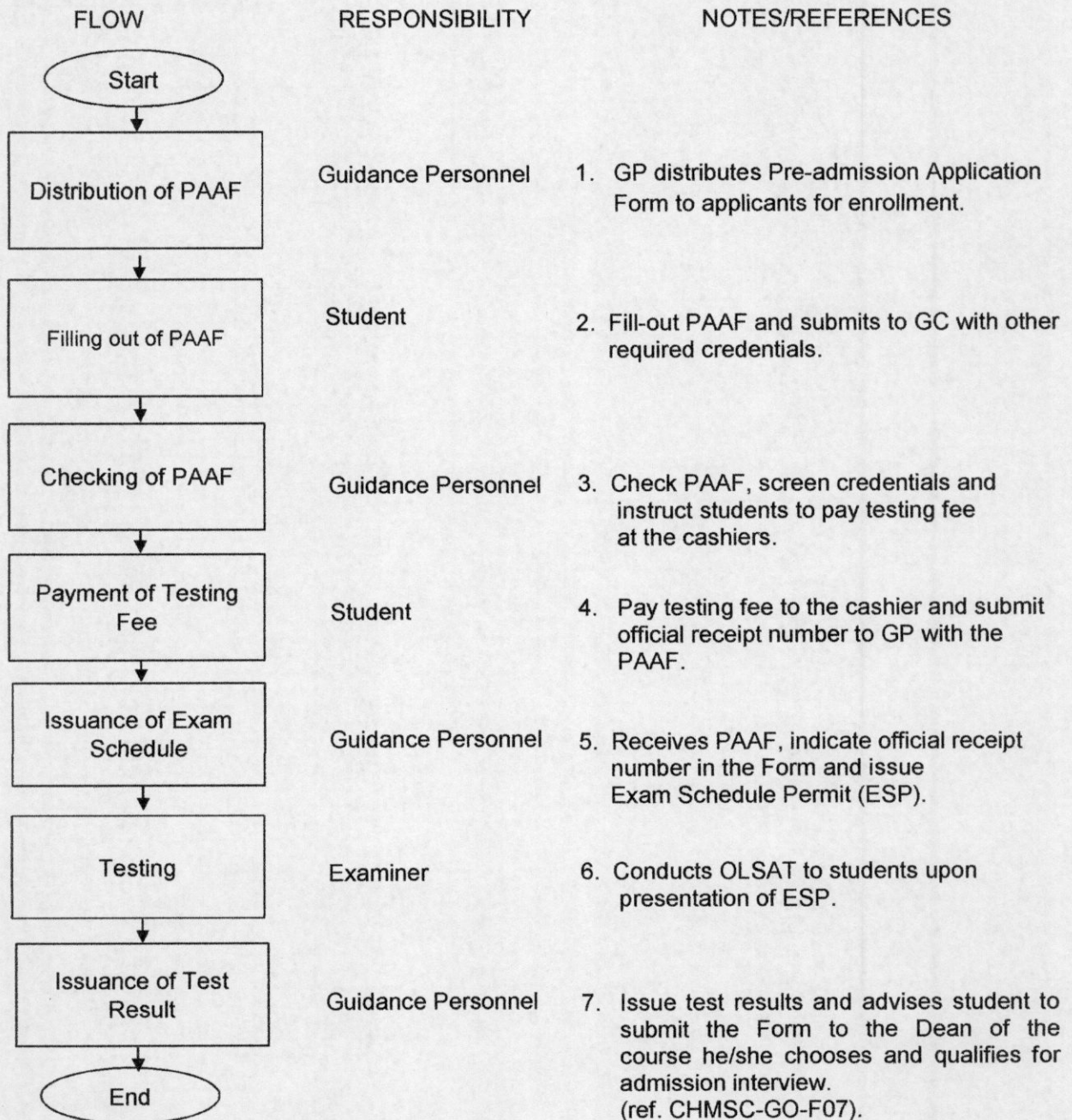


WORK PROCEDURE

Doc. No: CHMSC-GO-WP-03

Title: Guidance Office – Admission Test

5.0 Details





WORK PROCEDURE

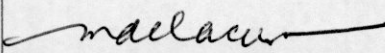
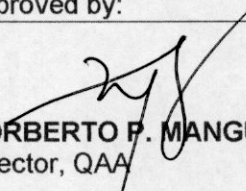
Doc. No: CHMSC-GO-WP-03

Title: Guidance Office – Admission Test

6.0 Attachments

7.0 Forms

- 7.1. Test Result
- 7.2. Pre-admission Form
- 7.3. Exam Schedule Permit

Reviewed by:	Approved by:
 MARIA LUNA C. DE LA CERNA Director, Guidance Services	 NORBERTO F. MANGULABNAN, Ph D Director, QAA
Date 11/20/2014	Date Dec. 20, 2014



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental



GUIDANCE SERVICES

COUNSELING RECORD

DATE: _____

TIME: _____

NAME OF COUNSELEE: _____ COURSE & YEAR: _____

TYPE: //WALK-IN //SCHEDULED // REFERRED

BY: _____ // FACULTY
 // STAFF
 // ADMINISTRATOR
 // STUDENT

PROBLEM:

//ACADEMIC //FAMILY //FINANCIAL //PERSONAL //INTERPERSONAL //SPIRITUAL

GOAL:

ACTION/S TO BE TAKEN:

NEEDED FOLLOW-UP?

// NO

// YES, SCHEDULE FOR NEXT SESSION _____

 GUIDANCE COUNSELOR



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental



GUIDANCE SERVICES

CALL SLIP

_____ Date

TO : _____

THRU : _____

Dear _____,

Good day!

We are inviting you to visit the Guidance Office on _____ at _____ to discuss matters concerning your studies.

We are very much willing to extend assistance to you. Hope to see you.

Truly yours,

Guidance Counselor

Noted:

 Dean

CHMSC-GO-F03
 Rev. 1 (December 2016)



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental



GUIDANCE SERVICES

CALL SLIP

_____ Date

TO : _____

THRU : _____

Dear _____,

Good day!

We are inviting you to visit the Guidance Office on _____ at _____ to discuss matters concerning your studies.

We are very much willing to extend assistance to you. Hope to see you.

Truly yours,

Guidance Counselor

Noted:

 Dean

CHMSC-GO-F03
 Rev. 1 (December 2016)



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental



GUIDANCE SERVICES

Dear Teachers,

We would like to request your help in extending *COUNSELING SERVICES* to our students by referring them to us those whom you observed having difficulty in their academic and personal adjustments. Kindly write their names in the REFERRAL FORM below and the brief description of your referral. You may submit the Form to the Dean's Office or Guidance Office.

Thank you for your support.

Sincerely yours,

MARIA LUNA C. DE LA CERNA
 Director, Guidance Office

REFERRAL FORM

TO : GUIDANCE OFFICE

I would like to refer the following students for counseling:

<u>NAME OF STUDENTS</u>	<u>COURSE/YEAR/SECTION</u>	<u>REMARKS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 TEACHER
 (PRINT NAME & SIGNATURE)

CLASS: _____
 DATE: _____



GUIDANCE SERVICES
FEEDBACK FORM

_____ Date

FOR : _____

Ma'am/Sir,

We would like to give you feedback about the following student/s you referred to us for assistance last _____:

NAME OF STUDENT/S	REFERRED CONCERN	ACTION/S TAKEN	REMARKS

Thank you for being our partners in molding our students to become a better person.

_____ Guidance Counselor



GUIDANCE SERVICES
FEEDBACK FORM

_____ Date

FOR : _____

Ma'am/Sir,

We would like to give you feedback about the following student/s you referred to us for assistance last _____:

NAME OF STUDENT/S	REFERRED CONCERN	ACTION/S TAKEN	REMARKS

Thank you for being our partners in molding our students to become a better person.

_____ Guidance Counselor



GUIDANCE OFFICE

STUDENT'S INDIVIDUAL INVENTORY

I. PERSONAL INFORMATION:

Name: _____ Sex: _____ Age: _____
 (Family Name) (First Name) (Middle Name) Contact No.: _____
 Course, Year and Section: _____ Civil Status: _____
 Height: _____ Weight: _____ Date of Birth: _____ Birthplace: _____
 Home Address: _____ E-mail Address: _____
 General Average(HS 4): _____ Religion: _____
 Person to be contacted, in case of emergency: _____
 Address: _____ Contact No.: _____ Relationship: _____

II. EDUCATIONAL BACKGROUND:

LEVEL	SCHOOL	YEAR GRADUATED	PUBLIC/PRIVATE	HONOR RECEIVED
COLLEGE				
HIGH SCHOOL				
ELEMENTARY				
PRE-SCHOOL				

III. HOME AND FAMILY BACKGROUND:

Name of Father: _____ Name of Mother: _____
 Age: _____ Living Deceased Age: _____ Living Deceased
 Educational Attainment: _____ Educational Attainment: _____
 Occupation: _____ Occupation: _____
 Name of Employer: _____ Name of Employer: _____
 Address of Employer: _____ Address of Employer: _____

Name of Guardian: _____ Age: _____ Relationship: _____
 Educational Attainment: _____ Occupation: _____
 Name of Employer: _____ Address of Employer: _____

Parents' Marital Relationship: (Please check the box that corresponds to your answer.)

- Married and staying together Married but separated
 Single Parent Others (please specify): _____
 Not Married but living together

Ordinal Position: (1st child, 2nd child, etc.): _____
 Number of children in the family including yourself: _____ Number of Brother/s: _____ Number of Sister/s: _____
 Number of brother/s and sister/s gainfully employed: _____
 Number of brother/s or sister/s who are gainfully employed are providing financial support to your family: _____

Who finances your schooling? Parents Spouse Brother/Sister
 Relative Scholarship, (please specify) _____
 Self-supporting/working student (please specify) _____

How much is your weekly allowance? Php _____

Parents' Total Monthly Income: (Please check)

- Below Php 5,000 Php 25,001 – Php 30,000 Php 50,001 & Above
 Php 5,001 – Php 10,000 Php 30,001 – Php 35,000 Others: _____
 Php 10,001 – Php 15,000 Php 35,001 – Php 40,000 _____
 Php 15,001 – Php 20,000 Php 40,001 – Php 45,000 _____
 Php 20,001 – Php 25,000 Php 45,001 – Php 50,000 _____

Nature of residence while attending school: (Please check)

- family home rented apartment
 boarding house: bed space relative's house
 room house of married brother/sister
 dorm (including board & lodging)

Do you have a quiet place to study? Yes No
 Do you share your room with anyone Yes No If yes, with whom? _____

IV. HEALTH

A. Physical

Do you have problems with your vision? Yes None If yes, specify _____
 Do you have problems with your hearing? Yes None If yes, specify _____
 Do you have problems with your speech? Yes None If yes, specify _____
 Do you have problems with your general health? Yes None If yes, specify _____
 Are you physically challenged? Yes No If yes, specify _____

B. Psychological

Have you consulted a psychiatrist or psychologist before? Yes No
 If yes, specify when an state nature of consultation: _____

V. INTERESTS/HOBBIES:

A. ACADEMIC

1. At present, I am actively involved in the following organizations or clubs(state your position).

2. My favorite subject/s:

3. Subject/s that I like the least:

B. EXTRA-CURRICULAR

1. My hobbies are:

2. If there's a chance, I am interested to join in the following activities?
 Sports, specify: _____
 Glee Club
 Dramatics
 Religious
 Others _____

VI. REMARKS (FOR GUIDANCE COUNSELOR ONLY)

DATE	PARTICULAR	ACTION

I hereby certify that the above information is true and correct.

PRINT NAME AND SIGNATURE

DATE: _____



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental
 GUIDANCE SERVICES
Entrance Test Result

Name of Examinee:	_____	Age	_____	Sex	_____
School Last Attended:	_____				
School Address	_____				
Date of Test	_____				
Raw Score	Scaled Score	School Ability Index (SAI)	Percentile	Stanine	Verbal
(72)	(846)	(150)	Rank	(9)	Interpretation

CHMSC-GO-F07
 Rev 1 (December 2016)

MARIA LUNA C. DE LA CERNA
 Director, Guidance Services



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental
 GUIDANCE SERVICES
Entrance Test Result

Name of Examinee:	_____	Age	_____	Sex	_____
School Last Attended:	_____				
School Address	_____				
Date of Test	_____				
Raw Score	Scaled Score	School Ability Index (SAI)	Percentile	Stanine	Verbal
(72)	(846)	(150)	Rank	(9)	Interpretation

CHMSC-GO-F07
 Rev 1 (December 2016)

MARIA LUNA C. DE LA CERNA
 Director, Guidance Services



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay City, Negros Occidental
 GUIDANCE SERVICES
Entrance Test Result

Name of Examinee:	_____	Age	_____	Sex	_____
School Last Attended:	_____				
School Address	_____				
Date of Test	_____				
Raw Score	Scaled Score	School Ability Index (SAI)	Percentile	Stanine	Verbal
(72)	(846)	(150)	Rank	(9)	Interpretation

CHMSC-GO-F07
 Rev 1 (December 2016)

MARIA LUNA C. DE LA CERNA
 Director, Guidance Services



WORK PROCEDURE

Doc. No: CHMSC-HRMO-WP-01

Title: Filling-up Vacancies with Regular Plantilla Items for Faculty and Staff

1.0 Objective

To establish a system and procedure for filling-up vacancies with regular plantilla item for faculty and staff

2.0 Scope

The system and procedure is applicable to all applicants for permanent positions at CHMSC.

3.0 List of Abbreviations

- 3.1 BOT – Board of Trustees
- 3.2 CSC – Civil Service Commission
- 3.3 HRMO – Human Resource Management Officer
- 3.4 PSB – Personnel Selection Board
- 3.5 SUC – State Universities and Colleges

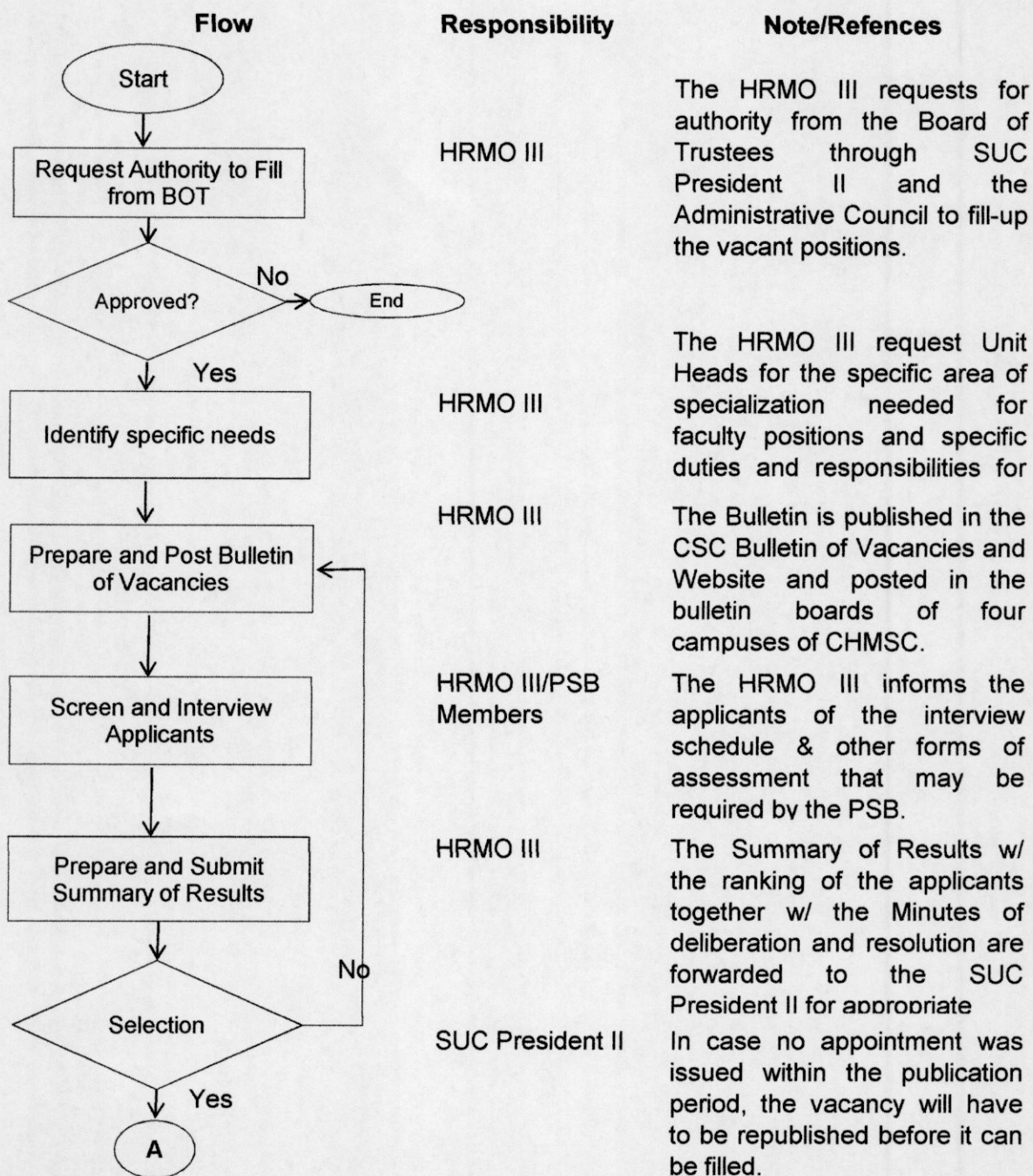
4.0 References

- 4.1 CSC Issuances on PSB, Recruitment Selection and Placement, Qualification Standards and Omnibus rules on appointments and other personnel actions
- 4.2 Carlos Hilado Memorial State College Merit Selection Plan

TITLE: FILLING-UP VACANCIES WITH REGULAR PLANTILLA ITEMS FOR BOTH FACULTY AND STAFF

5.0 DETAILS

Doc. No.: HRMO-PA-001



TITLE: FILLING-UP VACANCIES WITH REGULAR PLANTILLA ITEMS FOR BOTH FACULTY AND STAFF

5.0 DETAILS

Doc. No.: HRMO-PA-001

Flow	Responsibility	Note/Refences
<p style="text-align: center;">○ A</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Prepare Appointments</div> <p style="text-align: center;">↓</p>	HRMO III and Staff	Informs the chosen applicants to submit the requirements needed for the issuance of their appointments.
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Submit Reports to CSC</div> <p style="text-align: center;">↓</p>	HRMO III and Staff	The HRMO III submits the Reports on Appointment Issued and a copy of appointments to the CSC not later than the 30th of the
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Confirmation</div> <p style="text-align: center;">↓</p>	HRMO III/Board of Trustees	The BOT confirms the appointments issued in its next Board Meeting immediately following the issuance of the appointments.
<p style="text-align: center;">↓</p> <p style="text-align: center;">○ End</p>		



WORK PROCEDURE

Doc. No: CHMSC-HRMO-WP-01

Title: Filling-up Vacancies with Regular Plantilla Items for Faculty and Staff

6.0 Attachments

7.0 Form(s)

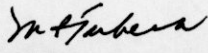
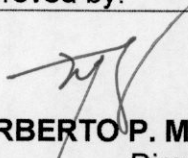
Current Internal Forms Used in Connection with the Filling-up of Vacancies:

HR Office Forms

Bulletin of Vacancies
Job Application Forms
Summary of Results
Notice of Appointments Issued

CSC Forms

Appointment
Medical Certificate
Position Description Form
Personal Data Sheet
Report on Appointments Issued

Reviewed by:	Approved by:
 MA. ISABEL D. TUBERA OIC-HRMO	 NORBERTO P. MANGULABNAN, Ph.D. Director, QAA
Date: <i>11/20/2014</i>	Date: <i>Dec. 20, 2014</i>



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
Talisay City, Negros Occidental

CHMSC-HRMO-001

BULLETIN OF VACANCIES

This College is in need of personnel in the _____:

Position Title	Item Number	Salary Grade	Education	Experience	Training	Eligibility

GUIDELINES:

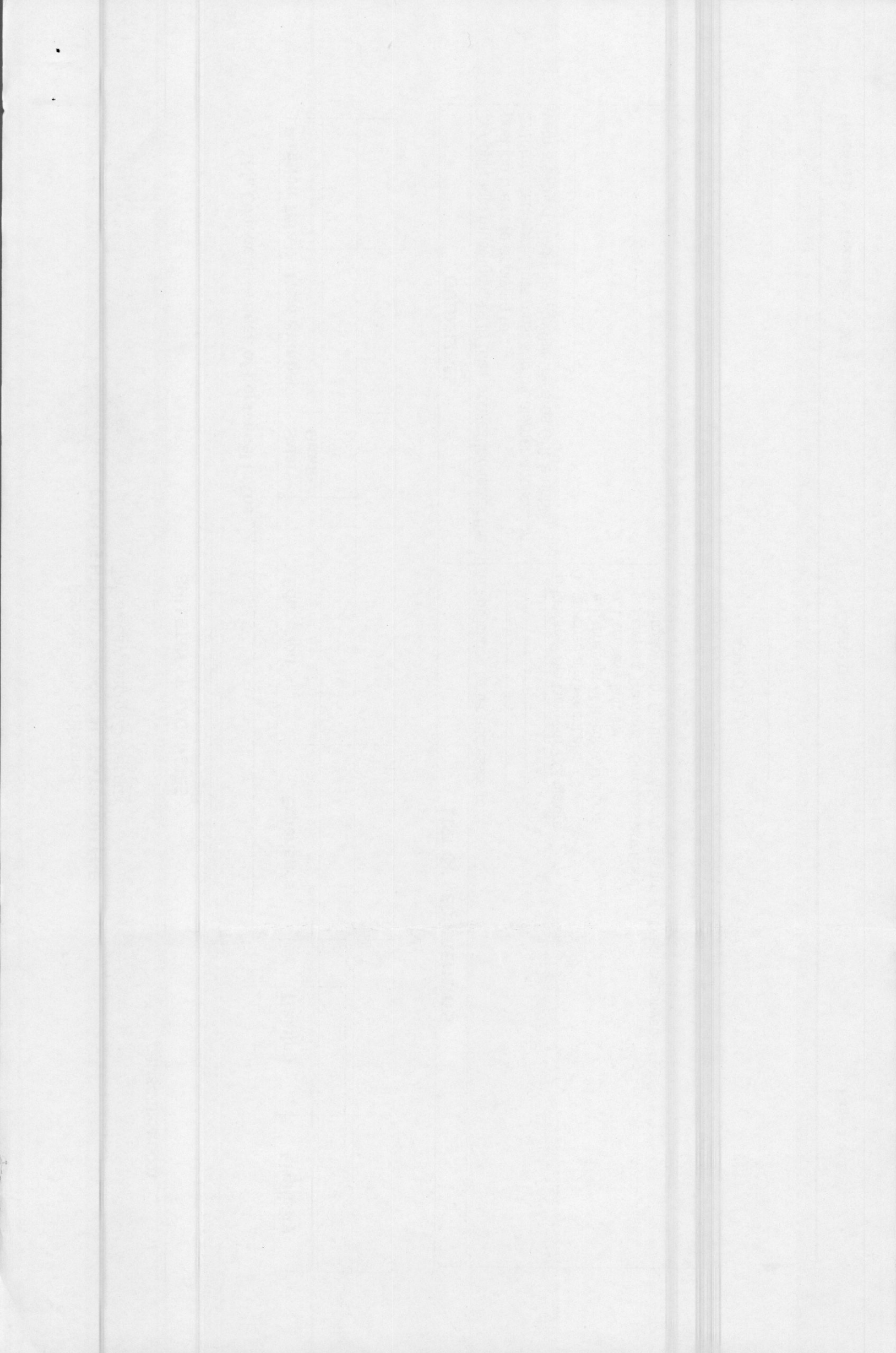
1. Applicants must indicate in their application letter the position they are applying for.
2. Interested applicants must submit his/her application with attached credentials to the Records Office until _____ of _____.

