



CITY GOVERNMENT OF **SAN JOSE DEL MONTE**

**CITIZEN'S CHARTER  
2025 (1st Edition)**

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## **Welcome to the Rising City of San Jose del Monte!**

Serving as the Local Chief Executive of the City of San Jose del Monte, I have witnessed how rise from adversities and how the local government contributed to improve the quality of life of every San Joseños.

I am a firm believer that good governance requires transparency and accountability, as we aim for a more progressive city. Hence, we are committed to provide ease in doing business and efficient government services to our citizens and investors.

May you find this handbook useful and significant towards availing our long list of government services for the benefit of San Joseños.

What we envision for the city may seem difficult for others, but we will take our mandate seriously in bringing clean and honest government.

**Agarang Tugon, Epektibong Serbisyo,  
at Tapat na Paglilingkod!**

ARya, San Joseño!



**MAYOR ARTHUR B. ROBES**

**City Mayor**

City of San Jose del Monte

*Mayor ARTHUR  
ROBES*



## **Magandang Buhay, Pamilyang San Joseño!**

As we lay our foundation to become a more progressive city, we make it a point that the services of our city government is easily accessible for all San Joseños.

Being the Representative of our city, I am proud to impart that under our term, we have produced the first-ever comprehensive City Government of San Jose del Monte Citizen's Charter handbook.

Credible information of the government's procedure is vital for the smooth delivery of the city;s services to its citizenry. Accordingly, government transactions in the city has been proven to be more efficient since adapting the Republic Act 9485 or the Anti-Red Tape Act of 2007.

This handbook only proves that the city has established effective practices aimed to prevent the act of graft and corruption, promote transparency, and expedite transactions in the city.

This simplified handbook embodies our stand as a transparent and untainted administration.

It is with my utmost sincerity when I say that our commitment to our constituents is the **“Serbisyong May Puso at Malasakit”**.



**CONGRESSWOMAN  
FLORIDA P. ROBES**

**Representative, Lone District  
of San Jose del Monte**





Republic of the Philippines  
Province of Bulacan  
**CITY OF SAN JOSE DEL MONTE**  
**OFFICE OF THE CITY MAYOR**

3<sup>rd</sup> Floor Left Wing, New Government Center, Brgy. Dulong Bayan,  
City of San Jose del Monte, 3023 Bulacan  
Website: [www.csjdm.gov.ph](http://www.csjdm.gov.ph)



**CERTIFICATE OF COMPLIANCE**  
**Year: 2025**

Pursuant to Republic Act No. 11032: An Act Promoting Ease of Doing Business and Efficient Delivery of Government Services, amending for the purpose Republic Act No. 9485, otherwise known as the Anti-Red Tape Act of 2007, and for Other Purposes

I, ARTURO B. ROBES, Filipino, of legal age, CITY MAYOR of the CITY GOVERNMENT OF SAN JOSE DEL MONTE, BULACAN, the person responsible and accountable in ensuring compliance with Section 6 of R.A. 11032 or the *Ease of Doing Business and Efficient Government Service Delivery Act of 2018*, hereby declare and certify the following facts:

- 1) The CITY GOVERNMENT OF SAN JOSE DEL MONTE, BULACAN has established its most current and updated Citizen's Charter pursuant to Section 6 of R.A. 11032, its Implementing Rules and Regulations, and the relevant ARTA Issuance.

Citizen's Charter Handbook Edition: 2025, 1<sup>st</sup> Edition

- 2) The following required forms of posting of the Citizen's Charter are present:

<input checked="" type="checkbox"/>	Citizen's Charter Information Billboard
<input checked="" type="checkbox"/>	Citizen's Charter Handbook
<input checked="" type="checkbox"/>	Official Website/Online Posting

- 3) The Citizen's Charter Information Billboard enumerates the following information:
  - a. External Services;
  - b. Checklist of Requirements for each type of application or request;
  - c. Name of the person responsible for each step;
  - d. Maximum processing time;
  - e. Fee/s to be paid, if necessary; and
  - f. Procedure for filing complaints and feedback.
- 4) The Citizen's Charter Handbook enumerates the following information:
  - a. Mandate, vision, mission, and service pledge of the agency;
  - b. Government services offered (External and Internal Services);
    - i. Comprehensive and uniform checklist of requirements for each type of application or request;
    - ii. Classification of service;
    - iii. Type of Transaction;
    - iv. Who may avail;

- v. Client steps and agency actions to obtain a particular service;
  - vi. Person responsible for each step;
  - vii. Processing time per step and total;
  - viii. Fee/s to be paid per step and total, if necessary.
  - c. Procedure for filing complaints and feedback;
  - d. Contact Information of ARTA, Presidential Complaints Center (PCC), and
    - CSC Contact Center ng Bayan in the complaints mechanism; and
  - e. List of Offices
- 5) The Citizen's Charter Information Billboard is posted at the main entrance of the office or at the most conspicuous place of all the said service offices.
- 6) The printed Citizen's Charter Handbook is placed at the windows/counters of each frontline offices to complement the information on the services indicated in the Information Billboard.
- 7) The Citizen's Charter Handbook version is uploaded on the website or any online platform available of the agency/LGU through a tab or link specifically for the Citizen's Charter, located at the most visible space or area of the official website or the online platform available.
- 8) The Citizen's Charter is written either in English, Filipino, and/or in the local dialect and published as an information material.
- 9) There is an established Client Satisfaction Measurement per service.

This certification is being issued to attest to the compliance of the agency with the foregoing statements that can be validated by the Authority.



ARTURO B. ROBES  
City Mayor  
CGO-San Jose del Monte, Bulacan



## **CITY GOVERNMENT OF SAN JOSE DEL MONTE**

CITIZEN'S CHARTER  
2025(1<sup>st</sup> Edition)



## AGENCY PROFILE

### I. Mandate

The City Government of San Jose del Monte, Bulacan is a responsive, accountable, efficient and dynamic organization instituted to provide the priority needs and service requirements of all its citizens and communities.

### II. Vision

"A people-centered city, transformed into a progressive community of destination with highly competent people thriving in a vibrant economy"

### III. Mission

- To implement programs designed to tap the creative potentials of the different sectors in society.
- To transform the city into an investment and a tourist-friendly destination.
- To encourage the citizenry to become self-reliant and productive.
- To provide the people with relevant social support, livelihood opportunities and economic skills.

### IV. Service Pledge

We are committed to achieve excellence by:

- C** – Communicating information properly and accurately;
- S** – Striving for dynamic and efficient public service through systematic approach equipped with values and professionalism;
- J** – Jointly investing in the competence of our people through continued professional development;
- D** – Delivering service on time without sacrificing quality; specifically, we shall attend to all applicants and requesting parties who are within the premises of the office or agency concerned prior to the end of official working hours and during lunch break shall be attended to; and
- M** – Maximizing our resources through good governance, innovation and technology.

## VI. LIST OF SERVICES 2024

Type of Services	Service Category
<b>Office of the City Mayor/Office of the City Administrator</b>	
1. Mayor's certification to establish residency (department of foreign affairs)	External/Internal Service
2. Mayor's certification to establish residency (ppnp/bfp/afp/bjmp/phil. Airforce/phil. Navy/pma)	External/Internal Service
3. Mayor's certification to establish residency	External/Internal Service
4. Referral for drivers/ conductor/ inspector of transport companies	External/Internal Service
5. Mayor's certification to establish residency (solemnizing officer)	External/Internal Service
<b>6. Certification of unemployment for senior High school voucher program</b>	External/Internal Service
<b>Business Permits &amp; Licensing Office</b>	
1. Issuance of Business Permit (New)	External Service
2. Issuance of Business Permit (Renewal)	External Service
<b>Public Order and Safety Office</b>	
1. Security Services	External/Internal Service
<b>City Traffic Management Division</b>	
1. Redemption of Confiscated Driver's License, Plate and Impounded Vehicles	External/Internal Service
2. Redemption of Plate and Impounded Vehicles	External/Internal Service
<b>Tricycle Regulatory Unit</b>	
1. Issuance of Motorized Tricycle Operator's Permit	External Service
2. Annual Safety Inspection of Franchised Tricycle for the Monitoring of its Road Worthiness	External Service

Type of Services	Service Category
<b>Office of the SP Secretariat</b>	
1. Issuance of Certified True Copies of Legislative Documents	External/Internal Service
<b>City Tourism Office</b>	
1. Assistance to hotels and resorts of dot accreditation certificate for obtaining business permits	External Service
2. Assistance to mabuhay accommodation of dot accreditation certificate for obtaining business permits	External Service
3. Assistance to travel and tour services of dot accreditation certificate for obtaining business permits	External Service
4. Assistance to health and wellness tourism enterprise of dot accreditation certificate for obtaining business permits	External Service
5. Assistance to farm tourism camp of dot accreditation certificate for obtaining business permits	External Service
6. Assistance to tourism related establishments- restaurants of dot accreditation certificate for obtaining business permits	External Service
7. Tourists assistance to trio falls at brgy. San isidro	External Service
8. Assistance to tourists at mt. Balagbag (dumagat trail) day hike	External Service
9. Assistance to tourists at mt. Balagbag (dumagat trail) overnight	External Service
10. Assistance to tourists at mt. Balagbag (dumagat trail) and 1 falls	External Service
11. Assistance to tourists at the rising heart	External Service
12. Endorsement request to tourism related establishments and attractions for tourism related activities.	External Service
13. Certification of occupational permit for local tour guide occupational permit	External Service
14. Assistance To Tourism-Related Research Data	External Service
<b>Public Information Office</b>	
1. Audiovisual Presentation	Internal Service
2. Tarpaulin Layout and Printing	Internal Service
<b>Local Youth Development Division</b>	
1. Submission of CEAP requirements and interview	External Service
<b>City Disaster Risk Reduction &amp; Management Office</b>	

1. Capacity Building thru Training/SIMEX/Drills	External/Internal Service
2. Issuance of Certificate of Training	External Service
3. Issuance of Certificate of Damaged Assessment	External Service
4. Issuance of Certificate of Hazard Susceptibility	External Service
5. Ambulance Service	External Service
6. Ambulance Service (Pre-Hospital Care) EMS	External Service
<b>Public Employment Service Office</b>	
1. Registration of applicants and/or issuance of referral letter	External Service
2. Facilitation of local/special recruitment activity (lra/sra)	External Service
3. Application for company accreditation	External Service
4. Registration of san joseño migrant workers/ofws	External Service
5. Registration for skills training	External Service
6. . Linking of clients/applicants to private or government owned technical vocational institutions (tvi) for skills training program	External/Internal Service
7. Application for livelihood assistance (dilp - pangkabuhayan)	External Service
8. Request for livelihood training	External Service
<b>Community Affairs Office</b>	
1. Family Enhancement Program	External Service

Type of Services	Service Category
Housing & Homesite Regulation Office	
1 . Certificate of Beneficiary of CMP Take-Out Project Not Mobilized by the City Government	External Service
2. Certificate of Beneficiary of community/Neighborhood Association Not Mobilized by the City Government	External Service
3.Certificate as Newly Organized community Association/Homeowner Association	External Service
4.Indorsement for Financial Assistance to fected Families of Relocation and Dismantling Operations	External Service

5.Certified True Copy (Ctc) Of Document	External Service
6.Endorsement For Financial Assistance To Affected Families Of Relocation And Dismantling Operations	External Service
7.Registration For Socialized Housing Program	External Service
8.Housing Orientation For Socialized Housing Program	External Service
9.Certificate Of Beneficiary Of Community / Neighborhood Association Not Mobilized By The City Government	External Service
<b>Procurement Section</b>	
1. Issuance/Renewal of Accreditation to Bidders for Infrastructure Projects, Goods and Services Schedule	External Service
2. Sale of Bidding Documents to Accredited Suppliers/Bidders	External Service
3. Bidding Proper	External Service
<b>City Human Resource Management Office</b>	
1. Certifications	Internal Service
2. Travel Order (Local)	External/Internal Service
3. Foreign Travel Authority	External/Internal Service
4. Travel Order (Seminar/Training)	External/Internal Service
<b>City Planning &amp; Development Office</b>	
1. Locational Clearance for Simple/Non-critical Projects	External/Internal Service
2. Locational Clearance for Complex/Critical Projects	External/Internal Service
3. Zoning Certification	External/Internal Service
4. Locational Clearance/Development Permit for Highly Technical Projects	External/Internal Service
<b>City Civil Registrar's Office</b>	
1. Issuance of Certified Photocopy/Certification of Birth, Death and Marriage Certificate	External/Internal Service
2. Timely Registration of Live Birth from Married and Solo Parent	External/Internal Service

3. Timely Registration of Live Birth of Children from Non-Marital Parents	External/Internal Service
4. Timely Registration of Marriage	External/Internal Service

Type of Services	Service Category
5. Timely Registration of Death	External/Internal Service
6. Delayed Registration of Birth	External/Internal Service
7. Application for Marriage License	External/Internal Service
<b>City General Services Office</b>	
1. Repair of Government Property Buildings/Facilities (Major Repair)	Internal Service
2. Reproduction of Various Forms and Documents	Internal Service
3. Requisition and Issuance of Inventory Items	Internal Service
<b>City Budget Office</b>	
1. Earmarked Of Purchase Requests (Pr)/Activity Design	Internal Service
2. Earmarked Of Petty Cash Voucher (Pcv)	Internal Service
3. Preparation Of Obligation Requests (Obr) For Non-Payroll Expenditures	Internal Service
4. Preparation Of Obligation Requests (Obr) For Payroll Expenditures	Internal Service
5. Review And Endorse The Approve Budget Of The Component Barangay & Sk Of The Lgu	Internal Service
6. Review And Endorse The Supplemental Budget Of The Component Barangay & Sk Of The Lgu	Internal Service
<b>City Accounting Office</b>	
1. Certificate of Employment with Compensation & Deductions and Certification of Payslip & Last Salary Received	External/Internal Service
2. Certificate of Premium Contribution and/or Loan Payments with Certified True Copy of Remittance & Official Receipt	External/Internal Service
3. Certificate of Remittance of Premium Contributions and/or Loan Payments	External/Internal Service
<b>City Treasury Office</b>	
<b>Issuance of Real Property Tax Computation</b>	External/Internal Service
<b>Issuance of Official Receipts in payment of Real Property Tax (AF-56)</b>	External/Internal Service
3. Issuance of Community Tax Clearance	External/Internal Service

4. Issuance of tax Clearance	External/Internal Service
<b>Computation of Real Property Transfer</b> Tax of any person who shall transfer real property ownership to another	External/Internal Service
6. Online Collection of Real Property Tax, Business Tax, permits and other fees.	External/Internal Service
<b>City Assessor's Office</b>	
1. Issuance of Certificate of No Improvement	External/Internal Service
2. Issuance of Certification relative to Assessment Records	External/Internal Service
3. Issuance of Certified Photocopy of Section Map/ Tax Mapping Verification	External/Internal Service
4. Issuance of Certified True Copy of Tax Declaration	External/Internal Service
5. Issuance of New Tax Declaration	External/Internal Service
6. Issuance of Notice of Assessment	External/Internal Service
7. Issuance of Notice of Cancellation of Assessment	External/Internal Service
<b>City Legal Services</b>	
1. Free Legal Assistance	External/Internal Service
2. City Government Legal Services	Internal Service

Type of Services	Service Category
<b>City Health Office</b>	
1. Antiretroviral Therapy (ART) Treatment	External/Internal Service
2. Dental Health Services	External/Internal Service
3. Environmental Health and Sanitation	External/Internal Service
4. Expanded Program of Immunization	External/Internal Service
5. Family Planning	External/Internal Service
6. HIV Testing	External/Internal Service
7. Maternal Care	External/Internal Service
8. Medical Certificate	External/Internal Service
9. Medical Services	External/Internal Service
10. Physical Therapy and Rehabilitation	External/Internal Service
<b>Ospital ng Lungsod ng SJDM</b>	
1. Emergency Medical Treatment Services	External/Internal Service
2. Laboratory Services	External/Internal Service
3. Radiology Services	External/Internal Service
<b>City Social Welfare &amp; Development Office</b>	
1. Assistance to Individual in Crisis Situations	External/Internal Service
2. Social Case Study Report	External/Internal Service
3. Issuance of Senior Citizen ID	External/Internal Service
4. Issuance of Person's with Disability ID	External/Internal Service
5. Issuance of Solo Parent ID	External/Internal Service
<b>City Population Office</b>	
1. Pre-Marriage Orientation and Counseling Certification	External/Internal Service
<b>City Agriculture Office</b>	
1. Dispersal of Assorted Seeds and Seedlings	External Service
2. Distribution of Agricultural Inputs	External Service
3. Provision of Technical Assistance	External Service
4. Tractor Custom Servicing	External Service
<b>City Veterinary Office</b>	
1. Treatment and Consultation for Companion Animal	External/Internal Service
2. Vaccination for Companion Animal	External/Internal Service

Type of Services	Service Category
<b>City Environment &amp; Natural Resources Office</b>	
1. Issuance of Certificate of Application for Environmental Inspection Clearance	External/Internal Service
2. Issuance of Certificate of No Objection for Tree Cutting	External/Internal Service
<b>Office of the City Building Official</b>	
1. Building and Ancillary Permits	External/Internal Service
2. Building Permit (Floor Area: 20sqm and below)	External/Internal Service
3. Fencing Permit	External/Internal Service
4. Certificate of Occupancy	External/Internal Service
5. Wiring Permit and Certificate of Final Electrical Inspection (CFEI)	External/Internal Service
<b>City Engineering Office</b>	
1. Program of Work for Horizontal Infrastructure Project	External/Internal Service
2. Program of Work for Vertical Infrastructure Project	External/Internal Service
3. Billing of Infrastructure Project	External/Internal Service
4. Inspection Report/Response to Letter	External/Internal Service
<b>Motorpool Division</b>	
1. Repair and Maintenance of Government Vehicle	Internal Service
2. Request for Use of Government Vehicle	Internal Service
<b>City Cooperative Development Office-Economic Division</b>	
1. Reservation for the Use of Sheltered Facilities	Internal Service
2. Cemetery services	External Service

Type of Services	Service Category
<b>City Cooperative Development Office</b>	
1. Orientation/Briefing On Cooperative Principles And Methods	External Service
2. Review of registration documents	External Service
3. Cooperative training/seminar	External Service
4. In-house cooperative training/seminar	External Service
5. Preparation of cooperative mandatory reports	External Service
6. Cooperative coaching and mentoring	External Service
7. Financial assistance service - cooperative livelihood loan assistance project (cllap)	External Service
8. Financial assistance service - subsidize audit service project (sasp)	External Service
9. Application for registration and availing of local incentives	External Service
10. Application for financial loan assistance program (business recovery project)	External Service
<b>City College of San Jose del Monte</b>	
1. Admission Procedures	External Service
2. Conduct of Scholarship Entrance Examination	External Service
3. Clinic Visit	External Service
4. Checking In (Returning of Books)	External Service
5. Certifications	External Service
<b>Business Development Office</b>	
1. Assistance to Micro, Small and Medium-sized Enterprises Thru Trade Fairs and Exhibits	External Service
2. Promotion of Small Business	External Service
<b>Management Information System Office</b>	
1. Request for ID Printing and Reprinting	External Service
2. Request for Door Access Registration	External Service
3. Request for Major Network Support	External Service
4. Request for Minor Network Support	External Service
5. Request for Hardware Technical Support	External Service
6. Support for Major Government Application Software	External Service
7. Request for Minor Government Application Software Support	External Service
8. City of San Jose del Monte Website Content Update and Posting	External Service



## Office of the City Mayor/Office of the City Administrator

1. Mayor's certification to establish residency (department of foreign affairs)	External/Internal Service
2. Mayor's certification to establish residency (ppnp/bfp/afp/bjmp/phil. Airforce/phil. Navy/pma)	External/Internal Service
3. Mayor's certification to establish residency	External/Internal Service
4. Referral for drivers/ conductor/ inspector of transport companies	External/Internal Service
5. Mayor's certification to establish residency (solemnizing officer)	External/Internal Service
6. Certification of unemployment for senior High school voucher program	External/Internal Service



## 1) MAYOR'S CERTIFICATION TO ESTABLISH RESIDENCY (DEPARTMENT OF FOREIGN AFFAIRS)

The MAYORS CERTIFICATION TO ESTABLISH RESIDENCY for Department of Foreign Affairs (DFA) for whatever legal purpose is a printed document issued to the requesting person indicating basic information such as name and address and all other details as may be necessary and needed by the transacting client.

<b>Office or Division</b>	Office of the City Administrator
<b>Classification</b>	Simple
<b>Type of Transaction</b>	G2C (Government to Citizen)/ G2G (Government to Government)
<b>Who may avail</b>	All residents of the City of San Jose del Monte

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Original and (1) Photocopy of the following: 1. Cedula 2. Barangay Clearance 3. Police Clearance 4. Birth/ Marriage Certificate 5. Passport 6. Request Letter 7. Official Receipt	Concerned Barangays Concerned Barangays PNP- San Jose del Monte Station Local Civil Registry or PSA Copy of requesting party Concerned Company City Treasurer's Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to the receiving clerk	1. Verify the completeness and authenticity of the documents.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
2. Proceed to Treasury Office and pay the prescribed fees.	2. Receive payment and issue official receipt	P50.00 (Section 238, Tax Ordinance No. C-11)	5 minutes	<i>Cashier, City Treasurer's Office</i>
3. Return to the Office of the City Administrator. Wait in the designated waiting area	3. Prepare requested paper/document. 3.1. Forward the document to the Central Records Unit for signature	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
4. Receive the Mayor's Certification to establish residency	4. Record in the logbook and release the Certificate of employment to the client.	None	2 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	<b>Total</b>	<b>P50.00</b>	<b>18 minutes</b>	



## 2) MAYOR'S CERTIFICATION TO ESTABLISH RESIDENCY (PNP/BFP/AFP/BJMP/PHIL. AIRFORCE/PHIL. NAVY/PMA)

The MAYORS CERTIFICATION TO ESTABLISH RESIDENCY for PNP/BFP/AFP/BJMP/PHIL. AIRFORCE/PHIL. NAVY/PMA for whatever legal purpose is a printed document issued to the requesting person indicating basic information such as name and address and all other details as may be necessary and needed by the transacting client.

<b>Office or Division</b>	Office of the City Administrator			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2C (Government to Citizen)/ G2G (Government to Government)			
<b>Who may avail</b>	All residents of the City of San Jose del Monte			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Original and (1) Photocopy of the following:		Concerned Barangays Concerned Barangays PNP- San Jose del Monte Station City Treasurer's Office		
1. Cedula 2. Barangay Clearance 3. Police Clearance 4. Official Receipt		Concerned Barangays Concerned Barangays PNP- San Jose del Monte Station City Treasurer's Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit requirements to the receiving clerk	1. Verify the completeness and authenticity of the documents.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
2. Proceed to Treasury Office and pay the prescribed fees.	2. Receive payment and issue official receipt	P50.00 (Section 238, Tax Ordinance No. C-11)	5 minutes	<i>Cashier, City Treasurer's Office</i>
3. Return to the Office of the City Administrator. Wait in the designated waiting area	3. Prepare requested paper/document.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	3.1. Forward the document to the Central Records Unit for signature	Non	5 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
4. Receive the Mayor's Certification to establish residency	4. Record in the logbook and release the Certificate of employment to the client	None	2 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	<b>Total</b>	<b>P50.00</b>	<b>18 minutes</b>	



### 3) MAYOR'S CERTIFICATION TO ESTABLISH RESIDENCY

The MAYORS CERTIFICATION TO ESTABLISH RESIDENCY for whatever legal purpose is a printed document issued to the requesting person indicating basic information such as name and address and all other details as may be necessary and needed by the transacting client.

Office or Division	Office of the City Administrator			
Classification	Simple			
Type of Transaction	G2C (Government to Citizen)/ G2G (Government to Government)			
Who may avail	All residents of the City of San Jose del Monte			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
Original and (1) Photocopy of the following: 1. Cedula 2. Barangay Clearance 3. Police Clearance 4. Official Receipt	Concerned Barangays Concerned Barangays PNP- San Jose del Monte Station City Treasurer's Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to the receiving clerk	1. Verify the completeness and authenticity of the documents.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
2. Proceed to Treasury Office and pay the prescribed fees.	2. Receive payment and issue official receipt	P50.00 (Section 238, Tax Ordinance No. C-11)	5 minutes	<i>Cashier, City Treasurer's Office</i>
3. Return to the Office of the City Administrator. Wait in the designated waiting area	3. Prepare requested paper/document.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	3.1. Forward the document to the Central Records Unit for signature	None	5 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
4. Receive the Mayor's Certification to establish residency	4. Record in the logbook and release the Certificate of employment to the client	None	2 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	<b>Total</b>	<b>P50.00</b>	<b>18 minutes</b>	



#### 4) REFERRAL FOR DRIVERS/CONDUCTOR/INSPECTOR OF TRANSPORT COMPANIES

The REFERRAL FOR DRIVERS/CONDUCTOR/INSPECTOR OF TRANSPORT COMPANIES is a printed document issued to the requesting person indicating basic information such as name, age and address and all other details as may be necessary and needed by the transacting client.

<b>Office or Division</b>	Office of the City Administrator			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2C (Government to Citizen)/ G2G (Government to Government)			
<b>Who may avail</b>	All residents of the City of San Jose del Monte			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Original and (1) Photocopy of the following: 1. Cedula 2. Barangay Clearance 3. Police Clearance		Concerned Barangays Concerned Barangays PNP- San Jose del Monte Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit requirements to the receiving clerk	1. Verify the completeness and authenticity of the documents.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
2. Wait in the designated waiting area	2. Prepare requested paper/document.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	2.1. Forward the document to the Central Records Unit for signature	None	5 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
3. Receive the Mayor's Certification to establish residency	4. Record in the logbook and release the Certificate of employment to the client	None	2 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	<b>Total</b>	<b>0.00</b>	<b>13 minutes</b>	



## 5) MAYOR'S CERTIFICATION TO ESTABLISH RESIDENCY (SOLEMNIZING OFFICER)

The MAYORS CERTIFICATION TO ESTABLISH RESIDENCY for SOLEMNIZING OFFICER that the religious organization has a good repute and no derogatory record is a printed document issued to the requesting person indicating basic information such as church's name, name of the solemnizing officer, SEC Registration No. and address and all other details as may be necessary and needed by the transacting client.

Office or Division	Office of the City Administrator
Classification	Simple
Type of Transaction	G2C (Government to Citizen)/ G2G (Government to Government)
Who may avail	All solemnizing officer of a registered organization of the City of San Jose del Monte
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Original and (1) Photocopy of the following: 1. Cedula 2. Barangay Clearance 3. Organization Certificate 4. Ordination Certificate 5. Certificate of Registration of Authority to Solemnize Marriage 6. Police Clearance 7. Official Receipt	Concerned Barangays Concerned Barangays SEC/ Religious/Church Organization Religious/Church Organization PSA  PNP-San Jose Del Monte Station City Treasurer's Office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to the receiving clerk	1. Verify the completeness and authenticity of the documents.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
2. Proceed to Treasury Office and pay the prescribed fees.	2. Receive payment and issue official receipt	P50.00 (Section 238, Tax Ordinance No. C-11)	5 minutes	Cashier, City Treasurer's Office
3. Return to the Office of the City Administrator. Wait in the designated waiting area	3. Prepare requested paper/ document.  3.1. Forward the document to the Central Records Unit for signature	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
4. Receive the Mayor's Certification to establish residency	4. Record in the logbook and release the Certificate of employment to the client	None	2 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	<b>Total</b>	<b>P50.00</b>	<b>18 minutes</b>	



## 6) CERTIFICATION OF UNEMPLOYMENT FOR SENIOR HIGH SCHOOL VOUCHER PROGRAM

The CERTIFICATION OF UNEMPLOYMENT FOR SENIOR HIGH SCHOOL VOUCHER PROGRAM is a printed document issued to the requesting person indicating basic information such as parent's name, address, and that the parent is without formal employment and without income and should include the name of the student and all other details as may be necessary and needed by the transacting client.

<b>Office or Division</b>	Office of the City Administrator			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2C (Government to Citizen)/ G2G (Government to Government)			
<b>Who may avail</b>	All residents of the City of San Jose del Monte			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Original and (1) Photocopy of the following:		Concerned Barangays Concerned Barangays School of the Student		
<b>CLIENT STEPS</b>		<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>
1. Submit requirements to the receiving clerk	1. Verify the completeness and authenticity of the documents.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
2. Return to the Office of the City Administrator. Wait in the designated waiting area	2. Prepare requested paper/document.	None	3 minutes	<i>Carmelita L. Bernardo, Administrative AIDE VI, Office of the City Administrator</i>
	2.1. Forward the document to the Central Records Unit for signature	None	5 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
3. Receive the Mayor's Certification to establish residency	3. Record in the logbook and release the Certificate of employment to the client	None	2 minutes	<i>Carmelita L. Bernardo, Administrative Aide VI, Office of the City Administrator</i>
	<b>Total</b>	<b>0.00</b>	<b>13 minutes</b>	



## Business Permits & Licensing Office

1. Issuance of Business Permit (New)	External/Internal Service
2. Issuance of Business Permit (Renewal)	External Service



## 1. ISSUANCE OF BUSINESS PERMIT (NEW)

Any individual or corporation who will establish, operate, conduct, or maintain any business activity within the City shall be required to pay for a business tax, mayor's permit, and other regulatory fees pursuant to the Revised Revenue Code of the City of San Jose del Monte (2012) Tax Ordinance No. C-011.

<b>OFFICE OR DIVISION:</b>	BUSINESS PERMITS AND LICENSING OFFICE
<b>CLASSIFICATION:</b>	SIMPLE TRANSACTION
<b>TYPE OF TRANSACTION:</b>	G2B (GOVERNMENT TO BUSINESS), G2C (GOVERNMENT TO CITIZEN)
<b>TYPE OF CATEGORIZATION</b>	BUSINESS OWNERS OPERATING IN THE CITY OF SJDM
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. BUSINESS NAME REGISTRATION (1- Original and 1-Photocopy) a. DTI Registration (for Single Proprietorship) or b. SEC Registration (for Corporation, Partnership, Association or Foundation, One Person Corporation (OPC), Articles of Incorporation) or c. CDA Registration - (for Cooperative) Certificate of Compliance	Department of Trade and Industry (DTI)  Securities and Exchange Commission (SEC)  Cooperative Development Authority (CDA) SJDM-City Cooperative Development Office (CCDO)
2. Barangay Order of Payment (1- Original and 1-Photocopy)	Concerned barangay where business is located
3. Annual Electrical Inspection Fees Certificate of Occupancy (if required) (1- Original and 1-Photocopy)	Office of the City Building Official (OCBO)
4. Locational Clearance (1- Original and 1-Photocopy)	City Planning & Development Office (CPDO)
5. Sanitary Permit (1- Original and 1-Photocopy)	City Health Office (CHO)
6. Environmental Inspection Certificate (1- Original and 1-Photocopy)	City Environment and Natural Resources Office (CENRO)
7. Fire Safety Inspection Certificate (1- Original and 1-Photocopy)	Bureau of Fire Protection (BFP)
8. Contract of Lease and Lessor's Permit (if Lessee) (Original and 1-Photocopy)	Lessor
9. Sworn Statement to Operate as OFFICE ONLY (1- Original and 1-Photocopy)	Applicant
10. SPECIAL Requirement(s) of Specific Business  as per National Government Agencies (1- Original and 1-Photocopy)	National Agencies
11. If applying through a representative * Secretary's Certificate (for Corporation / OPC /	Applicant  25

<p>Association / Foundation) - (Notarized)</p> <p>* Partnership Agreement (for Partnership) - (Notarized)</p> <p>* Cooperative Agreement (for Cooperative) - (Notarized)</p> <p>* Authorization letter / SPA (for Single Proprietorship) (Notarized)</p> <p>* IDs of owner / corporate secretary and representative (1- Original and 1-Photocopy)</p>	
<b>OTHER REQUIREMENTS PER NATURE OF BUSINESS</b>	<b>WHERE TO SECURE:</b>
1. Animal Facilities Certificate of Registration	Bureau of Animal Industry
2. Birthing House / Maternity Certificate of Accreditation	Philhealth
3. Brokers / Merchants involved in the sale of commodities for future transactions Future Commodity Merchant / Brokers License	Securities and Exchange Commission (SEC)
4. Cell Sites	
5. Customs Brokerage Business License	Customs Brokers Commission
6. Dealers of Rice and Corn and Wheat License	National Food Authority (NFA)
7. Drugstores License to Operate PRC License	Food and Drug Administration (FDA) Professional Regulatory Board (PRC)
8. E-Games / E-Bingo Centers License to Operate  Letter of No Objection	Philippine Amusement and Gaming Corporation (PAGCOR) Department of Trade and Industry (DTI)
9. Electronic & Motor Repair Shop Certificate of Accreditation	Department of Trade and Industry (DTI)
10. Financial Institutions / Lending Institutions Certificate of Authority to Operate	Banko Sentral ng Pilipinas
11. Fire Extinguisher Product Standard License	
12. Forwarders Accreditation for Sea Freight Forwarders	Philippine Shippers Bureau
13. Franchise Business Franchise Agreement	
14. Funeral Homes / Parlor Training Certificate License of Undertaker and Embalmer	Department of Health (DOH) Department of Health (DOH)
15. Gasoline Station Environmental Compliance Certificate  Certificate of Compliance	Department of Environment and Natural Resources (DENR) 20 Department of Energy (DOE)

16. Gasoline Station Environmental Compliance Certificate Certificate of Compliance	Department of Environment and Natural Resources (DENR) Department of Energy (DOE)
17. General / Specialty and Engineering Contractor /Construction Services Contractor's License	Philippine Contractors Accreditation Board
18. Guns and Ammunition License to Operate	PNP Clearance
19. Hotel, Motel, Resorts and other accommodation establishment Certificate of Accreditation	Department of Tourism (DOT)
20. Household / Urban Pesticides License to Operate Certificate of Product Registration	Food and Drug Administration (FDA)
21. Large Scale Bakeshop License to Operate	Food and Drug Administration (FDA)
22. Learning Institutions Certificate of Registration	Department of Education (DepED)
23. LPG Dealer / Retailer Standard Compliance Certificate  Certificate of Compliance License to Operate	Department of Environment and Natural Resources (DENR) Department of Energy (DOE) Department of Energy (DOE)
24. Manning and Crewing Services (Overseas) License for Recruitment Agency	Philippine Overseas and Employment Agency (POEA)
25. Manpower Agencies with paid up capital of at least Ph 5,000.00 (Local) License to Operate a Private Recruitment and Placement Agency	Department of Labor and Employment (DOLE) Regional Office
26. Manufacturing / Dealer / Importer of Toys License to Operate	Bureau of Health Device & Technology Department of Health (DOH)
27. Market Environmental Compliance Certificate (ECC)	Department of Environment and Natural Resources (DENR)
28. Memorial Park / Developer / Real Estate Developer License to Sell and Certificate of Registration  Operational Clearance Development Permit Environmental Compliance Certificate (ECC)	Department of Human Settlements and Urban Development (DHSUD) Department of Health (DOH) Sangguniang Panlungsod Department of Environment and Natural Resources (DENR)
29. Messengerial and Courier Services	Department of Transportation and Communication (DOTC)

30. Mining Industry Permit depend on the Activity	Department of Environment and Natural Resources (DENR)			
31. Pest Control Services Pest Control License	Fertilizer and Pesticide Authority			
32. Pre-School, Elementary and High School Permit to Operate	Department of Education (DepEd) Division Office and Regional Office			
33. Processed Foods License to Operate Certificate of Product Registration	Food and Drug Administration (FDA)			
34. Real Estate Broker License	Department of Human Settlements and Urban Development (DHSUD) Professional Regulatory Board (PRC)			
35. Security Agencies National License	Philippine Constabulary Supervisory Unit for Security and Investigation Agencies (PCSUCIA)			
36. Spa / Massage Clinic Certificate of Training of Therapist or Masseur /Masseuse	Department of Health (DOH) Technical Education and Skills Development Authority (TESDA)			
37. STL (Small Town Lottery) Permit to Operate	Philippine Charity and Sweepstakes Office (PCSO)			
38. Telecommunications Firms / Services / Gadgets License to Operate	National Telecommunications Commission (NTC)			
39. Toys and Childcare Articles License to Operate Certificate of Product Registration	Food and Drug Administration (FDA)			
40. Training Centers Certificate of Product Registration	Technical Education and Skills Development Authority (TESDA)			
41. Transport Service, Rent-a-car, Trucking Services Authority to Operate  Certificate of Registration (CR) Latest Official Receipt (OR)	Land Transportation Franchising Regulatory Board (LTFRB) Land Transportation Office (LTO) Land Transportation Office (LTO)			
42. Veterinary Products License to Operate Certificate of Product Registration	Food and Drug Administration (FDA)			
CLIENT STEPS	AGENCY ACTION	CLIENT STEPS	PROCESSING TIME	PERSON RESPONSIBLE
1. Create an application using a valid email address through this link <a href="https://bpbc1.ibpls.com/">https://bpbc1.ibpls.com/</a> cityofsanjosedelmontebulacan  Upload required documents (only pdf or jpeg are suggested and a maximum size of 15MB per file size)	1.1 Review/verify application details and submitted requirements	none  28	20 minutes	Ruthchell Mae Q. Decena Admin. Aide IV  Jane P. Lacao Job Order  (BPLO)

<p>Click Submit button and monitor the application</p>	<p><b>1.2 INSPECTS location of business</b></p>	<p>none</p>	<p>One (1) day</p>	<p><i>Reynaldo V. Ceniza Licensing Officer III</i>   <i>Ryan P. Garcia License Inspector II</i>   <i>Adrian James G. Arandela License Inspector I</i>   <i>John Von Arvie G. Barcarse License Inspector I</i>   <i>Joshua A. Santos Job Order</i>   <i>John Kristoffer C. Semilla Job Order</i>   <i>Marwin P. Vergara (Job Order)</i>   <i>Jayvee N. Lladones (Job Order)</i>   (BPLO)</p>
<p>Evaluate declared initial capital investment and compute corresponding business tax/es.</p> <p>View the system-generated</p>	<p><b>1.2 ASSESS Fees for business tax,</b></p>	<p>As per assessment and corresponding rates</p> <p>1. Business Tax  ** Only businesses with the following lines of business are subject to the payment of initial business tax</p> <p>a. Franchise</p>		<p><b>Business Tax Assessment</b></p> <p><i>Evangeline M. Garcia Licensing Officer IV</i></p> <p><i>Reynaldo V. Ceniza Licensing Officer III</i></p> <p><i>Analiza M. Gomez Licensing Officer II</i></p> <p><i>Lawrence Anthony S. Banigoos</i></p>

Tax Order of Payment		<p>business b. Printing and Publication</p> <p>Computation for the initial business tax is based on the declared capital investment) 5% of 1% of the capital investment or Five Hundred Pesos (Php 500.00), whichever is higher.</p> <p>(Basis: Revised Revenue Code of CSJDM 2012 Tax Ordinance No. C-011 Article 5 - Section 58 Imposition of Tax)</p> <p>2. Mayors Permit Fee on Business (Basis: Revised Revenue Code of CSJDM 2012 Tax Ordinance No. C-011 Chapter IV Article 15. Section 117. Mayor's</p>	<p><i>Licensing Officer II</i> (BPLO)</p>
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		Permit Fee on Business)		
	1.3 Issue Tax Order of Payment	none	30 minutes	<p><b>Printing of Tax Order of Payment</b></p> <p><i>Monique P. Santos Admin Assistant II</i></p> <p><i>Renelyn Joy L. Clemente Job Order</i></p> <p><i>Jennica F. Rafaless Admin. Aide IV</i></p> <p>Asenath B. Amor (Jobe Order) (BPLO)</p>
3. CLAIM business permit at the BPLO	CLAIM Printed business permit and business plate	None	10 minutes	<p><b>RECOMMEND FOR APPROVAL</b></p> <p><i>Evangeline M. Garcia Licensing Officer IV</i></p> <p>(BPLO)</p> <p><b>APPROVAL</b></p> <p><i>Dennis M. Booth, Ph.D- City Administrator / Arturo B. Robes- City Mayor</i></p>

				<b>PRINTING AND RELEASING</b>  <i>Maria Dinice N. Altoveros Job Order</i>  <i>Nikki Mae B. Rocacurva Job Order</i>  (BPLO)
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Note:

PROCESSING TIME IS BASED ON ONE (1) CLIENT TRANSACTION ONLY. IT MAY VARY DEPENDING ON THE VOLUME OF APPLICATIONS

**3 DAYS  
PROCESSING TIME**



## 2. ISSUANCE OF BUSINESS PERMIT (RENEWAL)

All business permits are subject to renewal within the first twenty (20) days of January each year in accordance with the Local Government Code and the Revised Revenue Code of the CSJDM Tax Ordinance C-011. Failure to pay the tax imposed within the time required shall subject the taxpayer to a surcharge of twenty-five percent (25%) of the amount due two percent (2%) per month of the unpaid taxes. The mode of payment is on an Annual, Semi-annual, or Quarterly basis.

<b>OFFICE OR DIVISION:</b>	BUSINESS PERMITS AND LICENSING OFFICE
<b>CLASSIFICATION:</b>	SIMPLE TRANSACTION
<b>TYPE OF TRANSACTION:</b>	G2B (GOVERNMENT TO BUSINESS), G2C (GOVERNMENT TO CITIZEN)
<b>TYPE OF CATEGORIZATION</b>	BUSINESS OWNERS OPERATING IN THE CITY OF SJDM
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Barangay Order of Payment (1- Original and 1-Photocopy)	Concerned barangay where business is located
2. BIR Returns (Monthly /Quarterly /Income Tax Return – VAT or Non-VAT) or /and Declaration of Gross Sales of previous year (Notarized) / Financial Statements (if required)  ** If with branches outside the City of San Jose del Monte, submit a breakdown of sales per City / Municipality and attached business permit application for those Cities/ Municipalities. (1- Original and 1-Photocopy)	Applicant
3. Annual Electrical Inspection Fees Certificate of Occupancy (if required) (1- Original and 1-Photocopy)	Office of the City Building Official (OCBO)
4. Sanitary Permit (1- Original and 1-Photocopy)	City Health Office (CHO)
5. Environmental Inspection Certificate (1- Original and 1-Photocopy)	City Environment and Natural Resources Office (CENRO)
6. Fire Safety Inspection Certificate (1- Original and 1-Photocopy)	Bureau of Fire Protection (BFP)
7. SPECIAL Requirement(s) of Specific Business as per National Government Agencies (1- Original and 1-Photocopy)	National Agencies
8. If applying thru a representative * Secretary's Certificate (for Corporation / OPC / Association / Foundation) - (Notarized) * Partnership Agreement (for Partnership) - (Notarized) * Cooperative Agreement (for Cooperative) - (Notarized)	Applicant

<ul style="list-style-type: none"> <li>* Authorization letter / SPA (for Single Proprietorship) (Notarized)</li> <li>* IDs of owner / corporate secretary and representative (1- Original and 1-Photocopy)</li> </ul>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Create an application using a valid email address through this link <a href="https://bpbc1.ibpls.com/">https://bpbc1.ibpls.com/</a> cityofsanjosedelmontebulacan  Upload required documents (only pdf or jpeg are suggested and a maximum size of 15MB per file size)	1.1 Review/verify application details and submitted requirements	None	20 minutes	Ruthchell Mae Q. Decena Admin. Aide IV  Jane P. Lacao Job Order  (BPLO)
Click Submit button and monitor the application	1.2 ASSESS Fees for business tax	none	30 minutes	<b>Business Tax Assessment</b>  Evangeline M. Garcia Licensing Officer IV  Reynaldo V. Ceniza Licensing Officer III  Analiza M. Gomez Licensing Officer II  Lawrence Anthony S. Banigoos Licensing Officer II
Evaluate declared initial capital investment and compute corresponding business tax/es.	1.3 Issue Tax Order of Payment			<b>Printing of Tax Order of Payment</b>  Monique P. Santos Admin Assistant II  Renelyn Joy L. Clemente Job Order
View the system-generated Tax Order of Payment		34		

				<i>Jennica F. Rafales Admin. Aide IV</i>  <i>Asenath B. Amor (Jobe Order)</i>  <i>(BPLO)</i>
<b>2. PAY corresponding fees</b>	2.1 ACCEPTS payment for Business Tax, Mayor's Permit fee and other regulatory fees	As per assessment and corresponding rates  <b>1. Business Tax</b>  computation for business tax is based on the declared gross sales or receipts for the preceding calendar year  (Basis: Chapter III Article 5 - Section 58 Imposition of Tax of the Administrative Provisions of the Revised Revenue Code of CSJDM 2012 Tax	30 minutes	<i>Cashier - City Treasurer's Office</i>  <i>(CTO)</i>

		<p>Ordinance No. C-011)</p> <p>2. Mayors Permit Fee on Business (Fixed Amount) (Basis: Category of business) Chapter Four. Article 15. Section 117. Imposition of Fee)</p>		
<b>3. CLAIM business permit at the BPLO</b>	CLAIM Printed business permit and business plate	none	10 minutes	<p><b>RECOMMEND FOR APPROVAL</b></p> <p><i>Evangeline M. Garcia Licensing Officer IV</i></p> <p><i>(BPLO)</i></p> <p><b>APPROVAL</b></p> <p><i>Dennis M. Booth, Ph.D City Administrator / Arturo B. Robes City Mayor</i></p>

				<b>PRINTING AND RELEASING</b>
				<i>Maria Dinice N. Altoveros Job Order</i>
				<i>Nikki Mae Rocacurva Job Order</i>
				(BPLO)
<b>Note:</b> PROCESSING TIME IS BASED ON ONE (1) CLIENT TRANSACTION ONLY. IT MAY VARY DEPENDING ON THE VOLUME OF APPLICATIONS				<b>3 days - processing time</b>

## Public Order and Safety Office

1. Security Services	External/Internal Service
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## 1. SECURITY SERVICES

Security Services is an assistance provided by the Public Order and Safety Office which is the movement of troops or equipment to a place or position for ensuring safety and security in the place of activity.

<b>Office or Division:</b>	Public Order and Safety Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen) / G2G (Government to Government)			
<b>Who may avail:</b>	All San Jose del Monte Resident.			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request Letter with complete details such as Date, Time, Place Tittle of the event and number of participants.	Concerned requesting person/organization			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter.	1. Office staff will receive the request and give to security agent II for processing.	None	1 minutes	<i>Kim Niccaea V. Lobo Special Job Order  Public Order &amp; Safety Office</i>
2. Wait in the designated area for the approval of letter.	2. Submit the request letter to authorized officer for immediate action.	None	1 minute	<i>Lorene F. Dulana Security Agent II  Public Order &amp; Safety Office</i>
	2.1. Data encoder will encode the details of request then log in to the record book, for the dispatch order.	None	3 minutes	<i>Harold L. Formento Watchman III Security Services Section  Public Order &amp; Safety Office</i>
	2.2. POSO Supervisor will provide the names of personnel to be use for operation, the notified the alert team getting ready in the deployment.	None	5 minutes	<i>Eric M. Lauzon Supervisor I  Geoffrey Y. Robles Supervisor II  Public Order and Safety Office</i>
	2.3. Review deployment and visit the exact location to know the pre-positioning of POSO personnel in the area.	None 39	20 minutes	<i>Emmanuel P. Elizalde Security Agent II  Intelligence Section  Public Order &amp; Safety Office</i>

	2.4. The alert team Dispatched AOR. And perform their responsibility as sentinel.	None	5 minutes	<i>Alert Team POSO Personnel Public Order &amp; Safety Office</i>
	<b>TOTAL:</b>	-	<b>34 minutes</b>	

## City Traffic Management Division

11. Redemption of Confiscated Driver's License	External/Internal Service
2. Redemption of Impounded Vehicles	External/Internal Service



## 1. Redemption of Driver's License

<b>Office or Division:</b>	City Traffic Mngt. and Sidewalk Clearing Operations Group
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Redemption of Driver's License
<b>Who may avail:</b>	Traffic Violators

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Original Traffic Violation Receipt (TVR)	Client
Original Payment Official Receipt	City Treasury Office (Cashier)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Original (white) copy of TVR to CTM-SCOG Window 1.	1. Review TVR and Issue Order of Payment to client and advise client to pay at the Treasury Office.	Min. of P500.00 Max. of P3,000.00 depending on the type and number of violations. (Please refer to the table of fees)	5 mins.	Jhoma Rose P. Magallanes (Ticket Checker I) CTM-SCOG
2. After payment present the OR / Proof of Payment and redeem the Driver's License to CTM-SCOG Window 1.	2. Upon presentation of the OR, record the OR number and release the Driver's License to the client.		3 mins.	Jhoma Rose P. Magallanes (Ticket Checker I) CTM-SCOG
<b>TOTAL: 8 MINUTES</b>				

### Table of fees

City Ordinance No. 2019-008-10, An Ordinance Amending Section 53a of City Ordinance No. 2007-91-03 otherwise known as the Land Transportation and Traffic Code of 2006 in the City of San Jose del Monte, Bulakan.

