

# CITY OF BACOLOD

Human Resource Management Office

## LOYALTY AWARD APPLICATION FORM

HRD Form No. LA-2024-001

### 1. EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Office/Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Salary Grade: \_\_\_\_\_ Step: \_\_\_\_\_

### 2. SERVICE DETAILS

Date of Entry in Government Service: \_\_\_\_\_

Length of Continuous Service: \_\_\_\_\_ Years \_\_\_\_\_ Months

Date of Last Loyalty Award Received: \_\_\_\_\_

Anniversary Date for Current Application: \_\_\_\_\_

### 3. AWARD LEVEL APPLIED FOR

Please check (X) the appropriate award level based on years of service:

- 10 Years Service Award       30 Years Service Award  
 15 Years Service Award       35 Years Service Award  
 20 Years Service Award       40 Years Service Award  
 25 Years Service Award

### A. APPLICANT'S CERTIFICATION

I certify that all information provided in this form is true and correct. I understand that any misrepresentation may result in disqualification.

Signature over Printed Name

Date

### B. SUPERVISOR'S RECOMMENDATION

Recommendation:  Approved  Not Approved  
Remarks: \_\_\_\_\_

Signature over Printed Name

Date

### C. HRD OFFICE ACTION

Approved  Disapproved  For Review  Requirements Incomplete

Remarks: \_\_\_\_\_

HRD Officer Signature

Date

Official Stamp Here