LIST OF REQUIREMENTS

1. Application Letter addressed to : _____
2. Resume/ Biodata with 2X2 picture
3. Attached all Credentials:
 - a. Transcript of Records/Diploma
 - b. Licenses/Eligibility
 - c. Relevant Trainings / Seminars attended
 - d. Employment Certificate / Service Record if already employed

Prepared by: _____

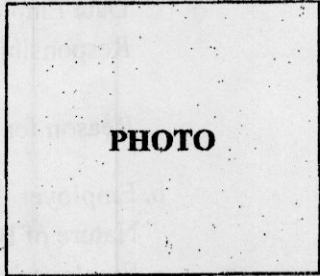
APPROVED: _____



JOB APPLICATION FORM

Position Applied For: _____

Eligibility	:	_____
Field of Study		
Major	:	_____
Minor	:	_____



Name:

First Name	Middle Name	Family Name
------------	-------------	-------------

Mailing Address:

 _____ Telephone No.: _____

1. Age _____	2. Birth Date _____	3. Place of Birth _____
4. Citizenship _____	5. Religion _____	
6. Home Address _____		

7. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/>			
8. Name of Spouse _____			
9. Spouse's Occupation/ Employer _____			
10. Number of Children _____		11. Their Ages _____	

12. Father's Name _____	Occupation _____	Highest Educational Attainment _____
13. Mother's Name _____	Occupation _____	Highest Educational Attainment _____
14. Are your parents living? Father _____ Mother _____		

15. Please list all secondary schools, colleges, and universities attended. Enclose with this application official transcripts of college/university grades or records beyond secondary school level.

SECONDARY SCHOOLS, COLLEGES AND GRADUATE SCHOOLS ATTENDED	LOCATION	DATES ATTENDED FROM TO	EDUCATIONAL ATTEAINMENT / DEGREE RECEIVED <small>(State in Full)</small>

16. Distinctions, Honors, and Awards (academic, extracurricular, business, community, or others)

17. College Extracurricular/ Business or Community Activities or Involvement

Activities	Number of Years	Position held, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Full-time positions held. List each position separately with most recent job first. (Use additional sheet if necessary)

a. Employer _____
 Nature of Business _____ Job Title _____
 Employer's Address _____
 Date Employed _____ Monthly Salary _____
 Responsibilities _____
 Reason for Leaving _____

b. Employer _____
 Nature of Business _____ Job Title _____
 Employer's Address _____
 Date Employed _____ Monthly Salary _____
 Responsibilities _____
 Reason for Leaving _____

c. Employer _____
 Nature of Business _____ Job Title _____
 Employer's Address _____
 Date Employed _____ Monthly Salary _____
 Responsibilities _____
 Reason for Leaving _____

19. Training Programs/ Seminars/ Conferences attended. (Use additional sheet if necessary)

Training/Seminar : _____
 Conducted by : _____ Inclusive /dates: _____
 Training/Seminar : _____
 Conducted by : _____ Inclusive /dates: _____
 Training/Seminar : _____
 Conducted by : _____ Inclusive /dates: _____

20. Describe your health condition. Do you have any disability or illness at the present time?
 No Yes If yes, please explain. _____

21. Please provide the name(s) and address(es) of reference persons whom we can talk to, if necessary, about your qualifications.

_____	_____
Name of Reference Person	Name of Reference Person
_____	_____
Title of Position	Title of Position
_____	_____
Address	Address
_____	_____
Contact Number/s	Contact Number/s

22. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for dismissal from the government service, if hired.

Signature over printed name. _____



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
Talisay City, Negros Occidental

CHMSC-HRMO-004

NOTICE OF APPOINTMENTS ISSUED
FOR THE MONTH OF _____

No	Name	Position	Employment Status	Date of Appointment

No	Name	Position	Employment Status	Date of Appointment

Prepared by:

HRMO III



WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Borrowing of Books

1.0 Objective

To establish a system in the delivery of library services.

2.0 Scope

This work procedure covers the borrowing of books in the College Library.

3.0 Definitions and Abbreviations

3.1 Borrower's Slip – a slip issued to a student when borrowing book/s.

3.2 Purpose Slip – a slip to a student where the purpose for borrowing book/s and the due date are indicated.

4.0 Reference

4.1 College Library Manual

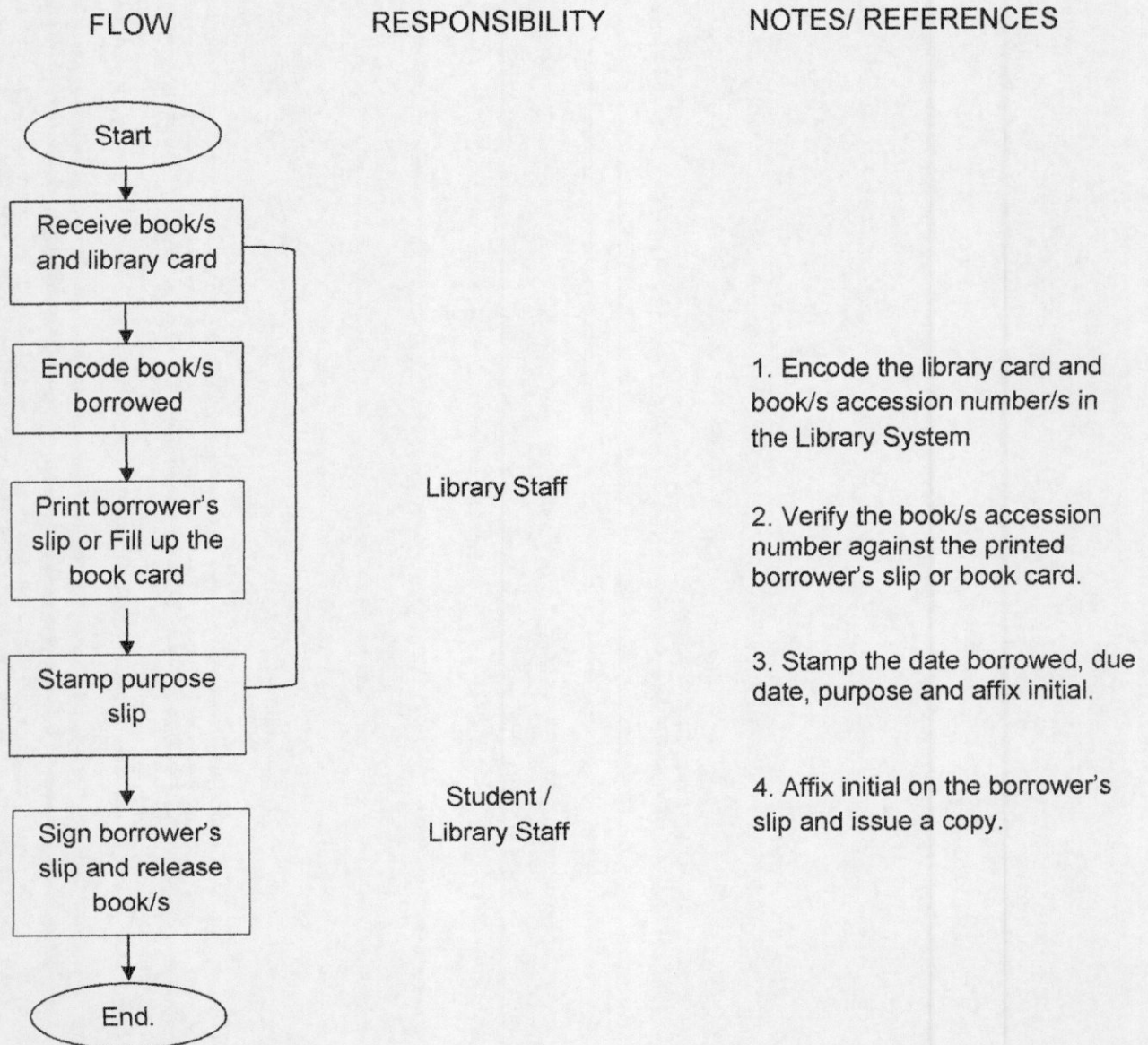


WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Borrowing of Books

5.0 Details

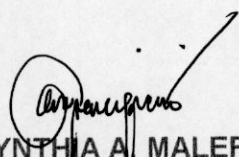
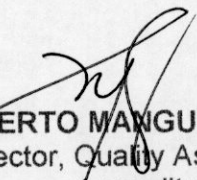




WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Borrowing of Books

Reviewed by:	Approved by:
 CYNTHIA A. MALEFICIO Librarian – Talisay Campus	 NORBERTO MANGULABNAN, Ph.D. Director, Quality Assurance and Accreditation
Date: <i>Nov. 20, 2014</i>	Date: <i>12/20/2010</i>



WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Returning of Borrowed Books

1.0 Objective

To establish a system in the delivery of library services.

2.0 Scope

This work procedure covers the returning of borrowed books in the College Library.

3.0 Definitions and Abbreviations

- 3.1 Borrower's Slip – a slip issued to a student when borrowing book/s.
- 3.2 Fine Slip – a slip issued to the students with overdue fines for their borrowed book.

4.0 Reference

- 4.1 College Library Manual

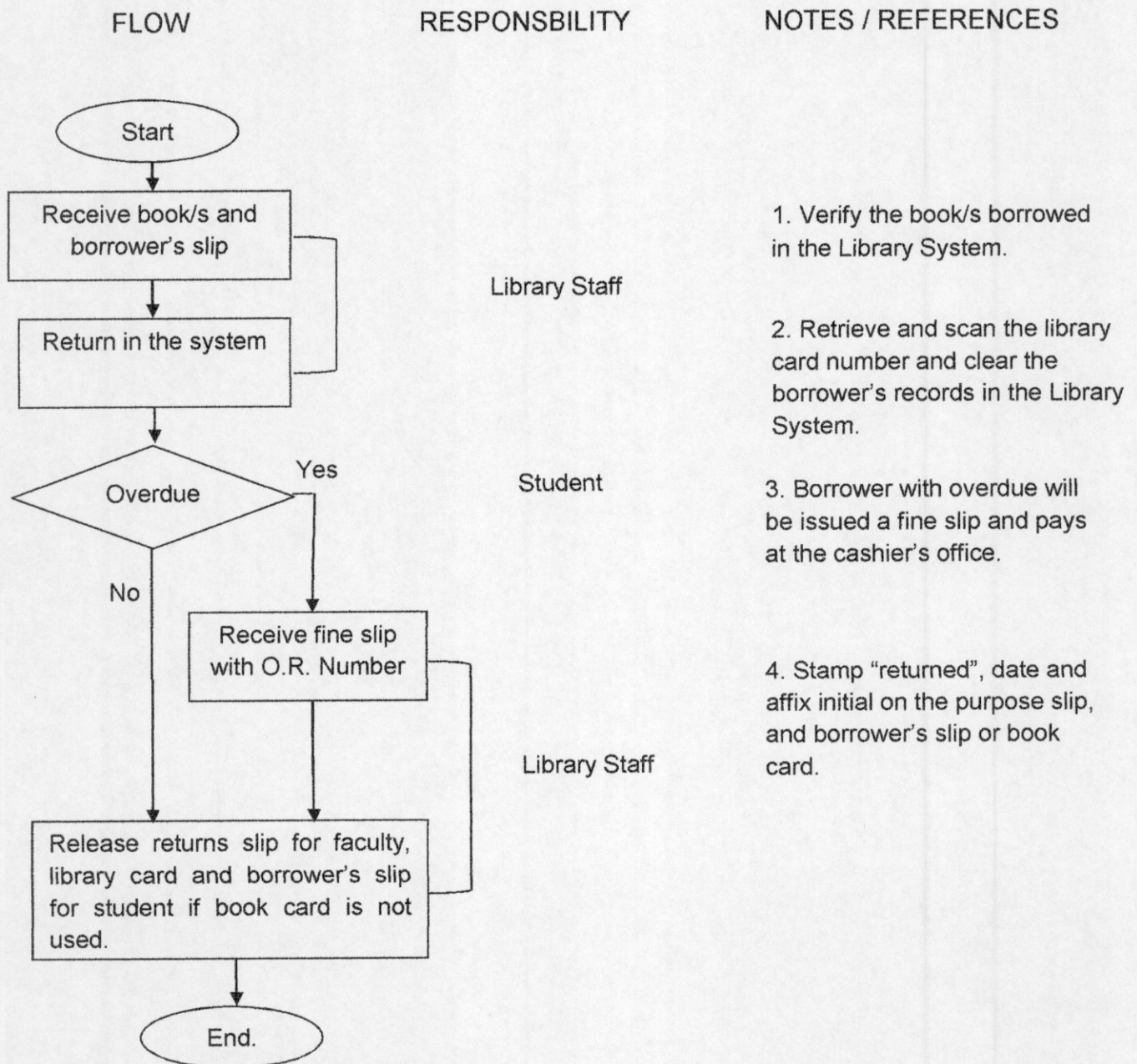


WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Returning of Borrowed Books

5.0 Details

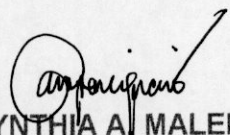
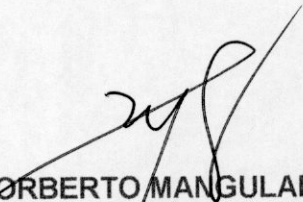




WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Returning of Borrowed Books

Reviewed by:	Approved by:
 CYNTHIA A MALEFICIO Librarian – Talisay Campus	 NORBERTO MANGULABNAN, Ph.D. Director, Quality Assurance and Accreditation
Date: <i>Nov. 20, 2014</i>	Date: <i>12/20/2014</i>



WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Application for Library Card

1.0 Objective

To establish a system in the delivery of library services.

2.0 Scope

This work procedure covers the application for library card in the College Library.

3.0 Definitions and Abbreviations

3.1 Library Card - a card issued to a student which allows him/her to avail of library services.

4.0 Reference

4.1 College Library Manual

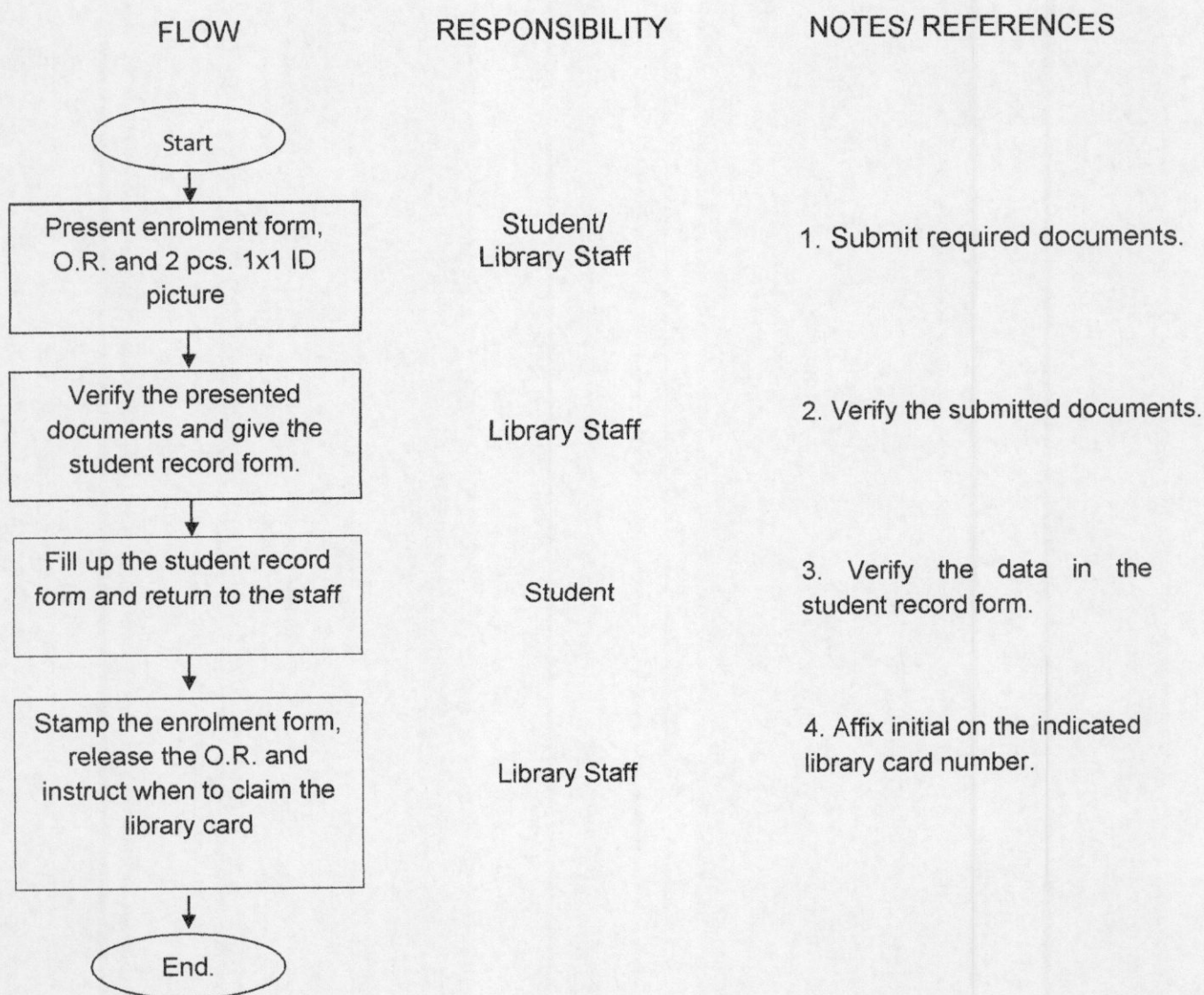


WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Application for Library Card

5.0 Details





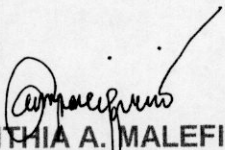

WORK PROCEDURE

Doc. No: CHMSC-LIB-WP-01

Title: Application for Library Card

6.0 Forms

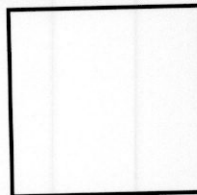
6.01 Student Record Form

Reviewed by:	Approved by:
 CYNTHIA A. MALEFICIO Librarian – Talisay Campus	 NORBERTO MANGULABNAN, Ph.D. Director, Quality Assurance and Accreditation
Date: <i>Nov. 20, 2014</i>	Date: <i>12/20/2014</i>

NO. _____

STUDENT'S RECORD

Carlos Hilado Memorial State College
Talisay City, Negros Occidental
College Library – Talisay Campus



Last Name	First Name	Middle I.
(Printed) NAME		
Home Address		
Sex	Phone No.	Birth Date
Course	School Year	
Major Subject		
Civil Status		
Parent/Guardian		
CHMSC-LIB-F01 REV1	EFFECTIVE DATE: 2016	_____ SIGNATURE



WORK PROCEDURE

Doc. No: CHMSC-MAA-WP-02

Title: Audit Process

1.0 Objective

To create a system and process for Internal Audit.

2.0 Scope

This process is applicable to the audit process to be done in the institution.