<b>NO.</b>	<b>TRAFFIC VIOLATIONS</b>	<b>FINES</b>
1	Disregarding Traffic Control / Signals / Signs	Php 1,500.00
2	Driving in Sando / Slippers (PUV)	500.00
3	Driving without License	2,000.00
4	Driving while Under the Influence of Liquor	2,000.00
5	Failure to Carry / Show / Surrender Driver's License	2,000.00
6	Failure to Carry / Show Registration	2,000.00
7	Invalid / No Franchise	2,000.00
8	Discourteous / Arrogant Driver	500.00
9	Out of Route / Line (PUB/PUJ)	2,000.00
10	No Conduction Sticker	2,000.00
11	Permitting an Unlicensed / Unauthorized Person to Drive	2,000.00
12	Obstruction	500.00
13	Illegal Parking / Terminal	500.00
14	Reckless Driving	1,500.00
15	Unregistered Motor Vehicle	2,000.00
16	Violation-Loading / Unloading	500.00
17	Operation of a Motor Vehicle not in Conformity with its Registered Classification	2,000.00
18	No Proper Plates / Plate Number	2,000.00
19	Lending One's Driver License	2,000.00
20	Drinking Intoxicants while Driving	2,000.00
21	Delinquent, Suspended or Invalid Registration	2,000.00
22	TC Operating without Franchise	3,000.00
23	TC Operating with Delinquent / Expired MTOP	2,000.00
24	TC Operating with Overloaded Passengers	500.00
25	Closed-Door Policy	500.00
26	Others	500.00



## 2. Redemption of Impounded Vehicles

<b>Office or Division:</b>	City Traffic Mngt. and Sidewalk Clearing Operations Group
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Redemption of Impounded Vehicles
<b>Who may avail:</b>	Traffic Violators

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Original Traffic Violation Receipt (TVR)	Client
Original and (1) Photocopy of Official Receipt	City Treasury Office (Cashier)
(1) Photocopy of vehicles Official Receipt and Certificate of Registration	LTO/ Client's Copy
(1) Valid ID of Apprehended	Client

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Original (white) copy of TVR to CTM-SCOG Window 1.	1. Review TVR and Issue Order of Payment to client and advise client to pay at the Treasury Office.	Min. of P500.00 Max. of P3,000.00 depending on the type and number of violations. (Please refer to the table of fees)	5 minutes	Jhomar Rose P. Magallanes (Ticket Checker I) CTM-SCOG
2. After payment to City Treasury Office, present the Official Receipt / Proof of Payment	2. Upon presentation of the OR, record the OR number and advise the client to proceed to Impounding Area.		3 minutes	Jhomar Rose P. Magallanes (Ticket Checker I) CTM-SCOG
3. Present photocopy of Official Receipt, LTO OR/CR or Certification (if brand-new) and Valid ID to Impounding Area.	3. Receives the photocopies of OR, OR/CR (LTO) and valid ID from client and release the impounded vehicle.		7 minutes	Marshall CTM-SCOG
<b>TOTAL: 15 MINUTES</b>				

## Table of fees

City Ordinance No. 2019-008-10, An Ordinance Amending Section 53a of City Ordinance No. 2007-91-03 otherwise known as the Land Transportation and Traffic Code of 2006 in the City of San Jose del Monte, Bulacan.

<b>NO.</b>	<b>TRAFFIC VIOLATIONS</b>	<b>FINES</b>
1	Disregarding Traffic Control / Signals / Signs	Php 1,500.00
2	Driving in Sando / Slippers (PUV)	500.00
3	Driving without License	2,000.00
4	Driving while Under the Influence of Liquor	2,000.00
5	Failure to Carry / Show / Surrender Driver's License	2,000.00
6	Failure to Carry / Show Registration	2,000.00
7	Invalid / No Franchise	2,000.00
8	Discourteous / Arrogant Driver	500.00
9	Out of Route / Line (PUB/PUJ)	2,000.00
10	No Conduction Sticker	2,000.00
11	Permitting an Unlicensed / Unauthorized Person to Drive	2,000.00
12	Obstruction	500.00
13	Illegal Parking / Terminal	500.00
14	Reckless Driving	1,500.00
15	Unregistered Motor Vehicle	2,000.00
16	Violation-Loading / Unloading	500.00
17	Operation of a Motor Vehicle not in Conformity with its Registered Classification	2,000.00
18	No Proper Plates / Plate Number	2,000.00
19	Lending One's Driver License	2,000.00
20	Drinking Intoxicants while Driving	2,000.00
21	Delinquent, Suspended or Invalid Registration	2,000.00
22	TC Operating without Franchise	3,000.00
23	TC Operating with Delinquent / Expired MTOP	2,000.00
24	TC Operating with Overloaded Passengers	500.00
25	Closed-Door Policy	500.00
26	Others	500.00

## Tricycle Regulatory Unit

1. Issuance of Motorized Tricycle Operator's Permit	External Service
2. Annual Safety Inspection of Franchised Tricycle for the Monitoring of its Road Worthiness	External Service



## 1. ISSUANCE OF MOTORIZED TRICYCLE OPERATOR'S PERMIT (MTOP)

The franchise holder must secure the Motorized Tricycle Operator's Permit (MTOP) to legally operate a motorized tricycle-for-hire in the city. (New/Renewal)

<b>Office or Division:</b>	Tricycle Regulatory Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All Operators/Drivers of Tricycle-for-Hire in the City of San Jose del Monte			
CHECKLIST OF REQUIREMENTS	<b>WHERE TO SECURE</b>			
1. TODA CERTIFICATE 2. BARANGAY CLEARANCE (Latest) 3. COMMUNITY TAX CERTIFICATE (Latest) 4. CERTIFICATE OF REGISTRATION OF MOTORCYCLE (CR) 5. LATEST OFFICIAL RECEIPT OF MOTORCYCLE W/ FOR HIRE CLASSIFICATION 6. DRIVER'S LICENSE (Professional) WITH RESTRICTION CODE (1) 7. CONTRACT OR DEED OF SALE (if necessary)		> Concerned TODA/TSC > Concerned barangay > Concerned barangay > > > Land Transportation Office > Concerned Driver > Concerned Operator/Driver > Concerned TODA/TSC		
<i>Note: FEDERATION CERTIFICATE (AS REQUIRED BY TODA FEDERATION) (1 original)</i>				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished application form and all requirements.	1. Accept and evaluate the submitted documents and inspection of the tricycle unit.	None	10 minutes	<b>ALBERTO DELOS REYES (TICKET CHECKER)</b> <b>TRU OFFICE</b> <b>HILARIO GERONA (CONTRACTUAL -DRIVER)</b> <b>TRU OFFICE</b>  <b>ARTURO QUIBEN</b> <b>ADMIN AIDE VI</b> <b>TRU OFFICE</b>

2. Receive Tax Order of Payment and pay to the cashier.	2. Encode data. Assess tax and issue Tax Order of Payment to client.	PHP 1,287.50 (Based on the Revised Revenue Code of CSJDM 2012)	15 minutes	EREMY BELLEZA (TRO II) TRU OFFICE ARTURO QUIBEN ADMIN AIDE VI TRU OFFICE JOSELITO ANG ADMIN AIDE IV TRU OFFICE
3. Present Official Receipt and claim MTOP, Confirmation for LTO and Sticker/MTOP Plate.	3. Review, approve and release MTOP, Confirmation for LTO and Sticker/MTOP Plate to client.	None	10 minutes	MELCHOR ALLAN CRUZ (SR. TRO) TRU HEAD TRU OFFICE
	<b>TOTAL:</b>	<b>PHP 1,287.50</b>	<b>35 minutes</b>	

Note: Amount indicated above is without penalty and MTOP Plate

Based on the Revised Revenue Code of CSJDM 2012 Section 198 and 200

<b>TABLE OF FEES:</b>		<b>Php</b>
Motorized Tricycle for Hire (Registration Fee)		500.00
Confirmation fee		27.50
MTOP Sticker		20.00
MTOP Plate		100.00
Application Fee		100.00
Regulatory Fee		40.00
Motorized Tricycle for Hire		100.00
Franchise Fee		500.00
Penalty		325.00



## 2. ANNUAL SAFETY INSPECTION OF FRANCHISED TRICYCLES FOR THE MONITORING OF ITS ROAD WORTHINESS

Actual or physical inspection of tricycle-for-hire is to determine whether or not the tricycle is in good working condition, follow safety measures to ensure the safety of its passengers and to prevent road accidents.

<b>Office or Division:</b>	Tricycle Regulatory Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	ALL OPERATORS/DRIVERS OF TRICYCLE-FOR-HIRE OF THE CITY or Tricycle Operator Driver Association / Transportation Service Cooperative TODA/TSC			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Request Letter (1 Original, 1 Photocopy) 2. Tricycle Unit (Motorcycle with Sidecar)	> Concerned TODA > Concerned operator/tricycle driver/ TODA			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit request letter for Tricycle Inspection.	1. Accept and schedule the inspection of the tricycle unit.	None	5 minutes	JOSELITO ANG ADMIN AIDE IV TRU OFFICE
2. Proceed to scheduled date and time of inspection.	2. Actual Inspection of the tricycle unit (minimum of 20 units).	None	4 hours	ALBERTO DELOS REYES (TICKET CHECKER) TRU OFFICE
3. Claim MTOP application form with certification of Roadworthiness.	3. Return MTOP application form with certification of roadworthiness from the inspector.	None	2 hours	ALBERTO DELOS REYES (TICKET CHECKER) TRU OFFICE
	<b>TOTAL:</b>	<b>0.00</b>	<b>6 hours 5 minutes</b>	

## Office of the SP Secretariat

1. Issuance of Certified True Copies of Legislative Documents	External/Internal Service
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## 1. ISSUANCE OF CERTIFIED TRUE COPIES OF LEGISLATIVE DOCUMENTS

The Office of the Secretary to the Sanggunian records/keeps copies of the approved local legislations. It furnishes concerned agencies/individuals of the approved local legislations such as enacted City Ordinances, approved resolutions, minutes of regular/special session, minutes of SP's standing committee hearings, minutes of the board meeting of the City Tricycle Franchising and Regulatory Board (CTFRB) and Quasi-Judicial proceedings.

<b>Office or Division:</b>	Office of the SP Secretariat			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government) / G2C (Government to Citizen)			
<b>Who may avail:</b>	General Public			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical appearance of the client	>> Requesting Client			
2. Request letter from the client				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to the Office of the SP Secretary.	1. Give Request Form to the client.	None	2 minutes	(Vacant) Senior Administrative Assistant II  Noel P. Elises Administrative Aide IV  Office of the SP Secretariat
2. Fill out the Request form stating the nature of request.	1.2 The SP Secretary acts on the request.	None	2 minutes	Atty. Antonio D. Andres, Jr. OIC-SP Secretary
2. Wait in the designated waiting area.	3. The Administrative and Records Services Division will search in the database or record on file the requested documents.  3.1 After verification by Records Officer/Custodian, prepares and signs certification or	None  51	5 minutes  5 minutes	Marina M. Tolentino Administrative Assistant IV  (Vacant) Senior Administrative Assistant II  Office of the SP Secretariat  (Vacant) Senior Administrative Assistant II  Rosle M. Vizcarra Administrative Assistant V

	certification of machine reproduction.			Office of the SP Secretariat
4. Receive order of payment.	4. Give order of payment to client and inform the client to proceed to the City Treasury Office and pay the fee.	None	2 minutes	(Vacant) Senior Administrative Assistant II  Noel P. Elises Administrative Aide IV  Office of the SP Secretariat
5. Proceed to the cashier and pay the corresponding fee.	5. Receive payment and issue Official Receipt.	PHP 20.00 pesos per page	10 minutes	Cashier ,City Treasurer's Office
6. Return to the Office of the SP Secretariat and present the Official Receipt. Receive the requested document.	6. Release the requested documents duly certified by the Head of the Admin and Records Services Division.	None	4 minutes	(Vacant) Senior Administrative Assistant II  Noel P. Elises Administrative Aide IV  Office of the SP Secretariat
<b>TOTAL:</b>		<b>PHP 20.00 per page</b>	<b>30 minutes</b>	

\* Fees to be paid is pursuant to Section 238 (d) of Tax Ordinance No. C-011).

\* Exemption: Fee imposed herein shall not be collected for copies

furnished to other offices or branches of the government for official business except for copies required by the Court at the request of the litigants

## City Tourism Office

1. Assistance to hotels and resorts of dot accreditation certificate for obtaining business permits	External Service
2. Assistance to mabuhay accommodation of dot accreditation certificate for obtaining business permits	External Service
3. Assistance to travel and tour services of dot accreditation certificate for obtaining business permits	External Service
4. Assistance to health and wellness tourism enterprise of dot accreditation certificate for obtaining business permits	External Service
5. Assistance to farm tourism camp of dot accreditation certificate for obtaining business permits	External Service
6. Assistance to tourism related establishments - restaurants of dot accreditation certificate for obtaining business permits	External Service
7. Tourists assistance to trio falls at brgy. San isidro	External Service
8. Assistance to tourists at mt. Balagbag (dumagat trail) day hike	External Service
9. Assistance to tourists at mt. Balagbag (dumagat trail) overnight	External Service
10. Assistance to tourists at mt. Balagbag (dumagat trail) and 1 falls	External Service
11. Assistance to tourists at the rising heart	External Service
12. Endorsement request to tourism related establishments and attractions for tourism related activities.	External Service
13. Certification of occupational permit for local tour guide occupational permit	External Service
14. Assistance To Tourism-Related Research Data	External Service



## 1. ASSISTANCE TO HOTELS AND RESORTS OF DOT ACCREDITATION CERTIFICATE FOR OBTAINING BUSINESS PERMITS

DOT Accreditation is a certification issued by the Department as having complied with the minimum requirements set by the Department of Tourism. It is also one of the requirements for the issuance of a business permit.

<b>Office or Division:</b>	<i>City Tourism Office</i>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Primary Tourism Related Establishment Accommodations Establishments - Hotels, Resorts			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
Duly Accomplished Online Application Form	<a href="https://accreditation.tourism.gov.ph">https://accreditation.tourism.gov.ph</a>			
Preceding Valid Mayor's Permit/ Business Permit	Local Government Unit (Business Permit and Licensing Office)			
Scanned Copy of Valid Business Name Registration Certificate for Single Proprietorship, or	Department of Trade and Industry			
Valid SEC Registration Certificate for Corporations	Securities and Exchange Commission			
Scanned Copy of Valid Comprehensive General Liability Insurance Policy (minimum amount of coverage of P 500,000.00)	Any duly registered Insurance Provider with the Insurance Commission			
Scanned Copy of Accomplished Self-Assessment Form (Resort)	<a href="https://drive.google.com/drive/folders/1QoNWVVzIE_ugQiyMkM232rfFUUzSB5Ky">https://drive.google.com/drive/folders/1QoNWVVzIE_ugQiyMkM232rfFUUzSB5Ky</a>			
Scanned Copy of Accomplished Self-Assessment Form (Hotel)	<a href="https://drive.google.com/drive/folders/1w-XgE9VCjl-zqP1KcXqWNh-lh2agNZwB">https://drive.google.com/drive/folders/1w-XgE9VCjl-zqP1KcXqWNh-lh2agNZwB</a>			
Scanned Copy of Special Power of Attorney for Authorized Representative or Secretary Certificate	Business Owner/ Attorney			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1.Create an account online via DOT Accreditation Portal (accreditation.tourism.gov.ph)	1. The Tourism Industry Unit will assist in creating the account.	None	30 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)
2. Fill out Online Application Form and upload scanned copies of documentary requirements.	2. The Tourism Industry Unit will review the documentary requirements.	None	1 hour	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)
3. The clients will answer the client's satisfaction measurement.	3. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)
4.The client will wait for the inspection of the Department of Tourism Region III	<p>4.1) The Department of Tourism Region III will evaluate the documentary requirements and details submitted by the client, once evaluated they will conduct an inspection to the TRE</p> <p>4.2.) The Department of Tourism Region III will Approve/Disapprove the application for accreditation. Status of the Online Application will reflect as: “APPROVED/ DISAPPROVE D”</p> <p><small>*Note: A system generated email shall be sent to the applicant advising the approval of the application. If disapproved, a system-generated Disapproval Letter will be sent to the</small></p>	(waived until further notice)	(depends on the schedule of DOT Region III)	Department of Tourism Region III - Accreditation Division

	<i>applicant.</i>			
5. For Approved Application, the Clients will claim the DOT Accreditation Certificate at DOT Regional Office or at City Tourism Office.	5. When the certificates were handed over to the City Tourism Office, the Tourism Industry Unit will notify the client to claim the Certificate	None	10 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)
<b>TOTAL: 1 HOUR 42 MINUTES</b>				



## 2. ASSISTANCE TO MABUHAY ACCOMMODATION OF DOT ACCREDITATION CERTIFICATE FOR OBTAINING BUSINESS PERMITS

DOT Accreditation is a certification issued by the Department as having complied with the minimum requirements set by the Department of Tourism. It is also one of the requirements for the issuance of a business permit.

<b>Office or Division:</b>	<i>City Tourism Office</i>
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Citizen (G2C)
<b>Who may avail:</b>	Primary Tourism Related Establishment Mabuhay Accommodations - Private Pool, Tourist Inn, Motorist Hotel
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Duly Accomplished Online Application Form	<a href="https://accreditation.tourism.gov.ph">https://accreditation.tourism.gov.ph</a>
Preceding Valid Mayor's Permit/ Business Permit	Local Government Unit (Business Permit and Licensing Office)
Scanned Copy of Valid Business Name Registration Certificate for Single Proprietorship, or	Department of Trade and Industry
Valid SEC Registration Certificate for Corporations	Securities and Exchange Commission
Scanned Copy of Comprehensive General Liability Insurance Policy (for Regular Accreditation, minimum coverage of P200,000.00 and Premium Accreditation, minimum of coverage of P300,000.00)	Any duly registered Insurance Provider with the Insurance Commission
Scanned Copy of Accomplished Self-Assessment Form	<a href="https://drive.google.com/drive/folders/1g_HC3P--iMNzi29opyZV7mhfmOLkEGZN">https://drive.google.com/drive/folders/1g_HC3P--iMNzi29opyZV7mhfmOLkEGZN</a>
Scanned Copy of Special Power of Attorney for Authorized Representative or Secretary Certificate	Business Owner/ Attorney

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Create an account online via DOT Accreditation Portal (accreditation.tourism.gov.ph)	1. The Tourism Industry Unit will assist in creating the account.	None	30 minutes	<b><i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant -Tourism Industry Unit (Regulations)</i></b>
2. Fill out Online Application Form and upload scanned copies of documentary requirements.	2. The Tourism Industry Unit will review the documentary requirements.	None	1 hour	<b><i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant -Tourism Industry Unit (Regulations)</i></b>
3. The clients will answer client's satisfaction measurement.	3. Tourism staff will receive the client's satisfaction measurement .	None	2 minutes	<b><i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant -Tourism Industry Unit (Regulations)</i></b>
4.The client will wait for the inspection of the Department of Tourism Region III	4.1) The Department of Tourism Region III will evaluate the documentary requirements and details submitted by the client, once evaluated they will conduct an inspection to the TRE	(waived until further notice)	(depends on the schedule of DOT Region III)	<i>Department of Tourism Region III - Accreditation Division</i>

	<p>4.2.) The Department of Tourism Region III will Approve/Disapprove the application for accreditation. Status of the Online Application will reflect as: “APPROVED / DISAPPROVED”</p> <p><i>*Note: A system generated email shall be sent to the applicant advising the approval of the application. If disapproved, a system-generated Disapproval Letter will be sent to the applicant.</i></p>			
5. For Approved Application, the Clients will claim the DOT Accreditation Certificate at DOT Regional Office or at City Tourism Office.	5. When the certificates were handed over to the City Tourism Office, the Tourism Industry Unit will notify the client to claim the Certificate	None	10 minutes	<p><b>Ms. Bethlehem D. Mangahas</b>  <i>Tourism Operations Assistant -Tourism Industry Unit (Regulations)</i></p>
<b>TOTAL: 1 HOUR 32 MINUTES</b>				



### 3. ASSISTANCE TO TRAVEL AND TOUR SERVICES OF DOT ACCREDITATION CERTIFICATE FOR OBTAINING BUSINESS PERMITS

DOT Accreditation is a certification issued by the Department as having complied with the minimum requirements set by the Department of Tourism. It is also one of the requirements for the issuance of a business permit.

<b>Office or Division:</b>	City Tourism Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Citizen (G2C)
<b>Who may avail:</b>	Primary Tourism Enterprises: Travel and Tour Agencies Travel Agencies Tour Operators
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Duly Accomplished Online Application Form	<a href="https://accreditation.tourism.gov.ph">https://accreditation.tourism.gov.ph</a>
Preceding Valid Mayor's Permit/ Business Permit	Local Government Unit (Business Permit and Licensing Office)
Scanned Copy of Valid Business Name Registration Certificate for Single Proprietorship, or	Department of Trade and Industry
Valid SEC Registration Certificate for Corporations	Securities and Exchange Commission
For General Manager, Scanned Copy of proof of managerial experience in travel and tour operations, or	Local Government Unit/ Previous Employer
Proof of passing a travel and tour operator course (Scanned Copy)	DOT-Accredited Training Center
Scanned Copy of Contract of Lease for occupied office or Certificate of Title for the Office	Establishment Management/ Owner Land Registry Authority (LRA)
Scanned Copy of Documentary proof reflecting a minimum of P500,000 working capital (e.g. Bank Certificate with Check Writer, GIS, Certificate of Bonds, AFS & ITR)	Any BSP-registered bank, Securities and Exchange Commission Bureau of Internal Revenue (BIR)
Scanned Copy of Special Power of Attorney for Authorized Representative or Secretary Certificate	Business Owner/ Attorney
<b>Additional Requirements for business renewal:</b>	
Scanned Copy of Audited Financial Statement <b>and</b> ITR for the preceding year reflecting a minimum of P500,000.00 working capital	Bureau of Internal Revenue (BIR)

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Create an account online via DOT Accreditation Portal ( <a href="http://accreditation.tourism.gov.ph">accreditation.tourism.gov.ph</a> )	1. The Tourism Industry Unit will assist in creating the account.	None	30 minutes	<b>Ms. Bethlehem D. Mangahas</b> <i>Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i>
2. Fill out Online Application Form and upload scanned copies of documentary requirements.	2. The Tourism Industry Unit will review the documentary requirements.	None	1 hour	<b>Ms. Bethlehem D. Mangahas</b> <i>Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i>
3. The clients will answer client's satisfaction measurement.	3. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Ms. Bethlehem D. Mangahas</b> <i>Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i>
4.The client will wait for the inspection of the Department of Tourism Region III	4.1) The Department of Tourism Region III will evaluate the documentary requirements and details submitted by the client, once evaluated they will conduct an inspection to the TRE	(waived until further notice)	(depends on the schedule of DOT Region III)	<i>Department of Tourism Region III - Accreditation Division</i>

	<p>4.2.) The Department of Tourism Region III will Approve/Disapprove the application for accreditation. Status of the Online Application will reflect as:</p> <p><b>“APPROVED/DISAPPROVED”</b></p> <p><i>*Note: A system generated email shall be sent to the applicant advising the approval of the application. If disapproved, a system-generated Disapproval Letter will be sent to the applicant.</i></p>			
5. For Approved Application, the Clients will claim the DOT Accreditation Certificate at DOT Regional Office or at City Tourism Office.	5. When the certificates were handed over to the City Tourism Office, the Tourism Industry Unit will notify the client to claim the Certificate	None	10 minutes	<p><b>Ms. Bethlehem D. Mangahas</b>  <i>Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i></p>
<b>TOTAL: 1 HOUR 42 MINUTES</b>				



#### **4. ASSISTANCE TO HEALTH AND WELLNESS TOURISM ENTERPRISE OF DOT ACCREDITATION CERTIFICATE FOR OBTAINING BUSINESS PERMITS**

DOT Accreditation is a certification issued by the Department as having complied with the minimum requirements set by the Department of Tourism. It is also one of the requirements for the issuance of a business permit.

<b>Office or Division:</b>	City Tourism Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Citizen (G2C)
<b>Who may avail:</b>	Tourism Enterprises: Health and Wellness - Ambulatory Clinic, Tertiary Hospitals and Spa
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Duly Accomplished Online Application Form	<a href="https://accreditation.tourism.gov.ph">https://accreditation.tourism.gov.ph</a>
Preceding Valid Mayor's Permit/ Business Permit	Local Government Unit (Business Permit and Licensing Office)
Scanned Copy of Valid Business Name Registration Certificate for Single Proprietorship, or	Department of Trade and Industry
Valid SEC Registration Certificate for Corporations	Securities and Exchange Commission
Additional Requirements for Tertiary Hospital and Ambulatory Clinic:	
Scanned Copy of Valid License to Operate from the Health Facility Services Regulatory Bureau (HFSRB) of the Department of Health (DOH) or its equivalent	Department of Health
Additional Requirements for Spa:	
Valid DOH License as duly registered massage therapist for massage supervisors	Department of Health
Additional Requirements:	
Scanned Copy of Special Power of Attorney for Authorized Representative or Secretary Certificate	Business Owner/ Attorney

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Create an account online via DOT Accreditation Portal ( <a href="http://accreditation.tourism.gov.ph">accreditation.tourism.gov.ph</a> )	1. The Tourism Industry Unit will assist in creating the account.	None	30 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant - Tourism Industry Unit (Regulations)
2. Fill out Online Application Form and upload scanned copies of documentary requirements.	2. The Tourism Industry Unit will review the documentary requirements.	None	1 hour	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant - Tourism Industry Unit (Regulations)
3. The clients will answer client's satisfaction measurement.	3. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant - Tourism Industry Unit (Regulations)
4.The client will wait for the inspection of the Department of Tourism Region III	4.1) The Department of Tourism Region III will evaluate the documentary requirements and details submitted by the client, once evaluated they will conduct an inspection to the TRE	(waived until further notice)	(depends on the schedule of DOT Region III)	Department of Tourism Region III - Accreditation Division

	<p>4.2.) The Department of Tourism Region III will Approve/Disapprove the application for accreditation. Status of the Online Application will reflect as: “APPROVED/ DISAPPROVED”</p> <p><i>*Note: A system generated email shall be sent to the applicant advising the approval of the application. If disapproved, a system-generated Disapproval Letter will be sent to the applicant.</i></p>			
5. For Approved Application, the Clients will claim the DOT Accreditation Certificate at DOT Regional Office or at City Tourism Office.	5. When the certificates was handed over to the City Tourism Office, the Tourism Industry Unit will notify the client to claim the Certificate	None	10 minutes	<p><b>Ms. Bethlehem D. Mangahas</b>  <i>Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i></p>
<b>TOTAL: 1 HOUR 42 MINUTES</b>				



## 5. ASSISTANCE TO FARM TOURISM CAMP OF DOT ACCREDITATION CERTIFICATE FOR OBTAINING BUSINESS PERMITS

DOT Accreditation is a certification issued by the Department as having complied with the minimum requirements set by the Department of Tourism. It is also one of the requirements for the issuance of a business permit.

<b>Office or Division:</b>	<i>City Tourism Office</i>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Tourism Enterprises: Farm Tourism Camp - Day Farm and Farm Stay			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
Duly Accomplished Online Application Form	<a href="https://accreditation.tourism.gov.ph">https://accreditation.tourism.gov.ph</a>			
Preceding Valid Mayor's Permit/ Business Permit	Local Government Unit (Business Permit and Licensing Office)			
Scanned Copy of Valid Business Name Registration Certificate for Single Proprietorship, or	Department of Trade and Industry			
Scanned Copy of Valid SEC Registration Certificate for Corporations	Securities and Exchange Commission			
Scanned Copy of Valid CDA Registration Certificate	Cooperative Development Authority			
Scanned Copy of Valid Comprehensive General Liability Insurance Policy (minimum amount of coverage of P 250,000.00)	Any duly registered Insurance Provider with the Insurance Commission			
Permits from other Government (DENR, FDA Certification for processed farm products) if applicable	DENR/FDA			
Additional Requirements:				
Scanned Copy of Special Power of Attorney for Authorized Representative or Secretary Certificate	Business Owner/ Attorney			
66				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

		<b>PAID</b>		
1.Create an account online via DOT Accreditation Portal ( <a href="http://accreditation.tourism.gov.ph">accreditation.tourism.gov.ph</a> )	1. The Tourism Industry Unit will assist in creating the account.	None	30 minutes	<b><i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i></b>
2. Fill out Online Application Form and upload scanned copies of documentary requirements.	2. The Tourism Industry Unit will review the documentary requirements.	None	1 hour	<b><i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i></b>
3. The clients will answer client's satisfaction measurement.	3. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b><i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i></b>
4.The client will wait for the inspection of the Department of Tourism Region III	4.1) The Department of Tourism Region III will evaluate the documentary requirements and details submitted by the client, once evaluated they will conduct an inspection to the TRE	(waived until further notice)	(depends on the schedule of DOT Region III)	<i>Department of Tourism Region III - Accreditation Division</i>

	<p>4.2.) The Department of Tourism Region III will Approve/Disapprove the application for accreditation. Status of the Online Application will reflect as: “APPROVED/ DISAPPROVED”</p> <p><i>*Note: A system generated email shall be sent to the applicant advising the approval of the application. If disapproved, a system-generated Disapproval Letter will be sent to the applicant.</i></p>			
5. For Approved Application, the Clients will claim the DOT Accreditation Certificate at DOT Regional Office or at City Tourism Office.	5. When the certificates were handed over to the City Tourism Office, the Tourism Industry Unit will notify the client to claim the Certificate	None	10 minutes	<p><b><i>Ms. Bethlehem D. Mangahas</i></b> Tourism Operations Assistant - Tourism Industry Unit (Regulations)</p>
<b>TOTAL: 1 HOUR 42 MINUTES</b>				



## 6. ASSISTANCE TO TOURISM RELATED ESTABLISHMENTS - RESTAURANTS OF DOT ACCREDITATION CERTIFICATE FOR OBTAINING BUSINESS PERMITS

DOT Accreditation is a certification issued by the Department as having complied with the minimum requirements set by the Department of Tourism. It is also one of the requirements for the issuance of a business permit.

<b>Office or Division:</b>	City Tourism Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Tourism Related Establishments Restaurants			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
Duly Accomplished Online Application Form	<a href="https://accreditation.tourism.gov.ph">https://accreditation.tourism.gov.ph</a>			
Preceding Valid Mayor's Permit/ Business Permit	Local Government Unit (Business Permit and Licensing Office)			
Scanned Copy of Valid Business Name Registration Certificate for Single Proprietorship, or	Department of Trade and Industry			
Scanned Copy of Valid SEC Registration Certificate for Corporations	Securities and Exchange Commission			
Additional Requirements:				
Scanned Copy of Special Power of Attorney for Authorized Representative or Secretary Certificate	Business Owner/ Attorney			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Create an account online via DOT Accreditation Portal ( <a href="https://accreditation.tourism.gov.ph">accreditation.tourism.gov.ph</a> )	1. The Tourism Industry Unit will assist in creating the account.	None	30 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)
2. Fill out Online Application Form and upload scanned copies of documentary requirements.	2. The Tourism Industry Unit will review the documentary requirements.	None	1 hour	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)

3. The clients will answer client's satisfaction measurement.	3. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)
4.The client will wait for the inspection of the Department of Tourism Region III	<p>4.1) The Department of Tourism Region III will evaluate the documentary requirements and details submitted by the client, once evaluated they will conduct an inspection to the TRE</p> <p>4.2.) The Department of Tourism Region III will Approve/Disapprove the application for accreditation. Status of the Online Application will reflect as: "APPROVED/ DISAPPROVED"</p> <p><i>*Note: A system generated email shall be sent to the applicant advising the approval of the application. If disapproved, a system-generated Disapproval Letter will be sent to the applicant.</i></p>	(waived until further notice)	(depends on the schedule of DOT Region III)	<i>Department of Tourism Region III - Accreditation Division</i>
5. For Approved Application, the Clients will claim the DOT Accreditation Certificate at DOT Regional Office or at City Tourism Office.	5. When the certificates were handed over to the City Tourism Office, the Tourism Industry Unit will notify the client to claim the Certificate	None	10 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant -Tourism Industry Unit (Regulations)
<b>TOTAL: 1 HOUR 42 MINUTES</b>				



## 7. TOURISTS ASSISTANCE TO TRIO FALLS AT BRGY. SAN ISIDRO

Providing tour orientation and endorsement of tour guides to tourists visiting Burong Falls, Otso-Otso Falls, and Kaytittinga Falls.

<b>Office or Division:</b>	<i>City Tourism Office</i>						
<b>Classification:</b>	Simple						
<b>Type of Transaction:</b>	Government to Citizen (G2C)						
<b>Who may avail:</b>	Anyone who wants to visit ecotourism sites						
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>					
1 Valid ID	Client						
Signed Waiver	City Tourism Office/ Tourist Assistance Desk						
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID		PERSON RESPONSIBLE			
1. Client will register and pay ecological fee at Tourist Assistance Desk.	1. Tourism staff will assist the clients in filing out the necessary details needed in the logbook and collect ecological fee and issue receipt.	₱ 25.00 (pending Revenue Code Approval)	3 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)			
2. Client will undergo orientation on tour policies.	2. Tourism staff will discuss the tour rules, regulations and policies.	None	5 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations) or IPMR Staff			
3. Checking of client's belonging.	3. POSO staff will conduct the checking of belongings.	None	2 minutes	Public Order and Safety Office Staff			
4. The client will meet the tour guides.	4. Tourism staff will endorse the clients to available tour guides.	None	1 minute	YAPAK Tour Guides			
5. The client will experience the actual tour.	5. The Tour Guide will accompany the clients to their destinations.	Tour Guide Fee (Maximum of 5 pax) - ₱350.00 Payment made will be given directly to the Tour Guide	1 hour - 6 hrs	YAPAK Tour Guides			
6. The clients will answer client's satisfaction measurement.	6. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)			
<b>TOTAL: 6 HOURS 13 MINUTES</b>							



<b>8. ASSISTANCE TO TOURISTS AT MT. BALAGBAG (Dumagat Trail) DAY HIKE</b>				
Providing tour orientation and endorsement of tour guides to tourists visiting Mt. Balagbag (Dumagat Trail) Day Hike				
<b>Office or Division:</b>	<i>City Tourism Office</i>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Anyone who wants to visit ecotourism sites			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Valid ID		Client		
Signed Waiver		City Tourism Office/ Tourist Assistance Desk		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>		<b>PERSON RESPONSIBLE</b>
1. Client will register and pay ecological fee at Tourist Assistance Desk.	1. Tourism staff will assist the clients in filing out the necessary details needed in the logbook and collect ecological fee and issue receipt.	₱ 25.00 (pending Revenue Code Approval) ₱ 50.00 (Private Property Access fee)	3 minutes	<i>Mr. Jeffrey O. Saberon</i> Tourism Operations Coordinator -Tourism Industry Unit (Operations)
2. Client will undergo orientation on tour policies.	2. Tourism staff will discuss the tour rules, regulations and policies.	None	3 minutes	<i>Mr. Jeffrey O. Saberon</i> Tourism Operations Coordinator -Tourism Industry Unit (Operations)or IPMR Staff
3. Checking of client's belonging.	3. POSO staff will conduct the checking of belongings.	None	2 minutes	Public Order and Safety Office
4. The client will meet the tour guides.	4. Tourism staff will endorse the clients to available tour guides.		1 minute	YAPAK Tour Guides
5. The client will experience the actual tour.	5. The Tour Guide will accompany the clients to their destinations.	Tour Guide Fee (Maximum of 5 pax) - ₱350.00 Payment made will be given directly to the Tour Guide	1hour-6hrs	YAPAK Tour Guides
6. The clients will answer client's satisfaction measurement.	6. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<i>Mr. Jeffrey O. Saberon</i> Tourism Operations Coordinator -Tourism Industry Unit (Operations)
<b>TOTAL: 6 HOUR 11 MINUTES</b>				



## 9. ASSISTANCE TO TOURISTS AT MT. BALAGBAG (Dumagat Trail) OVERNIGHT

Providing tour orientation and endorsement of tour guides to tourists visiting Mt. Balagbag (Dumagat Trail) Overnight

<b>Office or Division:</b>	City Tourism Office						
<b>Classification:</b>	Simple						
<b>Type of Transaction:</b>	Government to Citizen (G2C)						
<b>Who may avail:</b>	Anyone who wants to visit ecotourism sites						
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>					
1 Valid ID	Client						
Signed Waiver	City Tourism Office/ Tourist Assistance Desk						
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID		PERSON RESPONSIBLE			
1. Client will register and pay ecological fee at Tourist Assistance Desk.	1. Tourism staff will assist the clients in filing out the necessary details needed in the logbook and collect ecological fee and issue receipt.	₱ 25.00 (pending Revenue Code Approval) ₱ 100.00 (Private Property Access fee)	3 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)			
2. Client will undergo orientation on tour policies.	2. Tourism staff will discuss the tour rules, regulations and policies.	None	3 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations) or IPMR Staff			
3. Checking of client's belonging.	3. POSO staff will conduct the checking of belongings.	None	2 minutes	Public Order and Safety Office			
4. The client will meet the tour guides.	4. Tourism staff will endorse the clients to available tour guides.		1 minute	YAPAK Tour Guides			
5. The client will experience the actual tour.	5. The Tour Guide will accompany the clients to their destinations.	Tour Guide Fee (Maximum of 5 pax) - ₱750.00 Payment made will be given directly to the Tour Guide	15 hrs	YAPAK Tour Guides			
6. The clients will answer client's satisfaction measurement.	6. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)			
<b>TOTAL: 15 HOURS 11 MINUTES</b>							



## 10. ASSISTANCE TO TOURISTS AT MT. BALAGBAG (Dumagat Trail) AND 1 FALLS

Providing tour orientation and endorsement of tour guides to tourists visiting Mt. Balagbag (Dumagat Trail) and 1 Falls (Burong Falls or Otso-Otso Falls or Kaytittinga Falls)

<b>Office or Division:</b>	<i>City Tourism Office</i>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Anyone who wants to visit ecotourism sites			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1 Valid ID	Client			
Signed Waiver	City Tourism Office/ Tourist Assistance Desk			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID		PERSON RESPONSIBLE
1. Client will register and pay ecological fee at Tourist Assistance Desk.	1. Tourism staff will assist the clients in filing out the necessary details needed in the logbook and collect ecological fee and issue receipt.	₱ 25.00 (pending Revenue Code Approval) ₱ 50.00 (Private Property Access fee)	3 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)
2. Client will undergo orientation on tour policies.	2. Tourism staff will discuss the tour rules, regulations and policies.	None	3 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations) or IPMR Staff
3. Checking of client's belonging.	3. POSO staff will conduct the checking of belongings.	None	2 minutes	Public Order and Safety Office (POSO)
4. The client will meet the tour guides.	4. Tourism staff will endorse the clients to available tour guides.		1 minute	YAPAK Tour Guides
5. The client will experience the actual tour.	5. The Tour Guide will accompany the clients to their destinations.	Tour Guide Fee (Maximum of 5 pax) - ₱500.00 Payment made will be given directly to the Tour Guide	1 hr-8 hours	YAPAK Tour Guides
6. The clients will answer client's satisfaction measurement.	6. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)
<b>TOTAL: 8 HOURS 11 MINUTES</b>				



<b>11. ASSISTANCE TO TOURISTS AT THE RISING HEART</b>				
Providing tour orientation to tourists visiting The Rising Heart				
Office or Division:	City Tourism Office			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	Anyone who wants to visit ecotourism sites			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1 Valid ID		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID		PERSON RESPONSIBLE
1. Client will register and pay ecological fee at Tourist Assistance Desk.	1. Tourism staff will assist the clients in filing out the necessary details needed in the logbook and collect ecological fee and issue receipt.	₱25.00 (Pending Revenue code)	3 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)
2. Client will undergo orientation on tour policies.	2. Tourism staff will discuss the tour rules, regulations and policies.	None	3 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations) and Public Order and Safety Office
3. Checking of client's belonging.	3. POSO staff will conduct the checking of belongings.	None	2 minutes	Public Order and Safety Office
4. Actual Tour	4. Clients will walk going to the Rising Heart		1hour-2hrs	
5. The clients will answer client's satisfaction measurement.	5. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Mr. Jeffrey O. Saberon</b> Tourism Operations Coordinator -Tourism Industry Unit (Operations)
<b>TOTAL: 2 HOUR 10 MINUTES</b>				



## **12. ENDORSEMENT REQUEST TO TOURISM RELATED ESTABLISHMENTS AND ATTRACTIONS FOR TOURISM RELATED ACTIVITIES.**

Providing endorsement certification to clients who will conduct tours, photo and video shoot and film shooting at chosen tourism related establishment and tourist attraction

<b>Office or Division:</b>	<i>City Tourism Office</i>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Travel Agencies, Travel and Tour Companies, Non-Government Organizations, Private Companies, Students			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Company Registration Documents	Client			
2. Request letter addressed to the City Mayor through the City Tourism Officer	Client			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client will submit request letter and company registration documents to the City Tourism Office.	1.1) City Tourism Office will receive the request letter and company registration documents	None	5 minutes	<b>Mr. Jeffrey O. Saberon</b> <i>Tourism Operations Coordinator -Tourism Industry Unit (Operations)</i>
	1.2) City Tourism Officer will review the request letter and company registration documents.	None	1 day	<b>Mr. Roberto P. Ramirez, Jr.</b> <i>City Tourism Officer</i>
	1.3) The Tourists Sites Operations Staff will check the availability of the tourist attraction.	None	1 day	<b>Mr. Jeffrey O. Saberon</b> <i>Tourism Operations Coordinator -Tourism Industry Unit (Operations)</i>
2. For Approved Request, the client will claim their endorsement certification to City Tourism Office.	3. The City Tourism Office will provide the certification to the client	None	5 minutes	<b>Mr. Jeffrey O. Saberon</b> <i>Tourism Operations Coordinator -Tourism Industry Unit (Operations)</i>
3. The clients will answer client's satisfaction measurement.	3. Tourism staff will receive the client's satisfaction measurement.	None 76	2 minutes	<b>Mr. Jeffrey O. Saberon</b> <i>Tourism Operations Coordinator -Tourism Industry Unit (Operations)</i>
<b>TOTAL: 48 HOURS 12 MINUTES</b>				



### **13. CERTIFICATION OF OCCUPATIONAL PERMIT FOR LOCAL TOUR GUIDE OCCUPATIONAL PERMIT**

Certification of Occupational Permit for Local Tour Guide is a pre-requisite for availing Occupational Permit at Business Permit and Licensing Office (BPLO).

<b>Office or Division:</b>	<i>City Tourism Office</i>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	San Joseños who undergo Tour Guiding Training & wants to have Occupational Permit for Local Tour Guide			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Duly Accomplished Online Application Form		<a href="https://accreditation.tourism.gov.ph">https://accreditation.tourism.gov.ph</a>		
Certificate of Training with 56 hours to the Community Guiding Seminar conducted by DOT or DOT Accredited Training Center		Department of Tourism or DOT Accredited Training Center		
Police Clearance/ NBI Clearance		Philippine National Police/ National Bureau of Investigation		
Cedula and Barangay Clearance		Barangay		
Valid Health Certificate (Certification from a duly licensed Government physician that the applicant is fit to work)		Local Government Unit - City Health Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client will create an account online via DOT Accreditation Portal ( <a href="https://accreditation.tourism.gov.ph">accreditation.tourism.gov.ph</a> )	1. The Tourism Industry Unit will assist in creating the account and review the Certificate of Training to the Tour Guiding Seminar if the client achieved the 56 hours of training.	None	1 hour	<i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i>
2. Client will pay the required amount for the certification to the City Treasury Office.	2. The City Treasury Office will receive the payment and issue receipt.	₱50.00	10 minutes	City Treasury Office
3. Client will return to City Tourism Office to get his/her certification	3. The Tourism Industry Unit will prepare and give the certification to the client.	None	20 minutes	<i>Mr. Roberto P. Ramirez, Jr. City Tourism Officer</i>

4. The client will fill out Online Application Form and upload scanned copies of documentary requirements.	4. The Tourism Industry Unit will review the documentary requirements.	None	1 hour	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant - Tourism Industry Unit (Regulations)
5. The client will answer Client Satisfaction Measurement Form.	5. Tourism staff will receive the client's satisfaction measurement.	None	2 minutes	<b>Ms. Bethlehem D. Mangahas</b> Tourism Operations Assistant - Tourism Industry Unit (Regulations)
6.The client will wait for the evaluation of the Department of Tourism Region III	<p>6.1) The Department of Tourism Region III will evaluate the documentary requirements and details submitted by the client.</p> <p>6.2.) Once evaluated they will Approve/Disapprove the application for accreditation. Status of the Online Application will reflect as:            "APPROVED/ DISAPPROVED"  <i>*Note: A system generated email shall be sent to the applicant advising the approval of the application. If disapproved, a system-generated Disapproval Letter will be sent to the applicant.</i></p>	(waived until further notice)	(depends on the schedule of DOT Region III)	Department of Tourism Region III - Accreditation Division

7. For Approved Application, the Clients will claim the DOT Accreditation Certificate at DOT Regional Office or at City Tourism Office.	5. When the certificates were handed over to the City Tourism Office, the Tourism Industry Unit will notify the client to claim the Certificate.	None	10 minutes	<b><i>Ms. Bethlehem D. Mangahas Tourism Operations Assistant - Tourism Industry Unit (Regulations)</i></b>
<b>TOTAL: 2 HOURS 32 MINUTES</b>				



#### 14. ASSISTANCE TO TOURISM-RELATED RESEARCH DATA

With the increasing number of researchers particularly in Higher Education Institutions (HEI), the City Tourism Office of San Jose del Monte, with its available data, became the choice of researchers as their reliable data source for their respective studies. This guide will serve as reference for the clients on the standards process of requesting research data.

