

**Republic of the Philippines**

Department of Education

**REGION I**

**SCHOOLS DIVISION OF LAOAG CITY**

**9604F590**

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| **INDIVIDUAL EVALUATION SHEET (IES)** | | | | |
| APPLICANT BASIC INFORMATION  **AWD** | | | | |
| Name of Applicant: Application Code:  **PLANNING OFFICER IV**  Position Applied For:  Schools Division Office: **LAOAG CITY**  **awd**  Contact Number:  Job Group/SG-Level:  **NON TEACHING / ( 22 )** | | | | |
| DEPED ORDER NO. 07, SERIES OF 2023 | | | | |
| CRITERIA | WEIGHT ALLOCATION | Applicant's Actual Qualifications | | Actual Score |
| Details of Applicant's Qualifications  *(Relevant documents submitted; additional requirements; notes of HRMPSB Members)* | Computation |
| **Education** | **9** | 3 to less than 6 Doctorate Units | Applicant Increment Level - QS Increment = Increment from minimum QS | **10** |
| **Training** | **9** | 144 to less than 152 hours | Applicant Increment Level - QS Increment = Increment from minimum QS | ***10*** |
| **Experience** | **10** | 11 years to less than 11 years 6 months | Applicant Increment Level - QS Increment = Increment from minimum QS | ***10*** |
| **Performance Rating** | **20** |  | Applicant's Rating/5\*20% | **20.0** |
| **Outstanding Accomplishments** | **10** |  | N/A | **10.0** |
| **Application of Education** | **10** | None | N/A | **10.0** |
| **Application of Learning and Development** | **10** | None | N/A | **10.0** |
| **Potential** | **20** | Written Examination Behavioral Events Interview Work Sample Test | WE + BEI + WST | **0** |
| **TOTAL:** | **98** |  |  | **80.0** |

I hereby attest to the conduct of the application and assessment process in accordance with the applicable guidelines; and acknowledge, upon discussion with the Human Resource Merit Promotion and Selection Board (HRMPSB), the results of the comparative assessment and the points given to me based on my qualifications and submitted documentary requirements for the **Administrative Assistant II** position under the **Schools Division Office of Laoag City.**

Furthermore, I hereby affix my signature in this Form to attest to the objective and judicious conduct of the HRMPSB evaluation through Open Ranking System.

**AWD**

Attested:

**MARIECON G. RAMIREZ EdD, CESO VI**

HRMPSB Chair

Date:

Name and Signature of Applicant



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| **1** | | |
| INFO. TRACKER | | |
| DATE: | 6/26/25 | |
| POSITION: |  | III |
| POSITION: |  |  |
| POSITION: |  | III |
|  | | |
| SCHOOL: |  | |