3.0 List of Abbreviations

3.1	AQA	-	Accreditation and Quality Assurance
3.2	BAC	-	Bids and Awards Committee
3.3	BOT	-	Board of Trustees
3.4	CED	-	Campus Executive Director
3.5	CHMSC	-	Carlos Hilado Memorial State College
3.6	CBMA	-	College of Business Management and Accountancy
3.7	COE	-	College of Education
3.8	COF	-	College of Fisheries
3.9	CIT	-	College of Industrial Technology
3.10	FMSD	-	Finance Management Services Division
3.11	IIT	-	Institute of Information Technology
3.12	MAA	-	Management and Audit Analyst
3.13	OP	-	Office of the President
3.14	PME	-	Planning, Monitoring and Evaluation
3.15	PPDM	-	Physical Plant Development Management
3.16	SAS	-	School of Arts and Sciences
3.17	VPAA	-	Vice President for Academic Affairs
3.18	VPAF	-	Vice President for Administration and Finance
3.19	VPRE	-	Vice President for Research and Extension



WORK PROCEDURE

Doc. No: CHMSC-MAA-WP-02

Title: Audit Process

4.0 Details

FLOW	RESPONSIBILITY	REFERENCE
Start		
Established Audit Scope &	Management and Audit Analyst	1. Verify Audit documents in relation to the findings
Communicate Process	Management and Audit Analyst	2. Establish contact with the Auditee
Conduct Audit	Management and Audit Analyst	3. Conduct the Audit proper
Review of Findings	Management and Audit Analyst	4. Review Audit findings
Verify Audit Documents	Management and Audit Analyst	5. Verify Audit documents in relation to the findings
Audit Conclusion	Management and Audit Analyst	6. Give Audit conclusion
End		



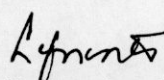
WORK PROCEDURE

Doc. No: CHMSC-MAA-WP-02

Title: Review and Verification of Vouchers

5.0 Attachments

6.0 Forms

Reviewed by	Approved by
 Ligaya E. Fuentes, MBA Management and Audit Analyst/AO V	Dr. Norberto Mangulabnan Director, Quality Assurance
Date <i>Nov. 20, 2016</i>	Date <i>Dec. 22, 2016</i>

Effective date: December 2016

Rev. No.: 0

Page 3 of 3



WORK PROCEDURE

Doc. No: CHMSC-MAA-WP-01

Title: Review and Verification of Vouchers

1.0 Objective

To create a system and process for the review and verification of vouchers and approval by duly authorized authority.

2.0 Scope

This process is applicable to all vouchers to be verified and to be approved by duly authorized authority.

3.0 List of Abbreviations

3.1	AQA	-	Accreditation and Quality Assurance
3.2	BAC	-	Bids and Awards Committee
3.3	BOT	-	Board of Trustees
3.4	CED	-	Campus Executive Director
3.5	CHMSC	-	Carlos Hilado Memorial State College
3.6	CBMA	-	College of Business Management and Accountancy
3.7	COE	-	College of Education
3.8	COF	-	College of Fisheries
3.9	CIT	-	College of Industrial Technology
3.10	FMSD	-	Finance Management Services Division
3.11	IIT	-	Institute of Information Technology
3.12	MAA	-	Management and Audit Analyst
3.13	OP	-	Office of the President
3.14	PME	-	Planning, Monitoring and Evaluation
3.15	PPDM	-	Physical Plant Development Management
3.16	SAS	-	School of Arts and Sciences
3.17	VPAA	-	Vice President for Academic Affairs
3.18	VPAF	-	Vice President for Administration and Finance
3.19	VPRE	-	Vice President for Research and Extension



WORK PROCEDURE

Doc. No: CHMSC-MAA-WP-01

4.0

References

- 4.1 Department of Budget and Management (DBM) Circulars and Memoranda
- 4.2 Commission on Audit (COA) Circulars and Memoranda
- 4.3 Commission on Higher Education (CHED) Memoranda
- 4.4 National Government Accounting System (NGAS)
- 4.5 Unified Accounting Coding System (UACS)
- 4.6 Board of Trustees (BOT) Resolutions
- 4.7 Civil Service Commission (CSC) Rules and Regulations

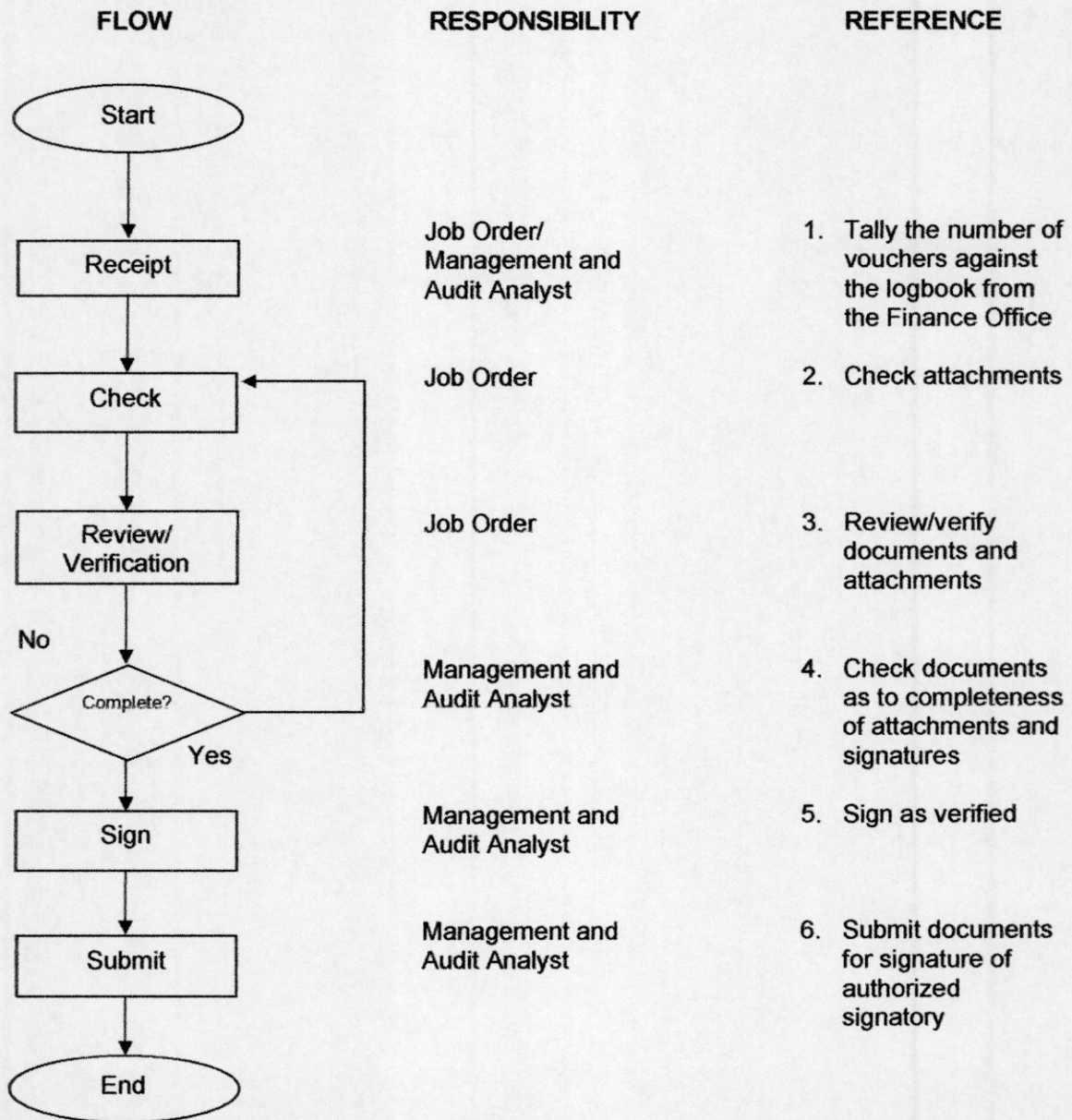


WORK PROCEDURE

Doc. No: CHMSC-MAA-WP-01

Title: Review and Verification of Vouchers

5.0 Details





WORK PROCEDURE

Doc. No: CHMSC-MAA-WP-01

Title: Review and Verification of Vouchers

6.0 Attachments

7.0 Forms

7.1 Obligation Request/Obligation Slip (OS)

7.2 Disbursement Voucher

7.3 Journal Entry Voucher

7.4 BIR Forms

1600

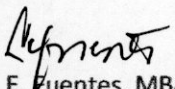
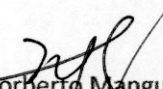
1601 C

1604 CF

1604 E

2306

2307

Reviewed by	Approved by
 Ligaya E. Fuentes, MBA Management and Audit Analyst/AO V	 Dr. Norberto Manguabnan Director, Quality Assurance
Date 11-20-16	Date Dec. 20, 2016



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
DISBURSEMENT VOUCHER

Fund Cluster :

Date :
DV No. :

Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)
------------------------	--

Payee	TIN/Employee No.:	ORS/BURS No.:
--------------	-------------------	---------------

Address

Particulars	Responsibility Center	MFO/PAP	Amount
<div style="text-align: right; margin-top: 10px;">Amount Due</div>			-

A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision.

SALVADOR B. ZARAGOSA, JR., Ph.D
 Vice President for Administration and Finance

B. Accounting Entry:

Account Title	UACS Code	Debit	Credit

C. Certified:	D. Approved for Payment
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper	
Signature	Signature
Printed Name JERRY S. GUMATA, CPA	Printed Name
Position Accountant III Head, Accounting Unit/Authorized Representative	Position Agency Head/Authorized Representative
Date	Date

E. Receipt of Payment

Check/ADA No. :	Date :	Bank Name & Account Number:	JEV No.
Signature :	Date :	Printed Name:	Date

Official Receipt No. & Date/Other Documents



WORK PROCEDURE

Doc. No: CHMSC-OSA-WP-01

Title: OFFICE OF THE STUDENT AFFAIRS STUDENT ASSISTANTSHIP PROGRAM

1.0 Objective

To create a structure that will provide extra income to students to help augment his/her daily needs while studying.

2.0 Scope

The procedure is projected to the application and assistance to working students/aides.

3.0 List of Abbreviations

- 3.1 OSA - Office of the Student Affairs
- 3.2 VPAA - Vice President for Academic Affairs
- 3.3 SA - Student Assistants
- 3.4 DTR - Daily Time Record
- 3.5 ORS - Obligation Request and Status
- 3.6 DV - Disbursement Voucher
- 3.7 MAA - Management & Audit Analyst

4.0 References

- 4.1 Student Handbook

5.0 References

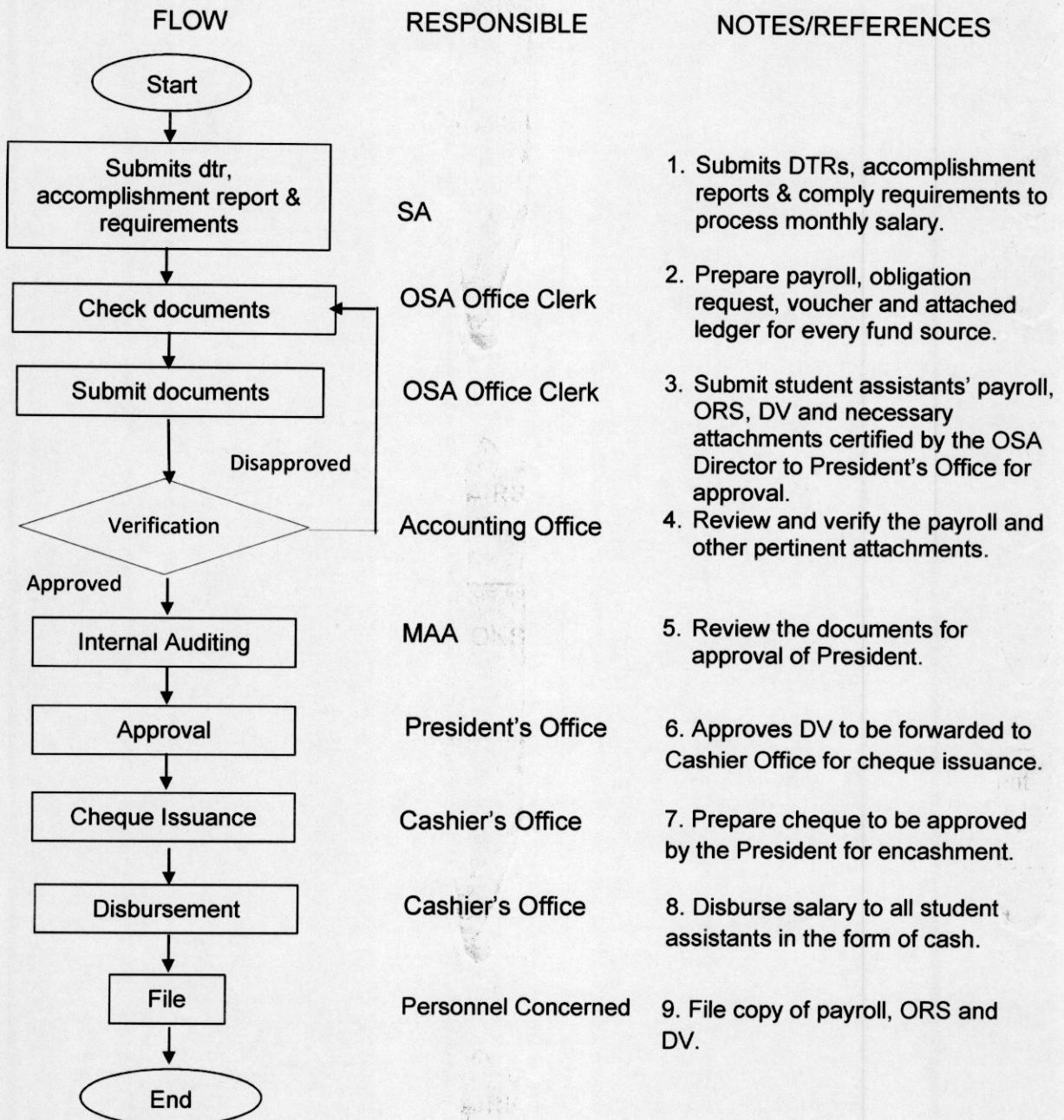


WORK PROCEDURE

Doc. No: CHMSC-OSA-WP-01

Title: OFFICE OF THE STUDENT AFFAIRS STUDENT ASSISTANTSHIP PROGRAM

5.0 Details





WORK PROCEDURE

Doc. No: CHMSC-OSA-WP-01

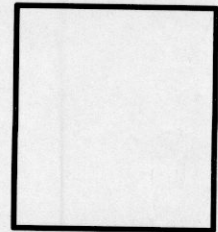
Title: OFFICE OF THE STUDENT AFFAIRS STUDENT ASSISTANTSHIP PROGRAM

6.0 Attachments

7.0 Forms

- 7.1 Daily Time Record Form
Ctrl # CHMSC-OSA-F15
- 7.2 Student Assistants' Accomplishment Report Form
Ctrl # CHMSC-OSA-F13
- 7.3 Student Assistants' Application Form
Ctrl # CHMSC-OSA-F01

Reviewed by: <i>m. Tubera</i> PROF. MA. ISABEL TUBERA Director, Student Affairs	Approved by: <i>[Signature]</i> DR. NORBERTO F. MANGULABNAN Director, QAA
Date <i>11/20/2014</i>	Date <i>12/20/2014</i>



APPLICATION FOR STUDENT ASSISTANT

Name: _____ Age: _____ Height: _____ Weight: _____
 Previous Address: _____ Date of Birth: _____
 Present Address: _____ Religion: _____ Contact #: _____
 Father's Name: _____ Occupation: _____
 Monthly Income: _____ Employer: _____
 Mother's Name: _____ Occupation: _____
 Monthly Income: _____ Employer: _____
 Course: _____ Major: _____ Yr. & Sec. _____
 State briefly why you want to join with student labor:

Reference:
 1. _____ 2. _____ 3. _____

 Signature over Printed Name

Requirements:

1. Application Form
2. 1x1 ID picture
3. Barangay Clearance
4. Parents ITR/Certification from the BIR/Certificate of Indigence
5. Photocopy of Enrolment Form
6. Schedule of Classes
7. Proof Of Insurance (First Semester EF/AF)
8. Grades for the last semester attended

Action Taken / Recommendation

Recommending Approval:

 Signature over Printed Name
 Head of Office

Approved:

PROF. MA. ISABEL TUBERA
 Director, OSA

Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
CS Form 48

Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
CS Form 48

Name _____
For the Month of _____
Official Hour Arrival and Departure
_____ Saturday/Sunday

Name _____
For the Month of _____
Official Hour Arrival and Departure
_____ Saturday/Sunday

Day	A.M.		P.M.		Undertime	
	Arrival	Departure	Arrival	Departure	Hrs.	Min.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Day	A.M.		P.M.		Undertime	
	Arrival	Departure	Arrival	Departure	Hrs.	Min.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

I certify on my honor that the above is true and correct report of the hours performed, record of which was made daily at the time or arrival and departure form office.

I certify on my honor that the above is true and correct report of the hours performed, record of which was made daily at the time or arrival and departure form office.

Employee's Signature

Employee's Signature

Verified as to the prescribed office hours:

Verified as to the prescribed office hours:

In-Charge

In-Charge



WORK PROCEDURE

Doc. No: CHMSC-PPDM-WP-01

Title: PREPARATION, REVIEW AND APPROVAL OF THE PROPOSED PROJECTS AND ENHANCEMENTS OF THE PHYSICAL FACILITIES OF THE COLLEGE

1.0 Objective

To establish a system for procedures, preparations, reviews and revisions of the proposed projects and enhancements of the physical facilities of the College

2.0 Scope

This system is applicable to four (4) campuses of CHMSC

3.0 Definitions and Abbreviations

3.1	CHMSC	-	Carlos Hilado Memorial State College
3.2	PPDM	-	Physical Plant Development and Management
3.3	BAC	-	Bids and Award Committee
3.4	PR	-	Purchase Requests
3.5	TWG	-	Technical Working Group
3.6	VPAF	-	Vice President for Administration & Finance

4.0 References

- 4.1 Previous PPDM Forms
- 4.2 BAC Process Charts
- 4.3 College Code
- 4.4 Handbook on Philippine Government Procurement

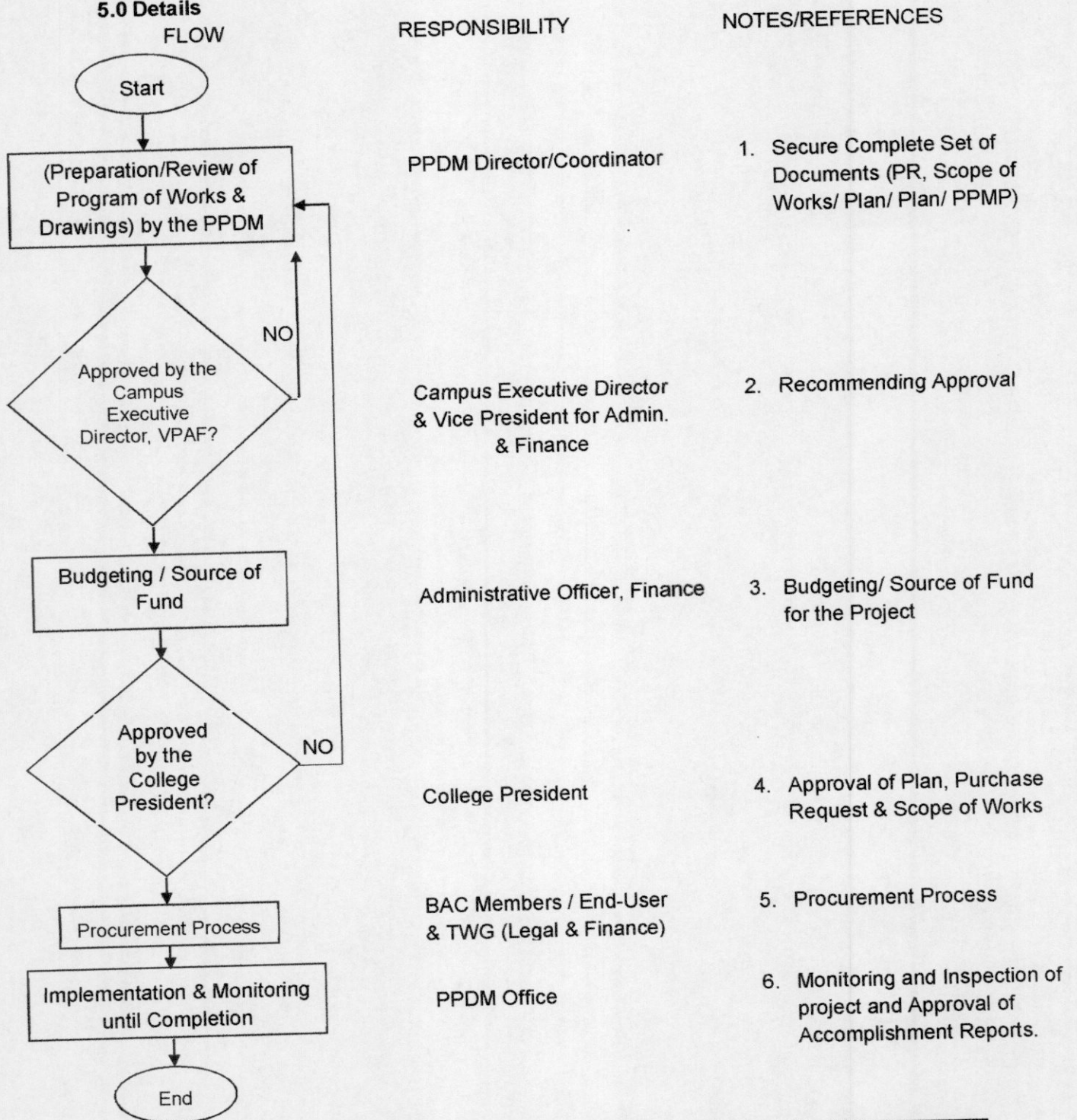


WORK PROCEDURE

Doc. No: CHMSC-PPDM-WP-01

Title: PREPARATION, REVIEW AND APPROVAL OF THE PROPOSED PROJECTS & ENHANCEMENTS OF THE PHYSICAL FACILITIES OF THE COLLEGE