<b>Office or Division:</b>	City Tourism Office
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	Government to Citizen (G2C)
<b>Who may Avail:</b>	All researchers who want to access the Tourism-related documents
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
1 copy of Request Letter with Research Proposal	City Tourism Office, 2 <sup>nd</sup> floor, New Government Center, Barangay Dulong Bayan, CSJDM, Bulacan
For students, a letter from the school validated by the Research Adviser and/or Principal/Dean	
1 copy of Data Privacy Form	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Walk-in clients will log into the visitor's logbook and state their concern	1.1.) For walk-ins, the City Tourism Office records the entry and addresses the concerns.	None	2 minutes	<b>Ms. Hannah Patricia R. Abong</b> Research and Planning Staff– City Tourism Office
1.2 Online inquiries Clients can email or message, briefly stating research purpose for access.	1.2.) For online clients, City Tourism Office acknowledges the initial inquiry.	None	Within 24 hours	
2. The client will submit a request letter for document access stating the research purpose.	2. The City Tourism Office will acknowledge the receipt of the request and send the research agreement and research assistance form.	None	2 mins	<b>Ms. Hannah Patricia R. Abong</b> Research and Planning Staff– City Tourism Office
3. The client will submit a completed research agreement and research assistance form	3. City Tourism Office will check the availability of data and the interview schedule of the officer-in-charge	None	3 working days	<b>Ms. Mabel V. Villaflor</b> Research and Planning Coordinator – City Tourism Office
4. Clients will receive notification for the collection of the data and/or the schedule of interview	4. City Tourism Office will notify clients about document collection and/or interview schedule.	None	Within 24 hours	<b>Ms. Hannah Patricia R. Abong</b> Research and Planning Staff– City Tourism Office

5. Clients will receive the requested data and information through email and/or interview.	5. City Tourism will provide the data and accommodate the client during the interview.	None	30 minutes	<b>Ms. Mabel V. Villaflor</b> Research and Planning Coordinator – City Tourism Office
6. Clients will provide feedback on the process.	6. City Tourism Office gathers feedback, closes requests transparently, ensuring accountability.	None	3 minutes	<b>Ms. Mabel V. Villaflor</b> Research and Planning Coordinator – City Tourism Office
<b>TOTAL: 124 HOURS 33 MINUTES</b>				

## Public Information Office

1. Audiovisual Presentation	Internal Service
2. Tarpaulin Layout and Printing	Internal Service



## 1. AUDIOVISUAL PRESENTATION

Audio-visual presentations are presented during the different programs and activities of the local government to showcase the accomplishments and best practices of the city.

<b>Office or Division:</b>	Public Information Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who may avail:</b>	Offices of the Local Government Unit			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Request Letter (1 Original. 1 Photocopy)	> Requesting staff/office			
2. Materials such as photos, videos, Powerpoint slides and other documents	> Requesting staff/office			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter to the assigned personnel.	1. Receive the request letter and present it to the Department Head for approval.	None	5 minutes	<i>Public Relations Officer I Gueffrey Andrade/Assistant Information Officer Sharmagne Pasion, Information Division, Public Information Office</i>
2. Wait for the notification of approval of the Department Head.	2. If approved, the personnel will prepare the script of the AVP.	None	2 days	<i>Public Relations Officer I Gueffrey Andrade/Assistant Information Officer Sharmagne Pasion, Information Division, Public Information Office</i>
3. Provide materials and coordinate with the assigned personnel for other relevant information.	3. Editing and production of AVP.	None	3 days	<i>Public Relations Officer I Gueffrey Andrade/Assistant Information Officer Sharmagne Pasion, Creative Division, Public Information Office</i>
4. Wait for the final notification if the AVP is already done.	4. Present to the Department Head for final approval before sending to the requesting office.	None	1 day	<i>Public Relations Officer I Gueffrey Andrade/Assistant Information Officer Sharmagne Pasion, Information Division, Public Information Office</i>
5. Receive the AVP.	5. Notify the requesting office/staff to pick up the AVP.	None	2 minutes	<i>Public Relations Officer I Gueffrey Andrade, Information Division, Public Information Office</i>
<b>TOTAL :</b>		-	<b>6 days 7 minutes</b>	



## 2. TARPAULIN LAYOUT AND PRINTING

Tarpaulins are used for the different activities and programs of the City Government. These are also needed for announcements and signage that are distributed/ disseminated citywide.

<b>Office or Division:</b>	Public Information Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who may avail:</b>	Offices of the Local Government Unit			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Request Letter (1 Original. 1 Photocopy)	> Requesting staff/office			
2. Other needed attachments for reference	> Requesting staff/office			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter with corresponding attachments.	1. Receive the request letter and present it to the Department Head for approval.	None	5 minutes	<i>Public Relations Officer I / Gueffrey Andrade/Artist Illustrator I, Information Division, Public Information Office</i>
2. Wait for the notification of approval of the Department Head.	2.1 If approved, the personnel will prepare the layout and double check the content and design based on the request.	None	1 day	<i>Public Relations Officer I / Gueffrey Andrade/Artist Illustrator I, Information Division, Public Information Office</i>
	2.2 Present to the Department Head for final approval before sending to the printing station.	None	10 minutes	<i>Public Relations Officer I / Gueffrey Andrade/Artist Illustrator I, Information Division, Public Information Office</i>
3. Wait for the final notification if the tarpaulin is already for pick up or delivery.	3.1 Send the final file to the printing station.	None	5 minutes	<i>Public Relations Officer I / Gueffrey Andrade/Artist Illustrator I, Information Division, Public Information Office</i>
	3.2 Printing of tarpaulin.	None	3 days	<i>Printing Staff</i>
4. Wait for the final notification if the tarpaulin is already for pick up or delivery.	4. Notify the requesting office/staff for pick up/delivery of the tarpaulin.	None	2 minutes	<i>Public Relations Officer I / Gueffrey Andrade/Artist Illustrator I, Information Division, Public Information Office</i>
<b>TOTAL :</b>		-	<b>4 days 22 minutes</b>	

## Local Youth Development Division

4. Qualifying Examination	External Service
5. Submission Of Requirements and Interview	External Service



## 1. QUALIFYING EXAMINATION

Service information:

The qualifying examination shall determine the applicants who will become official beneficiaries of the educational assistance program.

<b>Office or Division:</b>	<b>LOCAL YOUTH DEVELOPMENT DIVISION</b>
<b>Classification:</b>	<b>Simple</b>
<b>Type of Transaction:</b>	<b>G2C (Government to Citizen)</b>
<b>Who may avail:</b>	<b>Official CEAP Applicants</b>

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. APPLICATION STUB (1 original copy)		LYDD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Go to the examination place and present the examination stub.	1. Verify the name of the applicant on the list of examinees through the examination stub.	NONE	3 Minutes	Brendalyn E. Mingoy <i>Administrative Aide II</i>  Jeniely Aicha Plata <i>Youth Dev't Assistant I</i>  Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
2. Proceed to the assigned examination room with the examination stub and waiver on hand.	2. Assist the applicant in locating the examination room.	NONE	2 Minutes	Brendalyn E. Mingoy <i>Administrative Aide II</i>  Jeniely Aicha Plata <i>Youth Dev't Assistant I</i>  Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
3. Present the examination stub and waiver to the proctor/s in charge of the room.	3. Check the examination stub and waiver then arrange the seating arrangement.	NONE	1 Minute	Brendalyn E. Mingoy <i>Administrative Aide II</i>  Jeniely Aicha Plata <i>Youth Dev't Assistant I</i>

				Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
4. Secure a seat, receive the questionnaire and answer sheet, and listen to the	4. Make sure that the examinees are all settled down.	NONE	10 Minutes	Brendalyn E. Mingoy <i>Administrative Aide II</i>  Jeniely Aicha Plata

instructions given.	4.1 Give the questionnaire and answer sheet to each examinee. 4.2 Thoroughly explain the instructions for taking the examination.			<i>Youth Dev't Assistant I</i>  Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
5. Proceed to answer the test questions.	5. Closely monitor the examinees and look out for suspicious and inappropriate behavior.	NONE	2 Hours	Brendalyn E. Mingoy <i>Administrative Aide II</i>  Jeniely Aicha Plata <i>Youth Dev't Assistant I</i>  Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
6. After finishing the examination, submit the questionnaire and answer sheet to the proctor/s. The examinee may now leave the room.	6. Receive the questionnaire and answer sheet. 6.1 Scan and check the papers. 6.2 If there are no problems, allow the examinee to leave the room. 6.3 Inform the examinee that the results will be posted on the FB Page.	NONE	2 Minutes	Brendalyn E. Mingoy <i>Administrative Aide II</i>  Jeniely Aicha Plata <i>Youth Dev't Assistant I</i>  Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
			<b>2 hours and 18 minutes</b>	



## 2. SUBMISSION OF REQUIREMENTS AND INTERVIEW

Service information:

CEAP Qualifiers must comply with the given deadline for submission of requirements. Both the student and the parent must stay truthful during the interview.

<b>Office or Division:</b>	<b>LOCAL YOUTH AND DEVELOPMENT DIVISION</b>
<b>Classification:</b>	<b>Simple</b>
<b>Type of Transaction:</b>	<b>G2C (Government to Citizen)</b>
<b>Who may avail:</b>	<b>CEAP Qualifiers</b>

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. New CEAP Beneficiary Form (E-2 Form) (4 copies)		Facebook Page – Downloadable/Printable		
3. Original Birth Certificate from PSA (with 3 photocopies)		Philippine Statistics Authority (PSA)		
4. Original Parent/Guardian's Income Tax Return or Tax Exemption Certificate (with 3 photocopies)		Bureau of Internal Revenue		
5. Original Cedula of New CEAP Beneficiary (for 18 y/o above) (with 3 photocopies)		Barangay/City Hall		
6. Original Cedula of parent/s (with 3 photocopies)		Barangay/City Hall		
7. Original Health Certificate (with 3 photocopies)		Barangay Health Center		
8. Original Certificate of Good Moral (3 photocopies)		Current School		
9. Original Certificate of Grades (with 3 photocopies): 9.1 Report Card (Form 138) – For SHS Graduates; OR 9.2 Certificate of Registration and Class Cards – For Current College Students		Previous Senior High School Current School		
10. Original Latest Certificate of Registration (with 3 photocopies)		Current School		
11. Original Certificate of Residency (with 3 photocopies)		Barangay		
12. House Sketch (with 3 photocopies)		*Provided by the CEAP beneficiary*		
13. Picture of Permanent Residence (with 3 photocopies)		*Provided by the CEAP beneficiary*		
14. Letter of Intent (with 3 photocopies)		*Provided by the CEAP beneficiary*		
15. Original Curriculum/Syllabus (with 3 photocopies)		Current School		

1. Submit all the requirements to City Youth and Sports Development Office.	2. Receive and verify all the submitted requirements. 2.1 Make sure that the requirements are all correct	NONE	10 Minutes	Brendalyn E. Mingoy <i>Administrative Aide II</i>
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	to avoid future conflict. 2.2 Sign the E-2 Form.			
3. Get the received copy of the requirements from the staff. It must have a signature as well as the date received.	3.1 Give the received copy to the New CEAP Beneficiary.	NONE	2 Minutes	Brendalyn E. Mingoy <i>Administrative Aide II</i>
4. Proceed to the Interview Place/Desktop within the office.	4. Ask a series of questions related to the qualifications and documents submitted by the New CEAP Beneficiary.	NONE	5 Minutes	Jeniely Aicha Plata <i>Youth Dev't Assistant I</i>  Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
5. Wait for the announcement on the schedule of MOA signing.	5. Advise the beneficiary and the parent to wait for the announcement on the schedule of MOA Signing.	NONE	1 Minute	Jeniely Aicha Plata <i>Youth Dev't Assistant I</i>  Jona Marie H. Cruz <i>Youth Dev't Assistant I</i>
			<b>18 Minutes</b>	

## City Disaster Risk Reduction & Management Office

1. Capacity Building thru Training/SIMEX/Drills	External/Internal Service
2. Issuance of Certificate of Training	External Service
3. Issuance of Certificate of Damage Assessment	External Service
4. Issuance of Certificate of Hazard Susceptibility	External Service
5. Ambulance Service	External Service
6. Ambulance Service (Pre-Hospital Care) EMS	External Service



## 1. CAPACITY BUILDING THROUGH TRAINING/SIMEX/DRILLS

Capacity building through training, simulation exercises (SIMEX) and drills enable every San Joseños to become resilient and increase adaptive capacity in times of crisis or untoward events/incidents.

<b>Office or Division:</b>	City Disaster Risk Reduction & Management Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All San Joseños			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Approved letter request (1 Original)		> Requesting Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of request. a. For Walk-in Clients, Submit letter request to Training Division, from Monday to Friday, 8:00 AM to 5:00 PM.  b. Thru E-mail, Submit letter request to csjdm.cdrromo.training@gmail.com	1. Received the letter, checking the availability of the date requested by the client in the calendar of activities if the date is available proceed to scheduling of the request, some reminders about the training/simex/drill will be discussed in the client.	None	10 minutes	<i>Ms. Mary Grace Estipona - Staff CDRRMO Training Division</i>
2. Training Proper  a. Follow instructions given by the training facilitator.  b. Attend all sessions required to be able to receive certificate of completion, otherwise, certificate of attendance/participation will be given.	2. Data capturing of participants. 2.1. Conduct training/SIMEX/drills (lectures, skills, technical, etc.)	None	8 hours minimum	 1. Rotsen Diaz 2. Kelvin Santiago 3. Margileen Operio 4. Mary Grace Estipona  <b>Trainer Capacity Building and Training Services</b>
<b>TOTAL:</b>		<b>0.00</b>	<b>8 hours, 3 minutes</b>	



## 2. ISSUANCE OF CERTIFICATE OF TRAINING

The CERTIFICATE OF TRAINING COMPLETION is a printed document issued to a client who satisfactorily met the required sessions of the training.

<b>Office or Division:</b>	City Disaster Risk Reduction & Management Office					
<b>Classification:</b>	Complex					
<b>Type of Transaction:</b>	G2C (Government to Citizen)					
<b>Who may avail:</b>	All San Joseños					
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE			
1. Valid I.D. of the client (1 Original)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig > Person being represented					
2. Authorization letter and valid ID, if authorized representative (1 Original)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig > Training Division, CDRRMO					
3. Accomplished Request Form						
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Fill out request form. a. Fill out request form and submit to Training Division personnel for processing.	1. Received the form, verifying if the requester or the name written on the form (if the requester is an authorized representative) is appeared on the master list of participants attended on the training/simex/drills and process request.	None	5 minutes	Mary Grace Estipona – Staff CDRRMO Training Division		
2. Payment of Certificate a. Pay the certificate at the cashier located at Productivity Center, Brgy. Sapang Palay Proper, CSJDM, Bulacan	2. Inform the client about the payment of certificate.	P50.00	10 minutes	Cashier, City Treasury Office		
3. Wait while the request is being processed. a. (1-20 certificates) Wait at the designated waiting area while the request is being processed.  b. (11 and up certificates) Wait for the confirmation message from the Training Division for the availability of the request.	3. Inform the client about the availability of their request.  3.1. Prepare and print the certificates.	None	2 minutes 1 day 3 days	Mary Grace Estipona – Staff CDRRMO Training Division		

	3.2. Sign the certificates.	None	10 minutes	Rotsen Diaz - <i>Chief</i> CDRRMO Training Division  Gina Tolentino- Ayson - <i>Head</i> CDRRMO
4. Releasing of document. a. Present the Official Receipt to CDRRMO staff who processed the request and received the document.	4. Release the certificate to the client and record transaction.	None	2 minutes	<i>Mary Grace Estipona - Staff, CDRRMO Training Division</i>
<b>TOTAL:</b>		<b>P50.00</b>	<b>3 days 27 minutes</b>	



### 3. ISSUANCE OF CERTIFICATE OF DAMAGED ASSESSMENT

The CERTIFICATE OF DAMAGED ASSESSMENT is a printed document issued to a client requesting for an assessment of the damage on his/her properties or livelihood brought about by natural disasters.

<b>Office or Division:</b>	City Disaster Risk Reduction & Management Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All San Joseños affected by natural disaster			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Valid ID of the client (1 Original) 2. Request Letter (1 Original) 3. Certification from Barangay stating that the client was affected by natural disaster (1 Original)			> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig > Requesting client > Concerned Barangay	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of request.  a. For Walk-in Clients, Submit letter request to Research and Planning Division, from Monday to Friday, 8:00 AM to 5:00 PM.	1. Receive the letter and process the request.  1.1. Inform the client regarding the schedule of on-site inspection.	None	5 minutes	<i>Joel Catañag, Kenrich Nolasco, Mark Anthony Trinidad, Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>
2. Assist CDRRMO personnel.  a. Assist the CDRRMO staff in the conduct of assessment in the area.	2. Conduct post-damage assessment in the area.  2.1. After assessment, inform the client about the availability of their request.	None	1 hour (may vary, depending on the extent of damage, and to the location site)	<i>Joel Catañag, Kenrich Nolasco, Mark Anthony Trinidad, Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>
3. Wait while the request is being processed.  a. Wait for the confirmation call/text from CDRRMO staff for the availability of the document.	3. Prepare damage assessment report and print certificate.  3.1. Submit certificate to the head of office for signing.	None	3 days 5 minutes	<i>Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>
4. Releasing of document.	3.2. Sign the certificate.	None	2 minutes	<i>Gina Tolentino-Ayson - Head, CDRRMO</i>
	4. Release the certificate to the client and record	95 None	3 minutes	<i>Joel Catañag, Kenrich Nolasco, Mark Anthony</i>

Present valid ID to CDRRMO staff and receive the document.	transaction.			<i>Trinidad, Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>
	<b>TOTAL:</b>	<b>0.00</b>	<b>3 days/ 1 hours/ 15 minutes</b>	



#### 4. ISSUANCE OF CERTIFICATE OF HAZARD SUSCEPTIBILITY

The CERTIFICATE OF HAZARD SUSCEPTIBILITY is a printed document issued to a client requesting for a hazard assessment in a client's property.

<b>Office or Division:</b>	City Disaster Risk Reduction & Management Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C (Government to Citizen)
<b>Who may avail:</b>	Residents, property owners and land developers in the City of San Jose del Monte, Bulacan

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request.  a. For Walk-in Clients, Submit letter request to Research and Planning Division, from Monday to Friday, 8:00 AM to 5:00 PM.	1. Receive the letter and process the request.  1.1. Inform the client regarding the schedule of on- site inspection.	None	5 minutes	<i>Joel Catañag, Kenrich Nolasco, Mark Anthony Trinidad, Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>
2. Assist CDRRMO personnel.  a. Assist the CDRRMO staff in the conduct of assessment in the area.	2. Conduct hazard assessment in the area.  2.1. After assessment, inform the client about the availability of their request.	None	1 hour (may vary, depending on the location site)	<i>Joel Catañag, Kenrich Nolasco, Mark Anthony Trinidad, Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>
3. Wait while the request is being processed.  a. Wait for the confirmation call/text from CDRRMO staff for the availability of the document.	3. Prepare hazard assessment report and print certificate.  3.1. Submit certificate to the head of office for signing.	None	3 days  5 minutes	<i>Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>

	3.2. Sign the certificate.	None	2 minutes	<i>Gina Tolentino- Ayson - Head, CDRRMO</i>
4. Releasing of document. a. Present valid ID to CDRRMO staff and receive the document.	4. Release the certificate to the client and record transaction.	None	3 minutes	<i>Joel Catañag, Kenrich Nolasco, Mark Anthony Trinidad, Loreto Bodiao-Staff, Research and Planning Division, CDRRMO</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>3 Days 1 hours 15 minutes</b>	



## 5. AMBULANCE SERVICE

AMBULANCE SERVICE is a service in which the patient's condition requires medical transportation where the use of specialized medical skills and/or equipment is necessary and crucial to the safe, and immediate transportation of the patient to the hospital from place of origin and vice versa.

<b>Office or Division:</b>	City Disaster Risk Reduction & Management Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All San Joseños			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1. For conduction of patient outside the City of San Jose del Monte, Province of Bulacan and NCR: * Letter request approved by the City Mayor's Office 2. For conduction of patient and emergency response within the City of San Jose del Monte: * Call 4C's Division thru the following hotlines 24/7 operating hours: (SUN) 0932-6000-119 (GLOBE) 0955-206-7200 (SMART) 0928-939-2326	<ul style="list-style-type: none"><li>&gt; Requesting client</li><li>&gt; City Central Coordinating Center (4C) Division, CDRRMO</li></ul>			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>1. For conduction of patient within the City of San Jose Del Monte</b> <b>a. Call/ text CDRRMO</b> 4C's Division in the following hotlines and provide necessary information asked by call taker.  24/7 operating hours: • (SUN) 0932-6000-119 • (GLOBE) 0955-206-7200 • (SMART) 0928-939-2326	1.1. Received the call/text and obtain information from the caller based on Dispatch Protocol	None	2 minutes	<i>Dispatcher on Duty, 4Cs Division CDRRMO</i>

<p>2. For conduction of patient outside of the following area:</p> <ul style="list-style-type: none"> <li>• CSJDM;</li> <li>• Bulacan Province; and</li> <li>• NCR.</li> </ul> <p>a. Submit request letter to the Office of the City</p>	<p><b>2.1.</b> Received the letter and process request.</p>	None.	5 minutes	<i>Assigned Staff Office of the City Mayor</i>
<p><b>b.</b> Proceed to CDRRMO 4C Division, located at 2F, CDRRMO Bldg. Productivity Complex, Brgy. Sapang Palay Proper, CSJDM, Bulacan, and submit a copy of request letter received by the OCM.</p>	<p><b>2.2.</b> Received the letter and explain to the client the process of their request.</p>	None.	5 minutes	<i>Dispatcher on Duty, 4Cs Division CDRRMO</i>
<p><b>c. Wait while your request is being process</b></p> <p><b>c.1.</b> Secure all necessary things/ documents of patient and its companion. (e.g money, medical records, identification cards, clothing, food, etc.)</p> <p><b>c.2.</b> Wait for the call/text from CDRRMO 4Cs Division regarding the final schedule of travel of patient.</p>	<p><b>2.3</b> Prepare and submit request to travel of CDRRMO personnel outside CSJDM to Human Resource Management Office for approval.</p>	None.	3 days minimum	<i>Joesa Mae Chan, Evangeline Montebon, Rosie Abarzosa, Staff- Administrative Division CDRRMO</i>
<p><b>d. Pre-Departure</b></p> <p><b>d.1.</b> Follows instructions/ reminders given by 4Cs Division regarding your travel.</p>	<p><b>2.4</b> Call the client 30 minutes before the scheduled departure time.</p>	None.	2 minutes	<i>Dispatcher on Duty, 4Cs Division CDRRMO</i>

<b>e. Conduction of Patient</b>	<b>2.5</b> Assist patient with maximum care when loading/ unloading to ambulance vehicle. <b>2.5.1.</b> Follow ambulance protocol in the conduction of patient. <b>2.5.2.</b> Present the dispatch slip to the client once the service was provided.	None.	4 hours minimum <i>(may vary depending on the distance, of origin to destination, and road traffic situation)</i>	Assigned Driver, and crew- Operations Division CDRRMO
<b>e.1</b> Conduction of patient is from point of origin (residence/ hospital) to the destination stated in your letter of request.				
<b>e.2</b> Only two (2) relatives of patient are allowed to accompanying the patient inside the ambulance.				
<b>e.3</b> Once the service has rendered, sign the dispatch slip presented by the driver or his assistant.				

<b>TOTAL:</b>	<b>0.00</b>	<b>3 days 4 hours 17 minutes</b>	
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## 6. AMBULANCE SERVICE (PRE-HOSPITAL CARE) EMS

AMBULANCE SERVICE (Pre-hospital care) is provided by Emergency Medical Services (EMS) responders who are the initial healthcare providers at the scene of an emergency/disaster.

<b>Office or Division:</b>	City Disaster Risk Reduction & Management Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All San Joseños			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1. For emergency response within the City of San Jose del Monte, * Call 4C Division thru the following hotlines 24/7 operating hours: (SUN) 0932-6000-119 (GLOBE) 0955-206-7200 (SMART) 0928-939-2326	<p>&gt; City Central Coordinating Center (4C) Division, CDRRMO</p> <p>City Disaster Risk Reduction and Management Office</p>			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call/text CDRRMO Emergency hotlines. a. Call or text the CDRRMO Emergency hotlines: (SUN) 0932-6000-119 (GLOBE) 0955-206-7200 (SMART) 0928-939-2326  b. Provide vital information asked by the dispatcher-on-duty.	1. Receive the call/text and obtain the following information from the caller: * Type of incident/medical emergency * No. of victim/patient * Location or nearest landmark of incident/medical emergency  1.1. Dispatch emergency response team to the incident.	None	2 minutes	<i>Dispatcher-on-duty, 4C Division, CDRRMO</i>
2. Wait for the CDRRMO Response Team. a. Keep your lines open. b. Provide additional information if necessary.	2. Upon dispatch, follow CDRRMO EMS protocol in responding to an emergency.	None	10 minutes (may vary depending on the distance and road traffic situation)	<i>EMS Response Team on Duty, Operations Division, CDRRMO</i>
3. On-scene. a. Identify yourself to EMS	3. Advise 4C Division immediately upon arrival at	None	10 minutes (may vary)	<i>EMS Response Team on Duty, Operations Division,</i>

<p>responder and provide additional information.</p> <p>b. Follow instructions of EMS Team for your safety.</p>	<p>the scene.</p> <p>3.1. Follow CDRRMO EMS protocol.</p> <p>3.2. Advise 4C Division before departing the scene.</p>			depending on the distance and road traffic situation)
<p>4. At the hospital.</p> <p>a. Do not leave the patient in the hospital.</p>	<p>4. Endorse patient to the receiving facility staff on duty.</p> <p>4.1. Advise 4C Division for availability of service.</p>	None	5 minutes	<i>Dispatcher-on-duty, 4C Division, CDRRMO</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>27 minutes</b>	

## Public Employment Service Office

1. Registration of applicants and/or issuance of referral letter	External Service
2. Facilitation of local/special recruitment activity (lra/sra)	External Service
3. Application for company accreditation	External Service
4. Registration of san joseño migrant workers/ofws	External Service
5. Registration for skills training	External Service
6. . Linking of clients/applicants to private or government owned technical vocational institutions (tvi) for skills training program	External/Internal Service
7. Application for livelihood assistance (dilp - pangkabuhayan)	External Service
8. Request for livelihood training	External Service



## 1. REGISTRATION OF APPLICANTS AND/OR ISSUANCE OF REFERRAL LETTER

Covers the core functions of PESO in providing employment opportunities to San Joseños through screening, job matching and referrals.

### A. NEW APPLICANT

<b>Office or Division:</b>	Public Employment Service Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	All residents/jobseekers in the City of San Jose del Monte			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Filled-out NSRP form (1 copy)		PESO-Front Desk Officer		
2. SSS #, Philhealth, Pag-ibig, TIN IDs (at least 2 IDs)		SSS, Philhealth, Pag-ibig, BIR		
<b>CLIENT STEPS</b>		<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>
1. Registers at the front desk  2. Secures and fills-out the NSRP Form at the front desk  3. Submits the duly accomplished NSRP Form at the front desk  4. Submits to screening and job matching interview  5. Validates and confirms all details for encoding into the PESO Employment Information System (PEIS)	Assists the applicant in filling out the registration form  Provides the NSRP Form  Receives and checks the accomplished NSRP form  Conducts interview for screening job matching  Encodes the client's correct and complete details into the PESO Employment Information System (PEIS)	None	2 minutes	Maylene Piamonte/Maribel Zaragoza (Admin Aide) PESO-Employment Services Division
		None	10 minutes	Kristine Camposano/Hazzel Jaena/Francisco Mongalo (Helpdesk) PESO-Employment Services Division
		None	3 minutes	
		None	10 minutes	
		None	10 minutes	Joanna Joyce Labro/Mark Christian Navarro (Admin Aide) PESO-Employment Services Division

6. Proceeds with capturing of ID photo	Captures ID Photo			
7. Secures the PESO ID	Issues the PESO ID			
TOTAL		35 minutes		

**NOTE: End of process here for REGISTRATION only. If the applicant wants to avail of the referral letter, continue to STEPS 6 & 7**

8. Wait while referral letter is processed	6.1 Process referral letter  6.2 Validates, approves, and signs the referral letter	None  None  None	10 minutes  2 minutes	Nico Gracila (Admin Aide) PESO-Employment Services Division  Melissa Villena (LEO II)/ Perfecto Jaime L. Tagalog (Action Officer/Head) PESO-Employment Services Division  Floralinda de Jorge (Brgy. Coordinator) PESO-Employment Services Division
TOTAL		47 minutes		

## B. OLD APPLICANT

Office or Division:	Public Employment Service Office			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	All residents/jobseekers in the City of San Jose del Monte			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
PESO ID		PESO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registers at the front desk	Assists the applicant in filling out the registration form	None 10	2 minutes	Maylene Piamonte/Marie I Zaragoza (Admin Aide) PESO-Employment Services Division

	2. Presents the PESO ID	Checks and validates the ID presented	None	1 minute	
	3. Secures and fills out the Referral Slip and submits to screening and job matching interview	provide the Referral Slip and conducts interview and job matching		10 minutes	<i>Kristine Camposano/Hazel Jaena/Francisco Mongalo (Helpdesk) PESO-Employment Services Division</i>
	4. Updating of information in the PEIS	Updates the applicant's details in the PESO Employment Information System	None	2 minutes	<i>Joanna Joyce Labro/Mark Christian Navarro (Admin Aide) PESO-Employment Services Division</i>
	5.1 Process referral letter		None		<i>Nico Gracila (Admin Aide) PESO-Employment Services Division</i>
	5. Wait while referral letter is processed	5.2 Validates, approves, and signs the referral letter	None	10 minutes	<i>Melissa Villena (LEO II)/Perfecto Jaime L. Tagalog (Action Officer/Head) PESO-Employment Services Division</i>
	6. Claims the referral letter and obtains instruction from the staff	Releases the referral letter to the applicant and instruct to proceed to the company/employer	None	2 minutes	<i>Floralinda de Jorge (Brgy. Coordinator) PESO-Employment Services Division</i>
	TOTAL			27 minutes	

## 2. FACILITATION OF LOCAL/SPECIAL RECRUITMENT ACTIVITY (LRA/SRA)

As part of employment facilitation, PESO organizes Local/Special Recruitment Activities to create connections between employers and job seekers in a particular area. These activities aim to connect job seekers with both local and overseas employment opportunities, providing them with the opportunity to directly engage with employers, submit their resumes, and even participate in on-the-spot interviews.

<b>Office or Division:</b>	Public Employment Service Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	All residents/jobseekers in the City of San Jose del Monte			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
PESO ID		PESO		
CLIENT STEPS	AGENCY ACTION	FEE S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registers at the front desk	Assists the applicant in filling out the registration form	None	2 minutes	<i>Maylene Piamonte/Maribel Zaragoza (Admin Aide) PESO-Employment Services Division</i>
2. Presents the PESO ID	Checks and validates the ID presented	None	1 minute	
3. Secures and fills out the LRA/SRA Slip and submits to initial screening and job matching interview	provides the LRA/SRA Slip and conducts initial interview and job matching	None	10 minutes	<i>Kristine Camposano/Hazzel Jaena/Francisco Mongalo (Helpdesk) PESO-Employment Services Division</i>
4. Submits to updating of information in the PEIS	Updates the applicant's details in the PEIS	None	2 minutes	<i>Joanna Joyce Labro/Mark Christian Navarro (Admin Aide) PESO-Employment Services Division</i>
5. Proceeds to interview with the partner employer/HR/Recruitment officer	Partner Employer/HR/Recruitment Officer conducts the interview	None	20 minutes	<i>Partner Employer/HR/Recruitment Officer</i>

6. Obtains instruction from the staff	provides instruction to the client	None	2 minutes	<i>Maylene Piamonte/ Maribel Zaragoza (Admin Aide) PESO- Employment Division</i>
<b>TOTAL</b>		35 minutes		



### 3. APPLICATION FOR COMPANY ACCREDITATION

Before requesting to conduct a Local/Special Recruitment Activity, post job vacancies, or participate in Job Fairs, it is necessary to obtain accreditation for employers (local and overseas) in order to establish a partnership with PESO. Accreditation serves as a validation and assurance that the employer meets certain standards, requirements, or criteria set by the governing body. The purpose of employer accreditation is to ensure that the employer adheres to legal and ethical practices, provides suitable working conditions, and demonstrates compliance with labor laws and regulations.

#### A. WALK-IN CLIENTS

<b>Office or Division:</b>	Public Employment Service Office					
<b>Classification:</b>	Simple					
<b>Type of Transaction:</b>	Government to Business (G2B)					
<b>Who may avail:</b>	Business Owners in and outside the City					
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>				
Letter of Intent						
Company Profile						
BIR Form 2303 Certificate of Registration or Certificate of Tax Exemption (if exempted)	Primary Requirement	BIR				
Secondary requirements based on business type						
DTI Certification	For Private Direct Hire	DTI				
SEC Registration		SEC				
CDA Certification		CDA				
Business/Mayor's Permit		BPLO/Mayor's Office				
Philjobnet Registration		PhilJobNet				
NSRP Form 2		PESO/DOLE				
Valid PEA License	For Private Employment Agency	DOLE				
Certificate of No Pending Case		DOLE				
Philjobnet Registration		PhilJobNet				
NSRP Form 2		PESO/DOLE				
Valid Registration as Contractors/Subcon	DO 174-17	DOLE				
Certificate of No Pending Case		DOLE				
Philjobnet Registration		PhilJobNet				
NSRP Form 2		PESO/DOLE				
DMW License	For Private Overseas Recruitment Agency	DMW				
Approved Job Order		DMW				
<b>CLIENT STEPS</b>		<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
1. Registers at the front desk		Assists and refers <sup>11</sup> the client to the assigned personnel	None	2 minutes	Maylene Piamonte/Maribel Zaragoza (Admin)	

				(Aide) PESO- Employment Services Division
2. Proceeds to the assigned personnel then submit the required documents for accreditation	2.1 Receives the documents  2.2. Checks for the completeness of the documents submitted  2.3. Endorse the client to the LEO II/PESO Manager/Head	None  None  None	10 minutes	Diosdado Gregory /Katherine Fernandez (Admin Aide) PESO- Employment Services Division
3. Proceeds to the LEO II/Action Officer (Head) for validation and approval	Validates the documents/ approves the granting of the accreditation certificate	None	5 minutes	Melissa Villena (LEO II)/Perfecto Jaime Tagalog (Action Officer/Head) PESO- Employment Services Division
4. Obtains the Certificate of Accreditation	issues the Certificate of Accreditation	None	3 minutes	Melissa Villena (LEO II)/Perfecto Jaime Tagalog (Action Officer/Head) PESO- Employment Services Division
TOTAL		20 minutes		

#### B. ONLINE CLIENTS (VIA EMAIL)

Office or Division:	Public Employment Service Office	
Classification:	Simple	
Type of Transaction:	Government to Business (G2B)	
Who may avail:	Business Owners in and outside the City	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
Letter of Intent		
Company Profile		
BIR Form 2303 Certificate of Registration or Certificate of Tax Exemption (if exempted)	Primary Requirement	BIR
Secondary requirements based on business type		
DTI Certification	DTI	
SEC Registration	SEC	
CDA Certification	CDA	
Business/Mayor's Permit	BPLO/Mayor's Office	
Philjobnet Registration	PHILJOBNET	

NSRP Form 2		PESO/DOLE		
Valid PEA License	For Private Employment Agency	DOLE		
Certificate of No Pending Case		DOLE		
Philjobnet Registration		PhilJobNet		
NSRP Form 2		PESO/DOLE		
DO 174-17		DOLE		
Certificate of No Pending Case		Certificate of No Pending Case		
Philjobnet Registration		PHILJOBNET		
NSRP Form 2		PESO/DOLE		
DMW License	For Private Overseas Recruitment Agency	DMW		
Approved Job Order		DMW		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sends letter of intent together with the requirements	. Acknowledges the receipt of the email then advises the client to wait for the result of document review	None	2 minutes	Melissa Villena (LEO II)/Katherine Fernandez (Admin Aide) PESO-Employment Services Division
2. Waits for the result of the review of the documents submitted	2.1 Prints the documents	None	15 minutes	Melissa Villena (LESO II)/Disosdado Gregory (Admin Aide) PESO-Employment Services Division
	2.2. Checks for the completeness of the documents submitted	None		
	2.3. Endorses the documents to the LEO II/Action Officer (Head)	None		
	2.4 Validates and approves the documents submitted	None	5 minutes	Melissa Villena (LEO II)/Perfecto Jaime Tagalog (Action Officer/Head) PESO-Employment Services Division
3. Acknowledges the receipt of the Certificate of Accreditation	3.2 Emails the Certificate of Accreditation	None	3 minutes	Melissa Villena (LEO II)/Katherine Fernandez (Admin Aide) PESO-Employment Services Division
TOTAL		11	25 minutes	



#### 4. REGISTRATION OF SAN JOSEÑO MIGRANT WORKERS/OFWs

Registration of San Joseño migrant workers/OFWs establishes a comprehensive database and provide a formal record of individuals who are engaged in overseas employment to be able to provide appropriate support and address their needs effectively.

<b>Office or Division:</b>	Public Employment Service Office				
<b>Classification:</b>	Simple				
<b>Type of Transaction:</b>	Government to Citizen (G2C)				
<b>Who may avail:</b>	Migrant/OFWs in the City of San Jose del Monte				
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>			
1. Filled-out OFW Data Form		PESO-Front Desk Officer			
2. Copy of Passport, Copy of Employment Contract		Client			
<b>CLIENT STEPS</b>		<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	
1. Registers at the front desk  2. Secures and fills-out the OFW Data Form at the front desk  3. Submits the duly accomplished OFW Data Form at the front desk  4. Submits to interview and assessment  5. Obtains instruction form the staff		Assists the client in filling out the registration form	None	2 minutes	<i>Maylene Piamonte/Maribel Zaragoza (Admin Aide) PESO-Employment Services Division</i>
		Provides the OFW Data Form	None	5 minutes	
		Receives and checks the accomplished OFW Data form	None	3 minutes	
		Conducts interview and assessment of clients' concern	None	15 minutes	<i>Sharry Ann Avanzado (Admin Aide IV)/ Katherine Fernandez (Admin Aide) PESO-Employment Division</i>
		Refers the client to the appropriate office or national agency if necessary	None		
<b>TOTAL</b>			25 minutes		



## 5. REGISTRATION FOR SKILLS TRAINING PROGRAM

Under the PESO Act of 1999, the Public Employment Service Office is mandated to undertake employability enhancement trainings or seminars for jobseekers. The "Registration for Skills Training" is a process wherein a client may register and avail different skills training provided by either PESO or its partner training institutions.

<b>Office or Division:</b>	Public Employment Service Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Citizen (G2C)
<b>Who may avail:</b>	Bonafide resident of the City of San Jose del Monte At least 18 years old and above High School graduate, ALS graduate, college undergraduate or graduate for most training scholarships. Elementary graduate or undergraduate and High School undergraduate may also apply for some skills training scholarship programs

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. PESO - Skills Training Application sheet	PESO-Front Desk Office (PESO New Government Center, PESO Productivity Center, or PESO Starmall)
2. PESO Daily Log	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Assessment at front desk	<p>Assess the client to check if what skills training is needed</p> <p><i>Note: If the client immediately needs to be enrolled on a specific skills training program, proceed to "Linking of Clients/Applicants to Private or Government Owned Technical Vocational Institutions (TVI) for Skills Training Program" process.</i></p>	None	5 minutes	<p><i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i></p> <p><i>Zenaida B. Estorico (Community Relations/Training and Livelihood Aide – PESO Training and Livelihood Division, Productivity Complex)</i></p> <p><i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i></p>

2. Attendance to PESO daily log sheet.	Assist client on how to properly fill-out PESO daily log sheet.	None	1 minute	<p><i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i></p> <p><i>Zenaida B. Estorico (Community Relations/Training and Livelihood Aide – PESO Training and Livelihood Division, Productivity Complex)</i></p> <p><i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i></p>
3. Attendance to PESO skills training logs.	<p>Assist client on how to properly fill-out PESO skills training logs.</p> <p>Advise client/applicant that he/she will be contacted once the skills training is available</p> <p>Encode client's details in database (Google sheet - "PESO - SKILLS TRAINING APPLICATION TRACKER")</p>	None	5 minutes	<p><i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i></p> <p><i>Zenaida B. Estorico (Community Relations/Training and Livelihood Aide – PESO Training and Livelihood Division, Productivity Complex)</i></p> <p><i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i></p> <p><i>Sunshine A. Manasan (Training and Livelihood Aide, – PESO Training and Livelihood Division)</i></p>
TOTAL		11 minutes		



## 6. LINKING OF CLIENTS/APPLICANTS TO PRIVATE OR GOVERNMENT OWNED TECHNICAL VOCATIONAL INSTITUTIONS (TVI) FOR SKILLS TRAINING PROGRAM

Under the PESO Act of 1999, the Public Employment Service Office is mandated to undertake employability enhancement trainings or seminars for jobseekers. The "Linking of Clients/Applicants to Private or Government Owned Technical Vocational Institutions (TVI) for Skills Training Program" is a process wherein an applicant/client will be linked to a private or government owned Technical Vocational Institutions (TVI) wherein they could apply/enroll for the skills training course/program they need. Details such as program/training title, name of TVI, address of TVI, and contact details will be provided to the client/applicant.

Office or Division:	Public Employment Service Office
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C)
	Bonafide resident of the City of San Jose del Monte
Who may avail:	At least 18 years old and above
	High School graduate, ALS graduate, college undergraduate or graduate for most training scholarships. Elementary graduate or undergraduate and High School undergraduate may also apply for some skills training scholarship programs

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to PESO and register at front desk	Assist client on how to properly fill-out PESO daily log sheet.	None	2 minutes	<i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i>  <i>Zenaida B. Estorico (Community Relations/Training and Livelihood Aide – PESO Training and Livelihood Division, Productivity Complex)</i>  <i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i>

2. Attendance to PESO skills training logs.	<p>Assist client on how to properly fill-out PESO skills training logs. Advise client/applicant that he/she will be contacted once the skills training is available.</p> <p>Provide clients with details of the TVI (thru <a href="https://www.tesda.gov.ph/TVI">https://www.tesda.gov.ph/TVI</a>) wherein they could apply/enroll for the skills training course/program they need. Write details thru the "TVI Information Sheet".</p> <p>Encode client's details in database (Google sheet - "PESO - SKILLS TRAINING APPLICATION TRACKER")</p>	None	12 minutes	<p><i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i></p> <p><i>Zenaida B. Estorico (Community Relations/Training and Livelihood Aide – PESO Training and Livelihood Division, Productivity Complex)</i></p> <p><i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i></p> <p><i>Sunshine A. Manasan (Training and Livelihood Aide, – PESO Training and Livelihood Division)</i></p>
<b>TOTAL</b>		14 minutes		



## 7. APPLICATION FOR LIVELIHOOD ASSISTANCE (DILP - PANGKABUHAYAN)

Under the PESO Act of 1999, the Public Employment Service Office is mandated to facilitate the implementation and/or provision of livelihood and self-employment programs and services. PESO likewise refer clients for appropriate livelihood and self-employment/assistance and monitor the results of such referrals. The "Livelihood application assistance (DILP-Pangkabuhayan)" is a process wherein a client is assisted in availing the livelihood program under the DOLE Integrated Livelihood Program (DILP) or *Pangkabuhayan*.

<b>Office or Division:</b>	Public Employment Service Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Citizen (G2C)
	At least 18 years old and above
<b>Who may avail:</b>	<ul style="list-style-type: none"><li>- Disadvantaged workers</li><li>- Indigenous People</li><li>- Parents of Child Laborers as profiled by DOLE (regardless if being active 4Ps member)</li><li>- TESDA graduates</li><li>- Micro-establishments' beneficiaries of National Wages and Productivity Commission (NWPC) and Regional Tripartite Wages and Productivity Boards (RTWPB) Productivity Trainings</li><li>- Labor Organizations and workers' association under Bureau of Labor Relations (BLR)'s Workers Organization Development Program (WODP) plus</li><li>- Micro-entrepreneur/micro-establishment under the Bureau of Working Conditions (BWC)'s Technical and Advisory visits.</li></ul> <p>EXCEPT:</p> <ul style="list-style-type: none"><li>- Beneficiaries of 4Ps (case-to-case basis)</li><li>- Government employees regardless of the status of employment (regular, contractual, or project-based) including those who are regularly receiving honorarium or allowances for work performed.</li></ul>

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. DOLE Beneficiary Profile Form		PESO-Front Desk Office (PESO New Government Center, PESO Productivity Center, or PESO Starmall)		
2. DOLE Business Action Plan		PESO-Front Desk Office (PESO New Government Center, PESO Productivity Center, or PESO Starmall)		
3. Government issued valid ID (photocopy and 1 ID only)		Client		

				<i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i>
1. Proceed to PESO and register at front desk	Assist the client in filling out needed registration/attendance forms	None	3 minutes	<i>Lea D. Cuaresma (Community Relations – PESO Training and Livelihood Division, Productivity Complex)</i>
				<i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i>
2. Fill-out DOLE Beneficiary Profile Form and Business Action Plan	<ul style="list-style-type: none"> <li>- Provide client the "DOLE Beneficiary Profile Form" and "Business Action Plan"</li> <li>- Assist client on how to properly fill-out "DOLE Beneficiary Profile Form" and "Business Action Plan". PESO staff to fill-out as well the "Livelihood Program/Pangkabuhayan" slip</li> </ul>	None	15-20 minutes	<i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i> <i>Gerald A. Hidalgo (Community Relations – PESO Training and Livelihood Division, Productivity Complex)</i> <i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i>

<p>3. Submit filled-out DOLE Beneficiary Profile Form, Business Action Plan, and photocopy of one (1) government issued valid ID</p>	<ul style="list-style-type: none"> <li>- Receive filled-out "DOLE Beneficiary Profile Form", "Business Action Plan", and photocopy of one (1) government issued valid ID.</li> <li>- Advise client that they will be contacted once their application has been submitted/forwarded to DOLE.</li> <li>- Encode client's details in "DMS-Template-2022_PESO-CSJDM-walk-in_2022 onwards". Send to DOLE as necessary/needed.</li> </ul>	<p>None</p>	<p>2 minutes</p>	<p><i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i></p> <p><i>Gerald A. Hidalgo (Community Relations – PESO Training and Livelihood Division, Productivity Complex)</i></p> <p><i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall)</i></p> <p><i>Arciel A. Perez (Training and Livelihood Aide – PESO Training and Livelihood Division, Productivity Complex)</i></p>
<b>TOTAL</b>			<p>20 - 25 minutes</p>	

## **8. REQUEST FOR COMMUNITY-BASED (LIVELIHOOD) TRAINING**

Under the PESO Act of 1999, the Public Employment Service Office is mandated to facilitate the implementation and/or provision of livelihood and self-employment programs and services. As such, under the DILG MC No. 2003-174, community-based skills training was institutionalized for enterprise development in the local development plans of LGU and establishing mechanisms to support the program. The "Request for Livelihood Training" is a process of receiving and accommodating request from the constituents of the city to conduct livelihood trainings in the grass-root level.

<b>Office or Division:</b>	Public Employment Service Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
	At least 18 years old and above			
<b>Who may avail:</b>	<ul style="list-style-type: none"> <li>&gt; Special clients such as the following but not limited to:</li> <li>- 4Ps</li> <li>- Displaced Workers</li> <li>- Family Members of AFP and PNP Wounded in-Action</li> <li>- Industry Workers</li> <li>- Out-of-School-Youth</li> <li>- Rebel Returnees/Decommissioned Combatants</li> <li>- TESDA Alumni</li> <li>- Victim of Natural Disasters and Calamities</li> <li>- Agrarian Reform Beneficiary</li> <li>- Drug Dependents Surrenderees/Surrenderers</li> <li>- Farmers and Fishermen</li> <li>- Inmates and Detainees</li> <li>- OFW Dependent</li> <li>- Returning/Repatriated OFW</li> <li>- TVET Trainers</li> <li>- Wounded-in-Action AFP and PNP Personnel</li> <li>- Balik Probinsya</li> <li>- Family Members of AFP and PNP Killed-in-Action</li> <li>- Indigenous People and Cultural Communities</li> <li>- MILF Beneficiary</li> <li>- RCEF-RESP</li> <li>- Student</li> <li>- Uniformed Personnel</li> <li>- Others as may be identified by the requesting group/party</li> </ul>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request letter		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

				<i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i>
1. Proceed to PESO and register at front desk	Assist the client in filling out needed registration/attendance forms	None	3 minutes	<i>Lea D. Cuaresma (Community Relations – PESO Training and Livelihood Division, Productivity Complex)</i>
2. Submit request letter  <i>(Note: If the client/requester does not have a request letter, advise them to send/submit either hardcopy or softcopy via email before they could be accommodated)</i>	> Receive request letter and verify the following details: - Type of community-based (livelihood) training being requested - Contact person - Venue - Proposed date (subject to availability of trainer)  <i>*note: PESO staff will use the "Community-Based Training" slip</i>  > Check for counterpart availability. - If the requester could provide the counterpart for the supplies and materials, PESO will be able to schedule the livelihood training request depending on the availability of the trainer then encode the details in the "PESO Livelihood Training Tracker" Google sheet	None	15-20 minutes	<i>Paul David Antonio (Administrative Aide - PESO Training and Livelihood Division, New Government Center)</i>  <i>Arciel A. Perez (Training and Livelihood Aide – PESO Training and Livelihood Division, Productivity Complex)</i>  <i>Dulce Amor S. Taruc (Administrative Aide – PESO Training and Livelihood Division, Starmall</i>

	<p>and write the details on the office calendar.</p> <p>- If the requester will not be able to provide counterpart for the supplies and materials, PESO will check the next schedule available based on the budget availability then check the availability of the trainer then encode the details in the "PESO Livelihood Training Tracker" Google sheet and write the details on the office calendar. In the event that the livelihood training budget of PESO has been fully utilized on the current fiscal year, the request will be accommodated on the next availability of budget.</p>			
TOTAL		18 - 23 minutes		

## Community Affairs Office

1. Family Enhancement Program	External Service
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## 1. FAMILY ENHANCEMENT PROGRAM

1. To provide assistance in the solemnization of weddings of low income couples; and
2. To highlight the concern of the City Government over the welfare of its low-income constituents.

<b>Office or Division:</b>	Community Affairs Office
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2G (Government to Government)/ G2C (Government to Citizen)
<b>Who may avail:</b>	Unmarried couples from low-income group

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"><li>1. Marriage license application (1 Original)</li><li>2. Birth Certificate (1 Original, 2 Photocopies)</li><li>3. Certificate of No Marriage (CENOMAR) (1 Original, 2 Photocopies)</li><li>4. CEDULA or Community Tax Certificate (1 Original, 2 Photocopies)</li><li>5. Certificate of Attendance in pre-marriage counselling seminar (1 Original, 2 Photocopies)</li><li>6. Affidavit of Parental Consent (if bride and/or groom is 18-21 yrs. Old) or Advice ( if bride and groom is 22-25 years old) (1 Original, 2 Photocopies)</li><li>7. Two valid government-issued ID (1 Photocopy)</li><li>8. Barangay Clearance (1 Original)</li></ol>	<ul style="list-style-type: none"><li>&gt; Local Civil Registrar's Office</li><li>&gt; Philippine Statistics Authority</li><li>&gt; Philippine Statistics Authority</li><li>&gt; Barangay</li><li>&gt; City Population Office</li><li>&gt; Local Civil Registrar's Office</li><li>&gt; SSS, GSIS, Voter's ID, PRC ID</li><li>&gt; Barangay</li></ul>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the documents to CAO for Marriage Certificate preparation	1. Receives & assess the submitted requirements for the preparations of Marriage Certificate	NONE	5 minutes	Mr. Reynaldo Padayao, Jr. Community Affairs Assistant II, Ms. Marietta H.Cruz, Admin. Aide, Mr. Efren Tangan, Community Relation Aide, Ms. Merlita Acorin, Admin. Aide, and Ms. Gloria Lobo,

2. Attend actual matrimonial rites.	2.1 Assist the couples in signing the Marriage Certificate together with their sponsors.	None	1 hour	Mr. Reynaldo Padayao, Jr. Community Affairs Assistant II, Ms. Marietta H.Cruz, Admin. Aide, Mr. Efren Tangan, Community Relation Aide, Ms. Merlita Acorin, Admin. Aide, and Ms. Gloria Lobo, Community Relation Aide
	2.2. Process and submit Marriage Certificate to Mayor's Office for signature.	None	1 day	
	3.2. Signed Marriage certificate will be submitted to LCR.	None	2 days	
3. Receive-file Certificate of Marriage	4. Release the Certificate of Marriage	None	2 minutes	Reynaldo Padayao, Jr. Community Affairs Assistant II, Ms. Marietta H.Cruz, Admin. Aide, Mr. Efren Tangan, Community Relation Aide, Ms. Merlita Acorin, Admin. Aide, and Ms. Gloria Lobo, Community Relation Aide
<b>TOTAL:</b> 0.00		<b>3 days 1 hour 7 minutes</b>		
				Community Relation Aide

## Housing & Homesite Regulation Office

1. Certificate of Beneficiary of CMP Take-Out Project Not Mobilized by the City Government	External Service
2. Certificate of Beneficiary of Community/Neighborhood Association Not Mobilized by the City Government	External Service
3. Certificate as Newly Organized Community Association/Homeowner Association	External Service
4. Indorsement for Financial Assistance to Affected Families of Relocation and Dismantling Operations	External Service
5. Certified True Copy (Ctc) Of Document	External Service
6. Endorsement For Financial Assistance To Affected Families Of Relocation And Dismantling Operations	External Service
7. Registration For Socialized Housing Program	External Service
8. Housing Orientation For Socialized Housing Program	External Service
9. Certificate Of Beneficiary Of Community / Neighborhood Association Not Mobilized By The City Government	External Service



## I. CERTIFICATE AS CMP PROJECT MOBILIZED BY THE CITY GOVERNMENT

A printed document issued to Community Mortgage Program (CMP) Homeowners Association (HOA) to be used for compliance to social Housing Finance Corporation (SHFC).

Office or Division:	HOUSING & HOMESITE REGULATION OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C			
Who may avail:	ONLY CMP HOA MOBILIZED BY CITY GOVERNMENT			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Findings of SHFC requiring for a certification indicating the number of beneficiaries - One (1) Photocopy			Social Housing Finance Corporation (SHFC)	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirement to the Administrative Services Section. Wait in the designated waiting area for further instruction (s).	1. Review and examine for authenticity of the submitted document.	none	3 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
	2. Check the record and verify the official masterlist of the CMP HOA.	none	5 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
2. Proceed to Treasury for payment of prescribed fees.	3. Received payment and issue official receipt: <i>(Certification fee)</i>	*P50.00	2 minutes	Cashier - City Treasurer's Office
	4. Prepare and print the Certification	none	2 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
3. Return to HHRO and show proof of payment. Wait in the designated waiting area for the release of the certification.	5. Review and sign the Certification	none	5 minutes	Atty. Rizaldy L. Mendoza Asst. City Administrator
	6. Record in the logbook and release the certification to	none	2 minutes	Evelyn O. Cabual Administrative
4. Received the Certification.	128			

	client			<i>Aide</i> HHRO
	<b>Total:</b>	<b>P50.00</b>	<b>19 minutes</b>	
*P50.00 - Certification fee (D.3) Article 44: Other Service Fees for Other Offices of the Local Revenue Code				



## II. CERTIFICATE OF MEMBER-BENEFICIARY OF CMP PROJECT MOBILIZED BY THE CITY GOVERNMENT

A printed document issued to Community Mortgage Program (CMP) Homeowners Association (HOA) beneficiaries-members as one of the requirements for application of electrification and water installation.

<b>Office or Division:</b>	HOUSING & HOMESITE REGULATION OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	ONLY CMP HOA BENEFICIARIES/MEMBERS			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1. HOA Certification indicating that the member/beneficiary is included in the CMP HOA masterlist signed by the HOA President and/or HOA Secretary of CMP project - One (1) <i>Original Copy</i>	Concerned CMP HOA			
2. IF SUBSTITUTION: (a) Notarized Waiver of Rights from previous beneficiary - One (1) <i>Original Copy</i>	Notary Public Office			
(b) HOA Board Resolution of Substitution - One (1) <i>Original Copy</i>	Concerned CMP HOA			
(c) If CMP Take-Out Project, Triplicate Notarized Lease Purchase Agreement (LPA) or Certification/Other Document as Proof of Substitution from the Social Housing Finance Corporation - One (1) <i>Original Copy</i>	Social Housing Finance Corporation (SHFC)			
3. Others: (a) If Authorized Representative - Authorization Letter duly Notarized - One (1) <i>Original Copy</i>	Notary Public Office			
(b) If Spouse - Marriage Contract - One (1) Photocopy	Philippine Statistic Authority			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all requirements to the Administrative Services Section. Wait in the designated waiting area for further instructions.	1. Review and examine for completeness and authenticity of the submitted document(s).	none	3 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
	2. Check record and verify if included in the official masterlist of CMP HOA.	none	5 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
2. Proceed to Treasury for payment of prescribed fees.	3. Received payment and issue official receipt: <i>(Certification fee)</i>	130 *P50.00	2 minutes	Cashier - City Treasurer's Office

3. Return to HHRO and show proof of payment. Wait in the designated waiting area for the release of the certification.	4. Prepare and print the certification.	none	2 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
	5. Review and sign the Certification.	none	2 minutes	Atty. Rizaldy L. Mendoza Asst. City Administrator
4. Received the Certification.	6. Record in the logbook and release the certification client.	none	2 minutes	Evelyn O. Cabual Administrative Aide HHRO
<b>Total:</b>		<b>P50.00</b>	<b>16 minutes</b>	
*P50.00 - Certification fee (D.3) Article 44: Other Service Fees for Other Offices of the Local Revenue Code				



### III. CERTIFICATE AS CMP PROJECT NOT MOBILIZED BY THE CITY GOVERNMENT

A printed document issued to Community Mortgage Program (CMP) Homeowners Association (HOA) to be used for compliance to social Housing Finance Corporation (SHFC).

<b>Office or Division:</b>	HOUSING & HOMESITE REGULATION OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	ONLY CMP HOA NOT MOBILIZED BY THE CITY GOVERNMENT			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Findings of SHFC requiring for a certification indicating the number of beneficiaries and residency status. - One (1) Photocopy			Social Housing Finance Corporation (SHFC)	
2. Certification as CMP from Barangay - One (1) Photocopy			Concerned Barangay	
3. CMP HOA Updated Masterlist of Members - One (1) Photocopy			Concerned CMP HOA	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all requirements to the Administrative Services Section. Wait in the designated waiting area for further instructions.	1. Review and examine for completeness and authencity of the submitted documents.	none	3 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
	2. Conduct verification and validation through ocular inspection to all members/beneficiaries of the CMP HOA.	none	15 days	Rezelda Belen M. Valenzona Housing & Homesite Regulation Officer III HHRO
2. Return to HHRO for follow-up.	3. Conduct interview with the CMP HOA.	none	30 minutes	Rezelda Belen M. Valenzona Housing & Homesite Regulation Officer III HHRO
3. Proceed to Treasury for payment of prescribed fees.	4. Received payment and issue official receipt:	*P50.00	2 minutes	Cashier - City Treasurer's Office

	<i>(Certification fee)</i>		
4. 3. Return to HHRO and show proof of payment. Wait in the designated waiting area for the release of the certification.	5. Prepare and print the certification.	none	2 minutes
	6. Review and sign the Certification.	none	2 minutes
5. Received the Certification	7. . Record in the logbook and release the certification client.	none	2 minutes
	<b>Total:</b>	<b>P50.00</b>	<b>15 Days and 41 minutes</b>

\*P50.00 - Certification fee (D.3) Article 44: Other Service Fees for Other Offices of the Local Revenue Code



#### **IV. CERTIFICATE OF MEMBER-BENEFICIARY OF CMP TAKE-OUT PROJECT NOT MOBILIZED BY THE CITY GOVERNMENT**

A printed document issued to Community Mortgage Program (CMP) Homeowners Association (HOA) beneficiaries-members as one of the requirements for application of electrification and water installation.

<b>Office or Division:</b>	HOUSING & HOMESITE REGULATION OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	ONLY CMP HOA's MEMBERS-BENEFICIARIES NOT MOBILIZED BY THE CITY GOVERNMENT			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. HOA Certification indicating that the member-beneficiary is included in the Masterlist of members-beneficiaries signed by the HOA President and/or HOA Secretary - One (1) <i>Original Copy</i>			Concerned CMP HOA	
2. Updated SHFC Masterlist (within 6 mos.) - One (1) <i>Photocopy</i>			Social Housing Finance Corporation (SHFC)	
3. DHSUD/HLURB Certificate of Registration (Updated) - One (1) <i>Photocopy</i>			Department of Human Settlements and Urban Development (DHSUD)	
4. Lot Title - One (1) <i>Photocopy</i>			Registry of Deeds (RD)	
5. Certificate of Residency - One (1) <i>Original Copy</i>			Concerned Barangay	
<b>CLIENT STEPS</b>		<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>
1. Submit all requirements to the Administrative Services Section. Wait in the designated waiting area for further instructions.		1. Review and examine for completeness and authenticity of the submitted document(s).	none	8 minutes
		2. If lacking documents, immediately return submitted document(s)	none	none
2. Proceed to Treasury for payment of prescribed fees.		3. Received payment and issue official receipt: (Certification fee)	*P50.00	2 minutes
3. Return to HHRO and show proof of payment. Wait in the designated waiting area for the release of the certification.		4. Prepare and print the certification.	none	5 minutes

	5. Review and sign the Certification.	none	2 minutes	Atty. Rizaldy L. Mendoza Asst. City Administrator
4. Releasing and Receiving of Certification.	6. Record in the logbook and release the certification client.	none	2 minutes	Evelyn O. Cabual Admistrative Aide HHRO
<hr/>				
<b>Total:</b>		<b>P50.00</b>	<b>19 minutes</b>	

\*P50.00 - Certification fee (D.3) Article 44: Other Service Fees for Other Offices of the Local Revenue Code



## V. CERTIFIED TRUE COPY (CTC) OF DOCUMENT

A printed document issued to Community Mortgage Program (CMP) Homeowners Association (HOA) members/beneficiaries or Other Clients securing document(s).

<b>Office or Division:</b>	HOUSING & HOMESITE REGULATION OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN)			
<b>Who may avail:</b>	ONLY CMP HOA's MEMBERS-BENEFICIARIES OR OTHER CLIENTS			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<i>For CMP HOA member/beneficiary:</i>				
1. HOA Certification indicating that the member/beneficiary is included in the CMP HOA masterlist signed by the HOA President and/or HOA Secretary - One (1) <i>Original Copy</i>		Concerned CMP HOA		
<i>For Other Client:</i>				
1. Any legal document requiring for CTC - One (1) <i>Photocopy</i>		Concerned Agency/Office		
2. One (1) Valid I.D - One (1) <i>Photocopy</i>		Government or Private Agency/Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all requirements to the Administrative Services Section. Wait in the designated waiting area for further instructions.	1. Review and examine for completeness and authenticity of the submitted document(s).	none	3 minutes	Evelyn O. Cabual Administrative Aide HHRO
	2. (a) If CMP HOA member/beneficiary, verify in the masterlist. (b) If Client, search for the requested document(s).	none	5 minutes	Evelyn O. Cabual Administrative Aide HHRO
2. Proceed to Treasury for payment of prescribed fees.	3. Received payment and issue official receipt: <i>(Certified True Copies per page)</i>	*P50.00	2 minutes	Cashier - City Treasurer's Office
3. Return to HHRO and show proof of payment. Wait in the designated waiting area for the release of the CTC	4. Prepare the CTC of document(s)	none	3 minutes	Evelyn O. Cabual Administrative Aide HHRO

document(s).	5. Sign the CTC of document(s).	none	2 minutes	<i>Atty. Rizaldy L. Mendoza Asst. City Administrator</i>
4. Received the Certification.	6. Record in the logbook and release the CTC of document(s)	none	2 minutes	<i>Evelyn O. Cabual Administrative Aide HHRO</i>
<b>Total:</b> P50.00 17 minutes				

\*P20.00 - Certified True Copies per Page D.2) Article 44: Other Service Fees for Other Offices of the Local Revenue Code



## VI. ENDORSEMENT FOR FINANCIAL ASSISTANCE TO AFFECTED FAMILIES OF RELOCATION AND DISMANTLING OPERATIONS

A printed document issued to affected families usually use for Social Case Study by the City Social Welfare and Development Office (CSWD).

<b>Office or Division:</b>	HOUSING & HOMESITE REGULATION OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN)			
<b>Who may avail:</b>	ONLY TO AFFECTED FAMILIES OF RELOCATION AND DISMANTLING OPERATIONS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Certification from the Punong Barangay indicating that the family is affected by relocation and dismantling operations - One (1) Original Copy			Concerned Barangay	
2. Certificate of Indigency for Financial Assistance purpose - One (1) Original Copy & One (1) Photocopy			Concerned Barangay	
3. Letter of Intent address to City Mayor requesting for Financial Assistance - One (1) Original Copy			Concerned Client	
4. Two (2) Valid IDs with address in CSJDM, Bulacan - Two (2) Photocopies (each I.D)			Government/Private Agency/Office	
5. Cedula - One (1) Photocopy			Concerned Barangay	
6. Pictures of the affected house (Before, During & After Dismantling) - One(1) Photocopy			Concerned Client	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all requirements to the Administrative Services Section. Wait in the designated waiting area for further instructions.	1. Review and examine for completeness and authenticity of the submitted documents.	none	3 minutes	<i>Ruby Rose S. Cano Community Relation Aide HHRO</i>
	2. If lacking documents, immediately return submitted document(s).	none	none	
	3. Prepare and print the Indorsement.	none	3 minutes	<i>Ruby Rose S. Cano Community Relation Aide HHRO</i>
	4. Review and sign the Indorsement.	none	2 minutes	<i>Atty. Rizaldy L. Mendoza Asst. City Administrator</i>
2. Indorsement	5. Record in	none	2 minutes	<i>Ruby Rose S. Cano</i>

forwarded to CSWDO for process	the logbook and release			<i>Community Relation Aide HHRO</i>
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\*The release of the Financial Assistance to client depends on the time of process of other office concerned.

	<b>Total:</b>	<b>none</b>	<b>10 minutes</b>



## VII. REGISTRATION FOR SOCIALIZED HOUSING PROGRAM

It is a process of registration of walk-in applicants, especially under privilege and homeless families who want to avail socialized housing programs of the City.

Office or Division:	HOUSING & HOMESITE REGULATION OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C (GOVERNMENT TO CITIZEN)			
Who may avail:	CITIZENS OF CITY OF SAN JOSE DEL MONTE WHO ARE OF LEGAL AGE BUT NOT MORE THAN 65 YEARS OLD			
CHECKLIST OF REQUIREMENT(S)	WHERE TO SECURE			
1. Any government valid Identification card which is currently address in the City of San Jose del Monte, Bulacan - <i>One (1) Original Copy</i>	Local/National Government Office or Agencies			
2. Active Pagibig member atleast 24 months and up (if applicable)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Show requirement/s to the Administrative Services Section.	1. Examine the authenticity of the submitted document(s). 2. Give registration form	none	2 minute	Evelyn O. Cabual Administrative Aide HHRO
2. Fill-out registration form	3. Examine the filled-out form for accuracy and completeness.  4. Schedule for housing orientation	none	1 minutes  5 minutes	Evelyn O. Cabual Administrative Aide HHRO  Emlyn Rose G. Sinamban Administrative Aide HHRO
3. Get the schedule of the Housing Orientation	5. Record in the logbook and give the schedule of the Housing Orientation.	none	2 minutes	Evelyn O. Cabual Administrative Aide HHRO
<b>Total:</b>		none	<b>10 minutes</b>	



### VIII. HOUSING ORIENTATION FOR SOCIALIZED HOUSING PROGRAM

It is a process of registration of walk-in applicants, especially under privilege and homeless families who want to avail socialized housing programs of the City.

Office or Division:	HOUSING & HOMESITE REGULATION OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C (GOVERNMENT TO CITIZEN)			
Who may avail:	CITIZENS OF CITY OF SAN JOSE DEL MONTE WHO ARE OF LEGAL AGE BUT NOT MORE THAN 65 YEARS OLD			
CHECKLIST OF REQUIREMENT(S)	WHERE TO SECURE			
1. Any government valid Identification card which is currently address in the City of San Jose del Monte, Bulacan - One (1) <i>Original Copy</i> 2. Active Pagibig member atleast 24 months and up (if applicable)	Local/National Government Office or Agencies			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Registration/attendance to the Administrative Services Section.	1. Examine the filled-out form	none	2 minute	Gebson C. Bracamonte Community Relation Aide / Rolando F. Dela Cruz Community Relation Aide / Alvin V. Lacsamana Community Organizer / Jeffrey I. Garcia Driver HHRO
2. Start the Orientation	2. Conduct orientation to the Applicant	none	3 hours	Emilyn Rose G. Sinamban Administrative Aide / Kenneth Franco Community Organizer / Jenalyn A. Bayani Community Relation Aide / Rachel Ann O. Galang Community Organizer / Kristine Joy D. Lee Community Relation Aide

				HHRO
3. Fill-out registration form	3. Assisting Applicants of orientation on how to fill-out the form	none	20 minutes	<i>Kenneth Franco Community Organizer / Rachel Ann O. Galang Community Organizer HHRO</i>
	4. Examine the filled-out form for accuracy and completeness.	none	3 minutes	
	<b>Total:</b>	none	<b>3 hours &amp; 25 minutes</b>	



## XI. CERTIFICATE OF BENEFICIARY OF COMMUNITY / NEIGHBORHOOD ASSOCIATION NOT MOBILIZED BY THE CITY GOVERNMENT

The issuance of the CERTIFICATE OF BENEFICIARY OF COMMUNITY / NEIGHBORHOOD ASSOCIATION NOT MOBILIZED BY THE CITY GOVERNMENT is a printed document issued to a community or neighborhood Association's members-beneficiaries as one of the requirements for the application of electrification and water.

Office or Division:	HOUSING & HOMESITE REGULATION OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C (GOVERNMENT TO CITIZEN)			
Who may avail:	CITIZENS OF CITY OF SAN JOSE DEL MONTE WHO ARE OF LEGAL AGE BUT NOT MORE THAN 65 YEARS OLD			
Office or Division:	HOUSING & HOMESITE REGULATION OFFICE			
Classification:	SIMPLE			
Type of Transaction:	G2C (GOVERNMENT TO CITIZEN)			
Who may avail:	ONLY TO COMMUNITY / NEIGHBORHOOD ASSOCIATION's MEMBERS-BENEFICIARIES NOT MOBILIZED BY THE CITY GOVERNMENT			
CHECKLIST OF REQUIREMENT(S)			WHERE TO SECURE	
1. Certification from the Community / Neighborhood Association indicating that the member-beneficiary is included in the Masterlist of members-beneficiaries signed by the HOA President and/or HOA Secretary - one (1) original Copy			Concerned Community/Neighborhood Association	
2. Updated Community/Neighborhood Association's Masterlist (within 6 mos.) - one (1) photocopy			Concerned Community/Neighborhood Association	
3. DHSUD/HLURB Certificate of Registration (Updated) - one (1) Photocopy			Department of Human Settlements and Urban Development (DHSUD)	
4. Lot Title - One (1) Photocopy			Registry of Deeds (RD)	
5. Certificate of Residency - One (1) Original Copy			Concerned Barangay	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all requirements to the Administrative Services Section. Wait in the designated waiting area for further instructions	1. Review and Examine for completeness and authenticity of the submitted document(s).	none	8 minutes	Ruby Rose S. Cano Community Relation Aide HHRO
	2. If lacking documents, immediately return submitted document(s).	none	none	
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2. Proceed to treasury for payment of prescribed fees.	3. Received payment and issue official receipt: (Certification fee)	*P50.00	3 minutes	<i>Cashier - City Treasurer's Office</i>
3. Return to HHRO and show proof of payment. Wait in the designated waiting area for release of the certification	4. Prepare and Print the Certification.	none	5 minutes	<i>Ruby Rose S. Cano Community Relation Aide HHRO</i>
	5. Review and sign the Certification.	none	2 minutes	<i>Atty. Rizaldy L. Mendoza Asst. City Administrator</i>
4. Releasing and Receiving of Certification	6. Record in the logbook and release the certification to client	none	2 minutes	<i>Evelyn O. Cabual Administrative Aide HHRO</i>
<b>Total:</b>		<b>none</b>	<b>3 hours &amp; 25 minutes</b>	

## Procurement Section

1. Issuance/Renewal of Accreditation to Bidders for Infrastructure Projects, Goods and Services Schedule	External Service
2. Sale of Bidding Documents to Accredited Suppliers/Bidders	External Service
3. Bidding Proper	External Service



## 1. PURCHASING SERVICES FOR SHOPPING AS MODE OF PROCUREMENT (Republic Act No. 9184 known as “Government Procurement Reform Act and its IRR”)

An Act providing for the modernization, standardization and regulation of the Procurement activities of the government and for other purposes. It is the policy of the Government of the Philippines that procurement of infrastructure projects, goods and consulting services shall be competitive and transparent, and therefore shall go through public bidding except as otherwise provided in IRR.

<b>Office or Division:</b>	Procurement Section			
<b>Classification:</b>	Complex Transaction			
<b>Type of Transaction:</b>	G2G/G2C (Government-to-Government/Government-to-Client)			
<b>Who may avail:</b>	Government Agencies; Eligible/Qualified Prospective Bidders/Suppliers/Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Purchase Request/Request for Service at least three (3) copies signed by the head of requesting agency/office.		<ul style="list-style-type: none"><li>▪ Government Agency/End-User</li></ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit three (3) copies of Purchase Request signed by the head of the Requesting Agency with the Activity Design should the request is for the government's activities or program. (Government Agency/End-User)	a. Receive the Purchase Request submitted by the Government Agency/ End-User.	None	3 Minute/s	Monica Clemente & Yessamin Gojo Cruz Job Order, Procurement Section
	b. Submit to the City Budget Office for the verification of PR against the Annual Procurement Plan (APP). Approved PR will be earmarked by the Budget Office and return to the Procurement Section.	None	1 Day/s	Monica Clemente & Yessamin Gojo Cruz Job Order, Procurement Section  JB Cataniag Administrative Assistant II, City Budget Office
	c. Stamping of Reference Number/PR Number to the Approved PR.	None	3 Minute/s	Monica Clemente & Yessamin Gojo Cruz Job Order, Procurement Section
	d. Submit to the Office of the City Mayor/Head of	None	1 Day/s	Monica Clemente & Yessamin Gojo

	the Procuring Entity for the approval.			Cruz Job Order, Procurement Section  Angelica Ibita Executive Assistant II, Office of the City Mayor
	e.Selection of Procurement Mode and posting to the PhilGEPS of PR's with Approved Budget of the Contract (ABC) exceeding the amount of P50,000.00. Attach the Bid Notice Abstract/ Request for Quotation.	None	5 Minute/s	Jose Lashley Francisco Administrative Aide II, Procurement Section
2. Submission of RFQ or the Supplier's Quotation (Accredited Prospective Bidder/Supplier).	a. Opening of quotations for evaluation.	None	5 Minute/s	Angelie Claudio Administrative Officer IV, Procurement Section
	b. Attach Abstract Quotation to be routed to the signatories.	None	1-2 Day/s	Angelie Claudio Administrative Officer IV & Aaron Jake Bautista Administrative Aide IV, Procurement Section
	c. Release/Print Notice of Award (NOA) to be approved by the City Mayor.	None	1 Day/s	Angelica Ibita Executive Assistant II, Office of the City Mayor
3. Avail a photocopy of Purchase Order (P.O.) for the delivery of items.	Release/Provide to the Supplier a copy/photocopy of the Purchase Order for the delivery of Items.	None	3 Minute/s	Jessica Baltar Administrative Aide IV, Procurement Section
<b>TOTAL =</b>		5 Day/s		



## 2. PURCHASING SERVICES FOR SMALL VALUE PROCUREMENT UNDER THE ALTERNATIVE METHODS OF PROCUREMENT

An Act providing for the modernization, standardization and regulation of the Procurement activities of the government and for other purposes. It is the policy of the Government of the Philippines that procurement of infrastructure projects, goods and consulting services shall be competitive and transparent, and therefore shall go through public bidding except as otherwise provided in IRR.

<b>Office or Division:</b>	Procurement Section			
<b>Classification:</b>	Highly Technical Application			
<b>Type of Transaction:</b>	G2G/G2C (Government-to-Government/Government-to-Client)			
<b>Who may avail:</b>	Government Agencies; Eligible/Qualified Prospective Bidders/Suppliers/Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Purchase Request/Request for Service at least three (3) copies signed by the head of requesting agency/office.			▪ Government Agency/End-User	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit three (3) copies of Purchase Request signed by the head of the Requesting Agency with the Activity Design should the request is for the government's activities or program. (Government Agency/End-User)	a. Receive the Purchase Request submitted by the Government Agency/ End-User.	None	3 Minute/s	<i>Monica Clemente &amp; Yessamin Gojo Cruz Job Order, Procurement Section</i>
	b. Submit to the City Budget Office for the verification of PR against the Annual Procurement Plan (APP). Approved PR will be earmarked by the Budget Office and return to the Procurement Section.	None	1 Day/s	<i>Monica Clemente &amp; Yessamin Gojo Cruz Job Order, Procurement Section  JB Cataniag Administrative Assistant II, City Budget Office</i>
	c. Stamping of Reference Number/PR Number to the Approved PR.	None	3 Minute/s	<i>Monica Clemente &amp; Yessamin Gojo Cruz Job Order, Procurement Section</i>
	d. Submit to the Office of the City Mayor/Head of the Procuring Entity for the approval.	None	1 Day/s	<i>Monica Clemente &amp; Yessamin Gojo Cruz Job Order, Procurement Section  Angelica Ibita Executive Assistant II, Office of the City Mayor</i>

	e. Selection of Procurement Mode and posting to the PhilGEPS of PR's with Approved Budget of the Contract (ABC) exceeding the amount of P50,000.00. Attach the Bid Notice Abstract/Request for Quotation.	None	7 Day/s	<i>Jose Lashley Francisco Administrative Aide II, Procurement Section</i>
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	f. Encoding and posting of the approved PR to the General Services Management System (GSMS)	None	30 Minute/s	Rosaver Lazo Administrative Assistant II, Procurement Section
	g. Issuance of Request For Quotation to the Prospective Bidder/Supplier who wants to join the bid for their quotation.	Please check note	3 Minutes	Aaron Jake Bautista Administrative Aide IV, Procurement Section
2. Submission of RFQ or the Supplier's Quotation (Accredited Prospective Bidder/Supplier).	a. Opening of quotations for evaluation.	None	5 Minute/s	Angelie Claudio Administrative Officer IV, Procurement Section
	b. Attach Abstract Quotation and BAC Resolution to be routed to the signatories.	None	1-2 Day/s	Angelie Claudio Administrative Officer IV & Aaron Jake Bautista Administrative Aide IV, Procurement Section
	c. Release/Print Notice of Award (NOA), Notice to Proceed (NTP), Contract Agreement for Services to be approved by the City Mayor.	None	1 Day/s	Angelica Ibita Executive Assistant II, Office of the City Mayor
3. Avail a photocopy of Purchase Order (P.O.) for the delivery of items.	Release/Provide to the Supplier a copy/photocopy of the Purchase Order, Notice of Award (NOA), Notice to Proceed (NTP), Contract Agreement for Services for the delivery of Items.	None	3 Minute/s	Jessica Baltar Administrative Aide IV, Procurement Section
<b>TOTAL =</b>		13 Day/s		

**Note: Purchase Request with ABC Exceeding ₱50,000.00 requires Order of Payment for the Bid Documents.**

APPROVED BUDGET FOR THE CONTRACT (ABC)	ORDER OF PAYMENT
Above ₱50,000.00 up to below ₱500,000.00	₱500.00 per Supplier/Contractor/Player per Contract/Purchase Request
Above ₱500,000.00 up to ₱1,000,000.00	₱1,000.00 per Supplier/Contractor/Player per Contract/Purchase Request



### 3. PURCHASING SERVICES FOR PUBLIC BIDDING (Republic Act No. 9184 known as "Government Procurement Reform Act and its IRR")

Act providing for the modernization, standardization and regulation of the Procurement activities of the government and for other purposes. It is the policy of the Government of the Philippines that procurement of infrastructure projects, goods and consulting services shall be competitive and transparent, and therefore shall go through public bidding except as otherwise provided in IRR.

<b>Office or Division:</b>	Procurement Section			
<b>Classification:</b>	Highly Technical Application			
<b>Type of Transaction:</b>	G2C (Government-to-Client)			
<b>Who may avail:</b>	Eligible/Qualified Prospective Bidders/Suppliers/Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Purchase Request/Request for Service at least three (3) copies signed by the head of requesting agency/office.			▪ Government Agency/End-User	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
3. Submit three (3) copies of Purchase Request signed by the head of the Requesting Agency with the Activity Design should the request is for the government's activities or program. (Government Agency/End-User)	a. Receive the Purchase Request submitted by the Government Agency/ End-User.	None	3 Minute/s	Monica Clemente & Yessamin Gojo Cruz Job Order, Procurement Section
	b. Submit to the City Budget Office for the verification of PR against the Annual Procurement Plan (APP). Approved PR will be earmarked by the Budget Office and return to the Procurement Section.	None	1 Day/s	Monica Clemente & Yessamin Gojo Cruz Job Order, Procurement Section  JB Cataniag Administrative Assistant II, City Budget Office
	c. Stamping of Reference Number/PR Number to the Approved PR.	None	3 Minute/s	Monica Clemente & Yessamin Gojo Cruz Job Order, Procurement Section
	d. Submit to the Office of the City Mayor/Head of the Procuring Entity for the approval.	None	1 Day/s	Monica Clemente & Yessamin Gojo Cruz Job Order, Procurement Section

				<i>Angelica Ibita Executive Assistant II, Office of the City Mayor</i>
e. Encoding and posting of the approved PR to the General Services Management System (GSMS)	None	30 Minute/s		<i>Rosaver Lazo Administrative Assistant II, Procurement Section</i>

	f. Conducting of Pre-Procurement Conference of the approved PR to discuss all aspects of a specific procurement activity, which includes the technical specifications, the ABC, the applicability and appropriateness of the recommended method of procurement and the related milestones, the bidding documents, and availability of the pertinent budget release for the project.	None	1 Day/s	Atty. Rizaldy Medoza Assistant City Administrator Angelie Claudio Administrative Officer IV & Aaron Jake Bautista Administrative Aide IV, Procurement Section
	g. Selection of Procurement Mode and posting to the PhilGEPS of PR's with Approved Budget of the Contract (ABC) exceeding the amount of P1,000,000.00.	None	20 Day/s	Jose Lashley Francisco Administrative Aide II, Procurement Section
	h. Conducting of Pre-Bid Conference of the approved PR for the initial forum where the BAC Members and TWG and the prospective bidders discuss the different aspects of the procurement at hand.	None	1 Day/s	Atty. Rizaldy Medoza Assistant City Administrator Angelie Claudio Administrative Officer IV & Aaron Jake Bautista Administrative Aide IV, Procurement Section
	i. Issuance of Request For Quotation/ITB to the Prospective Bidder/Supplier who wants to join the bid for their quotation.	Please check note	3 Minutes	Atty. Rizaldy Medoza Assistant City Administrator Angelie Claudio Administrative Officer IV & Aaron Jake Bautista Administrative Aide IV, Procurement Section
3. Submission of RFQ or the Supplier's Quotation (Accredited Prospective Bidder/Supplier).	a. Opening of quotations for evaluation.	None	1 Day/s	Atty. Rizaldy Medoza Assistant City Administrator Angelie Claudio Administrative Officer IV & Aaron Jake Bautista Administrative Aide IV, Procurement Section
	b. Post-Qualification of the Bids	<sup>153</sup> None	1-3 Day/s	Atty. Rizaldy Medoza Assistant City Administrator Angelie Claudio Administrative Officer

				<i>IV &amp; Aaron Jake Bautista Administrative Aide IV, Procurement Section</i>
c. Attach Abstract Quotation/BAC Resolution to be routed to the signatories.	None	1 Day/s	<i>Angelie Claudio Administrative Officer IV &amp; Aaron Jake Bautista Administrative Aide IV, Procurement Section</i>	
d. Release/Print Notice of Award (NOA), Purchase Order (PO), Notice to Proceed (NTP) and Contract to be approved by the City Mayor.	None	1-5 Day/s	<i>Jessica Baltar Administrative Aide IV, Procurement Section</i> <i>Angelica Ibita Executive Assistant II, Office of the City Mayor</i>	
4. Avail a photocopy of Purchase Order (P.O.), Notice of Award (NOA), Notice to Proceed (NTP), and Contract for the delivery of items.	Release/Provide to the Supplier a copy/photocopy of the Purchase Order (P.O.), Notice of Award (NOA), Notice to Proceed (NTP), and Contract for the delivery of Items.	None	5 Minute/s	<i>Jessica Baltar Administrative Aide IV, Procurement Section</i>
<b>TOTAL =</b>		23 Day/s		

**Note: Purchase Request with ABC Exceeding ₱1,000,000.00 requires Order of Payment for The Bid Documents.**

**APPROVED BUDGET FOR THE CONTRACT (ABC)**

- Above ₱1,000,000.00 up to below ₱5,000,000.00
- Above ₱5,000,000.00 up to ₱10,000,000.00
- Above ₱10,000,000.00 up to ₱50,000,000.00
- Above ₱50,000,000.00 up to the maximum amount

**ORDER OF PAYMENT**

- ₱5,000.00 per Supplier/Contractor/Player per Contract/Purchase Request
- ₱10,000.00 per Supplier/Contractor/Player per Contract/Purchase Request
- ₱25,000.00 per Supplier/Contractor/Player per Contract/Purchase Request
- ₱50,000.00 per Supplier/Contractor/Player per Contract/Purchase Request

## City Human Resource Management Office

1. Certifications	/Internal Service
2. Travel Order (Local)	External/Internal Service
3. Foreign Travel Authority	External/Internal Service
4. Travel Order (Seminar/Training)	External/Internal Service



## 1. CERTIFICATIONS

Certifications are issued to confirm information about an employee's length of service, employment details, record of administrative or criminal case whether pending or not, final rating of performance, and other information that will be used for other legal purposes.

<b>Office or Division:</b>	City Human Resource Management Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen) G2G (Government to Government)			
<b>Who may avail:</b>	All active city officials and employees All other employees who retired and separated from the service			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Any valid government-issued ID (1 Original)  2. Authorization Letter and Valid ID, if representative		> BIR, Post Office, DFA, PSA, SSS, GSIS, Pagibig > Notary Public/Law Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out request sheet.	1. Check the details of the request and verify record on file. Encode and print certification.	None	8 minutes	Luzviminda A. Dalino- Administrative Assistant VI  Nikki Rey R. Amorio- Administrative Aide VI  Joevil F. Paredes- Administrative Aide IV  Mary Lyn G. Pascual- Administrative Aide II
2. Wait in the designated waiting area.	2. Approve and sign the certification.	None	1 minute	Wilma Q. Abella- OIC-CHRMO
3. Receive the certification.	3. Release the certification.	None	1 minute	Luzviminda A. Dalino- Administrative Assistant VI  Nikki Rey R.

				Amorio- <i>Administrative Aide VI</i>
				Joevil F. Paredes- <i>Administrative Aide IV</i>
				Mary Lyn G. Pascual- <i>Administrative Aide II</i>
<b>TOTAL:</b>	<b>0.00</b>	<b>10 minutes</b>		



## 2. TRAVEL ORDER (LOCAL)

The Travel Order is a document issued to an official or employee authorized to travel on official business on local destinations.

<b>Office or Division:</b>	City Human Resource Management Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who may avail:</b>	All city officials and employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Approved Travel Order Request Form (2 Original) 2. Invitation to attend Meeting, if applicable (1 Original)		> City Human Resource Management Office > Employee		
<b>AGENCY ACTIONS</b>		<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements.  2. Wait for the notice if the travel order is already approved and available for release.  3. Release the travel order.	1. Receive and review submitted requirements.	None	5 minutes	Geramae Majell S. Del Rosario- <i>Administrative Assistant II</i>
	2. Encode details of the travel and print the travel order.  2.1 Check and initial the travel order.	None	8 minutes 4 minutes	Geramae Majell S. Del Rosario- <i>Administrative Assistant II</i>  Wilma Q. Abella- <i>OIC-CHRMO</i>
	2.2 Transmit the travel order to the Office of the City Administrator/Office of the City Mayor for approval and signature.  2.3 Receive the approved travel order from the Office of the City Administrator/Office of the City Mayor.	None	2 days 5 minutes	Geramae Majell S. Del Rosario- <i>Administrative Assistant II</i>
3. Record and release the travel order to the concerned personnel.		None	3 minutes	Geramae Majell S. Del Rosario- <i>Administrative Assistant II</i>

				<i>Assistant II</i>
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 days 25 minutes</b>	



### 3. FOREIGN TRAVEL AUTHORITY

The Foreign Travel Authority is a document issued to an official or employee authorized to travel on official business or for personal/family reasons on foreign destinations.

<b>Office or Division:</b>	City Human Resource Management Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who may avail:</b>	All city officials and employees			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Approved Leave Application form (2 Original)			> Employee	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements.	1. Receive and review submitted requirements.	None	5 minutes	Geramae Majell S. Del Rosario- Administrative Assistant II
2. Wait for the notice if the travel order is already approved and available for release.	2. Encode details of the travel and print the travel order.  2.1 Check and initial the travel order.	None	8 minutes  4 minutes	Geramae Majell S. Del Rosario- Administrative Assistant II  Wilma Q. Abella- O/C-CHRMO
	2.2 Transmit the travel order to the Office of the City Administrator/ Office of the City Mayor for approval and signature.	None	7 days	Geramae Majell S. Del Rosario- Administrative Assistant II
	2.3 Receive the approved travel order from the Office of City Administrator/	None  160	5 minutes	Geramae Majell S. Del Rosario- Administrative Assistant II

3. Release the travel order.	Office of the City Mayor. 3. Record and release the travel order to the concerned personnel.	None	3 minutes	Geramae Majell S. Del Rosario- <i>Administrative Assistant II</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>7 days 25 minutes</b>	



#### 4. TRAVEL ORDER (SEMINAR/TRAINING)

The Travel Order is a document issued to an official or employee authorized to attend a seminar or training on official business on local destinations.

<b>Office or Division:</b>	City Human Resource Management Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who may avail:</b>	All city officials and employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Approved Training Nomination Form (2 Original) 2. Invitation to attend seminar/training (1 Original)		> Employee > Employee/Professional organizations/Learning Service Provider/Training Institutions		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements.  2. Wait for the notice if the travel order is already approved and available for release.	1. Receive and review submitted requirements.  2. Encode details of the travel and print the travel order.  2.1 Check and initial the travel order.  2.2 Transmit the travel order to the Office of the City Administrator/Office of the City Mayor for approval and signature.  2.3 Receive the approved travel order from the Office of the City Administrator/Offi	None  None  None  None	5 minutes  8 minutes  4 minutes  2 days  5 minutes	Geramae Majell S. Del Rosario-Administrative Assistant II  Geramae Majell S. Del Rosario-Administrative Assistant II  Wilma Q. Abella-OIC-CHRMO  Geramae Majell S. Del Rosario-Administrative Assistant II  Geramae Majell S. Del Rosario-Administrative Assistant II

3. Release the travel order.	ce of the City Mayor. 3. Record and release the travel order to the concerned personnel.	None	3 minutes	Geramae Majell S. Del Rosario- <i>Administrative Assistant II</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>2 days 25 minutes</b>	

## City Planning & Development Office

1. Locational Clearance for Simple/Non-critical Projects	External/Internal Service
2. Locational Clearance for Complex/Critical Projects	External/Internal Service
3. Zoning Certification	External/Internal Service
4. Locational Clearance/Development Permit for Highly Technical Projects	External/Internal Service



## 1. LOCATIONAL CLEARANCE FOR SIMPLE/NON-CRITICAL PROJECTS

To accept and assess applications for Locational Clearance (LC) and issue such clearance upon satisfactory compliance with existing laws, rules and regulations.

<b>OFFICE OR DIVISION:</b>	City Planning and Development Office
<b>CLASSIFICATION:</b>	Simple
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)/G2G (Government to Government)
<b>WHO MAY AVAIL:</b>	This applies to all residential, commercial, industrial and institutional development, new/renovation/extension in the city prior to the issuance of Building Permit and Business Permit whichever is applicable.
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>
1. Due to Post Pandemic Situation, additional requirements are being imposed to avoid contamination among employees and applicants: Health Protocols must be observed.  <u>FOR SIMPLE/NON-CRITICAL PROJECT:</u> 2. A. Proof of Ownership (one (1) photocopy and original for verification) A.1 If the applicant is the owner as indicated in the Transfer Certificate of Title (TCT) • Transfer of Certificate of Title (TCT) • Newly and updated Tax Declaration • Newly and updated Tax Receipt A.2 If under the National Housing Authority (NHA) or Community Mortgage Program (CMP) • NHA Certification • UPAO Certification • Contract to Sell (If there's any) A.3 If newly acquired from developer (PAG-IBIG Fund, GSIS, any Housing Institution, etc., • Copy of Certificate of Title (TCT) with latest Tax Declaration and Tax Receipt • Deed of Absolute Sale/Deed of Conditional Sale	

<p>3. Building Plan</p> <ul style="list-style-type: none"> <li>• For floor area more than 40 sq.m. (Site Development Plan, Architectural Plan and Bill of Materials)</li> <li>• For floor are less than 40 sq.m. (Sketch Plan only)</li> </ul> <p>4. Barangay Clearance and CTC (Community Tax Certificate-Sedula)</p> <p>5. Notarized Special Power of Attorney/Authorization of representative (If applicable)</p> <p>6. Photo documents (actual project status)</p> <p><b>Note:</b> Optional- if project applied for is existing (AS BUILT PLAN) and projects located along major roads, Clearance from City Traffic Management Office must be secured and presented prior to assessment.</p>	<ul style="list-style-type: none"> <li>&gt; Proof of ownership-Applicant's copy from Land Registration Authority (LRA), Tax Declaration from Assessor's Office, Tax receipt from the Local City Treasury; National Housing Authority if under the NHA Project, Urban Poor Affairs Office for the certification, Contract to Sell from developer if being mortgaged.</li> <li>&gt; Building Plan from any private engineer/architect/contractor.</li> <li>&gt; Barangay Clearance and CTC from concerned barangay.</li> <li>&gt; Notarized SPA from owner of the project.</li> </ul>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out form and submit all the requirements for assessment.	Assess the completeness of the documents submitted	NONE	10 mins	Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl from the Physical Environment and Land Use Division (Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO)
2. Receive the assessment fee and order of payment.	same personnel who assessed the documents /or may be turned over to other personnel available at that moment	Based on Zoning Ordinance for residential Php 240+ (50% of 1 % of project cost in excess of 100,000) for commercial Php 500 +(50% of 1 % of project cost in excess of 100,000), and penalty of Php 800 for residential and Php 1300 for commercial/institutional for constructing without necessary permit.		Physical Environment and Land Use Division, City Planning and Development Office
3. Pay the assessment fee at City Treasury Office.	None		None	Office of the Treasury
4. Present the Official Receipt to CPDO personnel.	Receive O.R to record the amount, date paid, receipt number and record the transaction number in the logbook and personnel signing the claiming stub	None	5 mins	Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl from the Physical Environment and Land Use Division (Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning

				<i>Inspector/JO)</i>
5. Wait while the document is being processed.	<p>Print LC and scan the attached documents.</p> <p>-It will be checked for approval and signature of the Zoning Administrator/ Official Alter-ego</p>	None	2 days 4 mins.	Physical Environment and Land Use Division, City Planning and Development Office <i>Yazer, Veeya, Donrey JO / Planning Asst.</i> <i>-Regina Delos Reyes/Jemima Dumdum (City Planning and Dev't. Coordinator/Planning Officer)</i>
6. Claim the signed document. Sign in the logbook. Fill out the Client Satisfaction form.	Collect evaluation form and encode to system	None	5 mins	<i>Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl, Yazer from the Physical Environment and Land Use Division (Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO)</i>
<b>TOTAL :</b>	-	<b>3day s</b>		

#### Zoning Fees:

For residential: P240 + (50% of 1% of project cost in excess of 100,000) For commercial: P500 + (50% of 1% of project cost in excess of 100,000)

For constructing without necessary permit, a penalty of P800 for residential and P1,300 for commercial



## 2. LOCATIONAL CLEARANCE FOR COMPLEX/CRITICAL PROJECTS

To accept and assess applications for Locational Clearance (LC) and issue such clearance upon satisfactory compliance with existing laws, rules and regulations.