5.0 Details





WORK PROCEDURE

Doc. No: CHMSC-PPDM-WP-01

Title: PREPARATION, REVIEW AND APPROVAL OF THE PROPOSED PROJECTS
& ENHANCEMENTS OF THE PHYSICAL FACILITIES OF THE COLLEGE

6.0 Attachments

1. Ledger
2. PPMP/Supplemental
3. PR for Materials and Labor
4. Scope of Work
5. Drawings/Plans

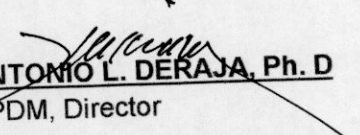
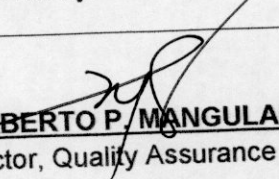
7.0 Forms

Internal Forms

1. Request Form

External Forms

1. PPMP

Reviewed by:	Approved by:
 ANTONIO L. DERAJA, Ph. D PPDM, Director	 NORBERTO P. MANGULABNAN, Ph. D. Director, Quality Assurance
Date <i>Nov. 20, 2016</i>	Date <i>12-23-16</i>

Effective date: December 2016

Rev. No.: 0

Page: 3 of 3



REPAIR AND MAINTENANCE REQUEST FORM

Doc. No: PPDM-TALISAY-F02_ _ _

Location: _____

Date: _____

Details of Request:

Requested By:

NOTED:

Dean/Unit Head

APPROVED:

PPDM, Director

JOB ACCOMPLISHMENT REPORT

Date Completed: _____

Remarks: _____

Conformer: _____

PROJECT PROCUREMENT MANAGEMENT PLAN
Procurement Unit: PHYSICAL PLANT DEVELOPMENT AND MANAGEMENT
Calendar Year: 2016
SUPPLEMENTAL

Type of Contract To Be Employed	Extent/Size of Contract Scope/Packages	Procurement Method	TIME SCHEDULE												ESTIMATED BUDGET			
			J	F	M	A	M	J	J	A	S	O	N	D	INCOME	MDS/GAA		
																	PHP	-
TOTAL																	PHP	-

Prepared By:

ANTONIO L. DERAJA, Ph. D.
 Director, PDDM

Recommending Approval:

SALVADOR B. ZARAGOSA JR., Ph. D.
 Vice-President for Administration & Finance

Certified Funds Available:

JERRY S. GUMATA
 Accountant Local Budget Officer

Approved By:

RENATO M. SOROLLA, Ph. D.
 SUC President II

NOTE: Scope/Package (Column 2) is in general description and supported by the detailed and complete specifications of the items in separate sheets as prepared by the End-User/s.



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-001

Title : Research Generation

1.0 Objective

To establish a system in research generation through the conduct of research and development programs/projects/activities

2.0 Scope

This work procedure covers the conduct and generation of research and development programs, projects and activities in CHMSC

3.0 Definition and Abbreviations

- 3.1 Research Generation – refers to the R&D activities of the College in meeting the mandate on research generation.
- 3.2 R&D – refers to Research and Development mandate of the College
- 3.3 R&D Programs/Projects/Activities – refers to R&D programs which can be segregated into projects, and project into studies or activities.
- 3.4 Research Proposal – refers to the R&D plan or proposal submitted for evaluation and approval by the College.
- 3.5 Terminal Report – refers to research written outputs or of R&D programs/ projects/activities.
- 3.6 RDS – refers to Research and Development Services provided by the research office
- 3.7 RDS Director – refers to the head of the Research and Development Services Unit
- 3.8 RDS Coordinators – refers to College personnel who are designated to coordinate R&D initiatives in every campus with the institutional RDS Unit
- 3.9 RDS Staff – refers to the RDS office personnel who perform duties and responsibilities towards achieving the mandate of the office.
- 3.10 VP RDE and IP- refers to the Vice President for Research, Extension, and Intellectual Property
- 3.11 RTC - refers to Research Technical Committee which evaluates the technical feasibility of the proposed researches during the AIHR
- 3.12 AIHR - refers to the Agency In-House Review which is conducted to evaluate the research outputs generated by the College

4.0 References

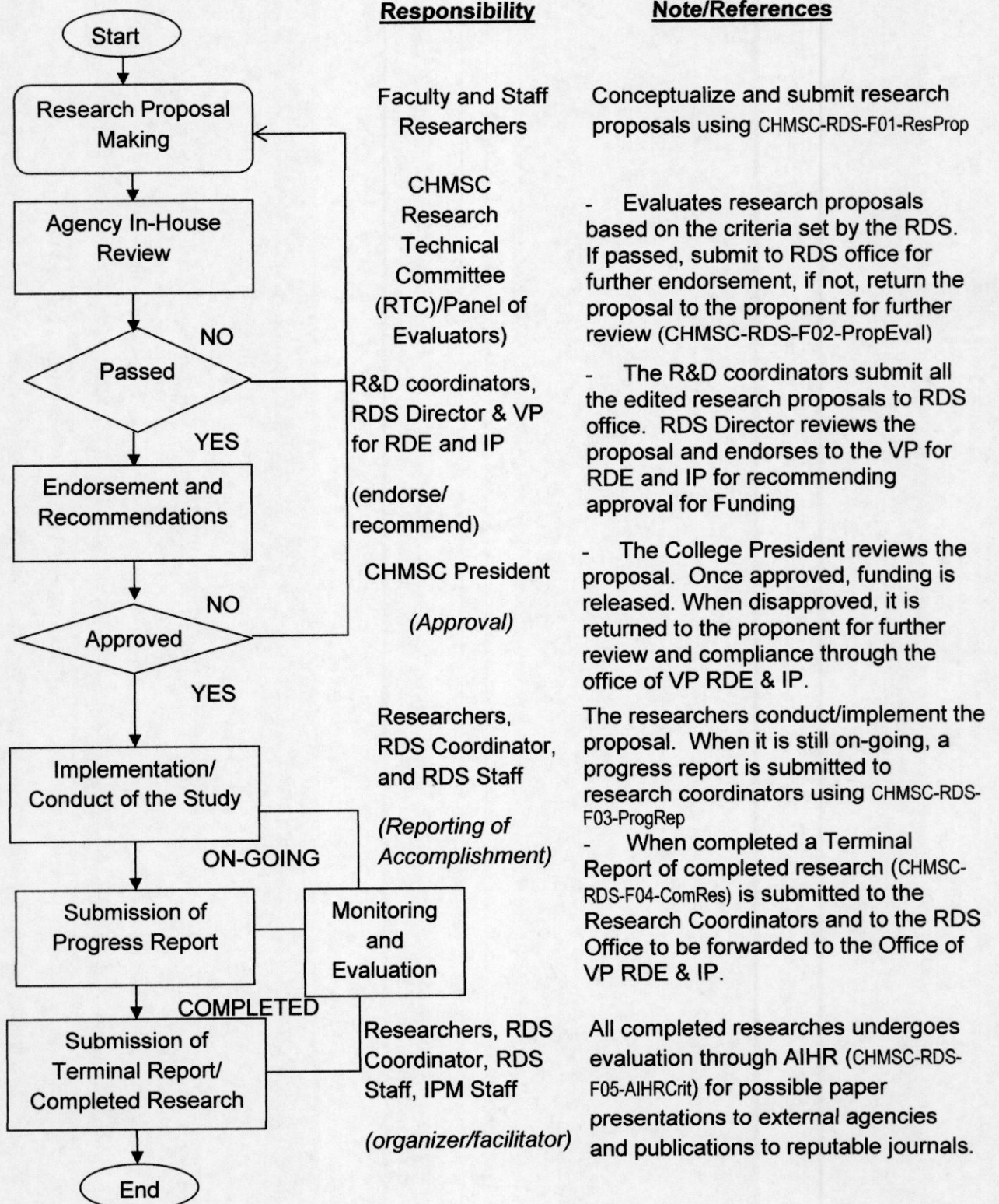
- 4.1 Research and Extension Manual
- 4.2 College Code



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-001

5.0 Details





WORK PROCEDURE

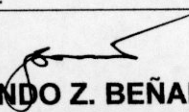
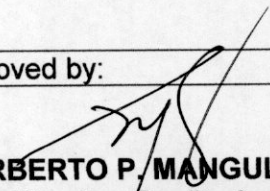
Doc. No: CHMSC-RDS-WP-001

6.0 Attachments

6.1 Research and Extension Manual

7.0 Forms

- 7.1 CHMSC-RDS-F01-ResProp (Format of Research Proposals)
- 7.2 CHMSC-RDS-F02-PropEval (Format for evaluating research proposal)
- 7.3 CHMSC-RDS-F03-ProgRep (Format for Progress Report of On-going Funded Research)
- 7.4 CHMSC-RDS-F04-ComRes (Format of Terminal Report/Completed Research)
- 7.5 CHMSC-RDS-F05-AIHREvalCrit (Format of In-House Review Evaluation & Criteria for Completed Researches)

Reviewed by:	Approved by:
 ORLANDO Z. BEÑALES, EdD. Director, Research & Development Services	 NORBERTO P. MANGULABNAN, PhD. Director, Quality Assurance & Accreditation
Date <i>Nov. 20, 2014</i>	Date <i>12/20/2014</i>



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-002

Title : Presentation of Research Works in Fora/Conferences Within the Philippines
with Funding Support by the College

1.0 Objective

To establish a system in the presentation of research works in fora/conferences within the Philippines with funding support by the College

2.0 Scope

This work procedure covers the presentation of research works in local, regional, national, and international fora/Conferences within the Philippines with funding support by the College

3.0 Definition and Abbreviations

- 3.1 Research Presentation – refers to the presentation of research outputs to the various levels of research fora and conferences held in the Philippines
- 3.2 Call for paper Presentation – refers to the invites issued by the RDS Office and other external agencies for paper presentations
- 3.3 R&D Programs/Projects/Activities – refers to R&D program which comprises projects, and project which comprises studies or activities.
- 3.4 Completed Research report - refers to the written outputs on completed researches submitted for paper presentation
- 3.5 RDS – refers to Research and Development Services provided by the research Unit
- 3.6 RDS Director – refers to the head of the Research and Development Services Unit
- 3.7 RDS Coordinators – refers to College personnel who are designated to coordinate R&D initiatives in every campus with the institutional RDS Unit
- 3.8 RDS Staff – refers to the RDS office personnel who perform duties and responsibilities towards achieving the mandate of the office.
- 3.9 VP RDE and IP- refers to the Vice President for Research, Extension, and Intellectual Property
- 3.10 Funding support – refers to the budget allocated for registration fee of the forum, travel expenses, and per diem of the paper presenters
- 3.11 Paper Presentation Incentive – refers to the financial incentives granted to the paper presenters

4.0 References

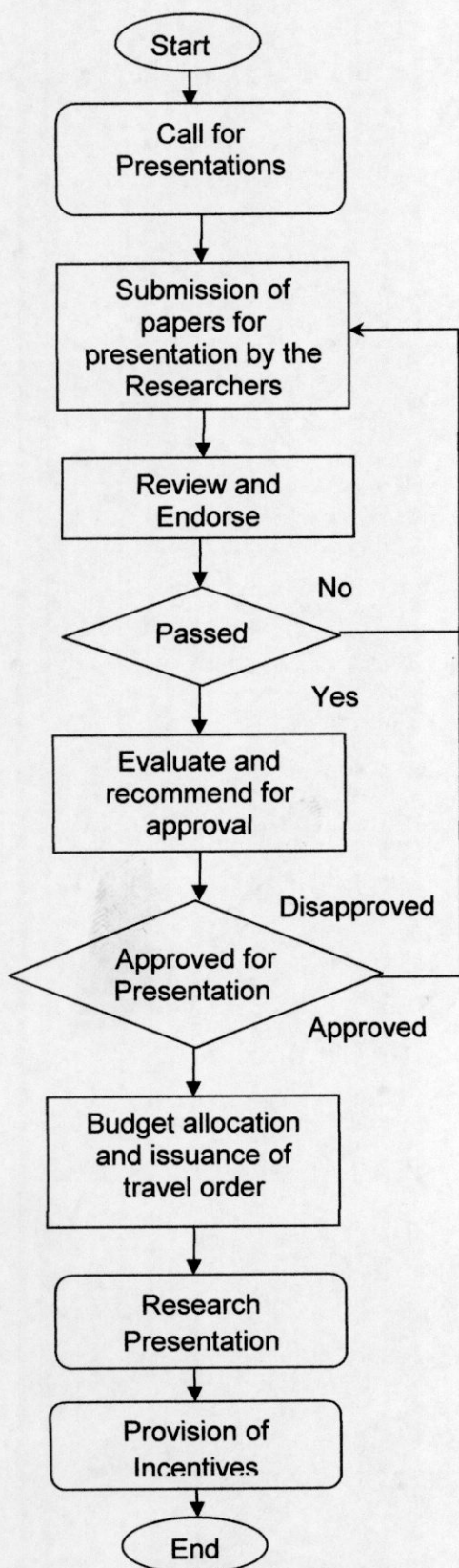
- 4.1 Research and Extension Manual
- 4.2 College Code



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-002

5.0 Details



Responsibility

Note/References

RDS Office
(endorses/
recommends)

- RDS Office facilitates the circulations/dissemination of the call for presentations in local, regional, national and international fora/conferences initiated by other agencies. Invitations or Calls for paper presentations are addressed to the College.

Researchers
and RDS
Coordinators

- Interested researchers submit their papers to RDS Coordinators for possible endorsement for presentation. All research papers must undergo In-House Review (CHMSC-RDS-F06 -AppAIHR)
- The RDS coordinators check and review the papers to ensure that these have undergone research in-house review and all comments and suggestions by the panel were fully complied (CHMSC-RDS-F07-RepComp)

RDS Director and
VP for RDE & IP

- If complied, it is endorsed to the RDS Office for possible support. If not, it is returned back to the author(s).

- RDS Office evaluates the papers. If qualified for presentation, it is endorsed to the VP for RDE for recommending approval to the President. If not, it is returned back to the author(s).

College
President

- The College President reviews the request, once approved, budget is allocated and Travel Order is issued. When disapproved, it is returned to the proponent for further review and compliance through the office of VP RDE & IP.

RDS Office/Unit

- The RDS Office facilitates the disbursement of fund.

Research Staff and
Author(s)

- After the presentation, the author(s) provides authenticated photocopy of documents as proof of presentation (i.e, certificates, and others) and incentives are granted.



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-002

6.0 Attachments



6.1 Research and Extension Manual

7.0 Forms

7.1 CHMSC-RDS-F06-AppAIHR Application Form for AIHR

7.2 CHMSC-RDS-F07-RepComp Compliance Report on Recommendation of AIHR
Evaluator

7.3 Extended Abstract

Reviewed by:	Approved by:
 ORLANDO Z. BEÑALES, EdD. Director, Research & Development Services	 NORBERTO P. MANGULABNAN, PhD. Director, Quality Assurance & Accreditation
Date <i>Nov. 20, 2014</i>	Date <i>12/20/2014</i>



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-003

Title : Presentation of Research Works in Fora/Conferences Outside of the Philippines with Funding Support by the College

1.0 Objective

To establish a system in the presentation of research works in fora/conferences outside of the Philippines with funding support by the College

2.0 Scope

This work procedure covers the presentation of research works in fora/conferences outside of the Philippines with funding support by the College

3.0 Definition and Abbreviations

- 3.1 Research Presentation – refers to the presentation of research outputs to the various levels of research fora and conferences held outside of the Philippines
- 3.2 Call for paper Presentation – refers to the invites issued by the RDS Office and other external agencies for paper presentations
- 3.3 R&D Programs/Projects/Activities – refers to R&D program which comprises projects, and project which comprises studies or activities.
- 3.4 Completed Research report - refers to the written outputs on completed researches submitted for paper presentation
- 3.5 RDS – refers to Research and Development Services provided by the research Unit
- 3.6 RDS Director – refers to the head of the Research and Development Services Unit
- 3.7 RDS Coordinators – refers to College personnel who are designated to coordinate R&D initiatives in every campus with the institutional RDS Unit
- 3.8 RDS Staff – refers to the RDS office personnel who perform duties and responsibilities towards achieving the mandate of the office.
- 3.9 VP RDE and IP- refers to the Vice President for Research, Extension, and Intellectual Property
- 3.10 Funding support – refers to the budget allocated for registration fee of the forum, travel expenses, and per diem of the paper presenters
- 3.11 Paper Presentation Incentive – refers to the financial incentives granted to the paper presenters

4.0 References

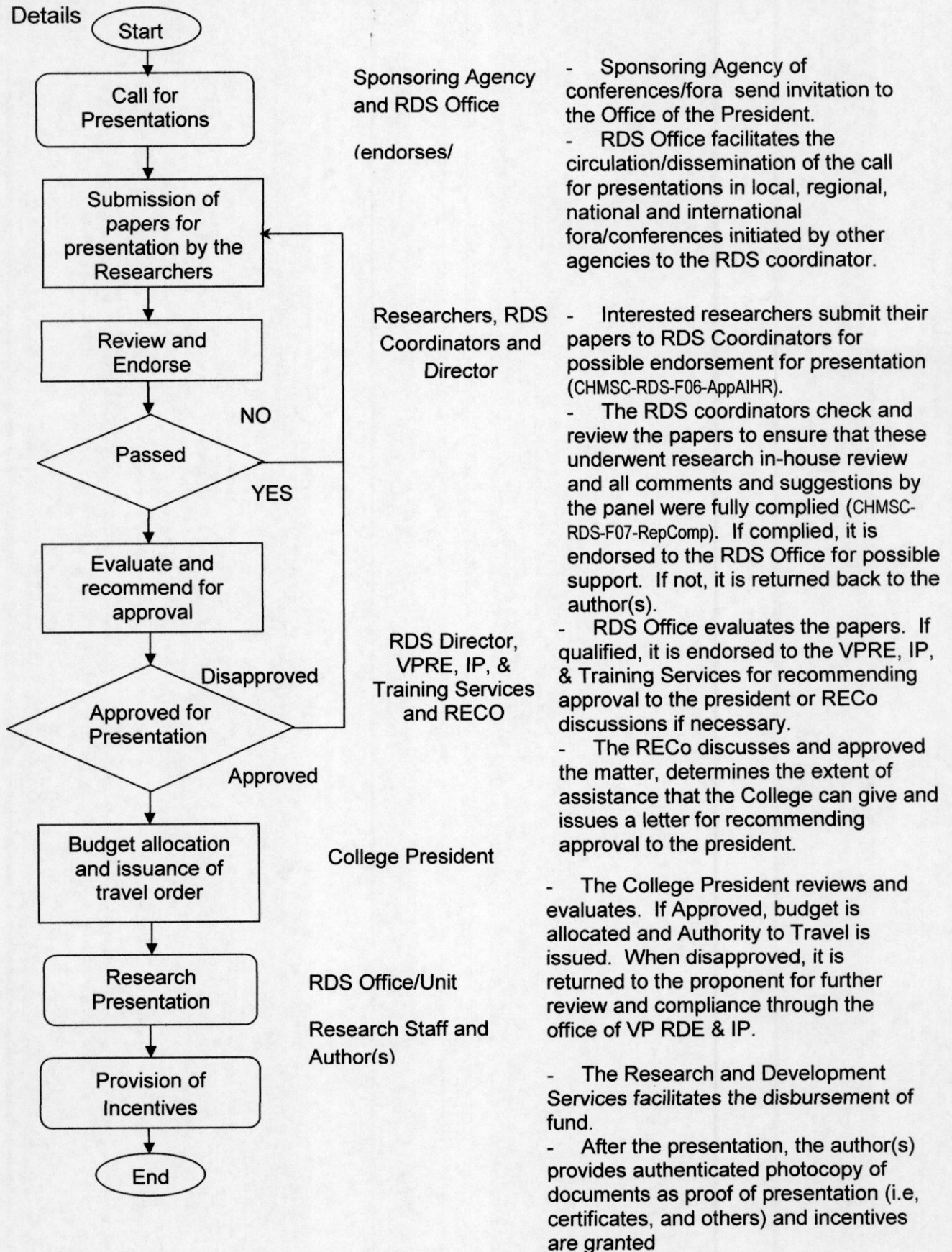
- 4.1 Research and Extension Manual



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-003

5.0 Details





WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-003

6.0 Attachments

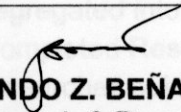
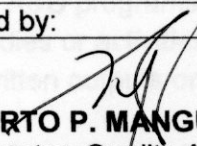
- 6.1 Application Form for AIHR
- 6.2 Compliance Report on Recommendations of AIHR Evaluators
- 6.3 Invites of External organizations
- 6.4 Acceptance Letter of External Organizations

7.0 Forms

- 7.1 CHMSC-RDS-F06-AppAIHR Application Form for AIHR
- 7.2 CHMSC-RDS-F07-RepComp Compliance Report on Recommendation of AIHR Evaluator