<b>OFFICE OR DIVISION:</b>	City Planning and Development Office	
<b>CLASSIFICATION:</b>	Complex	
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)/G2G (Government to Government)	
<b>WHO MAY AVAIL:</b>	This applies to all residential, commercial, industrial and institutional development, new/renovation/extension in the city prior to the issuance of Building Permit and Business Permit whichever is applicable.	
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>	
1. 1. Due to Post Pandemic Situation, additional requirements are being imposed to avoid contamination among employees and applicants: Health Protocols must be observed. <b>FOR COMPLEX /CRITICAL PROJECT:</b> 2. A. Proof of Ownership (one (1) photocopy and original for verification) A.1 If the applicant is the owner as indicated in the Transfer • Certificate of Title (TCT) • Transfer of Certificate of Title (TCT) • Newly and updated Tax Declaration • Newly and updated Tax Receipt A.2 If under the National Housing Authority (NHA) or Community Mortgage Program (CMP) • NHA Certification • UPAO Certification • Contract to Sell (If there's any) A.3 If newly acquired from developer ( PAG-IBIG Fund, GSIS, any Housing Institution, etc., • Copy of Certificate of Title (TCT) with latest Tax Declaration and Tax Receipt • Deed of Absolute Sale/Deed of Conditional Sale • Contract to Sell 3. Building Plan • For floor area more than 40 sq.m. (Site Development Plan, Architectural Plan and Bill of Materials	A. Proof of ownership-Applicant's copy from Land Registration Authority (LRA), Tax Declaration from Assessor's Office, Tax receipt from the Local City Treasury; National Housing Authority if under the NHA Project, Urban Poor Affairs Office for the certification, Contract to Sell from developer if being mortgaged.  B. Building Plan from any private engineer/architect/contractor  C. Barangay Clearance and CTC from concerned barangay  D. Notarized SPA from the owner  <b>FOR ADDITIONAL REQUIREMENTS:</b> 1. DENR-EMB, Region III 2. Concerned Barangay 3. Adjacent property owners 4. Concerned HOA 5. Law Office 6. Private company/preparer of TIA 7. Inspector of the PE and Land Use Division	

- For floor area less than 40 sq.m. (Sketch Plan only)
4. Barangay Clearance and CTC (Community Tax Certificate-Cedula)
  5. Notarized Special Power of Attorney/Authorization of representative (If applicable)
  6. Photo documents (actual project status)

Note:

Optional- if project applied for is existing (AS BUILT PLAN) and projects located along major roads, Clearance from City Traffic Management Office must be secured and presented prior to assessment.

**ADDITIONAL REQUIREMENTS FOR CRITICAL PROJECT** (such as Industrial, institutional, large commercial establishments, piggery and poultry farm, markets, funeral services, etc.)

1. Environmental Compliance Certificate (ECC) or Certificate of Non-Coverage (CNC) issued by EMB-DENR
2. Barangay Council Resolution
3. Written Conformity/Certificate of No-Objection from neighbors or adjacent property owners
4. HOA Resolution/ Certificate of No-Objection (for commercial and institutional projects inside a subdivision)
5. Affidavit of Undertaking/Sinumpaang Salaysay
6. Traffic Impact Assessment Plan/Traffic Management Plan
7. Evaluation Report of the proposed project being applied.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out form and submit all the requirements for assessment.	1. Assess the completeness of the documents submitted.	None	5 minutes	<i>Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl</i> from the Physical Environment and Land Use Division <i>(Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO)</i>
2. Fill out request form for inspection.	2. Conduct ocular inspection and prepare evaluation report of the proposed project. Submit to City Mayor's Office for preliminary approval.	None	2 mins	(it could be either of them: <i>JR, Donrey, Nomer,Lendl (Asst. Statistician/ Planning Asst./ Project Dev't. Asst./ Zoning Inspector</i>
3. Receive a copy of the evaluation report.	3. Check and review the evaluation report based on zoning ordinance and other national and local laws before approval.	None	3 days ad 5 minutes	<i>-Regina Delos Reyes/Jemima Dumdum (City Planning and Dev't. Coordinator/Planning Officer)</i>

4. If project is conforming, issue assessment fee for payment.	4. same personnel who assessed the documents/or may be turned over to another personnel available at that moment	Based on Zoning Ordinance for residential Php 240+ (50% of 1 % of project cost in excess of 100,000); for commercial Php 500 +(50% of 1 % of project cost in excess of 100,000); for institutional project php 300 +(50% of 1 % of project cost in excess of 100,000), and penalty of Php 800 for residential and Php 1300 fro commercial/ins titutional for constructing without necessary permit.	5 minutes	<i>Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl</i> from the Physical Environment and Land Use Division ( <i>Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO</i> )
5. Pay the assessment fee at City Treasury Office.	5. Receive payment and issue Official Receipt.		None	Cashier, City Treasury Office
6. Present the Official Receipt to CPDO personnel.	6. Receive O.R to record the amount, date paid, receipt number and record the transaction number in the logbook and personnel signing the claiming stub Print LC and scan the attached documents.		None	5 minutes <i>Ericmar, Nomer, JR, Donrey, Renato ,Veeya, Lendl</i> from the Physical Environment and Land Use Division ( <i>Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO</i> ) <i>Yazer, Veeya, Donrey JO / Planning Asst.</i>
7. Wait while the document is being processed.	It will be checked for approval and signature of the Zoning Administrator/ Official Alter-ego		None	3 days <i>- Regina Delos Reyes/Jemima Dumdum (City Planning and Dev't. Coordinator/Planning Officer)</i>

8. Claim the signed document. Sign in the logbook. Fill out the Client Satisfaction form.	8. Collect evaluation form and encode to system	None	5 minutes	<i>Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl, Yazer from the Physical Environment and Land Use Division (Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO)</i>
<b>TOTAL :</b>		<b>Based on Zoning Ordinance fees</b>	<b>6 days 27 minutes</b>	

**Zoning Fees:**

For residential: P240 + (50% of 1% of project cost in excess of 100,000) For commercial: P500 + (50% of 1% of project cost in excess of 100,000)

For institutional project: P300 + (50% of 1% of project cost in excess of 100,000)

For constructing without necessary permit, a penalty of P800 for residential and P1,300 for commercial and institutional



### 3. ZONING CERTIFICATION

To accept and assess applications for Zoning Certification (LC) as to land use or business and issue such certification upon satisfactory compliance with existing laws, rules and regulations.

<b>OFFICE OR DIVISION:</b>	City Planning and Development Office
<b>CLASSIFICATION:</b>	Simple
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)/G2G (Government to Government)
<b>WHO MAY AVAIL:</b>	This applies to all residential, commercial, industrial and institutional development, new/renovation/extension in the city prior to the issuance of Building Permit and Business Permit whichever is applicable.
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>
1. Due to Post Pandemic Situation, additional requirements are being imposed to avoid contamination among employees and applicants Health Protocols must be observed.  1.1 <u>FOR CERTIFICATION AS TO LAND USE:</u> A. Proof of Ownership (photocopy and original for verification) If the applicant is the owner as indicated in the Transfer Certificate of Title (TCT) <ul style="list-style-type: none"><li>• Transfer of Certificate of Title (TCT)</li><li>• Newly and updated Tax Declaration</li><li>• Newly and updated Tax Receipt</li></ul> -Vicinity Map (exact location of the proposed project site and the existing land use and/ or landmarks duly signed by a Geodetic/Civil Engineer <ul style="list-style-type: none"><li>• Deed of Absolute Sale/Deed of Conditional Sale</li><li>• Contract to Sell (whichever applicable)</li></ul> -Lot Plan duly signed by Geodetic Engineer -Notarized Special Power of Attorney/Authorization of representative	1.1 A. Proof of ownership-Applicant's copy from Land Registration Authority (LRA), Tax Declaration from Assessor's Office, Tax receipt from the Local City Treasury; National Housing Authority if under the NHA Project, Urban Poor Affairs Office for the certification, Contract to Sell from developer if being mortgaged.  B. Vicinity Map and lot plan prepared and signed by private Geodetic/Civil Engineer  C. Barangay Clearance and CTC from concerned barangay  D. Notarized SPA from lot owner if representative only

<p><b>1.2 FOR CERTIFICATION AS TO BUSINESS:</b></p> <ul style="list-style-type: none"> <li>• If the applicant is the owner as indicated in the Transfer Certificate of Title (TCT)</li> <li>• Transfer of Certificate of Title (TCT)</li> <li>• Newly and updated Tax Declaration</li> <li>• Newly and updated Tax Receipt</li> <li>-If business area is renting, (Lease Contract with Lessor's Business Permit and proof of ownership should be provided)</li> <li>B. Barangay Clearance and CTC (Community Tax Certificate-Sedula)</li> <li>C. DTI for the business name</li> <li>D. Photo documents (if inspection is not necessary) to check if setback or easements is properly observed.</li> </ul> <p><b>Note:</b> Optional- if project applied for is existing (AS BUILT PLAN) and projects located along major roads, Clearance from City Traffic Management Office must be secured and presented prior to assessment.</p>	<p><b>1.2 AS TO BUSINESS:</b></p> <ul style="list-style-type: none"> <li>-Tax Dec. from the City Assessor's Office and Tax receipt paid from the City Treasury</li> <li>-Barangay Clearance issued by the concerned barangay <ul style="list-style-type: none"> <li>&gt; -DTI approved business name from DTI extension office at SM Tungko</li> </ul> </li> </ul>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out form and submit all the requirements for assessment.	1. Assess the completeness of the documents submitted.	None	5 minutes	Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl from the Physical Environment and Land Use Division ( <i>Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO</i> )
2. Receive the assessment fee and order of payment based on Zoning Ordinance/Local Revenue Code	same personnel who assessed the documents/or may be turned over to another personnel available at the moment	for zoning certification as to land use, base fee of Php 240 per hectare; for business application	5 minutes	Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl from the Physical Environment and Land Use Division ( <i>Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning</i> )

		base fee of Php 240 additional Php 1000 if there is a change of use. For violation and penalty, pls refer to zoning ordinance sec.76		Asst./Draftsman III/Zoning Inspector/JO)
3. Pay the assessment fee at City Treasury Office.	3. Receive payment and issue Official Receipt.		None	Cashier , City Treasury Office
4. Official receipt will be presented to the personnel who assisted the applicant	Receive O.R to record the amount, date paid, receipt number and record the transaction number in the logbook and personnel signing the claiming stub	None	5 mins.	Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl from the Physical Environment and Land Use Division (Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO)
5. Wait while the document is being processed.	-Print LC and scan the attached documents.  -It will be checked for approval and signature of the Zoning Administrator/ Official Alter-ego	None	2 days & 30 mins	Yazer, Veeya, Donrey JO / Planning Asst.  - Regina Delos Reyes/Jemima Dumdum (City Planning and Dev't. Coordinator/Planning Officer)
6. Claim the signed document. Sign in the logbook. Fill out the Client Satisfaction form.	Collect evaluation form and encode to system	None	5 mins.	Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl, Yazer from the Physical Environment and Land Use Division (Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO)

<b>TOTAL :</b>	<b>Based on Zoning Ordinance fees</b>	<b>2 days &amp; 55 mins</b>	
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**Zoning Fees:**

For land use: base fee of P240

per hectare For business use:

base fee of P240

If there is change of use, Additional fee of P1,000

For violation and penalty, refer to Section 76 of Zoning Ordinance



#### 4. LOCATIONAL CLEARANCE/DEVELOPMENT PERMIT FOR HIGHLY TECHNICAL PROJECTS

To accept and assess applications for Locational Clearance (LC)/PRELIMINARY APPROVAL OF LOCATIONAL CLEARANCE/DEVELOPMENT PERMIT and issue such document upon satisfactory compliance with existing laws, rules and regulations

<b>OFFICE OR DIVISION:</b>	City Planning and Development Office
<b>CLASSIFICATION:</b>	Highly Technical
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)/G2G (Government to Government)
<b>WHO MAY AVAIL:</b>	This applies to all residential, commercial, industrial and institutional development, new/renovation/extension/alteration in the city prior to the issuance of Building Permit and Business Permit whichever is applicable
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>
<p>Due to Post Pandemic Situation, additional requirements are being imposed to avoid contamination among employees and applicants: Strictly: Applicants must wear the proper face mask and the use of alcohol spray before and after every transaction. Applicants will be served one at a time and must have a number from the counter.</p> <p><b>FOR HIGHLY TECHNICAL TRANSACTION:</b></p> <p>A. Five (5) sets of Site Development/Alteration Plan (schematic plan) at a scale ranging from 1:200 to 1:2,000 showing the proposed layout of streets, lots, parks and playground</p> <p>B. Vicinity map-at least within 500 meters from the property boundaries of the project</p> <p>C. Topographic plan to include existing conditions as follows:</p> <ol style="list-style-type: none"><li>1. Boundary Lines</li><li>2. Streets, easements, width and elevation of right-of-way within the project and adjacent subdivisions/ areas.</li><li>3. Utilities within and adjacent to the proposed subdivision project.</li><li>4. Ground elevation of the subdivision</li><li>5. Water courses, marshes, rock and wooded areas, presence of all preservable trees in caliper diameter of 200 millimeters, houses, barns, shacks</li><li>6. Proposed public improvements</li></ol> <p>D. Survey plan of the lot(s) as described in TCT(s)</p> <p>E. Two (2) copies of certified true copy of title(s), current tax receipts and tax declaration</p> <p>F. Subdivision Development Plan-at scale of 1:200; 1:1,000 not exceeding to 1:2,000</p>	<p>A. Proof of ownership-Applicant's copy from Land Registration Authority (LRA), Tax Declaration from Assessor's Office, Tax receipt from the Local City Treasury; National Housing Authority if under the NHA Project, Urban Poor Affairs Office for the certification, Contract to Sell from developer if being mortgaged. (Most of the requirements sourced by the applicant;</p> <p><b>FOR ADDITIONAL REQUIREMENTS:</b></p> <ol style="list-style-type: none"><li>1. DENR-EMB, Region III</li><li>2. DAR Office, Department of Agriculture, SP Resolution from the Local Sangguniang (if it needs reclassification/rezoning)</li><li>3. Concerned Barangay</li><li>4. Adjacent property of the proposed project/</li><li>5. Concerned HOA</li><li>6. Law Office</li><li>7. Private company/preparer of TIA</li><li>8. Inspector of the PE and Land Use Division</li><li>9. LZBA Resolution from the Local Zoning Board of Appeal</li></ol>

G. Civil and Sanitary works Design  
 H. Two (2) copies of water system layout and details duly signed and sealed by a licensed sanitary or civil engineer  
 I. Certified true copy of Environmental Compliance Certificate (ECC) and a copy of Environmental Impact Assessment (EIA) submitted to DENR-EMB.  
 J. Two (2) copies of project description of projects having an area of 1 hectare and above to include the following:  
     1.1. Due to Pandemic Situation, additional requirement is being imposed to avoid contamination among employees and applicants: Health Protocols must be observed

**FOR HIGHLY TECHNICAL PROJECTS:**

2. A. Same requirements in simple transactions  
**ADDITIONAL REQUIREMENTS FOR CRITICAL PROJECT** (such as Industrial, institutional, large commercial establishments, piggery and poultry farm, markets, funeral services, etc.)

1. Environmental Compliance Certificate (ECC) or Certificate of Non-Coverage (CNC) issued by EMB-DENR  
 2. DAR Conversion Certificate/DA Clearance /SP Resolution for reclassification if agricultural/rezoning of non-agri if applicable  
 3. Barangay Council Resolution  
 4. Written Conformity/Certificate of No-Objection from neighbors or adjacent property owners  
 5. HOA Resolution/Non-Objection (for commercial and institutional projects inside a subdivision)  
 6. Affidavit of Undertaking/Sinumpaang Salaysay (if applicable)  
 7. Traffic Impact Assessment Plan/Traffic Management Plan  
 8. Evaluation Report of the proposed project being applied.  
 9. If project is non-conforming the project will be denied by the Zoning Administrator and may appeal to Local Zoning Board of Appeal for the special grant. LZBA Resolution

**Note:**  
 Optional- if project applied for is existing (AS BUILT PLAN) and projects located along major roads, Clearance from City Traffic Management Office must be secured and presented prior to assessment.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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<p>1. Fill-out application form and submit all the documentary requirements subject for evaluation and assessment (given that all requirements are complete and project is simple).</p>	<p>Assess the completeness of the documents submitted</p>	<p>NONE</p>	<p>5 mins.</p>	<p><i>Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl from the Physical Environment and Land Use Division (Planning Officer II/Project Dev't. Asst./ Asst. Statistician/ Planning Asst./Draftsman III/Zoning Inspector/JO)</i></p>
<p>2.2. Fill out request form for inspection and project report for notification to the City Mayor.</p>	<p>Technical Staff conducts ocular inspection and prepare evaluation report of the proposed project and submit to the Office of the City Mayor for preliminary approval.</p>	<p>None</p>	<p>10 mins.</p>	<p>(it could be either of them: <i>JR, Donrey, Nomer,Lendl (Asst. Statistician/ Planning Asst./ Project Dev't. Asst./ Zoning Inspector</i></p>

3. Applicant will be given copy of the evaluation report	Evaluation Report will be checked and reviewed by the Zoning Administrator subject for approval based on Zoning Ordinance and other national and local laws	None	19 days	-- <i>Regina Delos Reyes/Jemima Dumdum (City Planning and Dev't. Coordinator/Planning Officer)</i>
4. If project is conforming, assessment of fee based on Zoning Ordinance/Local will be issued to applicant for payment	same personnel who assessed the documents/or may be turned over to other personnel available at that moment	None	20 mins	(it could be either of them: <i>JR, Donrey, Nomer, Lendl (Asst. Statistician/Planning Asst./Project Dev't. Asst./Zoning Inspector</i>
5. Applicant pay the assessment fee.				<i>Cashier, City Treasury Office</i>
6. Official receipt will be presented to the personnel who assisted the applicant	Receive O.R to record the amount, date paid, receipt number and record the transaction number in the logbook and personnel signing the claiming stub	None	5 mins.	<i>Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl</i> from the PE and Land Use Division ( <i>Project Dev't. Asst./Admin Aid 6/Planning Asst./Asst. Statistician/Draftsman III/Zoning Inspector/JO</i> )
7. Wait while document is on process	Print LC and scan the attached documents. -It will be checked for approval and signature of the Zoning Administrator/	None	25 mins.	- <i>Regina Delos Reyes/Jemima Dumdum (City Planning and Dev't. Coordinator/Planning Officer)</i>

	Official Alter-ego			
8. Claim the signed document and sign in the logbook and fill-out the evaluation form (feedback system)	Collect evaluation form and encode to system	None	5 mins.	<i>Ericmar, Nomer, JR, Donrey, Renato, Veeya, Lendl, Yazer</i> from the PE and Land Use Division (Project Dev't. Asst./ Admin Aid 6 /Planning Asst./Asst. Statistician/ Draftsman III/Zoning Inspector/JO)
<b>Total:</b>		-	<b>19 days, 1hr &amp; 15 mins</b>	

# City Civil Registrar's Office

1. Issuance of Certified Photocopy/Certification of Birth, Death and Marriage Certificate	External/Internal Service
2. Timely Registration of Live Birth from Married and Solo Parent	External/Internal Service
3. Timely Registration of Live Birth of Children from Non-marital Parents	External/Internal Service
4. Timely Registration of Marriage	External/Internal Service
5. Timely Registration of Death	External/Internal Service
6. Delayed Registration of Birth	External/Internal Service
7. Application for Marriage License	External/Internal Service



## 1. ISSUANCE OF CERTIFIED PHOTOCOPY / CERTIFICATION OF BIRTH, DEATH AND MARRIAGE CERTIFICATE (INTERNAL & EXTERNAL SERVICE)

Any person has the right to request for a copy of his/her registered document presented with any valid identification card. As such, upon the payment of the required fees and for as long as there is still a copy of the document at the archives of the CCRO, the same can be issued. Otherwise, a certification to the contrary may be validly issued. The office observes the confidentiality rule by releasing the Certificate of Death, Certificate of Marriage, Certificate of Live Birth.

<b>OFFICE OR DIVISION:</b>	City Civil Registry Office			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen) / G2G (Government to Government)			
<b>WHO MAY AVAIL:</b>	<ol style="list-style-type: none"><li>1. The owner himself or through a duly authorized representative;</li><li>2. His/ her spouse, parent, direct descendants, guardian or institution legally in-charge of him/ her, if minor;</li><li>3. The court or proper public official whenever absolutely necessary in administrative, judicial or other official proceedings to determine the identity of a person;</li><li>4. In case of the person's death, the nearest of kin.</li></ol>			
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>			
1. For Owner - Government Issued Identification Card  If Representative - Authorization letter from the owner being Represented & Government Issued Identification Card of him and the person being represented (Photocopy with signatures)	DFA, LTO, PRC, IBP, GSIS, SSS, Pag-IBIG, COMELEC, PhilPost, OSCA, DOLE, OWWA, MARINA, NBI, PNP, DSWD, Barangay, Philsys, NCDA, BSP, SEC			
2. If direct descendants, guardian or institution legally in-charge of him/ her, Affidavit of Guardianship	Notary Public			
3. If court or proper public official, court order	Court			
4. If nearest kin, Affidavit of Nearest Kin	Notary Public			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client's Attendance Sheet. Get a transaction number	1.1 Call a number and conduct a brief interview. Give verification slip	None	2 minutes	Evelyn D. Miguel <i>Admin. Asst. VI</i> CCRO-Window 2
2. Fill-out verification slip and submit at the window for verification together with the said requirements	2.1 Examine and or validate the ID and Authorization letter 2.2 Verify the details of the request in the database  2.3 If registered, issue order of payment 2.4 If not registered, transfer to window 7 for necessary requirements for delayed registration	None	3 minutes	Evelyn D. Miguel <i>Admin. Asst. VI</i> CCRO-Window 2  Casey A. Sitjar <i>Admin. Aide IV</i> CCRO - Window 1

<p>3. Pay the required fee at the City Treasurer's Office by showing the Order of Payment.        *Make sure to secure Official Receipt that will be issued upon payment.</p>	<p>3.1 Retrieval of document being requested</p>	<p>Certified True Copy (for local use) - Php35.00 / copy        Certification - Php50.00 / copy        Certified True Copy (for abroad) - Php100.00 / copy</p>	<p>9 minutes</p>	<p><i>Local Treasury Officer II CTO</i>  <i>Casey A. Sitjar Admin. Aide IV CCRO - Window 1</i></p>
<p>4. Return to the CCRO Window and give the official receipt. Stay on the waiting area and wait until your name be called.</p>	<p>4.1 Photocopying of files or preparation of certification.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Casey A. Sitjar Admin. Aide IV CCRO - Window 1</i></p>
	<p>4.2 Review and sign the document.</p>	<p>None</p>	<p>1 minute</p>	<p><i>Dr. Maricel T. Cabiling-Ramos, J.D. OIC-City Civil Registrar or his designated officer CCRO</i></p>
<p>5. Claim the certified true copy or certification.</p>	<p>5.1 Release of document</p>	<p>None</p>	<p>1 minute</p>	<p><i>Evelyn D. Miguel Admin. Asst. VI Window 2</i></p>
<b>Total:</b>		<p>Certified True Copy (for local use) - Php35.00 / copy        (for abroad) - Php100.00        Certification - Php50.00 / copy</p>	<p><b>21 minutes</b></p>	

**PURSUANT TO ADMINISTRATIVE ORDER NO. 1, SERIES OF 1993**

Imposition of fees is based with the Republic Act 7160.



## 2. TIMELY REGISTRATION OF LIVE BIRTH FROM MARRIED & SOLO PARENT (INTERNAL & EXTERNAL SERVICE)

REGISTRATION OF LIVE BIRTH shall be made in the Local Civil Registry Office of the city/municipality where the birth occurred. It shall be registered within thirty (30) days from the time of occurrence.

<b>OFFICE OR DIVISION:</b>	City Civil Registry Office			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)			
<b>WHO MAY AVAIL:</b>	Parents of the child, Registered Midwives, Nurse, Physician, Representative of Hospitals / Lying-in clinics			
<b>CHECKLIST OF REQUIREMENTS:</b>		<b>WHERE TO SECURE:</b>		
1. Four (4) copies of Form 102 duly accomplished and signed by the proper parties. 2. Marriage Certificate of parents		1. Hospital, Lying-in, Clinic or Health Center where the birth occurred 2. PSA or LCR where the marriage occurred		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client's Attendance Sheet. Get a transaction number	1.1 Call a number and conduct a brief interview. Transfer to Window 3 for registration	None	2 minutes	Evelyn D. Miguel <i>Admin. Asst. VI</i> CCRO-Window 2
2. Submit the duly accomplished COLB	2.1 Accept/review/verify the documents presented	None	2 minutes	Mary Ann T. Mangalindan <i>Admin Aide II</i> CCRO-Window 3
3. Stay on the waiting area and wait until the release of the document	3.1 Assign appropriate registry number to the document and record it to the registry book	None	9 minutes	Mary Ann T. Mangalindan <i>Admin Aide II</i> CCRO-Window 3
	3.2 Review and sign the document.	None	1 minute	Dr. Maricel T. Cabiling-Ramos, J.D. <i>OIC-City Civil Registrar or his designated officer CCRO</i>
4. Claim the document	4.1 Release copy to client.	None	1 minute	Mary Ann T. Mangalindan <i>Admin Aide II</i> CCRO-Window 3
		<b>Total:</b>		<b>15 minutes</b>

"PURSUANT TO ADMINISTRATIVE ORDER NO. 1, SERIES OF 1993"



### 3. TIMELY REGISTRATION OF LIVE BIRTH OF CHILDREN FROM NON-MARITAL PARENTS (INTERNAL & EXTERNAL SERVICE)

REGISTRATION OF LIVE BIRTH shall be made in the Local Civil Registry Office of the city/municipality where the birth occurred. It shall be registered within thirty (30) days from the time of occurrence.

<b>OFFICE OR DIVISION:</b>	City Civil Registry Office			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)			
<b>WHO MAY AVAIL:</b>	Parents of the child, Registered Midwives, Nurse, Physician, Representative of Hospitals / Lying-in clinics			
<b>CHECKLIST OF REQUIREMENTS:</b>		<b>WHERE TO SECURE:</b>		
1. Four (4) copies of Form 102 duly accomplished and signed by the proper parties		Hospital, Lying-in, Clinic or Health Center where the birth occurred		
2. Community tax certificate of parents / Government issued ID (Original w/ 2 photocopies)		DFA, LTO, PRC, IBP, GSIS, SSS, Pag-IBIG, COMELEC, PhilPost, OSCA, DOLE, OWWA, MARINA, NBI, PNP, DSWD, Barangay, Philsys, NCDA, BSP, SEC		
3. Duly accomplished, signed and notarized affidavit of acknowledgment / admission of paternity		Upper back portion of Certificate of Live Birth / Notary Public		
4. Duly accomplished and notarized affidavit to use the surname of the father (AUSF) executed by the mother (3 original copies)		Notary Public		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client's Attendance Sheet. Get a transaction number	1.1 Call a number and conduct a brief interview. Call the designated registration officer for evaluation	None	2 minutes	Evelyn D. Miguel <i>Admin. Asst. VI</i> CCRO-Window 2
2. Submit the duly accomplished COLB	2.1 Accept/review/ verify the documents presented	None	2 minutes	Mary Ann T. Mangalindan <i>Admin Aide II</i> CCRO-Window 3
3. Pay the required fee at the City Treasury Office by showing the Order of Payment. *Make sure to secure Official Receipt that will be issued upon payment.	3.1 Wait for the official receipt	Ack. of Paternity - Php300.00	7 minutes	<i>Local Treasury Officer II</i> CTO
4. Return to the CCRO Window and give the official receipt. Wait for your claimstub and return on the said date of release.	4.1 Issue a claim stub	None	1 minute	Mary Ann T. Mangalindan <i>Admin Aide II</i> CCRO-Window 3
	4.2 Review and record the AUSF into the registry book of legal instruments	None	1 day	Venus P. Manuel <i>Admin. Asst. V</i> CCRO-Window 6
	4.3 Review and sign the prepared documents	None	2 minutes	Dr. Maricel T. Cabiling-Ramos, J.D. <i>OIC-City Civil Registrar or his</i>

				<i>designated officer</i> CCRO
5. Go to the window and present your claimstub. Wait for the release of your document.	5.1 Collect the claim stub and release the document to the client	None	1 minute	Mary Ann T. Mangalindan <i>Admin Aide II</i> CCRO-Window 3
	<b>Total:</b>	<b>Php300.00</b>	<b>1 day &amp; 15 minutes</b>	
<p align="center"><b>"PURSUANT TO ADMINISTRATIVE ORDER NO. 1, SERIES OF 1993"</b></p> <p align="center">Imposition of fees is based with the Republic Act 7160.</p>				



#### 4. TIMELY REGISTRATION OF MARRIAGE (INTERNAL & EXTERNAL SERVICE)

The time for submission of the CERTIFICATE of MARRIAGE is within fifteen (15) days following the solemnization of marriage while in marriage exempt from license requirement, the prescribed period is thirty (30) days at the place where the marriage was solemnized

<b>OFFICE OR DIVISION:</b>	City Civil Registry Office			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)			
<b>WHO MAY AVAIL:</b>	All document owner & solemnizing officer			
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>			
1. Four (4) copies of Form 97 duly accomplished and signed by the proper parties.	1. Solemnizing Officer			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client's Attendance Sheet. Get a transaction number	1.1 Call a number and conduct a brief interview. Call the designated registration officer for evaluation	None	2 minutes	Evelyn D. Miguel <i>Admin. Asst. VI</i> CCRO-Window 2
2. Submit the duly accomplished COM	2.1 Accept/review/ verify the documents presented	None	3 minutes	Lanilene M. Monsada <i>Admin Aide VI</i> CCRO- Window 4
3. Stay on the waiting area and wait until your name be called.	3.1 Assign appropriate registry number to the document and record it to the registry book	None	8 minutes	Lanilene M. Monsada <i>Admin Aide VI</i> CCRO-Window 4
	3.2 Review and sign the document.	None	1 minute	Dr. Maricel T. Cabiling-Ramos, J.D. <i>OIC-City Civil Registrar or his designated officer</i> CCRO
4. Claim the document	4.1 Release copy to client.	None	1 minute	Lanilene M. Monsada <i>Admin Aide VI</i> CCRO-Window 4
<b>Total:</b>		<b>None</b>	<b>15 minutes</b>	
<b>"PURSUANT TO ADMINISTRATIVE ORDER NO. 1, SERIES OF 1993"</b>				



## 5. TIMELY REGISTRATION OF DEATH (INTERNAL & EXTERNAL SERVICE)

Registration shall be made in the Office of the Civil Registrar of the city/municipality where it occurred within thirty (30) days from the time of death.

<b>OFFICE OR DIVISION:</b>	City Civil Registry Office			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)			
<b>WHO MAY AVAIL:</b>	wife, child, parents, nearest kin of the deceased or their duly authorized representative			
<b>CHECKLIST OF REQUIREMENTS:</b>		<b>WHERE TO SECURE:</b>		
1. Four (4) copies of Form 103 duly accomplished and signed by the proper parties.		1. Hospital or servicing funeral parlor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client's Attendance Sheet. Get a transaction number	1.1 Call a number and conduct a brief interview. Call the designated registration officer for evaluation	None	2 minutes	Evelyn D. Miguel <i>Admin. Asst. VI</i> CCRO-Window 2
2. Submit the duly accomplished COD	2.1 Accept/review/ verify the documents presented	None	2 minutes	Theresa M. Flores <i>Admin Aide IV</i> CCRO-Window 5
3. Pay the required fee at the City Treasurer's Office by showing the Order of Payment. *Make sure to secure Official Receipt that will be issued upon payment.	3.1 Issue order of payment	Php200.00 - Burial Permit Php100.00 - Transfer Permit	5 minutes	Local Treasury Officer  II CTO
4. Return to the CCRO Window and give the official receipt. Stay on the waiting area and wait until your name be called.	4.1 Assign appropriate registry number to the document and record it to the registry book	None	4 minutes	Theresa M. Flores <i>Admin Aide IV</i> CCRO-Window 5
	4.2 Review and sign the document.	None	1 minute	Dr. Maricel T. Cabiling-Ramos, J.D. <i>OIC-City Civil Registrar or his designated officer</i> CCRO
5. Claim the document	5.1 Release copy to client.	None	1 minute	Theresa M. Flores <i>Admin Aide IV</i> CCRO-Window 5
<b>Total:</b>		Php200.00 - Burial Permit Php100.00 - Transfer Permit	<b>15 minutes</b>	
<b>"PURSUANT TO ADMINISTRATIVE ORDER NO. 1, SERIES OF 1993"</b>				



## 6. DELAYED REGISTRATION OF BIRTH (INTERNAL & EXTERNAL SERVICE)

A report of vital event made beyond the reglementary period is considered delayed. A notice to the public on the pending application for DELAYED REGISTRATION shall be posted in the bulletin board of the city/municipality for a period of not less than ten (10) days. If after ten (10) days, no one opposes the registration, the civil registrar shall evaluate the veracity of the statements made in the required documents submitted. When the civil registrar is convinced that the event really occurred within the jurisdiction of the civil registry office and finding out that the said event was not registered, he shall register the delayed report thereof.

<b>OFFICE OR DIVISION:</b>	City Civil Registry Office
<b>CLASSIFICATION:</b>	Complex
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)
<b>WHO MAY AVAIL:</b>	All document owner, his/her parent, or guardian
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>
1. PSA Negative Certification of Birth (Original w/ 2 photocopies) 2. Submit original and 2 photocopies of any two (2) of the following both showing date and place of birth of the registrant: *Baptismal Certificate *White Card/CHC RHU Medical Record *Form 137 or school certification or Transcript of Records *Voter's Registration Record *Employment Records (GSIS/SSS E-1 or E-Form) *OFFICE MAY CONSIDER relevant and necessary for the approval of the application (Philhealth-MDR, Service, Record, Personal Data Sheet, Medical Record, OSCA Certification)	1. Philippine Statistics Authority  2. Concerned Offices  *Concerned Offices *Concerned Offices *Any school attended *Comelec Office *Employer *Concerned Offices
3. Medical Certificate (Original w/ 2 photocopies) / Duly accomplished Birth Certificate (4copies) if born in hospital, lying-in or clinic.	3. Concerned Offices
4. Government-issued ID of registrant (Original w/ 2 photocopies)	4. Concerned Offices
5. Marriage Contract of registrant, if married (Original w/ 2 photocopies)	5. Local Civil Registry Office where the marriage occurred or Philippine Statistics Authority
6. Barangay Certification as proof of residency (Original w/ 2 photocopies)	6. Barangay Hall
7. National ID	191 7. PhilSys Office (Starmall)
8. Any (2) documentary evidence showing the identity of the parents such as but not limited to his/her certificate of	8. Local Civil Registry Office where the marriage, birth or death occurred or Philippine Statistics Authority / Concerned

live birth, government issued ID, certificate of marriage or certificate of death if deceased

9. 2pcs. Unedited front-facing photo of the registrant (2x2 size, white background, taken within 3 mos. from the date of registration)

10. Joint Affidavit of two disinterested persons (Original & Photocopy)

11. Registrant's Affidavit

**CHILDREN FROM NON-MARITAL PARENTS - the FATHER must sign the Affidavit of Acknowledgment at the back of COLB**

If Father is Deceased, submit documents that will prove the filiation of the child or documents showing that the father has acknowledged the child i.e. ITR, public document and private handwritten instrument

\*with Admission of Paternity but no AUSF, the child shall use the SURNAME OF THE MOTHER

\*with Admission of Paternity and with AUSF, the child shall use the SURNAME OF THE FATHER

0 – 6 yrs. old – AUSF to be executed by the mother or the guardian, in the absence of the mother.

7-17 yrs. old – AUSF to be executed by the child attested by the mother or the guardian

18 yrs. and above – AUSF to be executed by the child without need of attestation.

11. Affidavit of Midwife/Hilot stating the reason of delay

12. Pre-Natal Record of mother regardless of birth order (For Minor Children) or if the mother is more than 40 years old at the time of the birth of the child

Offices

9. Photoshop

10. Notary Public

11. Notary Public

\*Notary Public

11. Notary Public

12. Concerned Offices

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number in the window and sign in the Client's Attendance Sheet and wait until your number be called.	1. Call a number and conduct a brief interview regarding the client's request, call the concerned officer	None	1 minute	Evelyn D. Miguel Admin. Asst. VI CCRO-Window 2
2. Submit complete requirements to Administrative Aide II for evaluation	2. Evaluate all requirements. If complete, conduct a brief interview and let the client fill-out the information sheet. Then issue order of payment	None	15 minutes	Romelyn C. Gempis, Administrative Aide II, CCRO - Window 7

None	2.1. If there's a discrepancy or lacking requirements, advise the client to correct/complete it.	None		
3. Pay the required fee at the City Treasury Office by showing the Order of Payment. *Make sure to secure Official Receipt that will be issued upon payment.	3. Wait for the official receipt and prepare the document.	Ack. Of Paternity - Php300.00 Verification - Php35.00 Cert. of No Record - Php35.00	10 minutes	<i>Local Treasury Officer II - CTO Romelyn C. Gempis, Administrative Aide II, CCRO - Window 7</i>
4. Return to Window 7 and submit all the receipts. Wait for the prepared documents for checking and signature. Wait for your claimstub and come back on the said schedule	4. Give the prepared document to client for checking. Issue claimstub to client.  4.1. Prepare a notice to the public and post it on the bulletin board. Record on logbook.	None	5 minutes	<i>Romelyn C. Gempis, Administrative Aide II, CCRO - Window 7</i>
None	4.2 Application will be align for verification	None	10 days	<i>Romelyn C. Gempis, Administrative Aide II, CCRO - Window 7</i>
None	4.3 Application will be align for recording of legal instruments (if any) and coding.	None	10 days	<i>Venus P. Manuel, Administrative Assistant IV, CCRO - Window 6</i>
None	4.4 Application will be align for numbering.	None	10 days	<i>Mary Ann T. Mangalindan Admin Aide II CCRO-Window 3</i>
None	4.5 Review and sign the application after the 10 days posting period	None	2 minutes	<i>Dr. Maricel T. Cabiling-Ramos, J.D. OIC-City Civil Registrar or his designated officer CCRO</i>
5. Give your claimstub to Administrative Aide II and wait for the release of your document.	5. Collect the claimstub. Let the client sign the logbook then release the document.	None	2 minutes	<i>Romelyn C. Gempis, Administrative Aide II, CCRO - Window 7</i>
<b>Total:</b>			<b>10 days &amp; 35 minutes</b>	
<b>"PURSUANT TO ADMINISTRATIVE ORDER NO. 1, SERIES OF 1993 &amp; PSA Memo Circular 2024-17 &amp; 2024-17A"</b>				



## 7. APPLICATION MARRIAGE LICENSE (INTERNAL & EXTERNAL SERVICE)

MARRIAGE LICENSE is a license that a couple must obtain before getting married. It is secured at the City or Municipal Civil Registry Office where either the bride or the groom habitually resides. The personal appearance of those getting married is required in applying for a marriage license. It is issued after the 10days posting period during office working day and this must be submitted to the solemnizing officer (Mayor, Judge, Minister, Priest/Pastor)

<b>OFFICE OR DIVISION:</b>	City Civil Registry Office			
<b>CLASSIFICATION:</b>	Complex			
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)			
<b>WHO MAY AVAIL:</b>	Male and female couple of 18 years old and above			
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>			
1. Birth Certificate - Latest Certified Local Copy or PSA Copy. Latest Copy of Baptismal, If no record of birth. (Original w/ 2 photocopies)	Philippine Statistics Authority (PSA), Applicant's place of birth, Church where baptized			
2. CENOMAR (Certificate of No Marriage) of both parties (Original w/ 2 photocopies)	Philippine Statistics Authority (PSA)			
3. Pre-Marriage Counseling Certificate (Original w/ 2 photocopies)	City Population Office (CAO)			
4. Valid ID & cedula of both parties (Original w/ 2 photocopies)	BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, Barangay where residing, City Treasurer's Office			
5. Consent of Parents for <b>18-20 years old</b> ; – Parents (Father and Mother or Guardian in the order mention) to come personally with valid ID (Original w/ 2 photocopies)	Form from the Civil Registry Office			
6. Advice of Parents for <b>21-24 years old</b> ; Parents (Father & Mother or Guardian in the order mention) to come personally with valid ID (Original w/ 2 photocopies)	Form from the Civil Registry Office			
7. If Annulled ( Certified True Copy of Decision, Finality, Decree of Absolute Nullity of Marriage, Cert. of Authenticity, Certificate of registration)	Family Court where the decision was granted or Civil Registry Office where the marriage was registered			
8. For Foreigners: Legal Capacity (to be issued by their respective Embassy in the Philippines) (Original w/ 2 photocopies)	To be issued by their respective Embassy in the Philippines			
9. If Divorced , Divorce Certificate/Decree Passport, (Original w/ 2 photocopies)	Court that issued the Decree			
10. If Widow/Widower, PSA Copy or Certified True Copy of Death Certificate of spouse (Original w/ 2 photocopies)	Philippine Statistics Authority (PSA), Deceased place of death			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client's Attendance Sheet. Get a transaction number	1.1 Call a number and conduct a brief interview. Call the designated personnel for evaluation	None	2 minutes	Evelyn D. Miguel Admin. Asst. VI CCRO-Window 2
2. Submit complete requirements for evaluation	2.1 Evaluate all requirements. If complete, provide the applicants with the Marriage License Form	None 194	12 minutes	Claire B. Samson Administrative Aide VI, CCRO - Window 9

	and order of payment			
3. Pay the required fee at the City Treasury Office by showing the Order of Payment. *Make sure to secure Official Receipt that will be issued upon payment	3.1 Wait for the official receipt	Application for Marriage License - Php300.00	5 minutes	<i>Local Treasury Officer II CTO</i>
4. Return to CCRO and submit the receipt. Wait for the issuance of claimstub and return on the releasing date	4.1 Review the application. Issue a claimstub	None	5 minutes	Claire B. Samson <i>Administrative Aide VI, CCRO - Window 9</i>
	4.2 Prepare a notice of posting	None	5 minutes	
	4.2. Prepare and sign marriage license	None	after 10 days posting period	
5. Comeback on the releasing date and claim the marriage license	5. Collect the claimstub. and release the marriage license	None	1 minute	Claire B. Samson <i>Administrative Aide VI, CCRO - Window 9</i>
<b>Total:</b>		<b>Php300.00</b>	<b>10 days &amp; 30 minutes</b>	

**"PURSUANT TO ADMINISTRATIVE ORDER NO. 1, SERIES OF 1993"**

Imposition of fees is based with the Republic Act 7160.

## **City General Services Office**

1. Repair of Government Property Buildings/Facilities	Internal Service
2. Reproduction of Various Forms and Documents	Internal Service
3. Requisition and Issuance of Inventory Items	Internal Service



## 1. REPAIRS OF GOVERNMENT PROPERTY BUILDINGS/FACILITIES

The REPAIRS OF GOVERNMENT PROPERTY BUILDINGS/FACILITIES are being conducted by the General Services Office to preserve the property and avoid further damages that may occur.

Office or Division:	CITY GENERAL SERVICES OFFICE
Classification:	HIGHLY TECHNICAL
Type of Transaction:	G2B (GOVERNMENT TO GOVERNMENT)
Who may avail:	ALL OFFICES UNDER THE LGU OF CSJDM INCLUDING NATIONAL OFFICES

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request for Repair and Maintenance Slip		GSO-Administrative Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission Request for the Repair and Maintenance Slip	1. Receive, check and record all information	NONE	5 minutes per Request	MA. THERESA BOBIS
	2. Forward the request slip to the Construction and Maintenance Foreman (C&M Foreman)	NONE	5 minutes	MS. BOBIS/Mr. Francisco
	3. Upon initial evaluation, issue JOB ORDER Form with instructions to the staff for site inspection	NONE	10 minutes	C&M Foreman
	4. Evaluation of the Extent of Work to be done	NONE	15 minutes	<i>Laborer, Electrician, Carpenter, Plumber</i>
	5. Prepare the Job Order Slip	NONE	10 minutes	<i>Laborer, Electrician, Carpenter, Plumber</i>

	6. Prepare SAI/RIS for the supplies and materials needed for the repair	NONE	10 minutes/ job order	<i>Laborer, Electrician, Carpenter, Plumber</i>
	7. Forward SAI/RIS/Request Slip to Storekeeper	NONE	5 minutes	<i>Laborer, Electrician, Carpenter, Plumber</i>
	8. Receive the available supplies to be used	NONE	10 minutes	<i>Laborer, Electrician, Carpenter, Plumber</i>
	9. If all of the needed materials/supplies are available proceed to the necessary repair as stated in the Job Order	NONE	5 days (major repair); -2 days (minor repair); 2 hours (immediate repair)	<i>Laborer, Electrician, Carpenter</i>
	<b>TOTAL:</b>	<b>MAJOR REPAIR</b>	<b>5 days 1 hour 10 minutes</b>	
		<b>Minor repair</b>	<b>2 days 1 hour 10 minutes</b>	
		<b>Immediate repair</b>	<b>3 hours 10 minutes</b>	

## 2. REPRODUCTION OF VARIOUS FORM AND DOCUMENTS

The REPRODUCTION OF VARIOUS FORMS and DOCUMENTS is being catered by the City General Services Office (GSO) in our commitment to save the budget for the same instead of procuring the service from outside sources.

<b>Office or Division:</b>	CITY GENERAL SERVICES OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction</b>	G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail :</b>	OFFICES UNDER THE LGU OF CSJDM AND NATIONAL OFFICES IN THE CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Duly signed and Accomplished Request Form (1)			GSO- Administrative Section	
2. Forms/documents to be reproduced			Shall be forwarded by the Requesting Office	
3. Paper/s to be used				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit duly signed and accomplished Request Form	1. Receive, review and evaluate the Request Form as well as the documents to be reproduced	NONE	2 minutes per request	<i>Repro Machine Operator III; GSO</i>
	2. Endorse the Request Form to the Head of GSO for approval	NONE	5 minutes per request	<i>Repro Machine Operator III; GSO</i>
2. Endorse the type of paper to be used for reproduction	3. Reproduce the forms or document	NONE	15 minutes per ream	<i>Machine Operator; GSO</i>
	<b>TOTAL:</b>		<b>22 minutes per ream</b>	

### 3. REQUISITION AND ISSUANCE OF INVENTORY ITEMS

The procedure of REQUISITION AND ISSUANCE OF INVENTORY ITEMS defines the actions and responsibilities of Supply Management. This covers activities from receiving the request thru Requisition and Issues Slip (RIS) to updating of Stock Card and providing Report of Supplies and Materials Issued (RSMI) to City Accounting Office for recording.

<b>Office or Division:</b>	CITY GENERAL SERVICES OFFICE			
<b>Classification:</b>	COMPLEX			
<b>Type of Transaction:</b>	G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	OFFICES UNDER THE LGU OF CSJDM AND NATIONAL OFFICES IN THE CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Supplies Availability Inquiry (SAI) 2. Requisition and Issue Slip (RIS)		CGSO- Supplies Section or Administrative Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit duly accomplished SAI (2 copies) and RIS (3 copies),	1. Receive, review and verifies SAI and RIS submitted as to completeness of information; record the submitted SAI and RIS and forward to Supply Officer II  2. Upon receipt of SAI and RIS, determine the availability/ status of stocks from Supply Stock Card	NONE	5 minutes per SAI and RIS received	GSO-Supplies Division Personnel
		NONE	20 minutes per RIS	Supply Officer II
	3. Verify requested inventory items included in the RIS and its quantity against the PPMP submitted by respective offices; Fill up RIS as to the Quantity to be issued and Remarks	NONE	-20 minutes per RIS	Supply Officer II; Supply Officer I; Adminnistrative Aide VI; Administrative Aide IV

	4. If the items requested are not included in the submitted PPMP, inform the concerned office for necessary revision of the PPMP	NONE	-5 minutes per office	Supply Officer II
	5. Prepare the available inventory items	NONE	-20 minutes per RIS	Storekeeper; Warehouseman
	6. Issuance of requested supplies	NONE	5 minutes per office	Storekeeper; Warehouseman
	7. Record the signed RIS and forward to assigned personnel for preparation of Report of Supplies and Materials Issued (RSMI)	NONE	-5 minutes per RIS	Storekeeper; Warehouseman
2. Sign the "Received by " portion of the RIS.  3. Get the 3rd copy of RIS				
	8. Post the issued inventory items on respective Stock Card	NONE	-20 minutes per RIS	Supply Officer I; Administrative Aide VI; Administrative Aide IV
	9. Preparation and Submission of RSMI to City Accounting Office	NONE	6 days after posting of inventory items to its respective Stock Cards	Supply Officer II; Supply Officer I; Administrative Aide VI; Administrative Aide IV
		<b>TOTAL</b>	6 days, 1 hour & 40 minutes per RIS	

## City Budget Office

1. Earmarked Of Purchase Requests (Pr)/Activity Design	Internal Service
2. Earmarked Of Petty Cash Voucher (Pcv)	Internal Service
3. Preparation Of Obligation Requests (Obr) For Non-Payroll Expenditures	Internal Service
4. Preparation Of Obligation Requests (Obr) For Payroll Expenditures	Internal Service
5. Review And Endorse The Approve Budget Of The Component Barangay & Sk Of The Lgu	Internal Service
6. Review And Endorse The Supplemental Budget Of The Component Barangay & Sk Of The Lgu	Internal Service



## SERVICE NAME: BUDGET INTEGRATION AND CONTROL SERVICES

### A. EARMARKED OF PURCHASE REQUESTS (PR)/ACTIVITY DESIGN (AD)

A ***purchase request*** is a document detailing required items, the number required and when they will be required.

Office or Division:	CITY BUDGET OFFICE
Classification:	SIMPLE
Type of Transaction:	G2G – Government to Government
Who may avail:	DEPARTMENT HEADS/ASST. DH/OIC'S OF CONCERNED OFFICES/CONCERNED EMPLOYEES

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. <u>Earmarked of Purchase Request</u> a. Signed Purchase Request (PR)	2. <u>Earmarked of Activity Design</u> a. Signed Activity Design (AD)	1. <u>Earmarked of Purchase Request</u> a. BAC Secretariat  2. <u>Earmarked of Activity Design</u> a. BAC Secretariat

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSONS(S) RESPONSIBLE
a. Submit the required documents to the assigned personnel for recording	a. Receive the required document.  b. Forward the received documents to assigned personnel.  c. The assigned personnel will verify if the request is included in the PPMP/APP, if not included in the PPMP/APP, it shall be returned to BAC Secretariat.  > If yes, it will be processed.  d. Record to the Registry of Appropriations  e. Assign reference number	none  none  none  none  none  none  203	5 mins     35 mins	Aldrin Edwin Nabong – Job Order Employee (City Budget Office)     Sheryl Amador- Admin Officer IV, Cecilia Lamban - Senior Admin Asst , Norman Glenn Mapa- Admin Officer II, Shaine Dela Cruz- Admin Asst II, Arlyn Pioquinto- Admin Asst II, Jocelyn Granda-Budgeting Assistant, Angielyn Alberio- Admin Asst IV, Jeremiah Tolentino- Admin Asst , JB Cataniag – Admin Asst I, Marielle Dela Peña- Job Order Employee     Ana D. Sucgang -City Budget

For the Purchase Request and Activity Design	<p>f. Forward to the City Budget Officer to certify as to the existing of legal appropriations</p> <p>g. Detached a copy of signed Purchase Request/AD/PCV</p> <p>Record to the logbook and forward the PR/AD to BAC Secretariat</p>	<p>none</p> <p>none</p>	5 mins	<p>Officer/ Jessie V. De Mesa - Asst. City Budget Officer, Aldrin Edwin Nabong – Job Order Employee</p> <p>Aldrin Edwin Nabong – Job Order Employee (City Budget Office)</p>
<b>TOTAL PROCESSING TIME</b>		<b>45 MINS</b>		



## SERVICE NAME: BUDGET INTEGRATION AND CONTROL SERVICES

### B. EARMARKED OF PETTY CASH VOUCHER (PCV)

A **petty cash voucher** is a document that records small expenses paid from a petty cash fund, detailing the amount, purpose, and person who received the cash.

Office or Division:	CITY BUDGET OFFICE
Classification:	SIMPLE
Type of Transaction:	G2G – Government to Government
Who may avail:	DEPARTMENT HEADS/ASST. DH/OIC'S OF CONCERNED OFFICES/CONCERNED EMPLOYEES

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
3. <u>Earmarked of Petty Cash Voucher</u> b. Signed Petty Cash Voucher (PCV)		3. <u>Earmarked of Petty Cash Voucher</u> b. Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSONS(S) RESPONSIBLE
a. Submit the required documents to the assigned personnel for recording	a. Receive the required document.  b. Forward the received documents to assigned personnel.  c. The assigned personnel will verify if the request is included in the PPMP/APP, if not included in the PPMP/APP, it shall be returned to BAC Secretariat.  > If yes, it will be processed.  d. Record to the Registry of Appropriations  e. Assign reference number  f. Forward to the City Budget Officer to certify as to the existing of legal	none  none  none  none  none  none  none  205	5 mins  20 mins	Aldrin Edwin Nabong – Job Order Employee (City Budget Office)    Sheryl Amador- Admin Officer IV, Cecilia Lamban - Senior Admin Asst , Norman Glenn Mapa- Admin Officer II, Shaine Dela Cruz- Admin Asst II, Arlyn Pioquinto- Admin Asst II, Jocelyn Granda-Budgeting Assistant, Angelyn Alberio- Admin Asst IV, Jeremiah Tolentino- Admin Asst , JB Cataniag – Admin Asst I, Marielle Dela Peña- Job Order Employee   Ana D. Sucgang -City Budget Officer/ Jessie V. De Mesa - Asst. City Budget Officer, Aldrin Edwin Nabong – Job

	<p>appropriations</p> <p>g. Detached a copy of signed Purchase Request/AD/PCV</p> <p>Record to the logbook and forward the PR/AD to BAC Secretariat</p>	none	5 mins	<p>Order Employee</p> <p>Aldrin Edwin Nabong – Job Order Employee (City Budget Office)</p>
<b>TOTAL PROCESSING TIME</b>		<b>30 MINS</b>		



## SERVICE NAME: BUDGET INTEGRATION AND CONTROL SERVICES

### C. PREPARATION OF OBLIGATION REQUESTS (OBR) FOR NON-PAYROLL EXPENDITURES

The **Obr** is a form containing the certification by the Head of the Requesting Office or his authorized representative on the necessary and legality of charges to the appropriation/allotment under his direct supervision, and validity, propriety and legality of supporting documents. It is also contains the certification by the Head of the Budget Unit or his authorized representative on the existence of available appropriation.

Office or Division:	CITY BUDGET OFFICE
Classification:	SIMPLE
Type of Transaction:	G2G – Government to Government
Who may avail:	DEPARTMENT HEADS/ASST. DH/OIC'S OF CONCERNED OFFICES/CONCERNED EMPLOYEES

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"><li>1. <u>Procurement of Goods &amp; Civil Works</u><ol style="list-style-type: none"><li>a. Earmarked Purchase Request (PR)</li><li>b. Purchase Order for Goods</li><li>c. Notice of Award for Infrastructure</li></ol></li><li>2. <u>Utility Bills</u><ol style="list-style-type: none"><li>a. Summary of Bills certified by the GSO</li><li>b. Statement of Account</li></ol></li><li>3. <u>Cash Advances for Seminars/Training</u><ol style="list-style-type: none"><li>a. Travel Order</li><li>b. Invitation</li><li>c. Nomination Form</li></ol></li><li>4. <u>Traveling Expenses/per Diem</u><ol style="list-style-type: none"><li>a. Travel Order</li><li>b. Itinerary of Travel</li><li>c. Certificate of Appearance</li><li>d. Receipt of Toll Fees (if needed)</li></ol></li><li>5. <u>Assistance to Individual in Crisis Situation</u><ol style="list-style-type: none"><li>a. Report of Disbursements</li><li>b. Certificate of Eligibility (for assistance above P5,000 per indigents)</li></ol></li><li>6. <u>Donation to Individual/ NGO's &amp; PO's</u><ol style="list-style-type: none"><li>a. Letter or request approve by the LCE</li><li>b. Valid I.D. of requesting person</li><li>c. Initial from Accounting Office to grant the request assistance</li></ol></li></ol>	<ol style="list-style-type: none"><li>1. <u>Procurement of Goods &amp; Civil Works</u><ol style="list-style-type: none"><li>a. BAC Secretariat</li><li>b. BAC Secretariat</li><li>c. BAC Secretariat</li></ol></li><li>2. <u>Utility Bills</u><ol style="list-style-type: none"><li>a. City General Services Office</li><li>b. City Accounting Office</li></ol></li><li>3. <u>Cash Advances for Seminars/Training</u><ol style="list-style-type: none"><li>a. City Human Resource Mngt Office</li><li>b. Requesting Office</li><li>c. City Human Resource Mngt Office</li></ol></li><li>4. <u>Traveling Expenses/ per Diem</u><ol style="list-style-type: none"><li>a. City Human Resource Mngt Office</li><li>b. Requesting Office</li><li>c. Requesting Office</li><li>d. Requesting Office</li></ol></li><li>5. <u>Assistance to Individual in Crisis Situation</u><ol style="list-style-type: none"><li>a. City Treasury Office</li><li>b. City Social Welfare &amp; Devt Office</li></ol></li><li>6. <u>Donation to Individual/ NGO's &amp; PO's</u><ol style="list-style-type: none"><li>a. Office of the City Mayor</li><li>b. Requesting Office</li><li>c. City Accounting Office</li></ol></li></ol>

<p>7. <u>Honorarium of Speaker</u></p> <ul style="list-style-type: none"> <li>a. Approved Activity Design</li> <li>b. Certification by the Department Head</li> <li>c. PDS / Certification of Income</li> </ul> <p>8. <u>Cash Prizes</u></p> <ul style="list-style-type: none"> <li>a. Approved Activity Design</li> <li>b. Certification by the Department Head</li> <li>c. Identification Card</li> </ul> <p>9. <u>City Livelihood Assistance Program</u></p> <ul style="list-style-type: none"> <li>a. By-laws of Cooperative</li> <li>b. Note from the Accounting Office that the cooperative comply all the requirements</li> </ul> <p>10. <u>Philhealth for Indigent Beneficiaries</u></p> <ul style="list-style-type: none"> <li>a. Statement of Account from Philhealth</li> </ul> <p>11. <u>Monetization of Leave Credits (Individual)</u></p> <ul style="list-style-type: none"> <li>a. Application for leave indicating available leave credit</li> <li>b. Computation of Monetization</li> <li>c. Waiver (for more than 10 days monetization of leave credit)</li> </ul> <p>12. <u>Wages for Job Order employee (individual)</u></p> <ul style="list-style-type: none"> <li>a. Daily Time Record</li> <li>b. Accomplishment Report</li> </ul> <p>13. <u>Honorarium of Field Worker (Individual)</u></p> <ul style="list-style-type: none"> <li>a. Daily Time Record</li> <li>b. Accomplishment Report</li> </ul>	<p>7. <u>Honorarium of Speaker</u></p> <ul style="list-style-type: none"> <li>a. Requesting Office</li> <li>b. Requesting Office</li> <li>c. Requesting Office</li> </ul> <p>8. <u>Cash Prizes</u></p> <ul style="list-style-type: none"> <li>a. Requesting Office</li> <li>b. Requesting Office</li> <li>c. Requesting Office</li> </ul> <p>9. <u>City Livelihood Assistance Program</u></p> <ul style="list-style-type: none"> <li>a. By-laws of Cooperative</li> <li>b. City Accounting Office</li> </ul> <p>10. <u>Philhealth for Indigent Beneficiaries</u></p> <ul style="list-style-type: none"> <li>a. City Accounting Office</li> </ul> <p>11. <u>Monetization of Leave Credits (Individual)</u></p> <ul style="list-style-type: none"> <li>a. City Human Resource Mngt Office</li> <li>b. City Accounting Office</li> <li>c. Requesting Employee</li> </ul> <p>12. <u>Wages of Job Order Employee (Individual)</u></p> <ul style="list-style-type: none"> <li>a. Requesting Office</li> <li>b. Requesting Office</li> </ul> <p>13. <u>Honorarium of Field Worker (Individual)</u></p> <ul style="list-style-type: none"> <li>a. Requesting Office</li> <li>b. Requesting Office</li> </ul>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSONS(S) RESPONSIBLE
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<p>a. Submit the required documents to the assigned personnel for recording</p> <p><i>For the Procurement of Goods and Civil Works</i></p> <p><i>For Other Expenditures</i></p>	<p>a. Receive the required document.</p> <p>b. Forward the received documents to assigned personnel.</p> <p>The assigned personnel will verify if the documents submitted is previously earmarked:</p> <ul style="list-style-type: none"> <li>&gt; if not check if the request is included in the PPMP/APP</li> </ul> <p>If not included in the PPMP/APP, it shall be returned to BAC Secretariat</p> <ul style="list-style-type: none"> <li>&gt; If yes, it will be processed.</li> </ul> <p>c. Record to the Registry of Appropriations</p> <p>d. Assign ObR number for reference</p> <p>e. Print Obligation Request (ObR)</p> <p>f. Record the printed ObR to logbook and forward it to the requesting DH for signature</p> <p>g. Once the printed and signed ObR by DH returned, the CBO will sign the OBR to certify as to the existing of legal appropriations</p> <p>h. Detached a copy of approved ObR</p> <p>Record to the logbook and forward the ObR to BAC</p> <p>Record to the logbook and</p>	<p>none</p>	<p>5 mins</p> <p>10 mins</p> <p>10 mins</p> <p>15 mins</p> <p>25 mins</p> <p>15 mins</p> <p>15 mins</p> <p>5 mins</p> <p>5 mins</p>	<p>Aldrin Edwin Nabong – Job Order Employee (City Budget Office)</p> <p>Sheryl Amador- Admin Officer IV, Cecilia Lamban - Senior Admin Asst , Norman Glenn Mapa-Admin Officer II, Shaine Dela Cruz- Admin Asst II, Arlyn Pioquinto- Admin Asst II, Jocelyn Granda- Budgeting Assistant, Angielyn Alberio- Admin Asst IV, Jeremiah Tolentino- Admin Asst., JB Cataniag- Admin Asst I, Marielle Dela Peña- Job Order Employee</p> <p>Sheryl Amador- Admin Officer IV, Cecilia Lamban - Senior Admin Asst , Norman Glenn Mapa-Admin Officer II, Shaine Dela Cruz- Admin Asst II, Arlyn Pioquinto- Admin Asst II, Jocelyn Granda- Budgeting Assistant, Angielyn Alberio- Admin Asst IV, Jeremiah Tolentino- Admin Asst., JB Cataniag- Admin Asst I, Marielle Dela Peña- Job Order Employee</p> <p>Aldrin Edwin Nabong – Job Order Employee (City Budget Office)</p> <p>Ana D. Sucgang -City Budget Officer/ Jessie V. De Mesa - Asst. City Budget Officer</p>
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	forward the ObR to Accounting Office			Aldrin Edwin Nabong – Job Order Employee (City Budget Office)
<b>TOTAL PROCESSING TIME</b>		<b>For the Procurement of Goods &amp; Civil Works (1hr.) for other Expenses (30mins)</b>		

*Preparation of Obligation Requests (ObR) for Non- Payroll Expenditures qualified for multi-stage processing.*



## SERVICE NAME: BUDGET INTEGRATION AND CONTROL SERVICES

### D. PREPARATION OF OBLIGATION REQUESTS (OBR) FOR PAYROLL EXPENDITURES

The **OBR** is a form containing the certification by the Head of the Requesting Office or his authorized representative on the necessary and legality of charges to the appropriation/allotment under his direct supervision, and validity, propriety and legality of supporting documents. It also contains the certification by the Head of the Budget Unit or his authorized representative on the existence of available appropriation.

Office or Division:	CITY BUDGET OFFICE
Classification:	SIMPLE
Type of Transaction:	G2G – Government to Government
Who may avail:	DEPARTMENT HEADS/ASST. DH/OIC'S OF CONCERNED OFFICES/CONCERNED EMPLOYEES

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
4. <u>Payroll of Permanent/Elective/Contractual Employees</u> c. Printed Payroll initially checked by Accounting Office	4. <u>Payroll of Permanent/Elective/Contractual Employees</u> c. City Accounting Office
5. <u>Payroll for Overtime Pay of Permanent Employees</u> b. Printed Payroll initially checked by Accounting Office c. Approved Request to Render Overtime d. Overtime Accomplishment Report	5. <u>Payroll for Overtime Pay of Permanent Employees</u> b. City Accounting Office  c. City Mayors Office d. Employees
6. <u>Payroll for the Monetization of Leave Credits</u> a. Application for Leave b. Computation of Monetization c. Waiver (for more than 10 days monetization of leave credit) d. Printed payroll initially checked by Accounting Office	6. <u>Payroll for the Monetization of Leave Credits</u> a. City Human Resource Mngt Office b. City Accounting Office c. Requesting Employee  d. City Accounting Office
7. <u>Payroll for Loyalty Awards of Permanent Employees</u> a. Printed Payroll initially checked by Accounting Office	7. <u>Payroll for Loyalty Awards of Permanent Employees</u> a. City Accounting Office
8. <u>Payroll of Job Order Employee/Field Workers/Frontline Volunteer Workers</u> a. Printed Payroll initially checked by Accounting Office	5. <u>Payroll of Job Order Employee/Field Workers/Frontline Volunteer Workers</u> a. Printed Payroll initially checked by Accounting Office
6. <u>Payroll for traveling Expenses of Permanent Employees (Monthly)</u> a. Printed Payroll initially checked by Accounting Office b. Travel Order	6. <u>Payroll for traveling Expenses of Permanent Employees (Monthly)</u> a. City Accounting Office b. City Human Resource Mngt Office
7. <u>Payroll for Per Diem of Employees in Lakbay-Aral</u> a. Printed Payroll initially checked by Accounting	7. <u>Payroll for Per Diem of Employees in</u>

<p><b>Office</b></p> <p>b. Travel Order c. Authority from DILG (if outside DILG)</p> <p>8. <b><u>Payroll for Education Subsidy (Graduate Program)</u></b> a. Printed Payroll initially checked by Accounting Office b. Registration Certificate on Enrollees</p> <p>9. <b><u>Payroll for Honoraria of National Government Agencies</u></b> a. Printed Payroll initially checked by Accounting Office</p> <p>10. <b><u>Payroll for One Time Allowance for Public School Teachers</u></b> a. Printed Payroll initially checked by Accounting Office b. Certified List of Teachers</p>	<p><b>Lakbay-Aral</b></p> <p>a. City Accounting Office b. City Human Resource Mngt Office c. DILG</p> <p>8. <b><u>Payroll for Education Subsidy (Graduate Program)</u></b> a. Requesting Employee b. City Accounting Office</p> <p>9. <b><u>Payroll for Honoraria of National Government Agencies</u></b> a. Printed Payroll initially checked</p> <p>10. <b><u>Payroll for One Time Allowance for Public School Teachers</u></b> a. Various Schools b. City Schools Division</p>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSONS(S) RESPONSIBLE</b>
a. Submit the required documents to the assigned personnel for recording	<p>a. Receive the required document.</p> <p>b. Forward the received documents to assigned personnel.</p> <p>c. Record to the Registry of Appropriations</p> <p>d. Assign ObR number for reference</p> <p>e. Print Obligation Request (ObR)</p> <p>f. Record the printed ObR to logbook and forward it to the requesting DH for Signature</p> <p>g. Once the printed and signed ObR by DH returned, the CBO will sign the ObR to Certify as to the existing of legal appropriations</p>	none none none none none none 212 none	5 mins  2 hrs & 35 mins  15 mins	<p>Aldrin Edwin Nabong – Job Order Employee (City Budget Office)</p> <p>Sheryl Amador- Admin Officer IV, Cecilia Lamban - Senior Admin Asst , Norman Glenn Mapa- Admin Officer II, Shaine Dela Cruz- Admin Asst II, Arlyn Pioquinto- Admin Asst II, Jocelyn Granda- Budgeting Assistant, Angielyn Alberio- Admin Asst IV., Jeremiah Tolentino- Admin Asst, JB Cataniag- Admin Asst.I, Marielle Dela Peña-Job Order Employee (City Budget Office)</p> <p>Aldrin Edwin Nabong – Job Order Employee (City Budget Office)</p>

For Other Expenditures	<p>h. Detached a copy of approved ObR</p> <p>Record to the logbook and forward the ObR to BAC Secretariat</p> <p>Record to the logbook and forward the ObR to Accounting Office</p>	<p>none</p> <p>none</p>	<p>5 mins</p>	<p>Ana D. Sucgang -City Budget Officer/ Jessie V. De Mesa - Asst. City Budget Officer</p> <p>Aldrin Edwin Nabong – Job Order Employee (City Budget Office)</p>
<b>TOTAL PROCESSING TIME</b>		<b>3 Hours</b>		

*Preparation of Obligation Requests (ObR) for Payroll Expenditures qualified for **multi-stage processing**.*



## SERVICE NAME: BARANGAY BUDGET REVIEW SERVICES

### E. REVIEW AND ENDORSE THE APPROVE BUDGET OF THE COMPONENT BARANGAY & SK OF THE LGU

A **Barangay Budget** serves as an instrument for barangay officials to effectively manage the development of the barangay.

Office or Division:	CITY BUDGET OFFICE
Classification:	SIMPLE
Type of Transaction:	G2G – Government to Government
Who may avail:	COMPONENT BARANGAY OF THE LGU

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"><li>1. <u>Printed Barangay Annual Budget</u><ol style="list-style-type: none"><li>a. Budget Message</li><li>b. Certificate of Estimated Annual Income</li><li>c. Annual Investment Annual Income</li><li>d. BBP Form No.1 – Budget Expenditures &amp; Sources of Financing (Annex L)</li><li>e. BBP Form No.2 – Programmed Appropriations by PPA, Expenses Class, Object of Expenditure &amp; Expected Results (Annex M)</li><li>f. BBP Form No.2 – List of Projects Chargeable Against the 20% Development Fund (Annex N)</li><li>g. BBP Form No.3 – Plantilla of Personnel (Annex O)</li><li>h. BBP Form No.4 – Statement of Indebtedness (Annex P)</li><li>i. Annex Q (Budget)</li><li>j. Brgy. Resolutions / Brgy. Appropriation Ordinance</li><li>k. BDC Resolution / BDC Attendance</li><li>l. Brgy. Council Resolution (approving the BDC Reso)</li><li>m. BDRRM Plan<ul style="list-style-type: none"><li>- BDRRM Committee Resolution</li><li>- Brgy Council Resolution (approving BDC Reso)</li></ul></li><li>n. Senior Citizens / PWD Plans &amp; Programs</li><li>o. GAD Plan</li><li>p. Other Plantilla</li><li>q. PPMP / APP</li></ol></li><li>2. <u>Printed Sangguniang Kabataan (SK) Annual Budget</u><ol style="list-style-type: none"><li>a. Certification from Barangay</li><li>b. Annex A</li><li>c. Annual Brgy. Youth Investment Program (ABYIP)</li><li>d. Resolution</li><li>e. PPMP / APP</li></ol></li></ol>	<ol style="list-style-type: none"><li>1. <u>Printed Barangay Annual Budget</u><ol style="list-style-type: none"><li>a. Barangay</li><li>b. City Accounting Office</li><li>c. Barangay</li><li>d. Barangay</li></ol></li><li>e. Barangay</li><li>f. Barangay</li><li>g. Barangay</li><li>h. Baramgay</li><li>i. Barangay</li><li>j. Barangay</li><li>k. Barangay</li><li>l. Barangay</li><li>m. With approval of CDRRMO</li><li>n. Barangay</li><li>o. Reviewed and approved by City Population Office &amp; Dilg</li><li>p. Barangay</li><li>q. Barangay</li></ol> <ol style="list-style-type: none"><li>2. <u>Printed Sangguniang Kabataan (SK) Annual Budget</u><ol style="list-style-type: none"><li>a. Barangay Chairman &amp; Treasurer</li><li>b. Barangay SK</li><li>c. Barangay SK</li><li>d. Barangay SK</li><li>e. Barangay SK</li></ol></li></ol>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSONS(S) RESPONSIBLE
Submit the required documents to the assigned personnel for checking	<p>a. Receive and check supporting documents of Annual Budget (Barangay &amp; SK) from Brgy. Treasurer with issued Checklist of Requirements</p> <p>&gt;&gt;&gt;Are the supporting documents complete</p> <p><i>If no: Return to Brgy. Treasurer due to incomplete supporting documents</i></p> <p><i>If yes: review and receive the submitted Annual Budget</i></p> <p>&gt;&gt;&gt; Is it in compliance with the provisions of RA 7160?</p> <p><i>If no: Return to Brgy Treasurer due to non-compliance of RA 7160</i></p> <p>Class A – 12M and above Class B – 5M to 11.9M Class C – 4.9M &amp; below</p> <p>b. Encode and Prepare Endorsement Letter for signature of the City Budget Officer</p> <p>c. Forward endorsement letter to Sangguniang Panlungsod</p> <p>d. Release copies of the approved Annual Budget to concerned barangays</p>	<p>Not applicable</p> <p>Not applicable</p> <p>Not applicable</p> <p>215</p>	<p>2.5 mins</p> <p>6.5 hrs 5.5 hrs 4 hrs</p> <p>1 hour</p> <p>2.5 mins</p> <p>15 mins</p> <p>15 mins</p>	<p>Jocelyn P. Granada – Budgeting Asst, Arlyn M. Pioquinto, Admin Asst II, Jeremiah M. Tolentino – Admin Asst.</p> <p>Ana D. Sucgang – City Budget Officer, Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst.</p> <p>Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst.</p> <p>Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst</p>

	<p>e. Forward copies of Annual Budget to COA</p> <p>f. File copies of Annual Budget</p>		15 mins	Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst
<b>TOTAL PROCESSING TIME</b>		<b>Class A Brgy – 8.45 hours / Class B Brgy – 7.45 hours / Class C Brgy – 5.95 hours</b>		



## SERVICE NAME: BARANGAY BUDGET REVIEW SERVICES

### F. REVIEW AND ENDORSE THE SUPPLEMENTAL BUDGET OF THE COMPONENT BARANGAY & SK OF THE LGU

A **Supplemental Budget** refers to the unexpended balance or savings from the previous budget year and currently available for future appropriations of the barangay.

Office or Division:	CITY BUDGET OFFICE
Classification:	SIMPLE
Type of Transaction:	G2G – Government to Government
Who may avail:	COMPONENT BARANGAY OF THE LGU

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Printed Barangay Supplemental Budget f. Transmittal Letter g. Appropriation Ordinance h. Annual Investment Program (with BDC Reso & SB Reso)		1. Printed Barangay Supplemental Budget a. Barangay & Sangguniang Kabataan

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSONS(S) RESPONSIBLE
Submit the required documents to the assigned personnel for checking	g. Receive and check supporting documents of Supplemetal Budget (Barangay & SK) from Brgy. Treasurer with issued Checklist of Requirements  >>>Are the supporting documents complete  <i>If no: Return to Brgy. Treasurer due to incomplete supporting documents</i>  <i>If yes: review and receive the submitted Annual Budget</i>  >>> Is it in compliance with the provisions of RA 7160?  <i>If no: Return to Brgy Treasurer due to non-</i>	Not applicable  217	2.5 mins  2 hrs	Jocelyn P. Granada – Budgeting Asst, Arlyn M. Pioquinto, Admin Asst II, Jeremiah M. Tolentino – Admin Asst.

	<p><i>compliance of RA 7160</i></p> <p>Class A – 12M and above Class B – 5M to 11.9M Class C – 4.9M &amp; below</p> <p>h. Encode and Prepare Endorsement Letter for signature of the City Budget Officer</p> <p>i. Forward endorsement letter to Sangguniang Panlungsod</p> <p>j. Release copies of the approved Annual Budget to concerned barangays</p> <p>k. Forward copies of Annual Budget to COA</p> <p>l. File copies of Annual Budget</p>	<p>Not applicable</p> <p>Not applicable</p> <p>Not applicable</p>	<p>1.5 hrs 1 hour</p> <p>1 hour</p> <p>2.5 mins</p> <p>15 mins</p> <p>15 mins</p> <p>15 mins</p>	<p>Ana D. Sucgang – City Budget Officer, Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst.</p> <p>Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst.</p> <p>Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst</p> <p>Jocelyn P. Granada – Budgeting Asst., Arlyn M. Pioquinto – Admin Asst II, Jeremiah M. Tolentino – Admin Asst</p>
<b>TOTAL PROCESSING TIME</b>		<b>Class A Brgy – 4.15 hours / Class B Brgy – 3.45 hours / Class C Brgy – 3.15 hours</b>		



## City Accounting Office

1. Certificate of Employment with Compensation & Deductions and Certification of Payslip & Last Salary Received	External/Internal Service
2. Certificate of Premium Contribution and/or Loan Payments with Certified True Copy of Remittance & Official Receipt	External/Internal Service
3. Certificate of Remittance of Premium Contributions and/or Loan Payments	External/Internal Service



1. CERTIFICATE OF EMPLOYMENT WITH COMPENSATION AND DEDUCTIONS  
AND CERTIFICATION OF PAYSLIP AND/OR LAST SALARY RECEIVED

This document is issued to an authorized individual indicating details of employment, compensation and deductions of an employee for a certain period

<b>Office or Division:</b>	City Accounting Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government) / G2C (Government to Citizen)			
<b>Who may avail:</b>	All incumbent and former city officials and employees of CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Two (2) valid government-issued ID (1 Original)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
2. For Authorized Representative:				
a. Two (2) valid government-issued ID (1 Original, 1 Photocopy)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
b. Two (2) valid government-issued ID of the person being represented (1 Photocopy)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
c. Authorization Letter (1 Original)	> Person being represented			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare and submit letter of request.	1. Receive and check the request.	None	2 minutes	Administrative Assistant/ Administrative Aide, City Accounting Office
2. Wait in the designated waiting area.	2. Verify the details of the request.	None	6 minutes	Administrative Assistant/ Administrative Aide, City Accounting Office
	2.1. Encode, print and sign the Certificate.	None	5 minutes	Administrative Assistant/ Administrative Aide, City Accounting Office
	2.2. Approve and sign the Certificate.	None	2 minutes	City Accountant/Assistant City Accountant, City Accounting Office
3. Receive the Certificate and sign in the Release Logbook and release the certificate.	3. Record in the Release Logbook and release the certificate.	None 220	2 minutes 17 minutes	Administrative Assistant/ Administrative Aide, City Accounting Office
<b>TOTAL :</b>		<b>0.00</b>		



## 2. CERTIFICATE OF PREMIUM CONTRIBUTIONS AND/OR LOAN PAYMENTS WITH

### CERTIFIED TRUE COPY OF REMITTANCE LIST AND OFFICIAL RECEIPT

This document is issued upon request of an authorized individual for the reconciliation of account with GSIS, Pagibig, Philhealth and other financial institutions for various claims and for other legal purposes.

<b>Office or Division:</b>	City Accounting Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government)/ G2C (Government to Citizen)			
<b>Who may avail:</b>	All incumbent and former city officials and employees			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Two (2) valid government-issued ID (1 Original)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
2. For Authorized Representative:				
a. Two (2) valid government-issued ID (1 Original, 1 Photocopy)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
b. Two (2) valid government-issued ID of the person being represented (1 Photocopy)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
c. Authorization Letter (1 Original)	> Person being represented			
3. Statement of Account (1 Original)	> GSIS, Pagibig, Philhealth and other financial institution			
4. Service Record, if necessary (1 Original)	> City Human Resource Management Office			
5. Contact Number, if necessary	> Concerned employee			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare and submit letter of request.	1. Receive and check the requirements.	No ne	3 minutes	Administrative Aide IV, City Accounting Office
2. Wait for the notification if the certificate is already prepared.	2. Advise the client to wait for the notification on the issuance of the certificate.	No ne	2 minutes	Administrative Aide IV, City Accounting Office
	2.1. Retrieve the requested documents from the records on file.  Photocopy and collate  all the requested documents.	No ne	1 day 4 hours	Administrative Aide IV, City Accounting Office
		221		

	2.2.Certify the photocopied documents. Encode, print and sign the certificate.	None	4 hours	<i>Administrative Aide IV, City Accounting Office</i>
	2.3. Approve and sign the Certificate of Remittance.	None	2 minutes	<i>City Accountant/ Assistant City Accountant, City Accounting Office</i>
3. Receive the Certificate of remittance and sign the Release logbook.	3. Record in the Release logbook and release the Certificate.	None	3 minutes	<i>Administrative Aide IV, City Accounting Office</i>
<b>TOTAL :</b>		<b>0.00</b>	<b>2 days 10 minutes</b>	



### 3. CERTIFICATE OF REMITTANCE OF PREMIUM CONTRIBUTIONS AND/OR LOAN PAYMENTS

The Certificate of Remittance of Premium Contributions and/or Loan Payments is issued to an authorized individual for the purpose of reconciling an individual's account with various government agencies such as GSIS, Pagibig, Philhealth and other financial institutions

<b>Office or Division:</b>	City Accounting Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government)/ G2C (Government to Citizen)			
<b>Who may avail:</b>	All incumbent and former city officials and employees of CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Two (2) valid government-issued ID (1 Original)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
2. For Authorized Representative:				
a. Two (2) valid government-issued ID (1 Original, 1 Photocopy)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
b. Two (2) valid government-issued ID of the person being represented (1 Photocopy)	> BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
c. Authorization Letter (1 Original)	> Person being represented			
3. Service Record, if necessary ( 1 Original )	> City Human Resource Management Office			
4. Contact Number, if necessary	> Concerned employee			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare and submit letter of request.	1. Receive and check the requirements.	None	1 minute	Administrative Aide IV, City Accounting Office
2. Wait in the designated waiting area.	2. Verify the details of the request.	None	20 minutes	Administrative Aide IV, City Accounting Office
	2.1. Encode, print and sign the Certificate of Remittance.	None	5 minutes	Administrative Aide IV, City Accounting Office
	2.2. Approve and sign the Certificate of Remittance.	None	2 minutes	City Accountant/ Assistant City Accountant, City Accounting Office
3. Receive the Certificate of Remittance and sign in the Release Logbook.	3. Record in the Release Logbook and release the certificate.	None	2 minutes	Administrative Aide IV, City Accounting Office
223		<b>TOTAL :</b>	<b>0.00</b>	<b>30 minutes</b>

## City Treasury Office

1. Issuance of Real Property Tax Computation	External/Internal Service
2. Issuance of Official Receipts in payment of Real Property Tax (AF-56)	External/Internal Service
3. Issuance of Community Tax Clearance	External/Internal Service
4. Issuance of tax Clearance	External Service
5. Computation of Real Property Transfer Tax of any person who shall transfer real property ownership to another	External/Internal Service
6. Online Collection of Real Property Tax, Business Tax, permits and other fees.	External/Internal Service



## 1. Issuance of Statement of Real Property Tax

Issuance of Statement of Real Property Tax to walk-in clients prior to payment of his/her tax due.

<b>Office or Division:</b>	CITY TREASURE'S OFFICE
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2B (Government to Business/ G2G (Government to Government.
<b>Who may avail:</b>	Any taxpayer, whether resident or non-resident, who owns real property located within the jurisdiction of this City or his/her authorized representative.

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
The client may present any or all of the following: 1. Valid identification, original or photocopy 2. Latest Tax Receipt 3. Latest Tax Declaration 4. Copy of TCT 5. S.P.A./Authorization/Secretary's Certificate for representatives		<ul style="list-style-type: none"> <li>➤ City Assessor's office</li> <li>➤ Registry of Deeds</li> </ul>

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to counter 1 or 2 and present identification and other necessary documents	Verify the authenticity of documents	None	3 minutes	Rosemarie de Mesa -LTOOIII Lira Bañadera-DEMO I Liway Lactaoen - Bookbinder II Lito Ragaodao – Admin Aide II
	Compute client's RPT due and release to client	None	2 minutes per RPU	Rosemarie de Mesa -LTOOIII Lira Bañadera-DEMO I Liway Lactaoen - Bookbinder II Lito Ragaodao – Admin Aide II
	<b>TOTAL</b>		5 minutes	



## 2. Issuance of Official Receipts in payment of Real Property Tax (AF-56)

<b>Office or Division:</b>	CITY TREASURE'S OFFICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2B (Government to Business/ G2G (Government to Government.			
<b>Who may avail:</b>	Any taxpayer, whether resident or non-resident, who owns real property located within the jurisdiction of this City or his/her authorized representative.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Statement of Real Property Tax		➤ RPT Division – City Treasurer's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Statement to RPT Cashier 1, 2, 3, or 4.	Received Statement	None	2 minutes	<i>Mary Grace Casas-Cashier I Vilma Bulahan-RCC III Carmela Tubera – RCC II Christine Sison – Cash Clerk II Angelie Villar – Cash Clerk II</i>
2. Pay the amount required.	Receive payment and issue official receipt (AF56)	Based on the Statement of RPT presented	3 minutes	<i>Mary Grace Casas-Cashier I Vilma Bulahan-RCC III Carmela Tubera – RCC II Christine Sison – Cash Clerk II Angelie Villar – Cash Clerk II</i>
		TOTAL	5 minutes	

### Legal Basis:

LGC Section 233. Rates of Levy

Local Revenue Code

**Section 7 – Imposition of Real Property Tax**

**Section 8 – Additional Levy on Real Property for Special Education Fund (SEF)**

**Section 20(a)(4) - Interests on Unpaid Real Property Tax – Failure to pay the real property tax upon expiration of the periods as provided in Section 250, LGC, shall subject the taxpayer to the payment of interest at the rate of two percent (2%) per month on the unpaid amount or fraction thereof, but not to exceed thirty six (36 months).**

### Real Property Tax Due

Basic = Assessed Value x 1.1%      226

SEF = Assessed Value x 1%



### 3. Issuance of Community Tax Certificate

<b>Office or Division:</b>	CITY TREASURE'S OFFICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2B (Government to Business/ G2G (Government to Government.			
<b>Who may avail:</b>	<p>Individual of legal age or Corporation, who:</p> <ol style="list-style-type: none"> <li>1. Takes an oath of office upon election or appointment to any position in the government.</li> <li>2. Receive any license, certificate or permit from any person or corporation</li> <li>3. Pays any tax</li> <li>4. Received money from public fund</li> <li>5. Transacts other official business</li> <li>6. Receives any salary or wage from any person or corporation</li> </ol>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Accomplished Information Sheet 2. Present any valid government issued I.D.		➤ Cash Division – City Treasurer's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Fill up information sheet and present valid I.D.	Accept the information sheet, and prepare Community Tax Certificate	None	3 minutes	<i>Virgilio Cabacaba – RCC I            Lorelyn Andres – RCC I            Reynaldo Plandano – DEMO I            Mary Grace Casas – Cashier II            Roviceint Española – DEMO I            Christine Sison – Cash Clerk II</i>
2.Pay the amount required at windows 3 and 4 SM Basement 2 and Productivity Center	Receive payment and issue Community Tax Certificate	Based on previous years gross receipts.	2 minutes	<i>Virgilio Cabacaba – RCC I            Lorelyn Andres – RCC I            Reynaldo Plandano – DEMO I            Mary Grace Casas – Cashier II            Roviceint Española – DEMO I            Christine Sison – Cash Clerk II</i>
		TOTAL	5 minutes	

**Legal Basis – Local Revenue Code**

**Article 13 Section 107 to 113**

<p>For Individuals Basic Tax For every P 1,000 of your income</p>	<ul style="list-style-type: none"><li>➤ P 5.00</li><li>➤ P 1.00 but not to exceed P 5,000.00</li></ul>
<p>For Corporations Basic Tax For every P 5,000 of your corporate receipts</p>	<ul style="list-style-type: none"><li>➤ P 500.00</li><li>➤ P 2.00 but not to exceed P 10,000.00</li></ul>
Penalties of 2% per month or 24% per annum shall be added to the unpaid amount if not paid within the prescribed period.	



#### 4. Issuance of Tax Clearance

A Tax Clearance is a printed document issued to any authorized person whose purpose can be any of the following: for file, transfer of ownership, sale, bank loan, GSIS/Pag-ibig requirement.

<b>Office or Division:</b>	CITY TREASURE'S OFFICE
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2B (Government to Business/ G2G (Government to Government.
<b>Who may avail:</b>	Any taxpayer, whether resident or non-resident, who owns real property located within the jurisdiction of this City or his/her authorized representative.
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Original and one (1) Photocopy of the following documents: <ol style="list-style-type: none"> <li>1. Real Property Tax Receipt</li> <li>2. Latest Tax declaration</li> <li>3. Valid ID** (Buyer and Seller)/Requesting party</li> <li>4. For authorized representatives: Special Power of Attorney/ Letter of authority with one (1) photocopy of valid ID** of owner and representative</li> <li>5. Notarized Deed of Sale/ Deed of Donation/ Extra Judicial Settlement/ Contract to Sell (whichever is applicable)</li> <li>6. Community Tax Certificate for those who have no valid ID's</li> <li>7. Other Documents that will prove the relationship of the owner to his/her authorized representative such as, but not limited to Birth or Marriage Certificate.</li> <li>8. Tax Clearance Receipt</li> </ol>	<ul style="list-style-type: none"> <li>➤ CTO</li> <li>➤ City Assessor's Office</li> </ul>

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements	Review the checklist of requirements and issue order of payment. Advise the client to pay at the cashier.	None 229	4 minutes	Agnes B. Clark – Computer Operator II Arlene Donato – DEMO I Ma. Lisa Bañadera – DEMO I Piolito Ragaodao – Admin Aide II

2. Pay the required amount at window 1 or 2.	Receive payment and issue official receipt.	P 50.00 per RPU	5 minutes	<i>Lorelyn Andres – RCC I Mary Grace Casas – Cashier II Roviceint Espanola – DEMO I Christine Sison – Cash Clerk II</i>
3. Present Official Receipt	<ul style="list-style-type: none"> <li>➤ Encode client details and print tax clearance.</li> <li>➤ Sign Tax Clearance by the preparer</li> <li>➤ The City Treasurer or her authorized signatory approve and sign the tax clearance.</li> </ul>	None None None	3 minutes 1 minute 1 minute	<i>Agnes B. Clark – Computer Operator II Arlene Donato – DEMO I Ma. Lisa Bañadera – DEMO I Piolito Ragaodao – Admin Aide II</i>  <i>Agnes B. Clark – Computer Operator II Arlene Donato – DEMO I Ma. Lisa Bañadera – DEMO I Piolito Ragaodao – Admin Aide II</i>  <i>Liza S. Avanceña – City Treasurer Rosalinda Junsay – Asst City Treasurer Marjorie Santiago – Admin Officer II Mary Rose San Diego – LTOO I Kathrina S. Legaspi – LRCO III</i>
4. Sign Tax Clearance and received his/her copy	Release the tax clearance	None	1 minute	<i>Agnes B. Clark – Computer Operator II Arlene Donato – DEMO I Ma. Lisa Bañadera – DEMO I Piolito Ragaodao – Admin Aide II</i>
		TOTAL	15 minutes	

Legal Basis :  
 Local Revenue Code – Section 238 B8



## **5. Computation of Real Property Transfer Tax of any person who shall transfer real property ownership to another**

A transfer tax is tax on the passing of title to property from one person to another. In legal sense, a transfer tax is essentially a transaction fee imposed on the transfer of title to property from one entity to another.

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all requirements	Evaluate requirements and issue computation of transfer tax.	None	5 minutes	Gemma Cadiz – Bookbinder II Rhea Robes – Messenger Rey Cherriguine - Messenger
2. Pay the amount required at window 1 or 2.	Receive payment and issue official Receipt.	Based on the Assessment	5 minutes	Christine Sison – Cash Clerk II Lorelyn Andres – RCC I Angelie Villar – Cash Clerk II Mary Grace Casas – Cashier I
		<b>TOTAL</b>	<b>10 minutes</b>	

**Legal Basis:**

**Local Revenue Code – Section 76**

- Tax Rate – 50% of 1% of the total consideration involved or its fair market value whichever is higher.

**Local Revenue Code – Section 79**

- 25% Surcharge of the original amount tax due plus 2% interest per month of the unpaid amount from due date until tax is fully paid (but not to exceed 72%)



## 6. Online Collection of Real Property Tax, Business Tax, Other Taxes, Permit and other fees.

Online collection is a mode of payment wherein the LGU receives payment from individuals, businesses and other government agencies through digital devices in settlement of real property taxes, business taxes, other taxes, permit and other fees. Payments can be made through bank transfers (Landbank Linkbiz Portal), electronic money (GCASH and MAYA).

<b>Office or Division:</b>	CITY TREASURE'S OFFICE
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2B (Government to Business/ G2G (Government to Government).
<b>Who may avail:</b>	Any taxpayer, whether resident or non-resident, who owns real property located within the jurisdiction of this City or his/her authorized representative.

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
1. May present any of the following: a. Previous tax receipt b. Latest Tax Declaration c. Copy of Transfer of Certificate of Title (TCT) d. Special Power of Attorney (SPA) or Authorization if applicable	2. Valid identification	➤ City Assessor's Office

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request billing thru email with the attached requirements	➤ Evaluate requirements, issue computation and send thru email.	None	30 minutes	<i>Christian Jay Sanchez – Clerk II Alena Ric Bacuetes – Cash Clerk II Rosalinda Junsay – Asst. City Treasurer</i>
2. Pay thru the online channel chosen and send screenshot of payment thru email.	➤ Acknowledge and verify payment.  ➤ Once payment has been verified, proof of payment and the billing will be forwarded to the	Based on billing sent to the client	Within 2.5 working days  5 minutes	<i>Christian Jay Sanchez – Clerk II Alena Ric Bacuetes – Cash Clerk II Rosalinda Junsay – Asst. City Treasurer  Carmela Tubera – RCC II Angelie Villar Cash Clerk II Vilma Bulahan – RCC III</i>  <i>Christian Jay Sanchez – Clerk II</i>

	<p>Cashier for the issuance of Official Receipt.</p> <p>➤ Once the official receipt has been issued, soft copy will be sent to client via email.</p>		10 minutes	<i>Alena Ric Bacuetes – Cash Clerk II Rosalinda Junsay – Asst City Treasurer</i>
		TOTAL	2.75 days	

**Legal Basis:**

SP Resolutions 2021-1310-11, 2022-072-08 - Resolutions authorizing the City Mayor to represent the City Government to sign in its behalf the Memorandum of Agreement between City of San Jose del Monte, MAYA, G-Exchange Inc., DBP and the Linkbiz Portal of Landbank of the Philippines.

For complaints : Contact Person – Ms. Alena Ric H. Bacuetes  
CP # 09604143553

**Lists of valid government I.D.s**

1. GSIS/SSS Unified Multi-Purpose ID (UMID)
2. Land Transportation Office (LTO) Driver's License. Student Permit may be accepted if in card format
3. Philippine Passport
4. Philippine Identification (PhilSys/PhilID)
5. Philhealth I.D.
6. Overseas Workers Welfare Administration (OWWA) E-Card
7. Airman License (issued 2016 onwards)
8. Philippine Postal I.D.
9. Voter's I.D.
10. Professional Regulation (PRC I.D.)