3.0 Definition and Abbreviations

- 3.1 Research Publication – refers to the publication of research outputs in the refereed journals published by the College
- 3.2 Call Publication – refers to the invites issued by the RDS Office for publication of papers in the refereed journals published by the College
- 3.3 Editorial Board – refers to the body tasked to ascertain the publication worthiness of the papers submitted for publication in the refereed journals of the College
- 3.4 Preliminary review and Evaluation – refers to the examination of the submitted papers for publication by the Editorial Board prior to external refereeing
- 3.5 External Refereeing – refers to the evaluation of the papers submitted for publication by the external referees

Reviewed by:	Approved by:
 ORLANDO Z. BEÑALES, EdD. Director, Research & Development Services	 NORBERTO P. MANGULABNAN, PhD. Director, Quality Assurance & Accreditation
Date <i>Nov. 20, 2014</i>	Date <i>12/20/2014</i>

- 3.10 RDS Coordinators – refers to College personnel who are designated to coordinate R&D initiatives in every campus with the institutional RDS Unit
- 3.11 RDS Staff – refers to the RDS office personnel who perform duties and responsibilities towards achieving the mandate of the office.
- 3.12 VP RDE and IP- refers to the Vice President for Research, Extension, and Intellectual Property
- 3.13 Publication Incentive – refers to the financial incentives granted to authors whose papers are published in the refereed journals

4.0 References

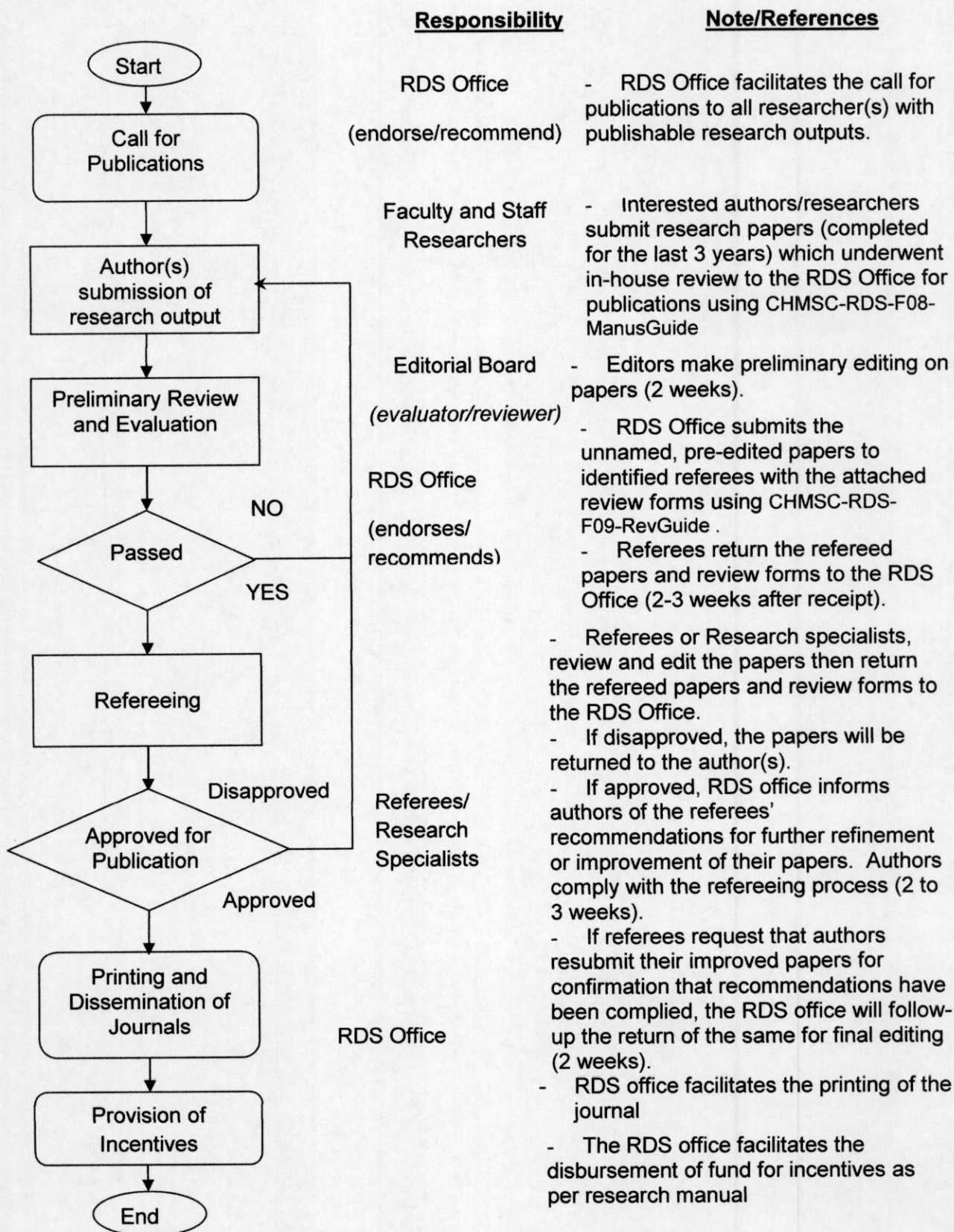
- 4.1 Research and Extension Manual



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-004

5.0 Details





WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-004

6.0 Attachments

6.1 Research and Extension Manual

7.0 Forms

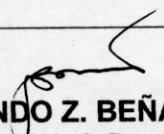
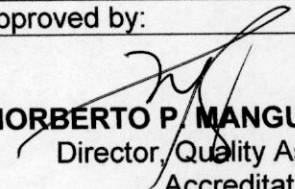
7.1 Application for AIHR

7.2 Compliance Report on recommendations of AIHR Evaluators

7.3 Packaged paper for publication

7.4 CHMSC-RDS-Form H-RefPub (format for refereed publication)

7.5 CHMSC-RDS-Form I-RevGuide (Referee's guided for refereeing)

Reviewed by:	Approved by:
 ORLANDO Z. BEÑALES, EdD. Director, Research & Development Services	 NORBERTO P. MANGULABNAN, PhD. Director, Quality Assurance & Accreditation
Date <i>Nov. 20, 2014</i>	Date <i>12/20/2014</i>



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-005

Title : Publication of Research Works in External Refereed Journals with Funding Support by the College

1.0 Objective

To establish a system in the publication of research works in external refereed journals with funding support by the College

2.0 Scope

This work procedure covers the publication of research works of the institution in the external refereed journals with funding support by the College

3.0 Definition and Abbreviations

- 3.1 Research Publication – refers to the publication of research outputs in the external refereed journals
- 3.2 Call for Publication – refers to the invites issued by external publishers/organizations for the publication of papers in their refereed journals
- 3.3 Review and Endorsement – refers to the examination of the submitted papers for publication by the RDS Unit
- 3.4 R&D Programs/Projects/Activities – refers to R&D programs which can be segregated into projects, and project into studies or activities.
- 3.5 Completed Research report - refers to the written outputs on completed researches submitted for paper presentation
- 3.6 RDS – refers to Research and Development Services provided by the research Unit
- 3.7 RDS Director – refers to the head of the Research and Development Services Unit
- 3.8 RDS Coordinators – refers to College personnel who are designated to coordinate R&D initiatives in every campus with the institutional RDS Unit
- 3.9 RDS Staff – refers to the RDS office personnel who perform duties and responsibilities towards achieving the mandate of the office.
- 3.10 VP RDE and IP- refers to the Vice President for Research, Extension, and Intellectual Property
- 3.11 Publication Fee – refers to the disbursement of fund for the payment of publication fee
- 3.12 Publication Incentive – refers to the financial incentives granted to authors whose papers are published in the refereed journals

4.0 References

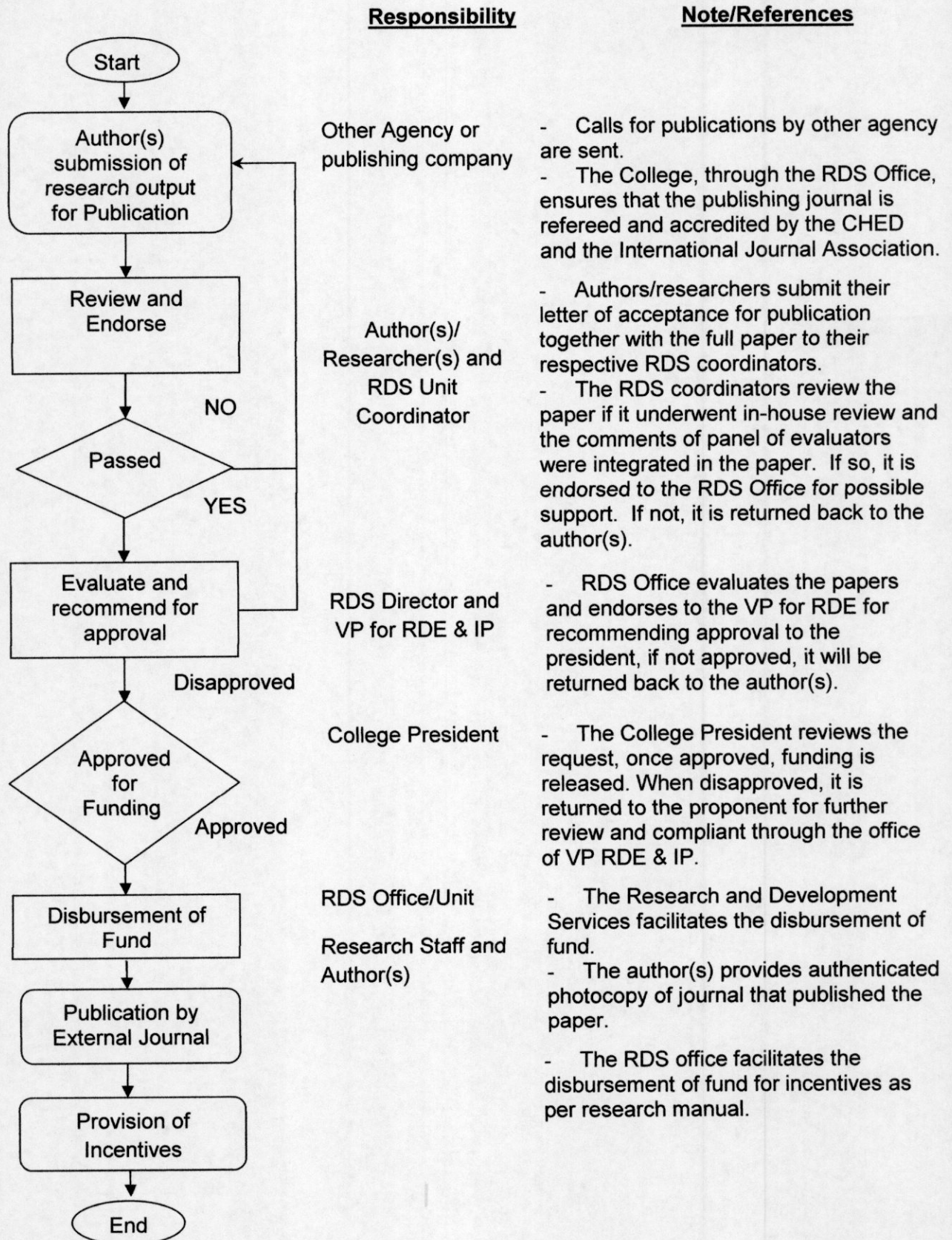
- 4.1 Research and Extension Manual



WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-005

5.0 Details





WORK PROCEDURE

Doc. No: CHMSC-RDS-WP-005

6.0 Attachments

6.1 Research and Extension Manual

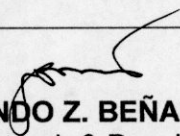
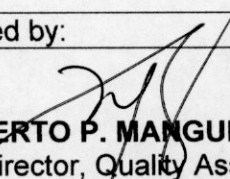
7.0 Forms

7.1 Compliance Report on recommendations of AIHR Evaluators

7.2 Packaged paper for publication

7.3 Invite of external publisher

7.4 Acceptance letter of publishers/organization

Reviewed by:	Approved by:
 ORLANDO Z. BEÑALES, EdD. Director, Research & Development Services	 NORBERTO P. MANGULABNAN, PhD. Director, Quality Assurance & Accreditation
Date <i>Nov. 20, 2016</i>	Date <i>12/20/2016</i>



Format of Research Proposal for Institutional Funding

Title:

Name of Proponent(s)/Campus:

Type of Research Project:

Research Objectives

- What do you investigate? What do you want to accomplish in your research?

Research Methodology

- How will you carry out the research process? What will be your research design? How do you intend to gather data? What is your unit of analysis? Who are your subjects? What is the sample size? How will you organize, and analyze your data?

Plan of Implementation

Major Activities

Agency Involved

Time Frame

Expected Output

Budgetary Requirements

- Personnel Services
- Maintenance and other Operating Expenses
- Supplies and Materials
- Traveling Expenses
- Sundries
- Equipment
- Total
- Counterpart Funding

Cooperating Universities/Funding Agencies (Collaborative Research)

- Name of agencies/universities cooperating in this project, motive of involvement/participation, and statement of financial assistance or other assistance given if any.

Attachment:

1. Research Instrument or Questionnaire



RESEARCH PROPOSAL EVALUATION FORM

TITLE: _____

Presenter: _____

Category: _____

Category	Comments and Recommendations
➤ Title	
➤ Objectives/Problem Analysis	
➤ Conceptual/analytical framework	
➤ Contribution to new knowledge	
➤ Scope and Limitations	
➤ Methodology/Procedures	
➤ Budget requirements	
➤ Time Frame	
➤ Research Instrument or Questionnaire	

Action: Please "Check" on the desired specific actions/recommendations below

- () Recommended for approval
- () Recommended for approval, provided, suggestions are considered and incorporated
- () For further review/enrichment by the research proponent(s)

Signed:

Name and Signature of Evaluator



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
Talisay City, Negros Occidental



Format for Progress Report of On-going Researches

Office of the Director of Research & Development Services

Progress Report

For the Period _____

Status:

Research Title:

Research Coordinator/Leader:

Name :

Designation :

Address :

Implementing Agency/Research Station:

Cooperating Agency:

Summary of Accomplishments:

Cumulative % of Completion:

Duration:

Date Started:

Total Approved Budget:

Actual Released Budget:

Actual Expenditures:

Problems Encountered:

Actions Taken:



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
Talisay City, Negros Occidental



Format for Terminal Report or Completed Research

Research Title

Name of Author(s)/Researcher(s)

Name of Proponent/Institution/Campus

Abstract (250 words)
– with **Keywords (3-8 words)**

Introduction

Rationale

- Review of Related Literature
- Objectives of the study

Materials and Methods

- Research Design
- Detailed procedure
- Statistical Treatment

Results

Discussion

Conclusions and Recommendations

Literature Cited



Evaluation Form for Completed Research during AIHR

TITLE: _____
 Presenter: _____
 Category: _____
 Rate: _____

Criteria	Value/Weight	RATING
Creativity, Originality and Quality of Work	40%	
➤ Rationale/state of the art presentation,	5%	
➤ Analysis of the problem	5%	
➤ Objectives	5%	
➤ Conceptual/analytical framework,	10%	
➤ Methodology/Procedures	15%	
Significance of Findings	30%	
➤ Contribution to new knowledge,	10%	
➤ Impact on Education, Science, and Technology	10%	
➤ relevance to institutional/national thrusts	10%	
Manuscript/Write-up	15%	
➤ Accuracy of figures and language	5%	
➤ Clarity and style	5%	
➤ Cogency and logic	5%	
Presentation Proper	15%	
➤ Clarity of presentation, visual aids, stage presence, voice modulation	5%	
➤ Response to inquiries	10%	

Comments/Suggestions/Recommendations:

(Please use space at the back for additional comments/suggestions)

Action: Please "Check" on the desired specific actions/recommendations below

- () Recommended for paper presentation as is
- () Recommended for paper presentation provided suggestions are complied
- () For major review to meet standards of paper presentation

 Name and Signature of Evaluator



APPLICATION FORM FOR IN-HOUSE REVIEW OF COMPLETED RESEARCHES

Instruction in filling out this form: *The applicant is requested to supply the needed information or tick a "check" mark in the appropriate box.*

Proponent/s: _____

Date of Application: _____

Research Title: _____

Research Category:

- Thesis Dissertation Self-Funded Study College-Funded Study

Research Agenda Focus:

- Quality Education*
 Food Security and Poverty Alleviation
 Entrepreneurship and ICT
 Gender and Development
 Environment and Natural Resources

Budget Granted: _____

Inclusive Period of Study: _____

Research Proposal Status:

- Proposed during the AIHR on (date): _____
 Not Proposed

Campus: _____

Department/Academic Unit: _____

Checklist of Support Documents Appended:

- Hard copy of extended abstract / full paper of not more than 10 pages*
 *Soft copy of extended abstract / full paper of not more than 10 pages sent to **chmsc_rds@yahoo.com***
 Compliance report on the Recommendations of In-House Review Evaluators (Three Columns: Recommendations, Status of Compliance, Page Location/Remarks)
 Computer-Processed Statistics Outputs (SPSS Outputs, etc.)
 Research Instrument/s Used including Validation and Reliability Test Results

 Signature of Proponent(s)/Researcher(s)

Recommending Approval:

 Program RDS Chairperson

 Campus RDS Coordinator

 Dean

 Campus Executive Director



COMPLIANCE REPORT ON RECOMMENDATIONS DURING AIHR

AIHR Date: _____

Venue : _____

Proponent/s: _____

Research Title: _____

Recommendations	Actions Made	Page	Status of Compliance/Research

Prepared by:

Verified:

Name and Signature of Proponent(s)/Researcher(s)

RDS Coordinator/Chair



MANUSCRIPT AND FORMATTING GUIDELINES

- A. Submit the soft copy and three (3) copies of the manuscript to the RDS office containing appropriate and sufficient substance and including the following parts:
- **Heading**
 - Title
 - Name of Author (s)
 - Email
 - College/Campus
 - **Abstract** (maximum of 250 words)
 - **Keywords** (minimum of 3 words)
 - **Introduction** (Objectives of the Study/Statement of the Problem and citations)
 - **Framework** (Theoretical and/or Conceptual)
 - **Materials and Methods** (for *experimental* researches)
Methods (for *non-experimental* researches)
 - **Results and Discussions** (with implications from citations)
 - **Conclusions and Recommendations**
 - **Literature Cited**
- B. Submit proof that the paper was subjected to the local in-house review by the panel of internal and external experts
- C. Attach the accomplished compliance form
- D. The author must observe the following prescribed format:
1. **Font Style and Size**
 - a. Arial 12 font size all throughout the manuscript;
 - b. Arial 9 font size for tables;
 - c. Foreign words, including scientific names must be italicized
 - d. Research Title (Uppercase - Boldface, Center)
 - e. Sub-Title (Sentence case – Boldface, Italics, Center)
 2. **Length**
 - a. Abstract must have 200-250 words unless justified such as pure sciences.
 - b. The entire manuscript must contain 4000 to 5000 words unless justified (not to exceed 12 pages).



PEER REVIEWER'S GUIDE

Part A: Editorial Office Only

Section I

Reviewer's Name:	Double blind
E-Mail:	
Manuscript Number:	
Title:	
Code:	
Date Send to Reviewer:	
Date Expected from Reviewer:	

Part B: Reviewer Only

Section II: Detailed Comments for the Author

Note: The Reviewer may also use the "Reviewing Tracking Comments" of the Microsoft Office 2007 or 2010 and attached the same to the report.

	General Comments
Introduction	
Methodology	
Result and Discussion	
Conclusions	
Literature Cited	
Others	

Section III – Evaluation of the Paper. Please rate following the criteria: (4=Excellent) (3=Good) (2=Fair) (1=Poor)

Originality:	
Contribution to the Field:	
Technical Quality:	
Clarity of Presentation:	
Depth of Research:	

Section IV – Recommendations: (Please check only one)

Accepted for publication without corrections or with minor corrections which were to be completed by the editor.	
Accepted for publication with minor corrections (Please refer to the comments given by the paper reviewers.) Please have the corrections completed and send to the editor in 2 weeks from the receipt of this report.	
Not accepted for publication at this stage but can be considered after making the major changes suggested.	
Not accepted for publication.	

Section V: Confidential Comments to the Editorial Board



WORK PROCEDURE

Doc. No. CHMSC-RMO-WI-01

Title: Preparation, Review, & Approval of Records Management Guide.

1.0 Objective

To establish a system and procedures on records management and archival program for the efficient creation, utilization, maintenance, retention, storage preservation and disposal of records.

2.0 Scope

This procedure is applicable to all offices in the College.