## City Assessor's Office

1. Issuance of Certificate of No Improvement	External/Internal Service
2. Issuance of Certification relative to Assessment Records	External/Internal Service
3. Issuance of Certified Photocopy of Section Map/ Tax Mapping Verification	External/Internal Service
4. Issuance of Certified True Copy of Tax Declaration	External/Internal Service
5. Issuance of New Tax Declaration	External/Internal Service
6. Issuance of Notice of Assessment	External/Internal Service
7. Issuance of Notice of Cancellation of Assessment	External/Internal Service



## A. ISSUANCE OF CERTIFICATE OF NO-IMPROVEMENT

The Certificate of No-improvement is issued to the property owner or authorized representative when the property is a vacant lot and as per Bureau of Internal Revenue (BIR) requirements for Capital Gains Tax and other legal purposes.

<b>Office or Division:</b>	City Assessor's Office
<b>Classification:</b>	Highly Technical Transaction
<b>Type of Transaction:</b>	G2G (Government to Government) / G2B (Government to Businesses) / G2C (Government to Citizen)
<b>Who may avail:</b>	Property Owners, Authorized Representatives, Public / Private Institutions

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"><li>1. Updated Real Property Tax Receipt (<i>Land</i>)</li><li>2. Government issued ID, if<ol style="list-style-type: none"><li>A. Property Owner / Transferor <i>( 1 Photocopy with Original copy presented )</i></li><li>B. Representative,<ol style="list-style-type: none"><li>1. Valid ID <i>( 1 Photocopy with Original copy presented )</i></li><li>2. Valid ID of person being represented <i>( 1 Photocopy with Original copy presented )</i></li><li>3. Any of the following:<ol style="list-style-type: none"><li>a. Special Power of Attorney <i>( 1 Photocopy with Original copy presented )</i></li><li>b. Notarized Authorization Letter <i>( 1 Photocopy with Original copy presented )</i></li><li>c. Secretary's Certificate or Board Resolution <i>( 1 Photocopy with Original copy presented )</i></li><li>d. Legal Services Engagement Agreement <i>( 1 Photocopy with Original copy presented )</i></li></ol></li></ol></li><li>C. Buyer / Transferee,<ol style="list-style-type: none"><li>1. Valid ID <i>( 1 Photocopy with Original copy presented )</i></li><li>2. Notarized Deed of Absolute Sale / Extrajudicial Settlement/ Donation / any Deed of Conveyance <i>( 1 Photocopy with Original copy presented )</i></li><li>3. Notarized Contract to Sell/ Authority to Move-In <i>( 1 Photocopy with Original copy presented )</i></li><li>4. Certificate of Award, for Government Housing Projects <i>( 1 Photocopy with Original copy presented )</i></li></ol></li><li>D. Lessee,<ol style="list-style-type: none"><li>1. Valid ID <i>( 1 Photocopy with Original copy presented )</i></li><li>2. Notarized Lease Contract / Lease Purchase Agreement <i>( 1 Photocopy with Original copy presented )</i></li></ol></li><li>3. Request Form (<i>Transaction Slip</i>)</li></ol></li></ol>	<p>City Treasurer's Office</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner</p> <p>Person being</p> <p>Represented Property</p> <p>Owner / Notary Public</p> <p>Concerned Company / Corporation /</p> <p>Institution Law Firm</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Government Agency Concern</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Assessment Records Mngt. Division</p>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Submits accomplished Request Form and required documents. <b>( Window 1 &amp; 3 )</b>	1.1. Receives Accomplished Request Form.  1.2. Checks and Reviews submitted documents.	None	5 minutes	<i>Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order</i>

	1.3. Assigns Control Number on Transaction Slip with complete documents attached.			Assessment Records Management Division (ARMD)
	1.4. Validates real property records and approves the submitted documents.	None	5 minutes	Maricel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I) Assessment Records Management
2. Signs and Receives Copy of Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> for the submitted documents. (Wait for an ocular inspection.) or Signs <b>Notice of Denial</b> (as the case may be) on the Transaction Slip. <b>( Window 5 )</b>	2.1. Prepares Notice / Requests of Inspection Form and <b>Acknowledgement Receipt</b> .			Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping
	2.2. Issues Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt or Notice of Denial</b> (as the case may be) on the Transaction Slip due to lack of supporting documents.	None	10 minutes	Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order Tax Mapping Division (TMD) City Assessor's Office
	2.3. Prepares of Inspection Materials - Reference Maps - Tax Map Roll			Francis Xavier D. Villano Tax Mapper I Jerico R. Payumo Draftsman I Mary An M. Gerona Assessment Clerk III Gerson A. Borcena Job Order Rommel A. Jaena Job Order Michael A. Bryan Gugulan Job Order Emmanuel G. Zaballa Job Order
	2.4. Conducts ocular inspection as per scheduled date.	None	2 days <i>(as per Scheduled Date )</i>	
	2.5. Prepares Inspection Report.	None	1 day	Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping

	2.6. Call and inform clients about the results of field/ocular inspection.	None	2 minutes	Mary An M. Gerona Assessment Clerk III Nikca B. delos Santos Job Order <i>Kyle Angelo SB Eugenio Job Order</i> Tax Mapping Division (TMD) City Assessor's Office
3. Return to the City Assessor's Office, present copy of Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> and wait to the designated waiting area. ( <b>Window 5</b> )	3.1. Receives Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> .	None	10 minutes	<i>Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order</i> Tax Mapping Division (TMD) City Assessor's Office
	3.2. Checks and Verifies Inspection Report/Result.			
4. Receives Order of Payment Slip. ( <b>Window 5</b> )	4. Issues Order of Payment Slip and inform the taxpayers to proceed at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office for payment.	None	2 minutes	<i>Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order</i> Tax Mapping Division (TMD) City Assessor's Office
5. Pay the required fee at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office by presenting the Order of Payment. ( <i>Secure Official Receipt</i> )	5. Receives payment based on the Order of Payment presented and issue Official Receipt.	PHP 50.00/ Certificate of Non-Improvement	10 minutes	Cashier City Treasurer's Office
6. Return to City Assessor's Office, present the Official Receipt and wait to the designated waiting area. ( <b>Window 5</b> )	6.1. Receives Official Receipt .	None	1 minute	<i>Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order</i> Tax Mapping Division (TMD) City Assessor's Office
	6.2. Prepares & Prints Certificate of Non-improvement.	None	9 minutes	Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping Division (TMD) City Assessor's Office

	<b>6.3.</b> Reviews, Pre-approves and Countersigns Certificate of No-improvement.	None	10 minutes	<i>Francis Xavier D. Villano Tax Mapper I Tax Mapping Section-Head <b>Mary An M. Gerona Assessment Clerk</b> <b>III</b> Tax Mapping Division (TMD) City Assessor's Office</i>
	<b>6.4.</b> Approves and Signs Certificate of No-improvement.	None	5 minutes	<i>Mario D. Lorenzo <b>City Assessor</b> Grace A. Gutierrez LAOO II Appraisal &amp; Assessment Division-Head City Assessor's Office</i>
7. Receives Certificate of No-improvement. <b>( Window 5 )</b>	7. Issues Certificate of No-improvement.	None	1 minute	<i>Romeo N. Bernardino <b>III</b> Job Order <b>Jayvee A. Soriano Job Order</b> Tax Mapping Division (TMD) City Assessor's Office</i>
<b>TOTAL :</b>		<b>PHP 50.00</b>	<b>8 Days 1 Hour 10 Minutes</b>	

\* Property Subject for Field/Ocular Inspection scheduled within 5 working days

## Legal Basis:

Local Revenue Code - Revised Revenue Code of CSJDM 2012 Chapter V Art. 44 Section 238 B

- **PHP50.00** per Certificate of No Improvement

Issuances as per Chapter I Section 1.C.2.n. of the Real Property Appraisal and Assessment Manual

MRPAAO - Chapter I. Section 1.C.1.f. Appraise all real properties pursuant to R. A. No. 7160, and conduct frequent ocular inspections to determine if all properties are properly assessed;

R.A. 10173 also known as the "Data Privacy Act of 2012".



## B. ISSUANCE OF CERTIFICATIONS RELATIVE TO ASSESSMENT RECORDS

All Certifications issued are based on Bureau of Internal Revenue (BIR) requirements for Capital Gains, requirements of Department of Agrarian Reform (DAR) to its beneficiaries, and Court requirements and/or any other legal purposes. The other types of certifications are:

- |   |   |
|---|---|
| A. Certificate of Actual Location (TMD)       | D. Certificate of No Property Holdings (ARMD) |
| B. Certificate of Adjacent Lots (TMD)         | E. Certificate of Property Holdings (ARMD)    |
| C. Certificate of Current Market Value (ARMD) | F. Others (ARMD / TMD)                        |

<b>Office or Division:</b>	City Assessor's Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G (Government to Government) / G2B (Government to Businesses) / G2C (Government to Citizen)
<b>Who may avail:</b>	Property Owners, Authorized Representatives, Public / Private Institutions
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>

<p>1. Updated Real Property Tax Receipt  <i>( if with declared property )</i></p> <p>2. Government issued ID, if</p> <ul style="list-style-type: none"> <li>A. Property Owner / Transferor  <i>( 1 Photocopy with Original copy presented )</i></li> <li>B. Representative,           <ul style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Valid ID of person being represented  <i>( 1 Photocopy with Original copy presented )</i></li> <li>3. Any of the following:               <ul style="list-style-type: none"> <li>a. Special Power of Attorney  <i>( 1 Photocopy with Original copy presented )</i></li> <li>b. Notarized Authorization Letter  <i>( 1 Photocopy with Original copy presented )</i></li> <li>c. Secretary's Certificate or Board Resolution  <i>( 1 Photocopy with Original copy presented )</i></li> <li>d. Legal Services Engagement Agreement  <i>( 1 Photocopy with Original copy presented )</i></li> </ul> </li> </ul> </li> <li>C. Buyer / Transferee,           <ul style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Deed of Absolute Sale / Extrajudicial Settlement/ Donation / any Deed of Conveyance  <i>( 1 Photocopy with Original copy presented )</i></li> <li>3. Notarized Contract to Sell/ Authority to Move-In  <i>( 1 Photocopy with Original copy presented )</i></li> <li>4. Certificate of Award, for Government Housing Projects  <i>( 1 Photocopy with Original copy presented )</i></li> </ul> </li> <li>D. Lessee,           <ul style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Lease Contract / Lease Purchase Agreement  <i>( 1 Photocopy with Original copy presented )</i></li> </ul> </li> <li>3. Request Form ( <i>Transaction Slip</i> )</li> </ul>	<p>City Treasurer's Office</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner</p> <p>Person being</p> <p>Represented Property</p> <p>Owner / Notary Public</p> <p>Concerned Company / Corporation / Institution Law Firm</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution Government Agency Concern</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner (Lessor) / Notary Public / Concerned Company / Corporation / Institution</p> <p>Assessment Records Mngt. Division</p>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Submit accomplished Request Form and required documents. <b>( Window 1 &amp; 3 )</b>	1.1. Receives Accomplished Request Form.  1.2. Checks and Reviews submitted documents.  1.3. Assigns Control Number on Transaction Slip with complete documents attached.  1.4. Validates real property records and approves the submitted documents.	None	5 minutes	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD)
		None	5 minutes	Maricel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I) Assessment Records
2. Receives Order of Payment Slip. <b>( Window 1 &amp; 3 )</b>	2. Issues Order of Payment Slip and inform the taxpayers to proceed at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office for payment.	None	2 minutes	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management
<b>( Window 5 )</b>				Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order Tax Mapping Division /TMD/ C4, Annex A
3. Pay the required fee at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office by presenting the Order of Payment. ( <i>Secure Official Receipt</i> )	3. Receives payment based on the Order of Payment presented and issue Official Receipt.	PHP 50.00/ Certification	10 minutes	Cashier City Treasurer's Office
4. Return to City Assessor's Office, present the Official Receipt and wait to the designated waiting area. <b>( Window 1 &amp; 3 )</b>	4.1. Receives Official Receipt.	None	1 minute	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management

( Window 5 )				<p style="color: red;"> <i>Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order</i>          Tax Mapping Division (TMD) City Assessor's Office       </p>
	<p style="color: red;"> <b>4.2. Prepares &amp; Prints Certification.</b> </p>	None	<p style="color: red;">         21 minutes       </p>	<p style="color: red;"> <i>Sheila P. Mendoza Admin. Aide VI (DEMO I) Sharla B. De Vera Admin. Aide IV</i>          Assessment Records Management Division (ARMD) City Assessor's Office       </p>
				<p style="color: red;"> <i>Mary An M. Gerona Assessment Clerk III Nikca B. delos Santos Job Order</i>          Tax Mapping Division (TMD) City Assessor's Office       </p>
	<p style="color: red;"> <b>4.3. Reviews, Pre-approves and Countersigns Certification.</b> </p>	None	<p style="color: red;">         10 minutes       </p>	<p style="color: red;"> <i>Maricel R. Ramos LAOO II</i>  <i>Assessment Records Management Division- Head Lorena A. delos Santos Admin. Assistant I</i>          Assessment Records Management Division (ARMD) City Assessor's Office       </p>
				<p style="color: red;"> <i>Francis Xavier D. Villano Tax Mapper I Tax Mapping Section- Head Mary An M. Gerona Assessment Clerk III</i>          Tax Mapping Division (TMD) City Assessor's Office       </p>

	<b>4.4. Approves and Signs Certification.</b>	None	5 minutes	<i>Mario D. Lorenzo City Assessor Grace A. Gutierrez LAOO II Appraisal &amp; Assessment Division-Head City Assessor's Office</i>
5. Receives Certification. <b>( Window 2 )</b>	5. Issues Certification.	None	1 minute	<i>Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Ralph Rvee R. Sunga Job Order</i>

				Assessment Records Management Division (ARMD) City Assessor's Office
( Window 5 )				Romeo N. <i>Bernardino III Job Order</i> Jayvee A. <i>Soriano Job Order</i> Tax Mapping Division (TMD) City Assessor's Office
<b>TOTAL :</b>		<b>PHP 50.00</b>	<b>1 Hour</b>	

### Legal Basis:

Local Revenue Code - Revised Revenue Code of CSJDM 2012 Chapter V Art. 44 Section 238 B

- **PHP50.00** per Certification for Other Related Assessment Records.

Issuances as per Chapter I Section 1.C.2.n. of the Real Property Appraisal and Assessment Manual

**R.A. 10173** also known as the “*Data Privacy Act of 2012*”.



## C. ISSUANCE OF CERTIFIED PHOTOCOPY OF SECTION MAP / TAX MAPPING VERIFICATION

Section Maps are used as a permanent link between the real property location in the field, the real property assessment and tax records in the office thru its property identification number.

<b>Office or Division:</b>	City Assessor's Office	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G (Government to Government) / G2B (Government to Businesses) / G2C (Government to Citizen)	
<b>Who may avail:</b>	Property Owners, Authorized Representatives, Public / Private Institutions	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>

<p>1. Title ( 1 Photocopy )</p> <p>2. Government issued ID, if</p> <ul style="list-style-type: none"> <li>A. Property Owner / Transferor ( 1 Photocopy with Original copy presented )</li> <li>B. Representative,           <ul style="list-style-type: none"> <li>1. Valid ID ( 1 Photocopy with Original copy presented )</li> <li>2. Valid ID of person being represented ( 1 Photocopy with Original copy presented )</li> <li>3. Any of the following:               <ul style="list-style-type: none"> <li>a. Special Power of Attorney ( 1 Photocopy with Original copy presented )</li> <li>b. Notarized Authorization Letter ( 1 Photocopy with Original copy presented )</li> <li>c. Secretary's Certificate or Board Resolution ( 1 Photocopy with Original copy presented )</li> <li>d. Legal Services Engagement Agreement ( 1 Photocopy with Original copy presented )</li> </ul> </li> </ul> </li> <li>C. Buyer / Transferee,           <ul style="list-style-type: none"> <li>1. Valid ID ( 1 Photocopy with Original copy presented )</li> <li>2. Notarized Deed of Absolute Sale / Extrajudicial Settlement/ Donation / any Deed of Conveyance ( 1 Photocopy with Original copy presented )</li> <li>3. Notarized Contract to Sell/ Authority to Move-In ( 1 Photocopy with Original copy presented )</li> <li>4. Certificate of Award, for Government Housing Projects ( 1 Photocopy with Original copy presented )</li> </ul> </li> <li>D. Lessee,           <ul style="list-style-type: none"> <li>1. Valid ID ( 1 Photocopy with Original copy presented )</li> <li>2. Notarized Lease Contract / Lease Purchase Agreement ( 1 Photocopy with Original copy presented )</li> </ul> </li> <li>E. Student,           <ul style="list-style-type: none"> <li>1. School ID ( 1 Photocopy with Original copy presented )</li> <li>2. Letter Request from School ( 1 Original )</li> <li>3. Notarized Authorization Letter ( 1 Photocopy with Original copy presented )</li> </ul> </li> <li>3. Request Form ( Transaction Slip )</li> </ul>	<p>Registry of Deeds / Property Owner</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner</p> <p>Person being Represented</p> <p>Property Owner / Notary</p> <p>Public</p> <p>Concerned Company / Corporation / Institution</p> <p>Law Firm</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Government Agency Concern</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner (Lessor) / Notary Public / Concerned Company / Corporation / Institution</p> <p>Student / Concerned School</p> <p>Concerned School</p> <p>Property Owner / Notary Public</p> <p>Assessment Records Mngt. Division</p>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Submit accomplished Request Form and required documents. <b>( Window 1 &amp; 3 )</b>	1.1. Receives Accomplished Request Form.  1.2. Checks and Reviews submitted documents.  1.3. Assigns Control Number on Transaction Slip with complete documents attached.	None	5 minutes	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office
	1.4. Validates real property records and approves the submitted documents.	None	5 minutes	Maricel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I) Assessment Records Management Division (ARMD) City Assessor's Office
2. Receives Order of Payment Slip. <b>( Window 5 )</b>	2. Issues Order of Payment Slip and inform the taxpayers to proceed at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office for payment.	None	2 minutes	Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order Tax Mapping Division (TMD) City Assessor's Office
3. Pay the required fee at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office by presenting the Order of Payment. ( <i>Secure Official Receipt</i> )	3. Receives payment based on the Order of Payment presented and issue Official Receipt.	PHP 50.00/ Certified Photocopy of Map  PHP 30.00/ Tax Mapping Verification per parcel	10 minutes	Cashier City Treasurer's Office
4. Return to City Assessor's Office, present the Official Receipt and wait to the designated waiting area. <b>( Window 5 )</b>	4.1. Receives Official Receipt.	None	1 minute	Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order Tax Mapping Division (TMD) City Assessor's Office

4.2. Prepares and Photocopy Section Map.	None	11 minutes	<i>Jerico R. Payumo Draftsman I Jayvee A. Soriano Job Order Tax Mapping Division (TMD) City Assessor's Office</i>
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	<b>4.3.</b> Pre-approves and Countersigns Certified Copy of Section Maps.	None	5 minutes	<i>Francis Xavier D. Villano Tax Mapper I Tax Mapping Section-Head Jerico R. Payumo Draftsman I</i> Tax Mapping Division (TMD) City Assessor's Office
	<b>4.4.</b> Approves and Signs Certified Photocopy of Map / Tax Mapping Verification.	None	5 minutes	<i>Mario D. Lorenzo City Assessor Grace A. Gutierrez LAOO II Appraisal &amp; Assessment Division-Head</i> City Assessor's Office
5. Receives Certified Photocopy of Map / Tax Mapping Verification. <b>( Window 5 )</b>	5. Issues Certified Photocopy of Map / Tax Mapping Verification.	None	1 minute	<i>Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order</i> Tax Mapping Division (TMD) City Assessor's Office
<b>TOTAL :</b>	<b>Certified Photocopy of Map</b>	<b>PHP 50.00</b>	<b>45 Minutes</b>	
	<b>Tax Mapping Verification</b>	<b>PHP 30.00</b>		

## Legal Basis:

Local Revenue Code - Revised Revenue Code of CSJDM 2012 Chapter V Art. 44 Section 238 B

- **PHP50.00** per Certified copy of land tax property map / section map
- **PHP30.00** Tax Mapping Verification per parcel

Issuances as per Chapter I Section 1.C.2.n. of the Real Property Appraisal and Assessment Manual

**R.A. 10173** also known as the “*Data Privacy Act of 2012*”.



## D. ISSUANCE OF CERTIFIED TRUE COPY OF TAX DECLARATION

The Certified True Copy of Tax Declaration is a certification from records on file that reflect the updated information relative to the assessment of property issued for Transfer-related transactions, Loans, Taxation, Records on File, Court requirements and for other legal purposes.

<b>Office or Division:</b>	City Assessor's Office	
<b>Classification:</b>	Simple / Complex	
<b>Type of Transaction:</b>	G2G (Government to Government) / G2B (Government to Businesses) / G2C (Government to Citizen)	
<b>Who may avail:</b>	Property Owners, Authorized Representatives, Public / Private Institutions	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>

<p>1. Updated Real Property Tax Receipt  <i>( Land / Building / Machinery )</i></p> <p>2. Government issued ID, if</p> <p>A. Property Owner / Transferor  <i>( 1 Photocopy with Original copy presented )</i></p> <p>B. Representative,</p> <ol style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Valid ID of person being represented  <i>( 1 Photocopy with Original copy presented )</i></li> <li>3. Any of the following:           <ol style="list-style-type: none"> <li>a. Special Power of Attorney  <i>( 1 Photocopy with Original copy presented )</i></li> <li>b. Notarized Authorization Letter  <i>( 1 Photocopy with Original copy presented )</i></li> <li>c. Secretary's Certificate or Board Resolution  <i>( 1 Photocopy with Original copy presented )</i></li> <li>d. Legal Services Engagement Agreement  <i>( 1 Photocopy with Original copy presented )</i></li> </ol> </li> </ol> <p>C. Buyer / Transferee,</p> <ol style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Deed of Absolute Sale / Extrajudicial Settlement/ Donation / any Deed of Conveyance  <i>( 1 Photocopy with Original copy presented )</i></li> <li>3. Notarized Contract to Sell/ Authority to Move-In  <i>( 1 Photocopy with Original copy presented )</i></li> <li>4. Certificate of Award, for Government Housing Projects  <i>( 1 Photocopy with Original copy presented )</i></li> </ol> <p>D. Lessee,</p> <ol style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Lease Contract / Lease Purchase Agreement  <i>( 1 Photocopy with Original copy presented )</i></li> </ol> <p>3. Request Form ( Transaction Slip )</p>	<p>City Treasurer's Office</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner</p> <p>Person being</p> <p>Represented Property</p> <p>Owner / Notary Public</p> <p>Concerned Company / Corporation /</p> <p>Institution Law Firm</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Government Agency Concern</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner (Lessor) / Notary Public / Concerned Company / Corporation / Institution</p> <p>Assessment Records Mngt. Division</p>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Submit accomplished Request Form and required documents. <b>( Window 1 &amp; 3 )</b>	1.1. Receives Accomplished Request Form.  1.2. Checks and Reviews submitted documents.  1.3. Assigns Control Number on Transaction Slip with complete documents attached.	None	5 minutes	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office
	1.4. Validates real property records and approves the submitted documents.	None	5 minutes	Maricel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I)
				Assessment Records Management Division (ARMD) City Assessor's Office
2. Receives Order of Payment Slip. <b>Window 1 &amp; 3 )</b>	2. Issues Order of Payment Slip and inform the taxpayers to proceed at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office for payment.	None	2 minutes	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office
3. Pay the required fee at <b>Window 16, 17 &amp; 18</b> - City Treasurer's Office by presenting the Order of Payment. ( <i>Secure Official Receipt</i> )	3. Receives payment based on the Order of Payment presented and issue Official Receipt.	PHP 50.00/ Certified True Copy of Tax Declaration	10 minutes	Cashier City Treasurer's Office
4. Return to City Assessor's Office, present the Official Receipt and wait to the designated waiting area. <b>( Window 1 &amp; 3 )</b>	4.1. Receives Official Receipt.	None	1 minute	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office

	<b>4.2. Prepares and Prints Certified True Copy of Tax Declaration.</b>	None	6 minutes	<i>Sheila P. Mendoza Admin. Aide VI (DEMO I) Sharla B. De Vera Admin. Aide IV Assessment Records Management Division (ARMD) City Assessor's Office</i>
	<b>4.3. Reviews and Countersigns Certified True Copy of Tax Declaration.</b>	None	5 minutes	<i>Maricel R. Ramos LAOO II Assessment Records Management Division-Head Lorena A. delos Santos Admin. Assistant I Assessment Records Management Division (ARMD) City Assessor's Office</i>
	<b>4.4. Approves and Signs Certified True Copy of Tax Declaration.</b>	None	5 minutes	<i>Mario D. Lorenzo City Assessor Grace A. Gutierrez LAOO II Appraisal &amp; Assessment Division-Head City Assessor's Office</i>
<b>5. Receives Certified True Copy of Tax Declaration. ( Window 2 )</b>	<b>5. Issues Certified True Copy of Tax Declaration.</b>	None	1 minute	<i>Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Ralph Rvee R. Sunga Job Order Assessment Records Management Division (ARMD) City Assessor's Office</i>
<b>TOTAL :</b>		<b>PHP 50.00</b>	<b>40 Minutes</b>	

**Simple** - 1 - 20 eCopy of Certified True Copy of Tax Declaration

**Complex** - 21 and above eCopy of Certified True Copy of Tax Declaration One (1) to 255 three (3) working days

**Legal  
Basis:**

**Complex** - Old Tax Declaration will take longer time for records verification and manual preparation.

One (1) to three (3) working days

Local Revenue Code - Revised Revenue Code of CSJDM 2012 Chapter V Art. 44 Section 238 B  
- **PHP50.00** per Certified True Copy of Tax Declaration

Issuances as per Chapter I Section 1.C.2.n. of the Real Property Appraisal and Assessment Manual

**R.A. 10173** also known as the "*Data Privacy Act of 2012*".



## E. ISSUANCE OF NEW TAX DECLARATION

The Tax Declaration is a permanent assessment record issued to the property owner or his authorized representative whose property are located at San Jose del Monte City to declare and reflect the updated ownership, appraisal and assessment of the property for taxation purposes.

<b>Office or Division:</b>	City Assessor's Office	
<b>Classification:</b>	Highly Technical Transaction	
<b>Type of Transaction:</b>	G2G (Government to Government) / G2B (Government to Businesses) / G2C (Government to Citizen)	
<b>Who may avail:</b>	Property Owners, Authorized Representatives, Public / Private Institutions	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	

<p>1. Updated Real Property Tax Receipt ( <i>1 Photocopy</i> )  <i>( Land / Building / Machinery )</i></p> <p>2. <u>Additional for :</u></p> <p><b>A. Correction of Entry / Annotation / General Revision</b></p> <p>A.1. Authenticated / Certified Copy of Title  <i>( 1 Photocopy with Original copy presented )</i></p> <p>A.2. Official Receipt (<i>Annotation/Encumbrance Fee</i>)</p> <p><b>B . New Discovery / New Declaration</b></p> <p><b>B.1. <u>LAND</u> :</b></p> <p>1.) Affidavit of Ownership / Notarized Sworn Statement ( <i>1 Original Copy</i> )</p> <p>2.) <b>a. if Titled Property,</b></p> <ul style="list-style-type: none"> <li>i. Certified Copy of Title  <i>(1 Photocopy with Original copy presented)</i> <ul style="list-style-type: none"> <li>* Transfer Certificate of Title or  <i>Condominium Certificate of Title</i></li> <li>* Original Certificate of Title -  <i>( New Assessment of Land )</i></li> <li>* Order/Certificate of Award and Issuance of Patent – <i>(New Assessment of Public Land</i></li> </ul> </li> <li>ii. Barangay Certification where the property is actually located</li> <li>iii. Actual Photocopy of Land (Pictures)</li> </ul> <p><b>b. if Untitled Property,</b></p> <ul style="list-style-type: none"> <li>i. Certification stating that the land is within alienable and disposable area.  <i>(1 Photocopy with Original copy presented)</i></li> <li>ii. Certification stating that declarant is the present possessor &amp; occupant of the land  <i>(1 Photocopy with Original copy presented)</i></li> <li>iii. Affidavit of Adjoining Lot Owner</li> </ul> <p>3.) Approved Plan with Technical descriptions  <i>( 1 Original to present,  1 Blue Print or Photocopy )</i></p>	<p>City Treasurer's Office</p> <p>Registry of Deeds (Land Registration Authority) City Treasurer's Office</p> <p>Property Owner / Notary Public</p> <p>Registry of Deeds (Land Registration Authority)</p> <p>Concerned Baranggay Property Owner</p> <p>CENRO - Tabang, Guiguinto ( Community Environment and Natural Resources Office )</p> <p>Concerned Baranggay</p> <p>Notary Public</p> <p>Land Management Bureau / Geodetic Engineer</p>
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## **B.2. BUILDING**

- 1.) Title ( 1 Photocopy )
- 2.) Affidavit of Ownership / Notarized Sworn Statement ( 1 Original Copy )
- 3.) Building Plan ( 1 Photocopy )
- 4.) Building Permit  
( 1 Photocopy with Original copy presented )
- 5.) Bill of Materials ( 1 Photocopy )
- 6.) Certificate of Completion  
( 1 Photocopy with Original copy presented )
- 7.) Occupancy Permit ( 1 Photocopy )
- 8.) Building Official Certification, if no available copy of Bldg. Permit ( 1 Original Copy )
- 9.) Pictures of the Building Structure
- 10.) Barangay Certification of Building Construction and Completion Year  
( 1 Original Copy )
- 11.) If the Bldg. owner is not the Lot owner:
  - Contract of Lease ( if Lessee )
  - Notarized Authorization to construct or to build
  - Certificate of Award, for Government Housing Project

Registry of Deeds (Land Registration Authority) Property Owner / Notary Public

Office of the Building Official - CSJDM Office of the Building Official - CSJDM

Office of the Building Official - CSJDM Office of the Building Official - CSJDM

Office of the Building Official - CSJDM Office of the Building Official - CSJDM

Property Owner  
Barangay Concern

Lot Owner / Notary Public  
Owner / Notary Public

Government Agency Concern

## **B.3. MACHINERY**

- 1.) Affidavit of Ownership / Notarized Sworn Statement ( 1 Original Copy )
- 2.) Acquisition Costs & Installation Costs  
( 1 Original Copy )

Property Owner / Notary Public

Property Owner

## **C. Re-assessment / Reclassification**

### **C. 1. RE-CLASSIFICATION**

- 1.) Title ( 1 Photocopy )
- 2.) Zoning Certification  
( 1 Photocopy with Original copy presented )

Registry of Deeds (Land Registration Authority) City Planning & Dev't. Office - CSJDM

### **C. 2. DISPUTE ( ACTUAL USE, DUE EROSION OR TRAVERSED BY ROAD ETC. )**

- 1.) Title ( 1 Photocopy )
- 2.) - Actual Survey Plan approved and signed by a Licensed Geodetic Engineer or  
( 1 Duplicate Copy )
  - Approved Survey Plan as the need arises  
~~( 1 Duplicate Copy )~~

Registry of Deeds (Land Registration Authority) Geodetic Engineer

Land Management Bureau / Geodetic Engineer

### **C. 3. DISPUTE IN BUILDING ( ACTUAL USE, CHANGE IN FLOOR AREA, ETC. )**

- 1.) Title ( 1 Photocopy )
- 2.) Affidavit of Ownership / Notarized Sworn Statement ( 1 Original Copy )

- 3.) Building Plan ( 1 Photocopy )
- 4.) Building Permit ( 1 Photocopy )
- 5.) Certificate of Completion  
( 1 Photocopy with Original copy presented )

Registry of Deeds (Land Registration Authority) Property  
Owner / Notary Public

Office of the Building Official - CSJDM  
Office of the Building Official - CSJDM  
Office of the Building Official - CSJDM

- 6.) Occupancy Permit ( 1 Photocopy )
- 7.) Building Official Certification, if no available copy of Bldg. Permit
- 8.) Pictures of the Building Structure
- 9.) Barangay Certification of Building Construction and Completion Year
- 10.) If the Bldg. owner is not the Lot owner:**
  - Contract of Lease ( if Lessee )
  - Notarized Authorization to construct or to build
  - Certificate of Award, for Government Housing Project

Office of the Building Official - CSJDM Office of the Building Official - CSJDM

Property Owner  
Barangay Concern

**Lot Owner / Notary Public Lot Owner / Notary Public**

Government Agency Concern

## D. Transfer of Ownership / Subdivision, Consolidation & Segregation

1. Certified True Copy of Title  
*(1 Photocopy with Original copy presented)*  
- Transfer Certificate of Title / Original Certificate of Title / Condominium Certificate of Title
2. Deed of Conveyance ( Deed of Sale / Certificate of Sale / Extra-Judicial Settlement / Deed of Donation Affidavit of Self-Adjudication / Deed of Exchange ) of any Deed of Transfer of Ownership  
*(1 Photocopy with Original copy presented)*
3. Certificate Authorizing Registration ( CAR/eCAR )  
*(1 Photocopy with Original copy presented)*
4. Transfer Tax Receipt ( 1 Photocopy )
5. Certification from Registry of Deeds ( LRA )  
*( if Title only and documents of transfer are no longer available )*  
*(1 Photocopy with Original copy presented)*
6. Approved Plan with Technical descriptions  
*( if Subdivision, Consolidation/Segregation of Land )*  
*( BluePrint / Duplicate copy or Photocopy with Original copy presented )*
7. Official Receipt ( Transfer Fee )
8. Notarized Sworn Statement of True Current & Fair Market Value of Real Properties  
*( Land / Bldg. / Mach. )*  
*( 1 Original Copy )*

Registry of Deeds (Land Registration Authority)

Property Owner / Notary Public Concerned Company / Corporation / Institution

Bureau of Internal Revenue City

Treasurer's Office  
Registry of Deeds (Land Registration Authority)

Land Management Bureau / Geodetic Engineer

City Treasurer's Office Property Owner / Notary Public

3. Government issued ID, if
    - A. Property Owner / Transferor  
*( 1 Photocopy with Original copy presented )*
    - B. Representative,
      1. Valid ID  
*( 1 Photocopy with Original copy presented )*
      2. Valid ID of person being represented  
*( 1 Photocopy with Original copy presented )*
      3. Any of the following:
        - a. Special Power of Attorney  
*( 1 Photocopy with Original copy presented )*
- b.** Notarized Authorization Letter  
*( 1 Photocopy with Original copy presented )*

BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG

BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG

Property Owner

Person being Represented Property

Owner / Notary Public

<p>c. Secretary's Certificate or Board Resolution  <i>( 1 Photocopy with Original copy presented )</i></p> <p>d. Legal Services Engagement Agreement  <i>( 1 Photocopy with Original copy presented )</i></p> <p>C. Buyer / Transferee,</p> <ol style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Deed of Absolute Sale / Extrajudicial Settlement/ Donation / any Deed of Conveyance  <i>( 1 Photocopy with Original copy presented )</i></li> <li>3. Notarized Contract to Sell/ Authority to Move-In  <i>( 1 Photocopy with Original copy presented )</i></li> <li>4. Certificate of Award, for Government Housing Projects  <i>( 1 Photocopy with Original copy presented )</i></li> </ol> <p>D. Lessee,</p> <ol style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Lease Contract / Lease Purchase Agreement  <i>( 1 Photocopy with Original copy presented )</i></li> </ol> <p>4. Request Form ( Transaction Slip )</p>	<p>Concerned Company / Corporation / Institution  Law Firm  BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG  Property Owner / Notary Public / Concerned Company / Corporation / Institution  Property Owner / Notary Public / Concerned Company / Corporation / Institution  Government Agency Concern  BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG  Property Owner (Lessor) / Notary Public / Concerned Company / Corporation / Institution</p>																
	<p>Assessment Records Mngt. Division</p>																
<p><b>CLIENT STEPS</b></p> <p>1. Submit accomplished Request Form and required documents.  <b>( Window 1 &amp; 3 )</b></p> <p>2. Signs and Receives Copy of Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> for the submitted documents. (Wait for an ocular inspection.) or Signs <b>Notice of Denial</b> (as the case may be) on the Transaction Slip.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><b>AGENCY ACTION</b></th><th style="text-align: center;"><b>FEES TO BE PAID</b></th><th style="text-align: center;"><b>PROCESSING TIME</b></th><th style="text-align: center;"><b>PERSON(S) RESPONSIBLE</b></th></tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p>1.1. Receives Accomplished Request Form.</p> <p>1.2. Checks and Reviews submitted documents.</p> <p>1.3. Assigns Control Number on Transaction Slip with complete documents</p> <p>1.4. Validates real property records and approves the submitted documents.</p> </td><td style="text-align: center; vertical-align: middle;"> <p>None</p> </td><td style="text-align: center; vertical-align: middle;"> <p>5 minutes</p> </td><td style="text-align: center; vertical-align: middle;"> <p>Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office</p> <p>Marcel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I) Assessment Records Management Division (ARMD) City Assessor's Office</p> </td></tr> <tr> <td style="vertical-align: top;"> <p>2.1. Prepares Notice / Requests of Inspection Form and <b>Acknowledgement Receipt</b>.</p> </td><td style="text-align: center; vertical-align: middle;"> <p>None</p> </td><td style="text-align: center; vertical-align: middle;"> <p>5 minutes</p> </td><td style="text-align: center; vertical-align: middle;"> <p>Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping Division (TMD) City Assessor's Office</p> </td></tr> <tr> <td style="vertical-align: top;"> <p>2.2. Issues Notice / Requests of Inspection Form together with</p> </td><td style="text-align: center; vertical-align: middle;"> <p>None</p> </td><td style="text-align: center; vertical-align: middle;"> <p>10 minutes</p> </td><td style="text-align: center; vertical-align: middle;"> <p>Romeo N. Bernardino III Job Order</p> </td></tr> </tbody> </table>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON(S) RESPONSIBLE</b>	<p>1.1. Receives Accomplished Request Form.</p> <p>1.2. Checks and Reviews submitted documents.</p> <p>1.3. Assigns Control Number on Transaction Slip with complete documents</p> <p>1.4. Validates real property records and approves the submitted documents.</p>	<p>None</p>	<p>5 minutes</p>	<p>Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office</p> <p>Marcel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I) Assessment Records Management Division (ARMD) City Assessor's Office</p>	<p>2.1. Prepares Notice / Requests of Inspection Form and <b>Acknowledgement Receipt</b>.</p>	<p>None</p>	<p>5 minutes</p>	<p>Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping Division (TMD) City Assessor's Office</p>	<p>2.2. Issues Notice / Requests of Inspection Form together with</p>	<p>None</p>	<p>10 minutes</p>	<p>Romeo N. Bernardino III Job Order</p>
<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON(S) RESPONSIBLE</b>														
<p>1.1. Receives Accomplished Request Form.</p> <p>1.2. Checks and Reviews submitted documents.</p> <p>1.3. Assigns Control Number on Transaction Slip with complete documents</p> <p>1.4. Validates real property records and approves the submitted documents.</p>	<p>None</p>	<p>5 minutes</p>	<p>Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office</p> <p>Marcel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I) Assessment Records Management Division (ARMD) City Assessor's Office</p>														
<p>2.1. Prepares Notice / Requests of Inspection Form and <b>Acknowledgement Receipt</b>.</p>	<p>None</p>	<p>5 minutes</p>	<p>Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping Division (TMD) City Assessor's Office</p>														
<p>2.2. Issues Notice / Requests of Inspection Form together with</p>	<p>None</p>	<p>10 minutes</p>	<p>Romeo N. Bernardino III Job Order</p>														

( Window 5 )	<p>Acknowledgement Receipt or Notice of Denial (as the case may be) on the Transaction Slip due to lack of supporting documents.</p> <p>(* Field/Ocular Inspection Scheduled within 5 working days )</p>			<p>Jayvee A. Soriano Job Order Tax Mapping Division (TMD) City Assessor's Office</p>
	<p>2.3. Prepares of Inspection Materials</p> <ul style="list-style-type: none"> <li>- Reference Maps (Base Map/Section Map )</li> <li>- Tax Map Roll</li> </ul>	None	2 days	<p>Francis Xavier D. Villano Tax Mapper I Jerico R. Payumo Draftsman I Mary An M. Gerona Assessment Clerk III Gerson A. Borcena Job Order Rommel A. Jaena Job Order Michael A. Bryan Gugulan Job Order Emmanuel G. Zaballa Job Order Tax Mapping Division (TMD) City Assessor's Office</p>
	<p>2.4. Conducts ocular inspection as per scheduled date.</p>	<i>(as per Scheduled Date )</i>		
	<p>2.5. FAAS Preparation:</p> <p>a.) Prepares Inspection Reports/Results and update FAAS latest information</p> <ul style="list-style-type: none"> <li>i. Inscribes Property identification No., Owner's Information, Title No., Actual Location, Boundaries and Sketch Plan for land, building and kind of machines installed.</li> </ul>	None	1 day	<p>Jerico R. Payumo Draftsman I Mary An M. Gerona Assessment Clerk III Nikca B. delos Santos Job Order Kyle Angelo SB Eugenio Job Order Tax Mapping Division (TMD) City Assessor's Office</p>
	<p>ii. Updates Land Classification based on Approved CLUP and Computes Building total floor area.</p>	None	1 day	<p>Jerico R. Payumo Draftsman I Mary An M. Gerona Assessment Clerk III Tax Mapping Dvision (TMD) City Assessor's Office</p>
	<p>iii. Reviews Inspection Reports/Results and approves FAAS prepared subject for computation of Appraisal and Assessment.</p>	None	1 day	<p>Francis Xavier D. Villano Tax Mapper I Tax Mapping Section- Head Mary An M. Gerona Assessment Clerk III City Assessor's Office</p>
	<p>b.) Appraisal &amp; Assessment :</p>			

i. Computes the Appraise Value of real properties in accordance with the Approved Schedule of Market Value (SMV) and Assess Value based on its Actual Use.	None	1 day	<i>Janice N. Ramos Sr. Admin Assistant II Mar C. Capule Assessment Clerk III Appraisal &amp; Assessment Division (AAD) City Assessor's Office</i>
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	ii. Reviews and approves property Appraisal and Assessment computations.	None	1 day	<i>Grace A. Gutierrez LAOO II Appraisal &amp; Assessment Division-Head Mar C. Capule Assessment Clerk III</i> Appraisal & Assessment Division (AAD) City Assessor's Office
	c.) FAAS Approval :			
	i. Recommends Approval of Field Appraisal and Assessment Sheets (FAAS) subject for encoding.	None	1 day	<i>Assistant City Assessor</i> City Assessor's Office
	ii. Approves and Signs FAAS subject for encoding and Printing of Tax Declaration.	None	1 day	<i>Mario D. Lorenzo City Assessor</i> City Assessor's Office
	d.) Logs and Assigns ARP / TD No. on the approved FAAS.	None	2 minutes	<i>Janice M. Gagarin Admin. Aide IV Liezl H. Vergara Job Order</i> Appraisal & Assessment Division (AAD) City Assessor's Office
	2.6. Encodes approved FAAS and Prints New Tax Declaration.	None	30 minutes	<i>Janice N. Ramos Sr. Admin Assistant II Mar C. Capule Assessment Clerk III Norma A. Borcena Admin. Assistant I Carolyn D. Española Admin. Aide IV Janice M. Gagarin Admin. Aide IV</i> Appraisal & Assessment Division (AAD) City Assessor's Office
	2.7. Reviews and Countersigns New Tax Declaration.	None	20 minutes	<i>Grace A. Gutierrez LAOO II</i> Appraisal & Assessment Division Head City Assessor's Office
	2.8. Approves and Signs New Tax Declaration.	None	20 minutes	<i>Mario D. Lorenzo City Assessor</i> City Assessor's Office

2.9. Call clients for the issuance of New Tax Declaration.	None	2 minutes	<i>John Lloyd M. Santos Job Order Angela R. Nisola Job Order Appraisal &amp; Assessment Division (AAD) City Assessor's Office</i>
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3. Return to the City Assessor's Office, present copy of Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> and wait to the designated waiting area.	3.1. Receives Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> .	None	10 minutes	<i>John Lloyd M. Santos Job Order Angela R. Nisola Job Order</i> Appraisal & Assessment Division (AAD) City Assessor's Office
	3.2. Checks and Verifies Inspection Report/Result.			
4. Receives New Tax Declaration. <b>( Window 5 )</b>	4. Issues New Tax Declaration.	None	1 minute	<i>John Lloyd M. Santos Job Order Angela R. Nisola Job Order</i> Appraisal & Assessment Division (AAD) City Assessor's Office
<b>TOTAL :</b>	<b>Ordinary Transfer</b>	<b>PHP 40.00</b>	<b>10 Days 1 Hour 45 Minutes</b>	
	<b>Subdivided Property ( 9 parcels and below )</b>	<b>PHP 10.00</b>		
	<b>Subdivided Property ( 10 parcels and above )</b>	<b>PHP 15.00</b>		
	<b>Annotations of Mortgage or encumbrances ( Less than PHP10,000.- )</b>	<b>PHP 50.00</b>		
	<b>Annotations of Mortgage or encumbrances ( PHP10,000.- or more )</b>	<b>PHP 100.00</b>		

\* *Property Subject for Field/Ocular Inspection scheduled within 5 working days*

Issuance of New Tax Declaration are subject for ocular inspection to determine if all properties are properly appraised and assessed.

## Legal Basis:

Local Revenue Code - Revised Revenue Code of CSJDM 2012 Chapter V Art. 44 Section 238 B

- **PHP40.00 per Tax Declaration**

( for D. Transfer of Ownership, Subdivision, Consolidation & Segregation only )

As per Chapter I Section 1.C.2.n. of the Real Property Appraisal and Assessment Manual

MRPAAO - Chapter I. Section 1.C.1.f. Appraise all real properties pursuant to R. A. No. 7160, and conduct frequent ocular inspections to determine if all properties are properly assessed;

\*\*Chapter I. Section 1.C.1.g. Prepare Field Appraisal and Assessment Sheets (FAAS's) and issue Tax Declarations for all newly discovered properties and transactions involving transfers of ownership, subdivisions of land into two or more parcels, and/or consolidation of two or more parcels into a single ownership, as well as other transactions involving assessment of real property;

LGC Book II Title II

- Real Property Taxation

Manual on Real Property Appraisal and Assessment

Local Revenue Code - Revised Revenue Code of CSJDM 2012

- Chapter II - Real Property Tax

R.A. 10173 also known as the "Data Privacy Act of 2012". 268



## F. ISSUANCE OF NOTICE OF ASSESSMENT (NOA)

The Notice of Assessment is an assessment record issued to the property owner showing the market value and assessed value of the property. This Notice is presented to the City Treasurer's Office for taxation purposes.