3.0 Definitions and Abbreviations

- 3.1 Records Management – refers to the managerial activities involved with respect to records creation, records maintenance and use, transmission, retention and records disposition in order to achieve adequate and proper documentation of policies and transactions of government for its efficient, effective and economical operation.
- 3.2 Records- are all books, papers, maps photographs or other documentary materials, regardless of physical form or characteristics made or received by any agency or in connection with the transaction of public business and preserved or appropriate for preservation by the agency as evidence of the organization, functions, policies, decisions, procedures, operations or other activities because of the information value or date contained therein.
- 3.3 Records Disposition- refers to the systematic transfer of non-current records from office to storage area, identification and preservation of archival records and destruction of valueless records.
- 3.4 RMO- Records Management Office

4.0 References

- 4.1 Republic Act 9470
(National Archives of the Philippines Act of 2007)
- 4.2 College Code

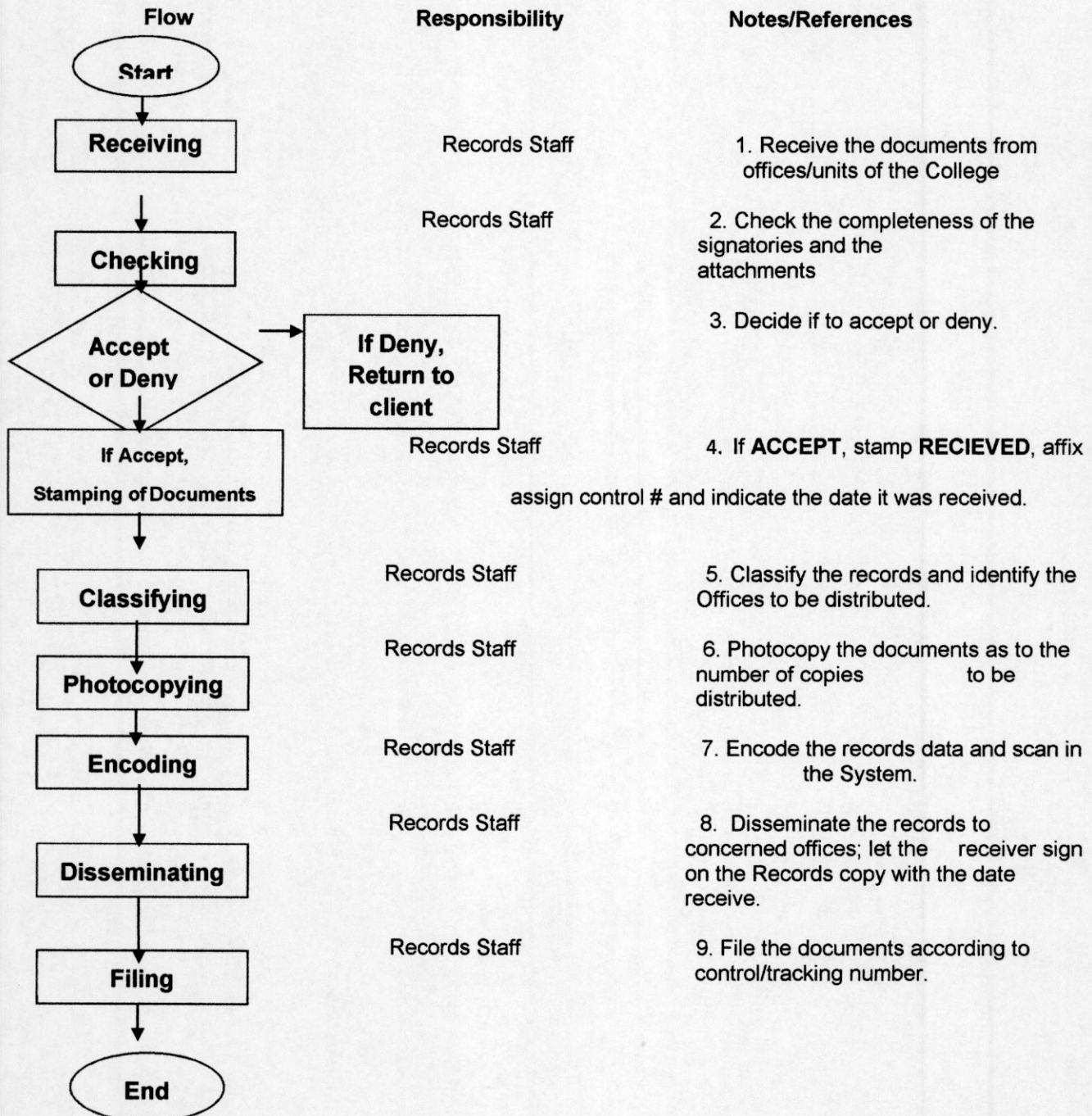


WORK PROCEDURE

Doc. No. CHMSC-RMO-WI-01

Title: Preparation, Review, & Approval of Records Management Guide.

5.0 Details





WORK PROCEDURE

Doc. No. CHMSC-RMO-WI-01

Title: Preparation, Review, & Approval of Records Management Guide.

6.0 Attachments

1. National Archives of the Philippines Act of 2007
2. Excerpt from the College Code, page 37, article 87-89


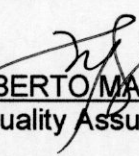
7.0 Forms

Internal Forms

1. Distribution List Form
2. Records Inventory Form

External Forms

1. Records Inventory and Appraisal Form - NAP Form No. 1
2. Records Disposition Schedule - NAP Form No. 2
3. Request for Authority to Dispose Records - NAP Form No. 3

Reviewed by:	Approved by:
 MA. TERESA C. SOGUILON Records Management Officer	 DR. NORBERTO MANGULABNAN Director, Quality Assurance
Date: 11/20/2014	Date: 12/20/2014

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> RECORDS DISPOSITION SCHEDULE		1. AGENCY NAME:			
		2. ADDRESS:			
3. SCHEDULE NO.:		4. DATE PREPARED:			
5. ITEM NO.	6. RECORD SERIES TITLE AND DESCRIPTION	7. RETENTION PERIOD			8. REMARKS
		Active	Storage	Total	

IMPORTANT: Pursuant to Section 18, Article III, RA 9470 s. 2007, "No government department, bureau, agency and instrumentality shall dispose of, deſtroy or authorize the disposal or destruction of any public records, which are in the custody or under its control except with the prior written authority of the executive director."

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS		AGENCY NAME: 	
		ADDRESS: 	
DATE: 		TELEPHONE NUMBER: 	
GRDS/ RDS ITEM NO.	RECORD SERIES TITLE AND DESCRIPTION	PERIOD COVERED	RETENTION PERIOD AND PROVISION/S COMPLIED <i>(If Any)</i>
LOCATION OF RECORDS: 		VOLUME IN CUBIC METER: 	
PREPARED BY: (Name & Signature) 		POSITION: 	
CERTIFIED AND APPROVED BY: <p style="text-align: center;">This is to certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.</p> <p style="text-align: right;">_____ Name and Signature of Agency Head or Duly Authorized Representative</p>			

9. Prepared by:

Name

Position

11. Recommending Approval:

Name

Position

10. Assisted by:

Name

Position

12. Approved:

Name

Position

TO BE ACCOMPLISHED BY THE NATIONAL ARCHIVES OF THE PHILIPPINES

This Records Disposition Schedule

- is being returned for improvement / correction
- is being recommended for approval

Chairman
Records Management Evaluation Committee

Date

APPROVED:

Executive Director

Date



WORK PROCEDURE

Doc. No. CHMSC-RO-WP-01

**TITLE: REQUEST FOR SCHOOL RECORDS (TRANSCRIPT OF RECORDS/
TRANSFER CREDENTIAL) AND ENROLMENT FLOW**

1.0 Objective

To establish a system in processing request for school records and enrolment procedure.

2.0 Scope

This work procedure covers processing of request for school records (Official Transcript of Records / Transfer Credential) and enrolment procedure.

3.0 Definitions and Abbreviations

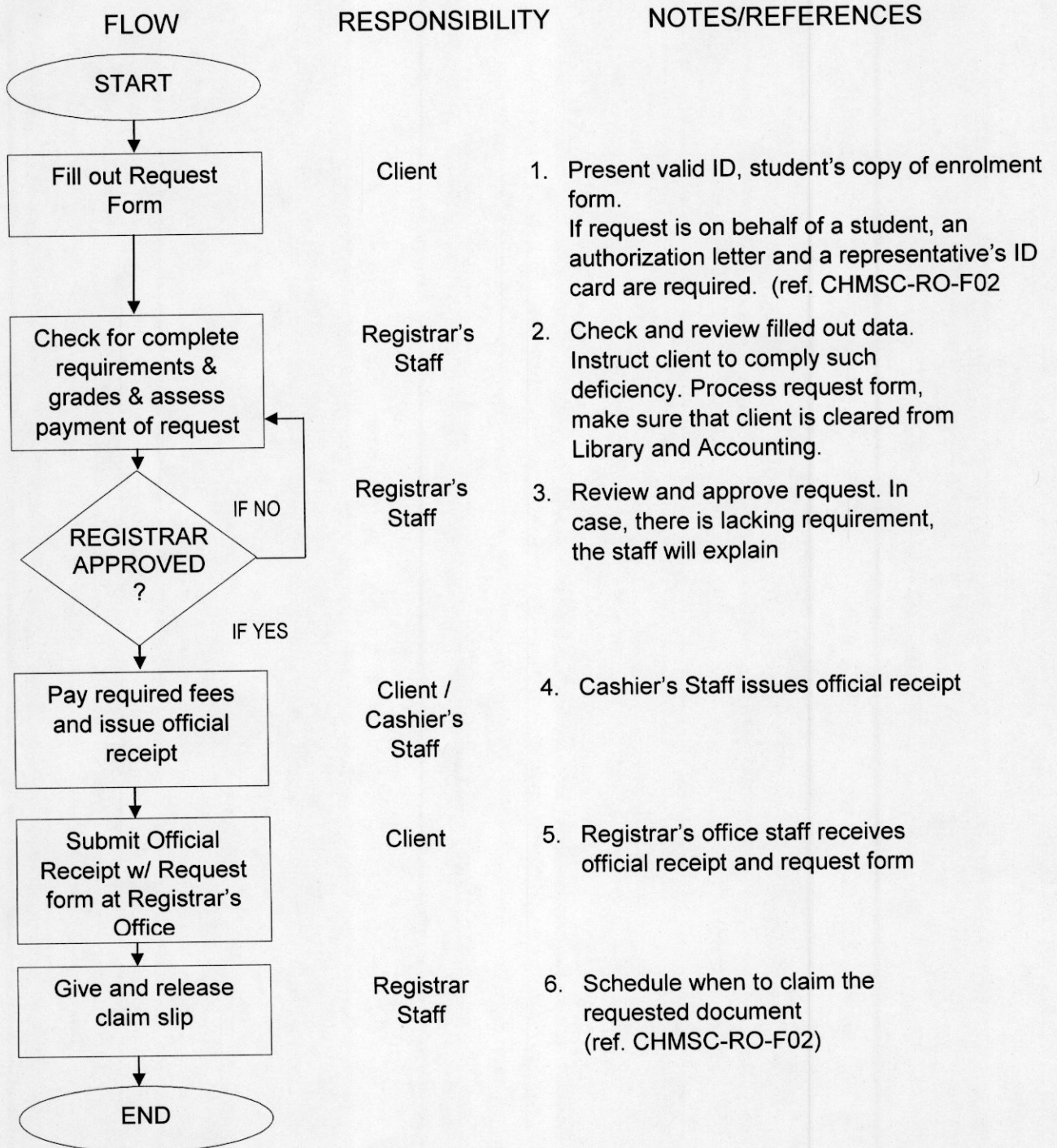
- 3.1. CHMSC – Carlos Hilado Memorial State College
- 3.2. RO – Registrar's Office
- 3.3 OTR – Official Transcript of Records
- 3.4. TC – Transfer Credential

4.0. References

- 4.1. Citizens Charter

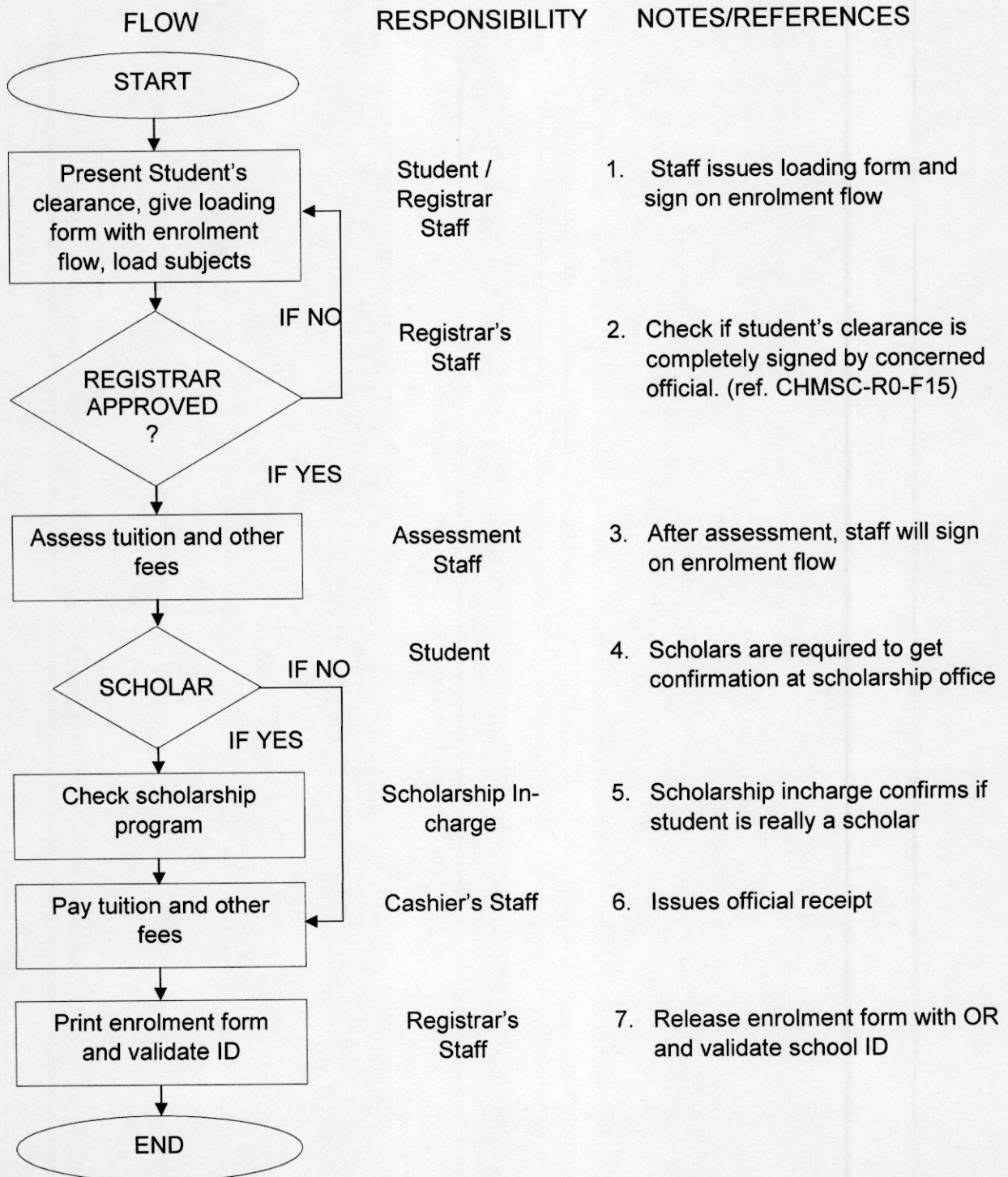
TITLE: REQUEST FOR SCHOOL RECORDS (OTR/TC)

5.0 Details



5.0 Details

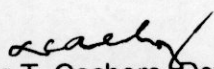

TITLE: ENROLMENT FLOW



6.0 Attachments
NONE

7.0 Forms

1. CHMSC-RO-FO2
2. CHMSC-RO-15

Reviewed by:	Approved by:
 Lorna T. Cachero, Dev. Ed.D. Registrar III	 Norberto P. Mangulabnan, Ph. D. Director/QAA
Date	Date <i>12/20/2016</i>



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
Talisay Campus, Talisay City, Negros Occidental

[] NSO
[] OTR or [] F137

OFFICE OF THE REGISTRAR

STUDENT'S CLEARANCE

To Whom It May Concern:

This is to certify that the undersigned student is cleared of **money accountability and property responsibility** for the _____ semester, Academic Year 20__ - 20__ as shown by the signatures of concerned faculty and personnel of the College.

Student's Printed Name (Family, First, Middle)	Signature	Course/Yr/Sec.	Major
--	-----------	----------------	-------

ACCOUNTANT: _____

DEAN: _____

LIBRARIAN: _____

REGISTRAR: LORNA T. CACHERO, Dev.Ed.D.

OSA: _____

CHMSC - RO - F15
REV 0 EFFECTIVE: 09/07/16



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
 Talisay Campus, Talisay City, Negros Occidental

OFFICE OF THE REGISTRAR

REQUEST FOR SCHOOL RECORDS

Please pay the amount to the cashier:	
Transcript	_____
Transfer Credentials	_____
Cert. Photocopy/PC	_____
Certification	_____
Others - _____	_____
Total	P _____
Doc. Stamp Tax	P _____

Please Print

Date: / /
mm / dd / yyyy

_____ SIGNATURE: _____
LAST NAME FIRST NAME MIDDLE NAME/INITIAL

If married, female, write Maiden Name: _____
last name first name middle name

Date of Birth: (mm) _____ (dd) _____ (yyyy) _____ Birth Place: _____

Permanent Address: _____

Parent/Guardian: _____ Address: _____

Course: _____ Major: _____ Yr./Sec.: _____ Research Teacher: _____

Contact No.: Mobile _____ Landline _____

Last Term and School Year Attended at CHMSC: _____ Semester, Sch. Yr. _____ - _____ Summer, _____

Check Appropriate Item of Request:

- Transcript of Records []college []masters []doctorate Transfer Credential & TOR
 Diploma Certification(pls. specify) _____ Form 137
 Form 138 Others (pls. specify) _____

PURPOSE OF REQUEST: (Please Check)

- Transfer to other school Employment Purposes Study Abroad Evaluation
 Board Examination Reference Purposes Others (pls. specify) _____

C L E A R A N C E

(to be accomplished if no clearance has been submitted)

1. Accountant: _____ 4. Librarian: _____
 2. OSA: _____ 5. Registrar: _____
 3. Dean: _____

REQUEST RECEIVED ON: _____ DUE DATE: _____ (time) _____
 REQUEST RECEIVED BY: _____

CHMSC – RO – F02
 REV 0 EFFECTIVE: 9/8/2016

C L A I M S L I P

Name of student: _____ Date: / /
last name first name middle name mm / dd / yyyy

You may claim your [] OTR [] TC [] Certificate [] F137 / F138 [] Diploma
 on (date) _____ (time) _____.

If you are unable to claim personally, please affix your signature below.

A U T H O R I Z A T I O N
 (requirement for claimant: valid ID)

I hereby authorize the bearer _____ to claim my request.

 Signature over Printer Name of Student Signature over Printed Name of Claimant
 Date Signed: _____ Date Signed: _____
 Released By: _____ Date Released: _____



WORK PROCEDURE

Doc. No: CHMSC-TS-WP-01

Title: Training Services- Training Needs Assessment and Evaluation

1.0 Objective

To establish quality performance system of the Training Services of the College.

2.0 Scope

This procedure covers the procedures on the conduct of the training needs of the college

3.0 Definitions and Abbreviations

3.1	TNA	-	Training Needs Assessment
3.2	TMP	-	Training Master Plan
3.4	DTS	-	Director, Training Services
3.5	TSS	-	Training Services Staff
3.6	PAE	-	Post Activity evaluation
3.7	CA	-	Competency Assessment
3.8	IS	-	Immediate Superior
3.9	F/S	-	Faculty and Staff
3.10	PRES	-	College President
3.11	VPRE	-	Vice President for Research, Extension

4.0 References

- 4.1 Training Needs Assessment and Evaluation Program



WORK PROCEDURE

Doc. No: CHMSC-TS-WP-01

Title: Training Services- Training Needs Assessment and Evaluation

5.0 Details

FLOW	RESPONSIBILITY	NOTES/REFERENCES
Start		
Distribution of TNA Forms	Director, Training Services	1. DTS/TSS distributes the forms and guidelines to IS and set deadline for submission.
Identifying of Training Needs		
Encoding/Processing	Director, Faculty and Staff	2. F/S identifies specific training needs and submits to IS.
Analysis and Preparation of Report	Training Services Staff	3. TSS Encodes and Submits raw data to DTS.
Preparation of Training Master Plan	Director, Training Services	4. DTS analyze and finalize report
Approval of the TMP by the College	Director, Training Services	5. DTS formulate TMP based on the result of and submits to VPRE for recommending approval
Sets schedule for Implementation	College President	6. CP analyzes the TMP and approves
Conducts the Training	Director, Training Services	7. DTS sets schedule for implementation of training
Post Activity	Director, Training Services/ Training Services Staff	8. DTS/ TSS conducts Trainings
End	Training Services Staff	9. TSS distributes PAE & retrieves

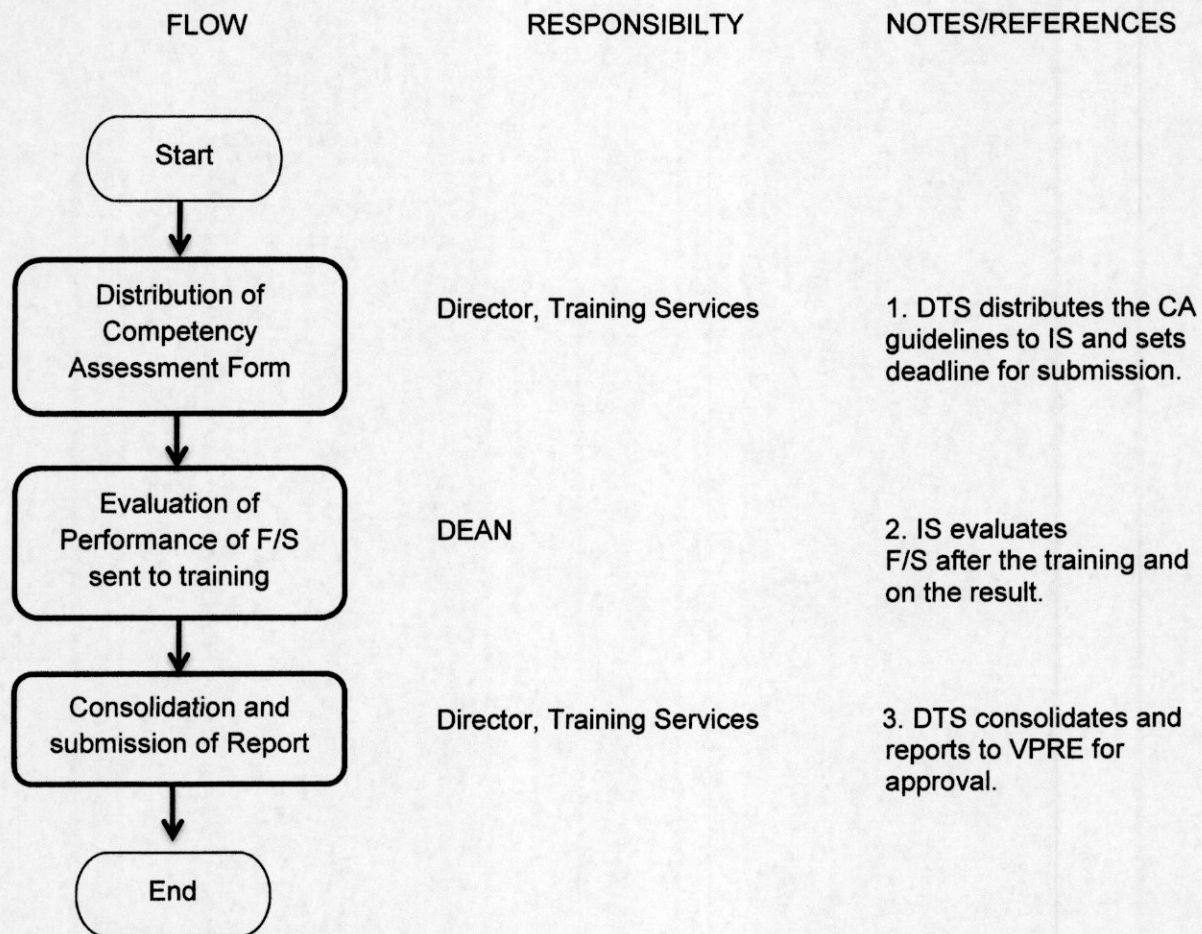


WORK PROCEDURE

Doc. No: CHMSC-TS-WP-01

Title: Competency Assessment

6.0 Details





WORK PROCEDURE

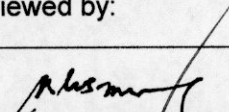
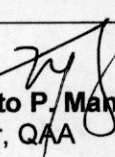
Doc. No: CHMSC-TS-WP-01

Title: Preparation, Review and Approval of Training Needs Assessment

3.0 Attachments

4.0 Forms

Training Needs Assessment (CHMSC -TS-FO1 & F02)
Post Activity Evaluation Form (CHMSC-TS-FO4)
Competency Assessment (CHMSC-TS FO7)
Outside Training Assessment (CHMSC-TS-F03)

Reviewed by:	Approved by:
 Aileen B. Esmeralda, Ph.D Director, Training Services	 Norberto P. Mangulabnan, Ph.D Director, QAA
Date: December 22, 2016	Date: December 22, 2016

CARLOS HILADO MEMORIAL STATE COLLEGE
Office of the Director for Training Services
Talisay City, Negros Occidental
TRAINING NEED ASSESSMENT SURVEY FOR FACULTY

Name: _____ Age: _____ Sex: _____ Civil Status: _____
 Educational Attainment: _____ College/Department: _____ Position: _____ Length of Service: _____

Dear Sir/Madam:

*This Training Need Assessment (TNA) aims to determine your individual training needs. Please read each item carefully and fill up all the needed information. Assess whether or not your competence is adequate to meet your job requirements. Specify your need for training on the space provided. **This will be the basis for your attendance in the future trainings and seminars.***

Very Good – Knowledge and skills are very adequate and fully functional **Poor** – Knowledge and skills are inadequate and very limited in application
Good – Knowledge and skills are adequate and functional **Very Poor** – Knowledge and skills are very inadequate and do not meet the job requirements **Yes** – Need to be trained
Average – Knowledge and skills are fairly adequate but limited to the job requirements **No** – No need to be trained

	Assessment of Your Knowledge and Skills <i>(Please check the column that corresponds to your answer)</i>					Indicate whether or not you need to be trained		Confirmation by Immediate Superior <i>(This column is to be filled up and signed by your supervisor)</i>	
	Very Good	Good	Average	Poor	Very Poor	YES	NO	YES	NO
INSTRUCTIONAL COMPETENCE									
OBE Syllabi Making									
Formulation of Table of Specification with Test Construction and Performance Assessment									
Preparation of Instructional Materials									
Recent Trends in Instruction Relative to Globalization									
Module Writing for K to 12									
The Making of Trainer Guides/ Instructional Guides									

CARLOS HILADO MEMORIAL STATE COLLEGE
Office of the Director for Training Services
Talisay City, Negros Occidental

TRAINING NEED ASSESSMENT SURVEY FOR STAFF

Name: _____ Age: _____ Sex: _____ Civil Status: _____
 Educational Attainment: _____ Department: _____ Position: _____ Length of Service: _____

Dear Sir/Madam:

*This Training Need Assessment (TNA) aims to determine your individual training needs. Please read each item carefully and fill up all the needed information. Assess whether or not your competence is adequate to meet your job requirements. Specify your need for training on the space provided. **This will be the basis of your attendance in the future trainings and seminars.***

Very Good – Knowledge and skills are very adequate and fully functional **Poor** – Knowledge and skills are inadequate and very limited in application **Yes** – Need to be trained
Good – Knowledge and skills are adequate and functional **Very Poor** – Knowledge and skills are very inadequate and do not meet the job requirements **No** – No need to be trained

Skills/Knowledge in:	Assessment of Personal Knowledge and Skills <i>(Please check the column that corresponds to your answer)</i>					Indicate whether or not you need to be trained		Confirmation by Immediate Superior <i>(To be filled up and signed by your supervisor)</i>	
	Very Good	Good	Average	Poor	Very Poor	YES	NO	YES	NO
OFFICE DECORUM									
Office Management									
• Office Filing (Physical and E-copy)									
• Office Housekeeping									
• Effective Frontline Services									
Administrative Procedures									
• Work I's/ APP/PPMP/OPCR/PCR									
• Preparation of Itinerary/OR/Voucher/Liquidation									
• Awareness (College Code)									
Effective Electronic and Telephone Communication Skills									
Strategic Time Management									
Efficient Service Delivery & Customer Focus									



POST ACTIVITY EVALUATION FORM

**Forum on The Journey Towards Green CHMSC
and the Curricular Initiatives of UNESCO-
UNEVOC**

Dear Participant,

Thank you for actively participating in the recently concluded forum. We are glad to be of service to you. For us to improve our services, kindly check the column that corresponds to the number that best and honestly describes your evaluation of each item using the scale given below. Thank you.

- 5- Excellent
- 4- Very Good
- 3- Good
- 2- Fair
- 1-Needs Improvement

AREAS	RATING				
	5	4	3	2	1
1. Venue					
2. Accommodation					
3. Facilities					
4. Schedule of Activities					
5. Participation of Attendees					
6. Attainment of Objectives					
7. Relevance of Topics Presented					
8. Speakers					

Narrative Feedback/Recommendations/Areas for Improvement:



POST ACTIVITY EVALUATION FORM

**Forum on The Journey Towards Green CHMSC
and the Curricular Initiatives of UNESCO-
UNEVOC**

Dear Participant,

Thank you for actively participating in the recently concluded forum. We are glad to be of service to you. For us to improve our services, kindly check the column that corresponds to the number that best and honestly describes your evaluation of each item using the scale given below. Thank you.

- 5- Excellent
- 4- Very Good
- 3- Good
- 2- Fair
- 1-Needs Improvement

AREAS	RATING				
	5	4	3	2	1
1. Venue					
2. Accommodation					
3. Facilities					
4. Schedule of Activities					
5. Participation of Attendees					
6. Attainment of Objectives					
7. Relevance of Topics Presented					
8. Speakers					

Narrative Feedback/Recommendations/Areas for Improvement:



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
COMPETENCY ASSESSMENT

Pre-Training

Name of Trainee: _____

Unit/ Department: _____

Immediate Superior: _____
 (Assessor)

Note: Please rate the trainee under your supervision in the following criteria. Use the scale below.

- 5- Excellent
- 4- Very Good
- 3- Good
- 2- Fair
- 1- Poor

	5	4	3	2	1
Skills					
Knowledge					
Attitude (Work Behavior)					



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
COMPETENCY ASSESSMENT

Post- Training

Name of Trainee: _____

Unit/ Department: _____

Immediate Superior: _____
 (Assessor)

Note: Please rate the trainee under your supervision in the following criteria. Use the scale below.

- 5- Excellent
- 4- Very Good
- 3- Good
- 2- Fair
- 1- Poor

	5	4	3	2	1
Skills					
Knowledge					
Attitude (Work Behavior)					



Republic of the Philippines
CARLOS HILADO MEMORIAL STATE COLLEGE
Talisay City, Negros Occidental

TRAINING SERVICES OFFICE

OTAR Form

OUTSIDE TRAINING/ WORKSHOP/ SEMINAR/ CONFERENCE/ MEETING
ASSESSMENT REPORT

(to be accomplished by the participant/s and attach to liquidation documents, copy
Furnished the Office of the Training Services)

Name of Participant/s:

Department/Unit:

Designation/Field of Specialization:

Date/Duration of the Seminar/ Meeting:

Venue:

Sponsoring Organization/ Convener:

Topics/ Theme/ Agenda:

Budget Incurred:

Personal/ Professional Benefit/s derived:

Benefit/s to the Institution (CHMSC/ College/ Unit):

Proposed Date of Echoing/Feedbacking:

Copy of Documents/ Seminar Materials attached:

Personal Evaluation of the Conduct of the Seminar/ Meeting:

Signature of Participant/s: _____

Director's Remark:



SPECIFIC PROCEDURES

Doc. No: CHMSC-SP-01

Internal Audit

Scope

The procedure covers the internal quality audit process from audit planning and scheduling to follow-up audits and reporting.

Objective

To establish and maintain documented internal quality audit procedures to ensure effective implementation and effectiveness of the established Management Quality System.

Planning and Scheduling

All quality system process elements shall be audited at least once a year as per Annual Audit Program. The schedule shall be formulated on the basis of the status and importance of the activity. However, a particular area of the entire operation may be audited more frequently, when deemed necessary.

The lead auditor shall ensure that all copies of the necessary documents such as quality manual, procedures, previous audit results as applicable and all other relevant documents are available.

The audit plan should include but not limited to the audit date, audit scope, audit objectives, criteria, audit team, time of audit, elements and areas to be audited and auditees.

The audit team shall prepare the necessary audit checklist to ensure that all the important items/elements are covered.

The audit checklist shall be referenced on the ISO standards, quality manual, work procedures and necessary work instructions, where applicable.

The lead auditor shall discuss the necessary preparations, formulations of the audit plan and other audit activities, timetable and preparation and review of the audit checklist.

Selection of Auditors/ Audit Team

Selection of lead auditor/s and auditors will be based on the competence of the auditors from the "List of Qualified Auditors". Independence in conducting of audits shall be ensured and the lead auditor for objectivity and impartiality to avoid conflict of interest.

The Director of Quality Assurance shall maintain the integrity of the audit by ensuring that neither the lead auditor nor any member of the audit team is/ are member/s of the department or function to be audited. They shall have no direct responsibility on the activity being audited.

The audit team shall be composed of qualified and trained internal quality auditors. The minimum qualification for the internal quality auditors must at least be employed by CHMSC, a total work experience of at least one year and have attended an IQA training/seminar conducted by an external qualified lecturer for at least 8hours.

The audit team consisting of the lead auditor and the members shall be appointed by the College President.



SPECIFIC PROCEDURES

Doc. No: CHMSC-SP-01

Internal Audit

Opening Meeting

An opening meeting shall be presided by the lead auditor prior to proceeding with the audit; to be participated by the audit team, auditees and involved departments if necessary. The objective of the meeting is for familiarization and awareness of the participants on the mechanics of the entire audit process.

Conducting the Audit

Using the applicable documents and the prepared checklist, the audit team lead auditor and the members shall conduct the audit. Audit shall be conducted by interviewing the auditee and the area being audited or desk audit (review of the applicable documents), and/or checking of actual implementation against documented procedures.

The auditor shall note down on the checklist all the necessary findings during the time of audit, including the objective evidences of conformances and/or non conformances.

The Director of Quality Assurance (QA) should evaluate the competence of the lead auditor while the lead auditor and/or the Director of Q.A. will evaluate the competence of the internal quality auditors.

All findings shall be classified as non-conformance (NC) and improvement potential (I). Where NC is any lapse, deficiency or breakdown in the quality management system such as: an absence of procedure required by the standard; number of lapses or minor non-conformance against the requirements of a standard that would represent total breakdown of the system; non-implementation of a procedure required by the standard, a lapse in the implementation of a management system; required document exist however, the document lacks certain requisites or minor inconsistencies with actual practice; and health and safety requirements not implemented. While I, is any potential improvement in the QMS.

The audit checklist shall be referenced on the ISO standards, the quality manual, work procedures and necessary work instructions, where applicable.

The lead auditor shall discuss with the auditee the results of the audit.

The audit team shall evaluate their findings and deliberate on the non-conformance found during the audit. Final decision as agreed upon the audit team must be reflected on the audit report. Unresolved issue by the team shall be decided by the Director of Q.A./Lead Auditor.

The Director of Q.A. shall monitor and review the audit program using the audit program monitoring checklist.

Closing Meeting

Closing meeting shall be conducted as soon as the audit has been finished. Similar participants during the opening meeting are expected to attend the closing meeting.



SPECIFIC PROCEDURES

Doc. No: CHMSC-SP-01

Internal Audit

The lead auditor will discuss the results of the audit. For the findings called-out during the audit, non-conformance reports are issued to the concerned department. Unresolved issues with the auditee are relevant to the department head. They will likewise agree to the follow-up action to be taken as scheduled.

Reporting

The final basis for the results of the audit shall be formalized through internal quality audit report.

The lead auditor shall prepare the internal quality audit result to the Director of Q.A. for review and approval.

All auditees with findings shall be issued with a non-conformance report but distribution of audit report will be as per discretion of the Director of Q.A.

Correction as necessary, corrective and preventive action shall be initiated and implemented by the auditee/ department head to be documented through the CAR and coordinated with the lead auditor. For details on the investigation, refer to control of non-conformance and corrective action procedures.

To maintain the continuity of the audit, preferably the same audit team may be assigned to do the follow-up audit if necessary.

Follow-Up Audit

A follow-up audit shall be conducted minimum of one (1) day after implementation of the corrective action even without prior announcements to verify if the committed action is implemented and preferably minimum of one (1) month after another follow-up audit will be done to verify the effectiveness of the implemented action. This must be recorded in the Corrective Action Monitoring Log.

To maintain the continuity of the audit, preferably, the same audit team may be assigned to do the follow-up audit if necessary.

Corrective actions not implemented on the committed date shall be elevated to the Director of Q.A. for further disposition.

Corrective actions are then declared "closed" once verified to be effective upon approval of the Director of Q.A.

Records

Internal quality audit records will be maintained and filed by the lead auditor in accordance to control of documented information.



SPECIFIC PROCEDURES

Doc. No: CHMSC-SP-01

Internal Audit

Responsibility

It is the responsibility of the Director of QA and the lead auditor to ensure that the above procedure is implemented.

Control of Non-Conformance, and Corrective Action

Scope

Applicable to all products/ materials, process and system non-conformances including customer feedbacks/ complaints and quality objectives.

Objective

To establish a method in controlling non-conformances and potential non-conformances.

Procedure

All non-conformances detected as a result of defective product/ material, unmet goals/ objectives and targets, customer complaints, unsatisfactory results of customer survey, audit findings and service related non-conformances, must be recorded and identified. Investigation of the cause must define the nature and extent of the non-conformance.

Any affected personnel upon observance of a non-conformance can raise a Non-conformance Report or inform any member of the involved department about the non-conformance observed.

The involved department shall log the non-conformance into the Corrective Action Report (CAR).

For product or material he/she shall identify the non-conformance and not receive the item from the supplier.

Corrective Action

Corrective action shall be taken to eliminate or prevent the non-conformance recurrence. This can be initiated by any staff responsible for non-conformance/s as result of non-conformance.

The department concerned of the non-conformance shall be responsible for the timely investigation on the probable root cause of the problem, the formulation of correction as necessary and identification of corrective action needed to eliminate its recurrence. Application of control to ensure the effectiveness of the action taken shall be determined. These shall be recorded in the CAR.

Management of Risks

Planned management action and controls on risk to be applied to ensure its effectiveness shall be discussed by the unit Heads. Relevant Information on actions taken shall be discussed during the regular Management Review meetings. The finalized management action shall be recorded in the CAR.



SPECIFIC PROCEDURES

Doc. No: CHMSC-SP-01

Internal Audit

Customer Complaints

Any report or feedback from the customer which is treated as complaint shall be handled by the Office of Student Affairs, and shall be recorded through CAR. Refer to documents and records associated to Customer Complaints Handling.

Verification

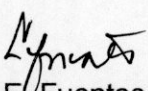
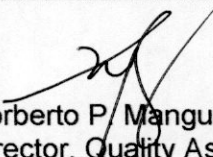
Corrective actions implemented shall be logged by the assigned personnel in the Corrective Action Monitoring Log and will be monitored and regularly updated to verify its effectiveness.

The Director of Quality Management Representative or the Department Head shall approve verification.

All necessary changes brought about by the implementation shall be reflected in the affected documented procedure or relevant work instructions as applicable.

Records

Records are filed and maintained as per control of documented information.

Prepared by:	Approved by:
 Ligaya E. Fuentes, MBA Management and Audit Analyst/AO V	 Norberto P. Mangulabnan, Ph. D. Director, Quality Assurance
Date: November 21, 2016	Date: December 27, 2016

e. *Quality Objectives
of units through
OPCR*

DEPARTMENT PERFORMANCE COMMITMENT AND REVIEW (DPCR)

I, PERLA G. GUILLENA, Head of BAC Secretariat of Carlos Hilado memorial State College commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period January to June 2016.

Perla Guilena
Signature of Head of Office

Date: _____

Approved by: _____
(Name of Agency Head)


Rating Scale:

- 5 Outstanding
- 4 Very Satisfactory
- 3 Satisfactory
- 2 Unsatisfactory
- 1 Poor

MAJOR FINAL OUTPUT	SUCCESS INDICATORS (Targets and Measures) JANUARY TO JUNE 2016	Allotted Budget	Division Accountable	ACTUAL ACCOMPLISHMENT	Rating	Remarks
1. Provide Administrative support to the BAC	Organized fifteen (15) schedules for biddings, conferences and meetings of BAC Members, Technical Working Group and End-Users. Prepared fifteen (15) sets of Minutes of BAC Meetings. Prepared twenty (20) sets of BAC Resolutions.		BAC SECRETARIAT	Organized Twenty (20) schedules for conferences and meetings of BAC Members, Technical Working Group and End-Users. Prepared twenty (20) sets of Minutes of BAC Meetings. Prepared twenty eight (28) sets of BAC Resolutions.	Q 5 E 5 T 5 Ave. 5	
2. Take custody of procurement documents and other records.	Printed 23 sets of Consolidated Purchase Requests and facilitated the signatures by End-Users and approval of concerned administrators. Prepared and processed 90 sets Abstract of Bids for review and signature of BAC Members, End Users and approval by the College President.			Printed 30 sets of Consolidated Purchase Requests and facilitated the signatures by End-Users and approval of concerned administrators. Prepared and processed 121 sets Abstract of Bids for review and signature of BAC Members, End Users and approval by the College President.	5 5 4 4.67	

MAJOR FINAL OUTPUT	SUCCESS INDICATORS (Targets and Measures) JANUARY TO JUNE 2016	Allotted Budget	Division Accountable	ACTUAL ACCOMPLISHMENT	Rating	Remarks
3. Manage the sale and distribution of bidding documents to prospective bidders.	Prepared 14 sets of documents for bidding and for sale to prospective bidders.		BAC SECRETARIAT	Prepared 19 sets of documents for bidding and for sale to prospective bidders.	Q 5	
4. Assist in managing the Procurement Process	Prepared 8 sets of documents for post qualification, Notices of Awards, Contract Agreements and Notices to Proceed. Prepared 8 sets of documents for Pakyaw Contracts.			Prepared 11 sets of documents for post qualification, Notices of Awards, Contract Agreements and Notices to Proceed. Prepared 11 sets of documents for Pakyaw Contracts	5 4	4.67
	Prepared and distributed to suppliers 150 sets of Request for Quotations.			Prepared and distributed to suppliers 186 sets of Request for Quotations.	4 5	4.33
	Prepared 175 sets of Purchase Orders and served to suppliers.			Prepared 227 sets of Purchase Orders and served to suppliers.	5 5	4.67
5. Act as central channel of communications for the BAC, end-users, suppliers and other members of government agencies.	Checked 140 sets of Purchase Requests with approved Annual Procurement Plan (APP).			Checked 182 sets of Purchase Requests with approved Annual Procurement Plan (APP).	5 5	5
	Posted in PhilGEPS 60 sets of Request for Quotations and Invitation to Bids.			Posted in PhilGEPS 75 sets of Request for Quotations and Invitation to Bids.	5 5	5
	Printed and processed 180 sets of Request for Release from Consolidated Purchase Requests.			Printed and processed 234 sets of Request for Release from Consolidated Purchase Requests.	5 4	4.33
	Answered phone calls and queries from external and internal clientele within the day and with 80% positive results.			Answered phone calls and queries from external and internal clientele within the day and with 95% positive results.	5 4	4.67
Total Overall rating						
Final Average Rating						4.763
Adjectival Rating						
Assessed by:				Final Rating by:		
Planning Officer			Date	RENATO M. SOROLLA		Date
Legend: 1 - Quality 2 - Efficiency 3 - Timeliness 4 - Average		PMT		SUC President II		
				Head of Agency		

DEPARTMENT PERFORMANCE COMMITMENT AND REVIEW (DPCR)
 I, PERLA G. GUILLÉNA, Head of BAC Secretariat of Carlos Hilado memorial State College commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period July to December 2016.


 Signature of Head of Office
 Date: _____

Approved by: _____
 (Name of Agency Head)

- Rating Scale:**
 5 Outstanding
 4 Very Satisfactory
 3 Satisfactory
 2 Unsatisfactory
 1 Poor

MAJOR FINAL OUTPUT	SUCCESS INDICATORS (Targets and Measures) JULY TO DECEMBER 2016	Allotted Budget	Division Accountable	ACTUAL ACCOMPLISHMENT	Rating	Remarks
1. Provide Administrative support to the BAC	Organized and attended Thirty Two (32) schedules for Pre-Procurement Conferences, Pre-Bid Conferences, Opening of Bids, conferences and meetings of BAC Members, Technical Working Group and End-Users. Prepared Forty Eight (48) sets of Minutes of Pre-Bid Conferences, Opening of Bids, Bid Evaluation Meetings.		BAC SECRETARIAT	Organized and attended Forty Four (44) schedules for Pre-Procurement Conferences, Pre-Bid Conferences, Opening of Bids, conferences and meetings of BAC Members, Technical Working Group and End-Users. Prepared Sixty Four (64) sets of Minutes of Pre-Bid Conferences, Opening of Bids, Bid Evaluation Meetings.	Q 5 5 5	Ave. 5
2. Take custody of procurement documents and other records.	Prepared Sixty Four (64) sets of BAC Resolutions. Printed Thirteen (13) sets of Consolidated Purchase Requests and facilitated the signatures by End-Users and approval of concerned administrators. Prepared and processed Two hundred Ten (210) sets Abstract of Bids for review and signature of BAC Members, End Users and approval by the College President.			Prepared Eighty Five (85) sets of BAC Resolutions. Printed Eighteen (18) sets of Consolidated Purchase Requests and facilitated the signatures by End-Users and approval of concerned administrators. Prepared and processed Two Hundred Seventy Eight (278) sets Abstract of Bids for review and signature of BAC Members, End Users and approval by the College President.	5 5 5 5 5 5	5 5 5 5

MAJOR FINAL OUTPUT	SUCCESS INDICATORS (Targets and Measures) JULY TO DECEMBER 2016	Allotted Budget	Division Accountable	ACTUAL ACCOMPLISHMENT	Rating	Remarks
3. Manage the sale and distribution of bidding documents to prospective bidders.	Prepared Twenty Eight (28) sets of documents for bidding and for sale to prospective bidders.		BAC SECRETARIAT	Prepared Thirty Six (36) sets of documents for bidding and for sale to prospective bidders.	Q 5 E 5 T 5 Ave. 5	
4. Assist in managing the Procurement Process	Prepared Thirty Five (35) sets of documents for post qualification, Notices of Awards, Contract Agreements and Notices to Proceed.			Prepared Forty Five (45) sets of documents for post qualification, Notices of Awards, Contract Agreements and Notices to Proceed.	5 5 5 5 4 6.67	
	Prepared Eight (8) sets of documents for Pakyaw Contracts.			Prepared Twelve (12) sets of documents for Pakyaw Contracts	5 5 5 5	
	Prepared and distributed to suppliers Two hundred ninety (290) sets of Request for Quotations.			Prepared and distributed to suppliers Three Hundred Seventy Nine (379) sets of Request for Quotations.	5 5 4 4.67	
	Prepared Five Hundred Fifty (550) sets of Purchase Orders and served to suppliers.			Prepared Five Hundred Eighty Four (584) sets of Purchase Orders and served to suppliers.	5 5 4 4.67	
5. Act as central channel of communications for the BAC, end-users, suppliers and other members of government agencies.	Checked Two Hundred Sixty (260) sets of Purchase Requests with approved Annual Procurement Plan (APP).			Checked Three Hundred Thirty Eight (338) sets of Purchase Requests with approved Annual Procurement Plan (APP).	5 5 5 5	
	Posted in PhilGEPS Twenty Eight (28) sets of Request for Quotations and Invitation to Bids.			Posted in PhilGEPS Thirty Six (36) sets of Request for Quotations and Invitation to Bids.	5 5 4 4.67	
	Answered phone calls and queries from external and internal clientele within the day and with 80% positive results.			Answered phone calls and queries from external and internal clientele within the day and with 95% positive results.	5 5 5 5	
Total Overall rating						
Final Average Rating						4.92
Adjectival Rating						
Assessed by:				Final Rating by:		
Planning Officer			Date	RENATO M. SOROLLA		Date
Legend: 1 - Quality 2 - Efficiency 3 - Timeliness 4 - Average		PMT		SUC President II		
				Head of Agency		

DIVISION/DEPARTMENT PERFORMANCE COMMITMENT AND REVIEW (OPCR)

IO L. DERAJA, head of the College of Industrial Technology commit to deliver and agree to be rated on the attainment of the following targets in accordance with the assures for the period January to December 2016.

Signature of Head of Office

(Name of Agency Head)

RATING SCALE				
5	Outstanding			
4	Very Satisfactory			
3	Satisfactory			
2	Unsatisfactory			
1	Poor			

AL	SUCCESS INDICATORS (Targets + Measures)	Allotted Budget	Division Accountable	CIT	Rating				Remarks
					Q	E	T	Ave	
	Reviewed/revised 17 programs			1 program was reviewed/revised (BSHRM)					
	Expanded 3 approved priority programs			5 programs accredited at Level 1 (BSIS, BSCE, BSHRM, Phd TM & MTM)					
	3 programs are accredited at Level 1			3 instructional materials are duly approved for use					
	36 instructional materials are duly approved for use			Provided 5 instructional equipment					
	Provided 56 instructional equipment			A total of 2840 students were enrolled under CIT Program for First Semester S.Y. 2016-2017					
	Total enrolment of 7,800								
	Total graduates of 1,800								
	19 courses are using computer-aided instruction			2 programs used computer aided instruction					
	Produced 8 researched-based instructional materials								

EXECUTIVE DIRECTORS,
VPAA

8 new master's degree holders faculty members					
5 new doctoral degree holders faculty members					
Sent 20 faculty members for industry immersion					
Sent 3 faculty members for exchange program					
75% of syllabi are attuned to OBE and OSOS					
15% of faculty members are outstanding in performance rating					
23 among 38 or 60% of programs or activities are evaluated and improved					
80 faculty members attended an in-house training					
Sent 50 faculty members to external training					
Prepared 20 modules and are used in instruction					
25 faculty members are invited as resource speakers, trainers, consultant, accreditors, judges, coaches, examiners, thesis/dissertation advisers, statisticians					
3 faculty members are book writers					
Conducted 6 strategic planning, monitoring and evaluation activities					
Issued 6 memoranda on policy and implementation matters					
Conducted 8 orientation and re-orientation on policies					
Conducted 4 academic council meetings					
Implemented 7 student development					

EXECUTIVE DIRECTORS, VPAA

2 faculty members w/ new master's degree					
1 faculty member w/ new doctoral degree					
Sent 3 faculty members for industry immersion					
90% of the faculty used the course syllabi OBE format					
6 faculty members attended an in-house training					
Sent 9 faculty members to external training					
Prepared 2 modules and are used in instruction					
2 faculty members were invited					
Conducted 1 strategic planning, monitoring and evaluation activities					
Issued 1 memoranda on policy and implementation matters					
Conducted 1 orientation and re-orientation on policies					
Implemented 1 student development programs					

	<p>62% of student service units are having a rating of 5</p> <p>68% completion rate (student cohort)</p> <p>1,500 students are scholars and recipients of financial support/assistance</p>								
	<p>Overall institutional passing rate in licensure examination is 62.5% higher than the national passing rate</p> <p>Enrolled ___ honor high school graduates</p> <p>9 courses utilized student-centered teaching strategies</p> <p>5 co/extra curricular programs are student-centered</p> <p>Aligned 8 industry-driven programs</p> <p>Established 20 linkages/partnership with industries</p> <p>Integrated entrepreneurship, environmental, health and safety concerns and service learning in 14 courses</p>								
	<p>Conducted 5 Research workshops</p> <p>Completed 45 research outputs</p> <p>Presented 45 research outputs in local, regional, National and international fora</p> <p>Published 7 research outputs to refereed and non-refereed journal</p> <p>2 innovation/invention submitted for patent application</p> <p>20% increase in budget</p> <p>Conducted 1 research seminar/training</p> <p>Conducted/attended 2</p>								
	<p>EXECUTIVE DIRECTORS, VPAA</p> <p>100% passing rate in licensure exam for BSCE</p> <p>1 courses utilized student-centered teaching strategies</p> <p>1 co/extra curricular programs are student-centered</p> <p>Aligned 2 industry-driven programs</p> <p>Established 174 linkages/partnership with industries</p> <p>Integrated entrepreneurship, environmental, health and safety concerns and service learning in 4 courses</p> <p>4 faculty members with Utility Model</p> <p>1 faculty member presented in international fora</p>								
	<p>VPRD&E, EXECUTIVE</p>								

75% of requests for technical advice that are responded to within 3 days

Established an MIS (e.g. enrolment, schedule, loading, etc)

TION

Completion of 2 infrastructure projects compliant to green architecture/design

Conducted 1 personnel program/activity (per campus) promoting green culture

Installation of CCTV in four campuses

Hiring of additional security personnel in accordance with the standard

Conduct 2 periodic disaster preparedness activities

Quarterly inspection and maintenance of structures and facilities

Establishment of MRF in Fortune Towne and Binalbagan campuses

Submission of PPM based on budget on or before August 30

Submission of yearly cash allocation on a monthly basis (MDS) two weeks after the release of NEP

Conduct a cost-benefit analysis of programs

Set-up College Printing Press

Generated 3.2M income through IGP

1 infra project funded by government org and 1 infra project funded by NGO (per campus)

Grant of incentives to personnel (PRAISE and CNA incentives)

1 personnel received national award
 Granted scholarship to 5 personnel
 Recognized 6 outstanding personnel
 Conducted 3 activities promoting

VP&F,
EXECUTIVE DIRECTORS

Conducted inspection and maintenance of structures and facilities

VP&F,
EXECUTIVE DIRECTORS

1 faculty member were granted a scholarship

Faculty and staff are officers in various professional organization
 Completed 38 construction & enhancement projects (Talisay -8; Fortune Towne - 11; Aljijis - 12; Binalbagan - 7)

100% completed the Reconstruction of Machine Shop Building, 50% completion of the construction of automotive building (Auto LPG Training Center)

Rating							
ng							



	Date		Date		Date
icer		PMT		RENATO M. SOROLLA, Ph.D.	
ality 2 - Efficiency 3 - Timeliness 4 - Average				SUC President II Head of Agency	

OFFICE PERFORMANCE COMMITMENT AND REVIEW (OPCR)

I, DR. NORBERTO P. MANGULABNAN, Head of the QUALITY ASSURANCE AND ACCREDITATION Office, commits to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period of July to December 2015.


Referee

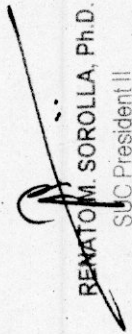
Date: January 27, 2016

Assessed by:	Exclusive Date	Approved by:	Date
<p> DR. JANET P. ESPINOSA Vice President for Academic Affairs</p>	<p>July 2015 - December 2015</p>	<p> DR. RENATA M. SOROLLA SUC President II Agency Head</p>	

MAJOR FINAL OUTPUT	SUCCESS INDICATORS (TARGETS+MEASURES) ²	ACTUAL ACCOMPLISHMENT ⁵	RATING ⁶			REMARKS
			Q ¹	E ²	T ³ A ⁴	
<p>STRATEGIC PRIORITY 3 Accreditation of Programs (Phase 2)</p>	<p>Subject the 12 Programs of Alijis, Fortune Towne and Talisay campuses to Level 1 accreditation with 4 programs obtaining Level 1 accredited status by Sept. 2015</p>	<p>12 programs are accredited Level 1 as of September 2015</p>	5	5	5	5
<p>STRATEGIC PRIORITY 3 Accreditation of Programs (Phase 3)</p>	<p>Subject the remaining 6 Programs (given 1 year to apply as per PSV) in Talisay to Level 1 accreditation with 4 programs obtaining Level 1 accredited status by December 2015</p>	<p>6 programs are accredited Level 1 as of December 2015</p>	5	5	5	5

2/27/16



STRATEGIC PRIORITY 4 ISO Certification Preparation and Personnel Capability Enhancement	Send 1 Lead Auditor to Training on Transition to 9001:2015	2 Auditors were sent to Transition training as of September 2015	5	5	5	5	5	5	5	Date
Conduct Customers' Satisfaction in 4 campuses	Customers' Satisfaction Survey for 4 campuses was completed and analysis of results was made as of December 2015	5	5	5	5	5	5	5	5	
Draft Quality Operation Manual	Operation Manual was completed and submitted as of December 2015	5	4	5	5	5	5	5	5	
Conduct Training on Calibration of Internal Quality Auditors' Skills	Calibration Training was conducted in November 2015	5	5	5	5	5	5	5	5	
Conduct Enhancement Seminar and take Action on other ISO-related concerns	Served as Speaker/Trainer for seminar-workshop on Training Needs Assessment and Training Master Plan Formulation in October 2015 Reviewed, Harmonized and Revised Citizens Charter as of September 2015	5	5	5	5	5	5	5	5	
Total Overall Rating	Final Rating by:									
Final Average Rating										
Assessed by:										
Adjectival Rating										
Planning Officer	Date	Date	PMT		Head of Agency					
Legend: 1 - Quality 2 - Efficiency 3- Timeliness 4 - Average										


RENATO M. SOROLLA, Ph.D.
 SJC President II


OFFICE PERFORMANCE COMMITMENT AND REVIEW (OPCR)

I, DR. NORBERTO P. MANGULABMAN, Head of the QUALITY ASSURANCE AND ACCREDITATION Office, commits to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period of January to June 2015.


 Date: July 1, 2015
 Agency Head

Assessed by:	Exclusive Date	Approved by:	Date
 DR. ORLANDO Z. BEÑALES Vice President for Academic Affairs	Jan. 2015 to June 2015	 DR. RENATO M. SOROLLA SUC President II Agency Head	

MAJOR FINAL OUTPUT	SUCCESS INDICATORS (TARGETS+MEASURES) ²	ACTUAL ACCOMPLISHMENT ⁵	RATING ⁶				REMARKS
			Q ¹	E ²	T ³	A ⁴	
STRATEGIC PRIORITY 1 Accreditation of Programs (Phase 1)	Prepare the 7 eligible programs of Fortune Towne campus Level 1 accreditation with 3 programs target to achieve accredited status by the first quarter	7 programs of Fortune Towne campus achieved Level 1 accredited status in March 2015	5	5		5	

RECEIVED BY: 
 DATE: 9/17/15

6

ANNEX B. DIVISION PERFORMANCE COMMITMENT AND REVIEW (DPCR)

I, LORNA T. CACHERO, head of the Registrar's Office, commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period July to December 2016

Accepted
LORNA T. CACHERO
July 7, 2016

13 JUL 2016 3:20 PM
RECEIVED
BY: [Signature]
DATE: 07-13-16

Reviewed by:	Approved by:	Date:	Allotted Budget	SUCCESS INDICATORS (Targets + Measures)	Division Accountable/Persons on accountable	Actual Accomplishment	RATING SCALE				Remarks	
							Q	E	T	Ave		
DR. JANET P. ESPINOSA VP for Academic Affairs	DR. RENATO M. SOROLLA SUC President II											
MFO/ OUTPUT												
EFFECTIVE AND EFFICIENT DELIVERY OF REGISTRATION AND ADMISSION SERVICES TO SUPPORT IMPLEMENTATION OF ACADEMIC PROGRAMS				enroll 4900 students during the second semester	REGISTRAR'S OFFICE							
CORE FUNCTIONS												
STUDENT SERVICES					Agudo/ Lorenas / Jocson / Rivera / Lucero / CACHERO							
documents requested by clients served				- Transcript of records within 5 working days	Agudo/ Lorenas / Jocson / Rivera / Lucero / Gegantoni / CACHERO							
				- Certification/transfer credential within 3 working days								
				- authentication of records within 3 working days	Agudo/ Lorenas / Jocson / Rivera / Lucero / Astodillo / CACHERO							

MFO/ OUTPUT	SUCCESS INDICATORS (Targets + Measures)	Allotted Budget	Division Accountable/Pers on accountable	Actual Accomplishment	Rating			Remarks
					Q	E	T Ave	
ENROLLMENT SERVICES	100% of student enrollees served within the day		Agudo/ Lorenas / Josson / Rivera / Lucero / Astodillo / Cachero / Gegantoni					
SUPPORT FUNCTIONS								
DATA PROVIDER	documents submitted to concerned agencies on the deadline		Cachero					
	provides needed data to concerned offices within the day		Cachero, Astodillo, Agudo					
Total Overall Rating								
Final Average Rating								
Adjectival Rating								
Assessed by:								
					Final Rating by:		Date	
Planning Officer					RENATO M. SOROLLA, Ph.D.			
Legend: 1 - Quality 2 - Efficiency 3- Timeliness 4 - Average					SUC President II			
					Head of Agency			

DIVISION/ DEPARTMENT PERFORMANCE COMMITMENT AND REVIEW (DPCCR)

I, **CYNTHIA D. MUJARES, Dev.Ed. D.** head of the Carlos Hlaldo Memorial State College commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period January 2016 to June 2016.

Signature of Head of Office

Date: July 8, 2016

Approved by:

Dr. RENATO M. SOROLLA, SUC President II

MAJOR FINAL OUTPUT	SUCCESS INDICATORS (Targets + Measures)	Allotted Budget	Division Accountable	Actual Accomplishment	RATING SCALE				Remarks
					Q	E	T	Ave	
INSTRUCTION	Reviewed/ revised 17 programs			3 programs were reviewed					
	Expanded 3 approved priority programs			2 programs were expanded					
	3 programs are accredited at Level 1			2 at level 3 & 3 at level 1					
	36 instructional materials are duly approved for use			2 instructional materials are duly approved for use					
	Provided 56 instructional equipment			Provided 6 instructional equipment					
Total enrolment of 7,800			Total enrolment of 2,614						
Total graduates of 1,800									
19 courses are using computer-aided instruction				16 courses are using computer-aided instruction					

5 Outstanding
4 Very Satisfactory
3 Satisfactory
2 Unsatisfactory
1 Poor

OUTPUT	(Targets + Measures)	Budget	Accountable	Actual Accomplishment	Rating				Remarks
					Q	E	T	Ave	
MFO 1:									
	Produced 8 researched-based instructional materials			Produced 2 researched-based instructional materials					
	8 new master's degree holders faculty members			2 incoming master's degree holders faculty members					
	5 new doctoral degree holders faculty members			3 new doctoral degree holders faculty members					
	Sent 20 faculty members for industry immersion			Sent 2 faculty members for industry immersion					
	Sent 3 faculty members for exchange program			none					
	75% of syllabi are attuned to OBE and OSOS			70% of syllabi are attuned to OBE and OSOS					
	15% of faculty members are outstanding in performance rating			75 % of faculty members are outstanding in performance rating					
	23 among 38 or 60% of programs or activities are evaluated and improved			2 of programs or activities are evaluated and improved					
	80 faculty members attended an in-house training			18 faculty members attended an in-house training					
	Sent 50 faculty members to external training			Sent 9 faculty members to external training					
	Prepared 20 modules and are used in instruction			Prepared 3 modules and are used in instruction					

MFO 1:	OUTPUT	(Targets + Measures)	Budget	UNIVERSITY Accountable	Actual Accomplishment	Rating				Remarks																																																																	
						Q	E	T	Ave																																																																		
INSTRUCTION		25 faculty members are invited as resource speakers, trainers, consultant, accreditors, judges, coaches, examiners, thesis/dissertation advisers, statisticians	3 faculty members are book writers		31 faculty members are invited as resource speakers, trainers, consultant, accreditors, judges, coaches, examiners, thesis/dissertation advisers, statisticians																																																																						
											Conducted 4 strategic planning, monitoring and evaluation activities		Conducted 4 strategic planning, monitoring and evaluation activities																																																														
																				Issued 8 memoranda on policy and implementation matters		Issued 11 memoranda on policy and implementation matters																																																					
																												Conducted 8 orientation and re-orientation on policies		Conducted 2 orientation and re-orientation on policies																																													
																																				Conducted 4 academic council meetings		Conducted 3 academic council meetings																																					
																																												Implemented 7 student development programs		Implemented 3 student development programs																													
																																																				52% of student service units are having a rating of 5																							
																																																												68% completion rate (student cohort)															
																																																																				1,500 students are scholars and recipients of financial support/assistance		students are scholars and recipients of financial support/assistance					