<b>Office or Division:</b>	City Assessor's Office
<b>Classification:</b>	Simple
<b>Type of Transaction :</b>	G2G (Government to Government) / G2B (Government to Businesses) / G2C (Government to Citizen)
<b>Who may avail:</b>	Property Owners, Authorized Representatives, Public / Private Institutions
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>

<p>1. Any of the following :</p> <ul style="list-style-type: none"> <li>- Title ( 1 photocopy )</li> <li>- Tax Declaration - Owner's Copy ( 1 original or photocopy )</li> <li>- Previous Real Property Tax Receipt ( 1 original or photocopy )</li> <li>- Other reference for property identification ( Approved plan, Technical description, Deed of Sale or any Deed of Conveyance / Contract to Sell )</li> </ul> <p>2. Government issued ID, if</p> <ul style="list-style-type: none"> <li>A. Property Owner / Transferor ( 1 Photocopy with Original copy presented )</li> <li>B. Representative, <ul style="list-style-type: none"> <li>1. Valid ID ( 1 Photocopy with Original copy presented )</li> <li>2. Valid ID of person being represented ( 1 Photocopy with Original copy presented )</li> <li>3. Any of the following: <ul style="list-style-type: none"> <li>a. Special Power of Attorney ( 1 Photocopy with Original copy presented )</li> <li>b. Notarized Authorization Letter ( 1 Photocopy with Original copy presented )</li> <li>c. Secretary's Certificate or Board Resolution ( 1 Photocopy with Original copy presented )</li> <li>d. Legal Services Engagement Agreement ( 1 Photocopy with Original copy presented )</li> </ul> </li> </ul> </li> <li>C. Buyer / Transferee, <ul style="list-style-type: none"> <li>1. Valid ID ( 1 Photocopy with Original copy presented )</li> <li>2. Notarized Deed of Absolute Sale / Extrajudicial Settlement/ Donation / any Deed of Conveyance ( 1 Photocopy with Original copy presented )</li> <li>3. Notarized Contract to Sell/ Authority to Move-In ( 1 Photocopy with Original copy presented )</li> <li>4. Certificate of Award, for Government Housing Projects ( 1 Photocopy with Original copy presented )</li> </ul> </li> <li>D. Lessee, <ul style="list-style-type: none"> <li>1. Valid ID ( 1 Photocopy with Original copy presented )</li> <li>2. Notarized Lease Contract / Lease Purchase Agreement ( 1 Photocopy with Original copy presented )</li> </ul> </li> </ul> <p>3. Request Form ( Transaction Slip )</p>	<p>Registry of Deeds / Property Owner Property Owner</p> <p>Property Owner</p> <p>Property Owner</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG Property Owner</p> <p>Person being Represented</p> <p>Property Owner / Notary Public</p> <p>Concerned Company / Corporation / Institution</p> <p>Law Firm</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution Government Agency Concern</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner (Lessor) / Notary Public / Concerned Company / Corporation / Institution</p> <p>Assessment Records Mngt. Division</p>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Submit accomplished Request Form and required documents. <b>( Window 1 &amp; 3 )</b>	1.1. Receives Accomplished Request Form. 1.2. Checks and Reviews submitted documents. 1.3. Assigns Control Number on Transaction Slip with complete documents attached. 1.4. Validates real property records and approves the submitted documents.	None	5 minutes	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office
	1.5. Prints and countersigns Notice of Assessment	None	5 minutes	Maricel R. Ramos LAOO II Sheila P. Mendoza Admin. Aide VI (DEMO I) Assessment Records Management Division (ARMD) City Assessor's Office
2. Receives Notice of Assessment and proceed to the City Treasurer's Office for real property tax computation and payment. <b>( Window 2 )</b>	2. Issues Notice of Assessment	None	4 minutes	Lorena A. delos Santos Admin. Assistant I Sheila P. Mendoza Admin. Aide VI (DEMO I) Sharla B. De Vera Admin. Aide IV Assessment Records Management Division (ARMD) City Assessor's Office
<b>TOTAL :</b>		<b>NONE</b>	<b>15 Minutes</b>	

**Legal Basis:**

R.A. 7160 also known as the "Local Government Code of 1991" this serves as Notice to the declarant in pursuance of Section 223 (*Notification of New or Revised Assessment*) and for the due process of provision on real property tax assessment under Section 226.



## G. ISSUANCE OF NOTICE OF CANCELLATION OF ASSESSMENT

The Notice of Cancellation of Assessment is an assessment record issued to the property owner whose property has been cancelled and dropped from the record of assessments due to erroneous declaration, total destruction and demolition of property, dismantled machines and/or property razed/destroyed by fire.

<b>Office or Division:</b>	City Assessor's Office	
<b>Classification:</b>	Highly Technical Transaction	
<b>Type of Transaction:</b>	G2G (Government to Government) / G2B (Government to Businesses) / G2C (Government to Citizen)	
<b>Who may avail:</b>	Property Owners, Authorized Representatives, Public / Private Institutions	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	

<p>1. Latest Real Property Tax Receipt  <i>( Land /Building / Machinery ) - 3 Photocopies</i></p> <p>2. Government issued ID, if</p> <ul style="list-style-type: none"> <li>A. Property Owner / Transferor  <i>( 1 Photocopy with Original copy presented )</i></li> <li>B. Representative,           <ul style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Valid ID of person being represented  <i>( 1 Photocopy with Original copy presented )</i></li> <li>3. Any of the following:               <ul style="list-style-type: none"> <li>a. Special Power of Attorney  <i>( 1 Photocopy with Original copy presented )</i></li> <li>b. Notarized Authorization Letter  <i>( 1 Photocopy with Original copy presented )</i></li> <li>c. Secretary's Certificate or Board Resolution  <i>( 1 Photocopy with Original copy presented )</i></li> <li>d. Legal Services Engagement Agreement  <i>( 1 Photocopy with Original copy presented )</i></li> </ul> </li> </ul> </li> <li>C. Buyer / Transferee,           <ul style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Deed of Absolute Sale / Extrajudicial Settlement/ Donation / any Deed of Conveyance  <i>( 1 Photocopy with Original copy presented )</i></li> <li>3. Notarized Contract to Sell / Authority to Move-In  <i>( 1 Photocopy with Original copy presented )</i></li> <li>4. Certificate of Award, for Government Housing Projects  <i>( 1 Photocopy with Original copy presented )</i></li> </ul> </li> <li>D. Lessee,           <ul style="list-style-type: none"> <li>1. Valid ID  <i>( 1 Photocopy with Original copy presented )</i></li> <li>2. Notarized Lease Contract / Lease Purchase Agreement  <i>( 1 Photocopy with Original copy presented )</i></li> </ul> </li> <li>3. Pictures of the Property ( 3 Original )</li> <li>4. Any of the following:           <ul style="list-style-type: none"> <li>- Barangay Certification ( 3 Photocopies )</li> <li>- Demolition Permit ( 3 Photocopies )</li> <li>- Bureau of Fire Certification (if razed/destroyed by Fire  <i>( 3 Photocopies )</i></li> </ul> </li> <li>5. Request Form ( Transaction Slip )</li> </ul>	<p>City Treasurer's Office</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner</p> <p>Person being Represented</p> <p>Property Owner / Notary Public</p> <p>Concerned Company / Corporation / Institution</p> <p>Law Firm</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Property Owner / Notary Public / Concerned Company / Corporation / Institution</p> <p>Government Agency Concern</p> <p>BIR, DFA, LTO, PRC, SSS, GSIS, Pag-IBIG</p> <p>Property Owner (Lessor) / Notary Public / Concerned Company / Corporation / Institution</p> <p>Property Owner / Requesting Party</p> <p>Concerned Barangay            Office of the Building Official - CSJDM            Bureau of Fire Protection Office - CSJDM</p> <p>Assessment Records Mngt. Division</p>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Submit accomplished Request Form and required documents. <b>( Window 1 &amp; 3 )</b>	1.1. Receives Accomplished Request Form.  1.2. Checks and Reviews submitted documents.  1.3. Assigns Control Number on Transaction Slip with complete documents attached.	None	5 minutes	Lorena A. delos Santos Admin. Assistant I Jamel D. Tubera Job Order Assessment Records Management Division (ARMD) City Assessor's Office
	1.4. Validates real property records and approves the submitted documents.	None	5 minutes	Marcel R. Ramos LAOO II Sheila P. Mendoza <b>Admin. Aide VI (DEMO I)</b> Assessment Records Management Division (ARMD) City Assessor's Office
2. Signs and Receives Copy of Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> for the submitted documents. (Wait for an ocular inspection.) or Signs <b>Notice of Denial</b> (as the case may be) on the Transaction Slip. <b>( Window 5 )</b>	2.1. Prepares Notice / Requests of Inspection Form and <b>Acknowledgement Receipt</b> .  2.2. Issues Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt</b> or <b>Notice of Denial</b> (as the case may be) on the Transaction Slip due to lack of supporting documents.	None	10 minutes	Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping Division (TMD) City Assessor's Office
				Romeo N. Bernardino III Job Order Jayvee A. Soriano Job Order Tax Mapping Division (TMD) City Assessor's Office
	(* Field/Ocular Inspection Scheduled within 5 working days )			
	2.3. Prepares of Inspection Materials  - Reference Maps  - Tax Map Roll	None	2 days	Francis Xavier D. Villano Tax Mapper I Jerico R. Payumo Draftsman I Mary An M. Gerona Assessment Clerk III Gerson A. Borcena Job Order Rommel A. Jaena Job Order Michael A. Bryan Gugulan Job Order Emmanuel G. Zaballa
	2.4. Conducts ocular inspection as per scheduled date.			(as per Scheduled Date )



	2.5. Prepares Inspection Report.	None	1 day	<i>Mary An M. Gerona Assessment Clerk III Bea V. Sonio Job Order Tax Mapping Division (TMD) City Assessor's Office</i>
	2.6. Prepares and Prints Notice of Cancellation of Assessment.	None	10 minutes	<i>Mar C. Capule Assessment Clerk III Janice M. Gagarin Admin. Aide IV Michael Pila Job Order Appraisal &amp; Assessment Division (AAD) City Assessor's Office</i>
	2.7. Reviews and Countersigns Notice of Cancellation of Assessment.	None	10 minutes	<i>Grace A. Gutierrez LAOO II Appraisal &amp; Assessment Division-Head City Assessor's Office</i>
	2.8. Approves and Signs Notice of Cancellation of Assessment.	None	5 minutes	<i>Mario D. Lorenzo City Assessor Grace A. Gutierrez LAOO II Appraisal &amp; Assessment Division-Head City Assessor's Office</i>
	2.9. Cancels Record of Assessment from data base.	None	2 minutes	<i>Grace A. Gutierrez LAOO II Janice N. Ramos Sr. Admin Assistant II Appraisal &amp; Assessment Division (AAD) City Assessor's Office</i>
	3.0. Call clients for the issuance of Cancellation of Assessment.	None	2 minutes	<i>John Lloyd M. Santos Job Order Angela R. Nisola Job Order Appraisal &amp; Assessment Division (AAD) City Assessor's Office</i>
3. Return to the City Assessor's Office, present copy of Notice / Requests of Inspection Form	3.1. Receives Notice / Requests of Inspection Form together with <b>Acknowledgement Receipt.</b>			<i>John Lloyd M. Santos Job Order Angela R. Nisola</i>

together with  
**Acknowledgement**  
**Receipt** and wait to the  
designated waiting area.  
**( Window 4 )**

3.2. Checks and Verifies  
Inspection Report/Result.

None

10 minutes

*Job Order*

Appraisal & Assessment  
Division (AAD)  
City Assessor's Office

4. Receives Notice of Cancellation of Assessment. <b>( Window 4 )</b>	4. Issues Notice of Cancellation of Assessment.	None	1 minute	<i>John Lloyd M. Santos Job Order Angela R. Nisola Job Order Appraisal &amp; Assessment Division (AAD) City Assessor's Office</i>
	<b>TOTAL :</b>	<b>NONE</b>	<b>8 Days 1 Hour</b>	

(\* *Field/Ocular Inspection Scheduled within 5 working days*)

### Legal Basis:

Issuances as per Chapter I Section 1.C.2.n. of the Real Property Appraisal and Assessment Manual

Chapter I Section 1.C.1.l of the Real Property Appraisal and Assessment Manual

MRPAAO - Chapter I. Section 1.C.1.f. Appraise all real properties pursuant to R. A. No. 7160, and conduct frequent ocular inspections to determine if all properties are properly assessed;

**R.A. 10173** also known as the “*Data Privacy Act of 2012*”.

### NOTICE TO THE PUBLIC

ALL REAL PROPERTY OWNERS WITHIN SAN JOSE DEL MONTE CITY WHO SHALL BE ACQUIRING REAL PROPERTY SUCH AS LAND, BUILDING AND MACHINERY, WHO SHALL BE MAKING ANY IMPROVEMENT OR WHO SHALL BE CONSTRUCTING A BUILDING ARE REQUIRED TO FILE A DULY NOTARIZED SWORN STATEMENT DECLARING THE TRUE VALUE OF THEIR PROPERTIES FOR TAXATION PURPOSES.

IF PROPERTY OWNERS FAIL OR REFUSE TO MAKE SUCH DECLARATION, THE CITY ASSESSOR SHALL DECLARE AND ASSESS THE PROPERTIES FOR TAXATION.

## **City Legal Services**

<b>1. NO-COST LEGAL CONSULTATION/COUNSELING</b>	External/Internal
<b>2. CITY GOVERNMENT LEGAL SERVICES</b>	<b>INTERNAL SERVICE</b>

## **1. NO-COST LEGAL CONSULTATION / COUNSELING (EXTERNAL)**

The Office of the City Legal Service provides no-cost legal consultation and counseling to client-constituents, facilitating immediate relief from legal issues and providing guidance on appropriate legal procedures and remedies.

<b>OFFICE OR DIVISION:</b>	Office of the City Legal Service			
<b>CLASSIFICATION:</b>	Highly Technical			
<b>TYPE OF TRANSACTION:</b>	G2C (Government to Citizen)			
<b>WHO MAY AVAIL:</b>	Residents of the City of San Jose del Monte, Bulacan			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Secure the Client Form from reception, fill up personal and other necessary details, and wait at the designated waiting area until your name is called and you are referred to counsel.	1.1 Provide client-constituent with Client Form.  1.2 Verify Client Form's completeness and accuracy, and subsequently place client-constituent in the appropriate queue for referral to counsel.	None	5 minutes	Monette V. Cangayo <i>Admin. Aide IV</i>
2. Proceed to legal counseling.	2.1 Render the necessary legal advice / counseling. If a mediation invitation has been previously issued and a mediation session is scheduled, proceed with the conduct of the mediation per established procedures.	None	60 minutes or as may be necessary  (depending on the complexity of the case)	Martin T. Meñez <i>City Legal Officer</i>  Warlito DM. Gogolin <i>Assistant City Legal Officer</i>  Rosalie Santa J. Florentin-Donato <i>Attorney III</i>  Bianca Ysabel E. Nieto <i>Attorney III</i>  Marinel Elaine B. Masangcay <i>Attorney III</i>  Lyssa Mae Jane M. Tabbu <i>Attorney III</i>  Karyll Ann G. Mitra <i>Attorney III</i>
		288		

				<p style="text-align: right;">Khrysstal R. Vicera <i>Attorney I</i></p> <p style="text-align: right;">Monette V. Cangayo <i>Admin. Aide IV</i></p> <p style="text-align: right;">Ruben J. Roll <i>Legal Assistant II</i></p> <p style="text-align: right;">Edcel Z. Quiben <i>Admin. Assistant III</i></p>
	2.2 When deemed necessary, or upon initial request for mediation, furnish the requisite form for the provision of mediation details and proceed with the drafting of a mediation invitation.	None	15 minutes	<p style="text-align: right;">Ruben J. Roll <i>Legal Assistant II</i></p> <p style="text-align: right;">Helen G. Plandano <i>Admin. Assistant I</i></p> <p style="text-align: right;">John Bernard P. Alejandro <i>Legal Aide</i></p>
3. Fill out the Feedback Form.	3.1 Attend to client-constituent in accomplishing Feedback Form.	None	5 minutes	<p style="text-align: right;">Monette V. Cangayo <i>Admin. Aide IV</i></p> <p style="text-align: right;">Helen G. Plandano <i>Admin. Assistant I</i></p> <p style="text-align: right;">John Bernard P. Alejandro <i>Legal Aide</i></p>
<b>TOTAL:</b>		-	<p style="text-align: right;"><b>1 hour and 10 minutes</b></p> <p style="text-align: right;"><b>(extensions subject to legal remedies and case complexity)</b></p>	

## 2. CITY GOVERNMENT LEGAL SERVICES (INTERNAL)

The Office of the City Legal Service provides comprehensive legal counsel, secretariat services, and outputs to various offices within the City Government, including the drafting of contracts, Executive/Administrative Orders, legal opinions, memoranda, advisory documents, data protection advisories, and other relevant legal services. These services facilitate operational efficiency, guide offices in navigating legal issues, and empower them to proactively address potential legal challenges.

<b>OFFICE OR DIVISION:</b>	Office of the City Legal Service			
<b>CLASSIFICATION:</b>	Highly Technical			
<b>TYPE OF TRANSACTION:</b>	G2G (Government to Government)			
<b>WHO MAY AVAIL:</b>	Offices within the City Government of San Jose del Monte			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. Submit a formal request for legal service. Requests may be submitted through the Office of the City Administrator, or directly to the Office of the City Legal Service (for urgent matters).	1.1 Log the submission and assign a corresponding reference number.	None	5 minutes	Monette V. Cangayo <i>Admin. Aide IV</i>  John Bernard P. Alejandro <i>Legal Aide</i>
	1.2 Assign the request to a designated counsel.		5 minutes	Martin T. Meñez <i>City Legal Officer</i>  Warlito DM. Gogolin <i>Assistant City Legal Officer</i>

2. Await the legal review relevant to the request.	2.1 Conduct thorough legal research and analysis to formulate comprehensive legal resolutions and recommendations on the issue/s presented.	None	15 days from receipt of the request by designated counsel, with urgent requests subject to a reduced lead time, and complex issues that may necessitate an extended timeframe for thorough analysis.	<p>Martin T. Meñez <i>City Legal Officer</i></p> <p>Warlito DM. Gogolin <i>Assistant City Legal Officer</i></p> <p>Rosalie Santa J. Florentin-Donato <i>Attorney III</i></p> <p>Bianca Ysabel E. Nieto <i>Attorney III</i></p> <p>Marinel Elaine B. Masangcay <i>Attorney III</i></p> <p>Lyssa Mae Jane M. Tabbu <i>Attorney III</i></p> <p>Karyll Ann G. Mitra <i>Attorney III</i></p> <p>Khrysstal R. Vicera <i>Attorney I</i></p>
2.2 Review and approve the finalized legal opinion.	2.2 Review and approve the finalized legal opinion.	None	5 minutes	<p>Martin T. Meñez <i>City Legal Officer</i></p>
2.3 Provide the finalized output to the requesting party.	2.3 Provide the finalized output to the requesting party.	None	5 minutes	<p>John Bernard P. Alejandro <i>Legal Aide</i></p> <p>Paula Ysabelle V. Gamboa <i>Messenger</i></p> <p>Jake Nolasco Indico <i>Job Order</i></p> <p>Ronald Jaysan V. Cacabelos <i>Job Order</i></p> <p>Larry Botalon <i>Job Order</i></p>

		<p><b>15 days and 20 minutes</b></p> <p>(with urgent requests subject to a reduced lead time, and complex issues that may necessitate an extended timeframe for thorough analysis)</p>
<b>TOTAL:</b>	-	



## City Health Office

1. Antiretroviral Therapy (ART) Treatment	External/Internal Service
2. Dental Health Services	External/Internal Service
3. Environmental Health and Sanitation	External/Internal Service
4. Expanded Program of Immunization	External/Internal Service
5. Family Planning	External/Internal Service
6. HIV Testing	External/Internal Service
7. Maternal Care	External/Internal Service
8. Medical Certificate	External/Internal Service
9. Medical Services	External/Internal Service
10. Physical Therapy and Rehabilitation	External/Internal Service



## 1. ANTIRETROVIRAL THERAPY (ART) TREATMENT

Delivers ANTIRETROVIRAL THERAPY TREATMENT services for all who has HIV by providing HIV medicines to treat HIV infection.

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (HIV CLINIC)
<b>Classification:</b>	SIMPLE
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Specimen (blood)		- Patient - Patient		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Eugene Ferrer (Peer Educator) City Health Office</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	<i>Eugene Ferrer (Peer Educator) City Health Office</i>
3. Proceed to the office/ table of the health care provider on duty.	3. Verification of HIV Test Result.	None	20 minutes	<i>Daniel Mangahas (Nurse) City Health Office</i>
4. Wait for health care provider instruction.	4. Do the processing of baseline labs.	None	20 minutes	<i>Daniel Mangahas (Nurse) City Health Office</i>
5. Wait for the evaluation of result and further instruction.	5. Evaluate results. Conduct counselling.	None	1 hour	<i>Daniel Mangahas (Nurse) City Health Office</i>
6. Start medication and follow-up as instructed.	6. Initiation of treatment.	None	30 minutes	<i>Daniel Mangahas (Nurse) City Health Office</i>

	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 16 minutes</b>	



## 2. DENTAL HEALTH

Providing DENTAL HEALTH services including oral examination, prophylaxis, dental extraction, treatment, fluoride rinsing and conducting tooth brushing drill and giving free toothbrush.

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
(Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Dental record of the patient		- Patient - Barangay Health Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Cherry Palmes (Dental Aide) City Health Center I
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Cherry Palmes (Dental Aide) City Health Center I
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Cherry Palmes (Dental Aide) City Health Center I
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Gemma Cruz (Dentist) City Health Center I
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER II)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Dhaicelyn Joie Fariol (Dental Aide) City Health Center II
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center II
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center II
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Rey Pasco (Dentist) City Health Center II
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER III)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Sheena Marie Santillan (Dental Aide) City Health Center III
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Sheena Marie Santillan (Dental Aide) City Health Center III
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Sheena Marie Santillan (Dental Aide) City Health Center III
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Allyson Gail Jose (Dentist) City Health Center III
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Dental record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Agnes Aguirre (Dental Aide) City Health Center IV</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Agnes Aguirre (Dental Aide) City Health Center IV</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Agnes Aguirre (Dental Aide) City Health Center IV</i>
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	<i>Karlo Robiños (Dentist) City Health Center IV</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER V)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Agnes De Leon (Dentist) City Health Center V
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Agnes De Leon (Dentist) City Health Center V
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Agnes De Leon (Dentist) City Health Center V
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Agnes De Leon (Dentist) City Health Center V
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Shienna Rafols (Dental Aide) City Health Center VI</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Shienna Rafols (Dental Aide) City Health Center VI</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Shienna Rafols (Dental Aide) City Health Center VI</i>
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	<i>Ada Felda Casiño (Dentist) City Health Center VI</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Shienna Rafols (Dental Aide) City Health Center VII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Shienna Rafols (Dental Aide) City Health Center VII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Shienna Rafols (Dental Aide) City Health Center VII</i>
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	<i>Ada Felda Casiño (Dentist) City Health Center VII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Dhaicelyn Joie Fariol (Dental Aide) City Health Center VIII
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center VIII
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center VIII
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Rey Pasco (Dentist) City Health Center VIII
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IX)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Dhaicelyn Joie Fariol (Dental Aide) City Health Center IX
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center IX
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center IX
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Rey Pasco (Dentist) City Health Center IX
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER X)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Dental record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Babylon Naria (Dental Aide) City Health Center X
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Babylon Naria (Dental Aide) City Health Center X
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Babylon Naria (Dental Aide) City Health Center X
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Jheric Jose (Dentist) City Health Center X
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Dental record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Cherry Palmes (Dental Aide) City Health Center XI</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Cherry Palmes (Dental Aide) City Health Center XI</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Cherry Palmes (Dental Aide) City Health Center XI</i>
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	<i>Gemma Cruz (Dentist) City Health Center XI</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Dental record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Marilou Botoy Lenie Policarpio (BHW) City Health Center XII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Marilou Botoy Lenie Policarpio (BHW) City Health Center XII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Hanna Jelline V. Mateo (Dentist) City Health Center XII</i>
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	<i>Hanna Jelline V. Mateo (Dentist) City Health Center XII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Dental record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Dhaicelyn Joie Fariol (Dental Aide) City Health Center VIII
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center VIII
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Dhaicelyn Joie Fariol (Dental Aide) City Health Center VIII
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Rey Pasco (Dentist) City Health Center VIII
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Agnes De Leon (Dentist) City Health Center XIV
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Agnes De Leon (Dentist) City Health Center XIV
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Agnes De Leon (Dentist) City Health Center XIV
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	Agnes De Leon (Dentist) City Health Center XIV
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 12:00 NN  
 (Set an appointment first)

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Dental record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Cherry Palmes (Dental Aide) City Health Center XV</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Cherry Palmes (Dental Aide) City Health Center XV</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Cherry Palmes (Dental Aide) City Health Center XV</i>
4. Proceed to the office/table of the dentist.	4. Examine the patient. Render necessary needed dental care. Give dental advice and discharge the patient.	None	1 hour	<i>Gemma Cruz (Dentist) City Health Center XV</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	



### 3. ENVIRONMENTAL HEALTH AND SANITATION

Provides ENVIRONMENTAL HEALTH AND SANITATION services including issuance of Health Certificate, Exhumation Permit, and Transfer Permit.

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Health Certificate: One (1) Original or Photocopy of the following: 1. Chest X-ray Result 2. Urinalysis 3. Fecalysis 4. Official Receipt Exhumation Permit/Transfer Permit: 1. Original or One (1) Photocopy of Registered Death Certificate 2. Official Receipt			<ul style="list-style-type: none"><li>- Diagnostics and Medical Laboratory (DOH Accredited)</li><li>- Cashier at City Treasury Office</li><li>- Philippine Statistics Authority or Local Civil Registrar</li><li>- Cashier at Cashier at City Treasury Office</li></ul>	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Health Certificate – 50.00  Exhumation Permit – 200.00  Transfer Permit – 100.00	2 minutes	<i>Ernesto De Vera</i> <i>Eric Guevarra</i> (Sanitation Inspector) City Health Office
2. Present complete requirements.	2. Check requirements.		10 minutes	<i>Ernesto De Vera</i> <i>Eric Guevarra</i> (Sanitation Inspector) City Health Office
3. Fill-up logbook.	3. Record, encode data and print.		30 minutes	<i>Ernesto De Vera</i> <i>Eric Guevarra</i> (Sanitation Inspector) City Health Office
			10 minutes	<i>Ernesto De Vera</i>

4. Claim certificate/ permit.	4. Issue certificate/ permit.			<i>Eric Guevarra (Sanitation Inspector) City Health Office</i>
<b>TOTAL:</b>		<b>Based on 2012 Revised Local Revenue Code of CSJDM</b>	<b>52 minutes</b>	



#### 4. EXPANDED PROGRAM OF IMMUNIZATION

Provides EXPANDED PROGRAM OF IMMUNIZATION services including free vaccines for all the different childhood diseases to the susceptible populace from birth to twelve (12) months old.

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
3. Physical presence of the patient 4. Medical record of the patient		- Patient - Barangay Health Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
4. Before entering the room, apply hand sanitizer or disinfectant.	4. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
5. Present family number and get number and proceed to registration table when called.	5. Retrieve family envelope and call the client.	None	5 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
6. Provide all information needed.	6. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I

7. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	7. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	<i>Doreen Payumo Blenda Duran (Nurse/Midwife) City Health Center I</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER II)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega</i>

4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	<p><i>(BHW)</i> City Health Center II</p> <p><i>Florentina Lozano</i> <i>Jazzfer Figueroa</i> <i>Jojie Reynaldo</i> <i>Rixie Sablada</i> <i>Carla Cruz</i> <i>Joy Ann Garcia</i> <i>Marciana Ygot</i> <i>(Nurse/Midwife)</i> City Health Center II</p>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER III)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III

3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III</i>
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	<i>Sunrise Bandola Nurhaida Albano Bernadette Ramos Margarette Abad Aurora Castor Jielyn Boquino Nena Jane (Nurse/Midwife) City Health Center III</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW)</i>

	3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	City Health Center IV  Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	Marie Joy Ramirez Jorie Anzures Raquel Pequit Lolita Dumindin Mary Jane Ledesma Josefina Caneja Mary Grace Gatuz (Nurse/Midwife) City Health Center IV	
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>		

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER V)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio</i>

				<i>Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	<i>Julie Jose Cielita Detoyato Antonette Borja (Nurse/Midwife) City Health Center V</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do	None	30 minutes	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI</i>

	health teachings and follow-up instructions.			
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Elizabeth Egipio Babylin Bondad (BHW) City Health Center VII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Elizabeth Egipio Babylin Bondad (BHW) City Health Center VII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Elizabeth Egipio Babylin Bondad (BHW) City Health Center VII</i>
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	<i>Angelique A. Manzano Jester V. Villanueva Sherrelyn R. Bobis Gina A. Dauz Gimma Pandagani Ma.Laida Lopez Imeldqa Rioja (Nurse/Midwife) City Health Center VII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and	None	30 minutes	<i>Jobelle Mercado Corazon Cuya Jennifer Montero Maribel Borlongan (Nurse/Midwife) City Health Center VIII</i>

	follow-up instructions.			
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IX)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Rosario Cataniag Jay Ann Cooper Lory Brizuela Jinky Arca (BHW) City Health Center IX
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Gloria Mercado Josita Paonilian Myrna Borata Maxima Galleon (BHW) City Health Center IX
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Judy Gojo Cruz Jennifer Alegar Mary Ann Basilan Michela Balane (BHW) City Health Center IX
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and	None	30 minutes	Romafay Ygot Ma. Mercedes Luna Teresa Macatangay (Nurse/Midwife) City Health Center IX

	follow-up instructions.			
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER X)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Gemma Casusa (BHW) City Health Center X
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Gemma Casusa (BHW) City Health Center X
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Gemma Casusa (BHW) City Health Center X
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	Marissa Santillan Rebecca Bautista (Nurse/Midwife) City Health Center X
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's	None	30 minutes	Luweda Roldan Shirly Maningas Marichu Aguilar Marisa Macariola (Nurse/Midwife) City Health Center XI

	immunization card. Give advice or do health teachings and follow-up instructions.			
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	<i>Patricia Jaraba Rosanna Robianes Roselyn Manongol (Nurse/Midwife) City Health Center XII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Jayson Resonte Gene Mejia Eileen Abagat (BHW) City Health Center XIII
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Jayson Resonte Gene Mejia Eileen Abagat (BHW) City Health Center XIII
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Jayson Resonte Gene Mejia Eileen Abagat (BHW) City Health Center XIII
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and follow-up instructions.	None	30 minutes	Jovita Robes Rowena Visto Candy Lyn Castro Mark Anthony Estrella (Nurse/Midwife) City Health Center XIII
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do health teachings and	None	30 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV

	follow-up instructions.			
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Wednesday, 8:00 AM – 12:00 NN

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	0-12 MONTHS OLD RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
4. Proceed to the office/table of the health care provider. Listen and understand management, advice and/or health teachings.	4. Administer appropriate vaccine. Record the appropriate management and record on Target Client List (TCL) Registry and baby's immunization card. Give advice or do	None	30 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>

	health teachings and follow-up instructions.			
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	



## 5. FAMILY PLANNING

Providing FAMILY PLANNING services including giving free commodities and counselling on different family planning methods to promote birth spacing and responsible parenthood.

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
3. Physical presence of the patient 4. Medical record of the patient		<ul style="list-style-type: none"><li>- Patient</li><li>- Barangay Health Station</li></ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
4. Before entering the room, apply hand sanitizer or disinfectant.	4. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
5. Present family number and get number and proceed to registration table when called.	5. Retrieve family envelope and call the client.	None	5 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
6. Provide all information needed.	6. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Josephine Yap Jennifer Carpio Evangeline Quintana Sarah Navarro (BHW) City Health Center I
7. Proceed to the office/table of the health care	7. Conduct examination and do health	None	1 hour	Doreen Payumo Blenda Duran

provider. Listen and understand health teachings.	teaching regarding different family planning methods. Give necessary commodities available.			(Nurse/Midwife) City Health Center I
	<b>TOTAL:</b>	<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER II)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega</i>

4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<p>(BHW) City Health Center II</p> <p><i>Florentina Lozano Jazzfer Figueroa Joyie Reynaldo Rixie Sablada Carla Cruz Joy Ann Garcia Marciana Ygot (Nurse/Midwife)</i> City Health Center II</p>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER III)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III

3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	Sunrise Bandola Nurhaida Albano Bernadette Ramos Margarette Abad Aurora Castor Jielyn Boquino Nena Jane (Nurse/Midwife) City Health Center III
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW)</i>

	3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	City Health Center IV  Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV
	4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	Marie Joy Ramirez Jorie Anzures Raquel Pequit Lolita Dumindin Mary Jane Ledesma Josefina Caneja Mary Grace Gatuz (Nurse/Midwife) City Health Center IV
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>		

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER V)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio</i>

				<i>Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<i>Julie Jose Cielita Detoyato Antonette Borja (Nurse/Midwife) City Health Center V</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Wilma Torrezoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman (BHW) City Health Center VII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Wilma Torrezoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman (BHW) City Health Center VII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Wilma Torrezoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman</i>

4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	(BHW) City Health Center VII  <i>Angelique A. Manzano Jester V. Villanueva Sherrelyn R. Bobis Gina A. Dauz Gimma Pandagani Ma.Laida Lopez Imeldqa Rioja Maria Hazel M. Ordan (Nurse/Midwife) City Health Center VII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<i>Jobelle Mercado Corazon Cuya Jennifer Montero Maribel Borlongan (Nurse/Midwife) City Health Center VIII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IX)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Susan Villanueva Evangeline Rejas Cynthia Flores Cristeta Berna (BHW) City Health CenterIX</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Angelita Santiago Janete Matos Loreyna Aquino Sairil Camay (BHW) City Health Center IX</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Butch Serenada Jemar Tolentino Mary Ann Basilan Janette Doctolero (BHW) City Health Center IX</i>
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<i>Romafay Ygot Ma. Mercedes Luna Cenon Salcedo Jr Teresa Macatangay Ferdinand Marcial Revilloso (Nurse/Midwife/ Doctor) City Health Center IX</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER X)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Mylyn Felismino Elvie Tanque (BHW) City Health Center X</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Mylyn Felismino Elvie Tanque (BHW) City Health Center X</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Mylyn Felismino Elvie Tanque (BHW) City Health Center X</i>
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<i>Marissa Santillan Rebecca Bautista (Nurse/Midwife) City Health Center X</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
4. Proceed to the office/table of the health care provider. Listen and	4. Conduct examination and do health teaching regarding different family	None	1 hour	<i>Luweda Roldan Shirly Maningas Marichu Aguilar Marisa Macariola (Nurse/Midwife)</i>

understand health teachings.	planning methods. Give necessary commodities available.			City Health Center XI
	<b>TOTAL:</b>	<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<i>Patricia Jaraba Rosanna Robianes (Nurse/Midwife) City Health Center XII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Cristy Quimbo Wenelyn Dacas Tes Bernas (BHW) City Health Center XIII</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Cristy Quimbo Wenelyn Dacas Tes Bernas (BHW) City Health Center XIII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Cristy Quimbo Wenelyn Dacas Tes Bernas (BHW) City Health Center XIII</i>
4. Proceed to the office/table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<i>Jovita Robes Rowena Visto Candy Lyn Castro Mark Anthony Estrella (Nurse/Midwife) City Health Center XIII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
4. Proceed to the office/ table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
4. Proceed to the office/ table of the health care provider. Listen and understand health teachings.	4. Conduct examination and do health teaching regarding different family planning methods. Give necessary commodities available.	None	1 hour	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour and 16 minutes</b>	



## 6. HIV TESTING

Provides HIV Testing services to all who wants to know their HIV status.

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
2. Physical presence of the patient 3. Specimen (blood)			- Patient - Patient	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
4. Before entering the room, apply hand sanitizer or disinfectant.	5. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Imelda Castro (Midwife) City Health Center I
5. Proceed to registration and provide all information needed.	6. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Imelda Castro (Midwife) City Health Center I
6. Proceed to the office/ table of the health care provider on duty.	7. Conduct pre-test counselling.	None	10 minutes	Karen Nadera Delia Pagulayan (Nurse/Medtech) City Health Center I
7. Wait for health care provider's extraction.	8. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Karen Nadera Delia Pagulayan (Nurse/Medtech) City Health Center I
8. Wait for the result.	9. Conduct post-test counselling.	None	20 minutes	Karen Nadera Delia Pagulayan (Nurse/Medtech) City Health Center I
9. Claim the result.	10. Release the results and advise	None	30 minutes	Karen Nadera Delia Pagulayan

	the patient for proper management.			(Nurse/Medtech) City Health Center I
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER II)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Aiza Evangelista (Midwife) City Health Center II
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Aiza Evangelista (Midwife) City Health Center II
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Geneva Hisogan Pia Flores (Nurse/Medtech) City Health Center II
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Geneva Hisogan Pia Flores (Nurse/Medtech) City Health Center II
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Geneva Hisogan Pia Flores (Nurse/Medtech)
6. Claim the result.	6. Release the results and advise the patient for proper management.	None	30 minutes	Geneva Hisogan Pia Flores (Nurse/Medtech) City Health Center II
<b>TOTAL:</b>		<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER III)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Maria Joan Althesa Gesto (Midwife) City Health Center III</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	<i>Maria Joan Althesa Gesto (Midwife) City Health Center III</i>
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	<i>Jeffrey Querido Anne Celerina Escario (Nurse/Medtech) City Health Center III</i>
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	<i>Jeffrey Querido Anne Celerina Escario (Nurse/Medtech) City Health Center III</i>
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	<i>Jeffrey Querido Anne Celerina Escario (Nurse/Medtech) City Health Center III</i>
6. Claim the result.	6. Release the results and advise	None	30 minutes	<i>Jeffrey Querido Anne Celerina</i>

	the patient for proper management.			<i>Escarlo</i> (Nurse/Medtech) City Health Center III
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health</i>

				Center IV
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Ronni Rayo Anna Theresa San Pedro (Nurse/Medtech) City Health Center IV
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Ronni Rayo Anna Theresa San Pedro (Nurse/Medtech) City Health Center IV
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Ronni Rayo Anna Theresa San Pedro (Nurse/Medtech) City Health Center IV
6. Claim the result.	6. Release the results and advise the patient for proper management.	None	30 minutes	Ronni Rayo Anna Theresa San Pedro (Nurse/Medtech) City Health Center IV
<b>TOTAL:</b>		<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER V)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Imelda David (Midwife) City Health Center IV</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	<i>Imelda David (Midwife) City Health Center IV</i>
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	<i>Elenita Amorio Anna Theresa San Pedro (Nurse/Medtech) City Health Center IV</i>
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	<i>Elenita Amorio Anna Theresa San Pedro (Nurse/Medtech) City Health Center IV</i>
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	<i>Elenita Amorio Anna Theresa San Pedro (Nurse/Medtech) City Health Center IV</i>
6. Claim the result.	6. Release the results and advise the patient for	None	30 minutes	<i>Elenita Amorio Anna Theresa San Pedro (Nurse/Medtech)</i>

	proper management.			City Health Center IV
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI</i>
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	<i>Jonalyn Lucion Mariel Denise Maesa (Nurse/Medtech) City Health Center VI</i>
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	<i>Jonalyn Lucion Mariel Denise Maesa (Nurse/Medtech) City Health Center VI</i>
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	<i>Jonalyn Lucion Mariel Denise Maesa (Nurse/Medtech) City Health Center VI</i>

6. Claim the result.	6. Release the results and advise the patient for proper management.	None	30 minutes	<i>Jonalyn Lucion Mariel Denise Maesa (Nurse/Medtech) City Health Center VI</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Ma. Laida Lopez (Midwife) City Health Center VII
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Ma. Laida Lopez (Midwife) City Health Center VII
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Ma. Hazel Ordan Mariel Denise Maesa (Nurse/Medtech) City Health Center VII
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Ma. Hazel Ordan Mariel Denise Maesa (Nurse/Medtech) City Health Center VII
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Ma. Hazel Ordan Mariel Denise Maesa (Nurse/Medtech) City Health Center VII
6. Claim the result.	6. Release the results and advise the patient for	None	30 minutes	Ma. Hazel Ordan Mariel Denise Maesa

	proper management.			(Nurse/Medtech) City Health Center VII
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			- Patient - Patient	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Angel Cancellar (BHW) City Health Center VIII
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Angel Cancellar (BHW) City Health Center VIII
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Joan T. Ramos (Nurse) City Health Center VIII
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Joan T. Ramos (Nurse) City Health Center VIII
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Joan T. Ramos (Nurse) City Health Center VIII
6. Claim the result.	6. Release the results and advise the patient for proper management.	None	30 minutes	Joan T. Ramos (Nurse) City Health Center VIII
<b>TOTAL:</b>		<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IX)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Angelita Santiago Gene Capa Darlito Lopez Cecille Daigo (BHW) City Health Center IX
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Judy Gojo Cruz Arlene Macalinao Josita Paonilian Editha San Jose (BHW) City Health Center IX
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Romafay Ygot Ma. Mercedes Luna Cenon Salcedo Jr Teresa Macatangay (Nurse/Midwife) City Health Center IX
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Pia Flores Cenon Salcedo Jr Giovanni Barot (Medtech/Nurse)
		None	20 minutes	Romafay Ygot

5. Wait for the result.	5. Conduct post-test counselling.			Ma. Mercedes Luna Cenon Salcedo Jr Teresa Macatangay (Nurse/Midwife) City Health Center IX
6. Claim the result.	6. Release the results and advise the patient for proper management.	None	30 minutes	Romafay Ygot Ma. Mercedes Luna Cenon Salcedo Jr Teresa Macatangay (Nurse/Midwife) City Health Center IX
<b>TOTAL:</b>		<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER X)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Marissa Santillan (Midwife) City Health Center X
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Marissa Santillan (Midwife) City Health Center X
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Catherine Cortes (Nurse) City Health Center X
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Catherine Cortes (Nurse) City Health Center X
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Catherine Cortes (Nurse) City Health Center X
6. Claim the result.	6. Release the results and advise the patient for proper management.	None	30 minutes	Catherine Cortes (Nurse)
<b>TOTAL:</b>		<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	<i>Ma. Andrea Macariola (Medtech) City Health Center XI</i>
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	<i>Ma. Andrea Macariola (Medtech) City Health Center XI</i>
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	<i>Ma. Andrea Macariola (Medtech)</i>

6. Claim the result.	6. Release the results and advise the patient for proper management.	None	30 minutes	City Health Center XI  Ma. Andrea Macariola Danna Rose C. Emeterio (Medtech/Doctor) City Health Center XI
<b>TOTAL:</b>		<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Nancy Co (Midwife) City Health Center XII
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Nancy Co (Midwife) City Health Center XII
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Kristine Fatalla Mariel Denise Maesa (Nurse/Medtech) City Health Center XII
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Kristine Fatalla Mariel Denise Maesa (Nurse/Medtech) City Health Center XII
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Kristine Fatalla Mariel Denise Maesa (Nurse/Medtech) City Health Center XII
6. Claim the result.	6. Release the results and advise the patient for	None	30 minutes	Kristine Fatalla Mariel Denise Maesa (Nurse/Medtech)

	proper management.			City Health Center XII
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	April Tadeo (BHW) City Health Center XIII
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	April Tadeo (BHW) City Health Center XIII
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Giovanni Cesar Barot (Nurse) City Health Center XIII
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Giovanni Cesar Barot (Nurse) City Health Center XIII
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Giovanni Cesar Barot (Nurse) City Health Center XIII
6. Claim the result.	6. Release the results and advise the patient for	None	30 minutes	Giovanni Cesar Barot (Nurse) City Health

	proper management.			<i>Center XIII</i>
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Patient</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Imelda Iguico (Midwife) City Health Center XIV</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	<i>Imelda Iguico (Midwife) City Health Center XIV</i>
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	<i>Kristine Joy De Leon Anna Theresa San Pedro (Nurse/Medtech) City Health Center XIV</i>
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	<i>Kristine Joy De Leon Anna Theresa San Pedro (Nurse/Medtech) City Health Center XIV</i>
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	<i>Kristine Joy De Leon Anna Theresa San Pedro (Nurse/Medtech) City Health Center XIV</i>
6. Claim the result.		None	30 minutes	<i>Kristine Joy De Leon Anna Theresa San Pedro (Nurse/Medtech) City Health Center XIV</i>

	6. Release the results and advise the patient for proper management.			Leon Anna Theresa San Pedro (Nurse/Medtech) City Health Center XIV
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	15 YEARS OLD AND UP SAN JOSEÑOS			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Specimen (blood)			- Patient - Patient	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Nelson Yuzon John Akeem De Leon (Nurse/Physician) City Health Center XV
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record.	None	5 minutes	Nelson Yuzon John Akeem De Leon (Nurse/Physician) City Health Center XV
3. Proceed to the office/ table of the health care provider on duty.	3. Conduct pre-test counselling.	None	10 minutes	Nelson Yuzon John Akeem De Leon (Nurse/Physician) City Health Center XV
4. Wait for health care provider's extraction.	4. Extract blood from the client and test. Instruct the client to wait for the results. Record the results.	None	1 hour	Nelson Yuzon John Akeem De Leon (Nurse/Physician) City Health Center XV
5. Wait for the result.	5. Conduct post-test counselling.	None	20 minutes	Nelson Yuzon John Akeem De Leon (Nurse/Physician) City Health Center XV
6. Claim the result.		None	30 minutes	Nelson Yuzon

	6. Release the results and advise the patient for proper management.			<i>John Akeem De Leon (Nurse/Physician) City Health Center XV</i>
	<b>TOTAL:</b>	<b>0.00</b>	<b>2 hours and 6 minutes</b>	



## 7. MATERNAL CARE

Providing of MATERNAL CARE services to pregnant women including pre-natal checkups, anemia screening, TT immunization, vitamins and minerals supplementation, facility-based delivery, natal care, post-natal care and all other services necessary and needed by the patient in our community to be able to achieve a zero maternal mortality rate, and to make sure that every delivery is safe delivery.

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		- Patient - Barangay Health Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
				Doreen Payumo

4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Blenda Duran (Nurse/Midwife) City Health Center I</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER II)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega</i>

4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	(BHW) City Health Center II  <i>Florentina Lozano Jazzfer Figueroa Joyie Reynaldo Rixie Sablada Carla Cruz Joy Ann Garcia Marciana Ygot (Nurse/Midwife) City Health Center II</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER III)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III

3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III</i>
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Sunrise Bandola Nurhaida Albano Bernadette Ramos Margarette Abad Aurora Castor Jielyn Boquino Nena Jane (Nurse/Midwife) City Health Center III</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW)</i>

3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	City Health Center IV  Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	Marie Joy Ramirez Jorie Anzures Raquel Pequit Lolita Dumindin Mary Jane Ledesma Josefina Caneja Mary Grace Gatuz (Nurse/Midwife) City Health Center IV
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER V)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio</i>

				<i>Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Julie Jose Cielita Detoyato Antonette Borja (Nurse/Midwife) City Health Center V</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule:

Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Wilma Torregoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman (BHW) City Health Center VII</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Wilma Torregoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman (BHW) City Health Center VII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Wilma Torregoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman</i>

				(BHW) City Health Center VII
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Angelique A. Manzano Jester V. Villanueva Sherrelyn R. Bobis Gina A. Dauz Gimma Pandagani Ma.Laida Lopez Imeldqa Rioja Maria Hazel M. Ordan (Nurse/Midwife) City Health Center VII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Jobelle Mercado Corazon Cuya Jennifer Montero Maribel Borlongan (Nurse/Midwife) City Health Center VIII</i>

	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IX)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Sally Lorenzo Merlinda Tambalo Nancy Morante Elynor Nanon (BHW) City Health Center IX</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Sally S. Lorenzo Analee Capili Melanie Marquez Arieta Nevado (BHW) City Health Center IX</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Aleli Dela Cruz Myrna Borata Jennifer Alegae Cherry Mae Dela Cruz (BHW) City Health Center IX</i>
4. Proceed to the office/ table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Romafay Ygot Ma. Mercedes Luna Teresa Macatangay (Nurse/Midwife) City Health Center IX</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER X)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Zenith Casas (BHW) City Health Center X
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Zenith Casas (BHW) City Health Center X
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Zenith Casas (BHW) City Health Center X
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	Marissa Santillan (Midwife) City Health Center X
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice	None	30 minutes	<i>Luweda Roldan Shirly Maningas Marichu Aguilar Marisa Macariola (Nurse/Midwife)</i>

	and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.			City Health Center XI
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII</i>
4. Proceed to the office/ table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Patricia Jaraba Rosanna Robianes Therese Petancio (Nurse/Midwife) City Health Center XII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>April Tadeo Editha Marmol Alma Baranda (BHW) City Health Center XIII</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>April Tadeo Editha Marmol Alma Baranda (BHW) City Health Center XIII</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>April Tadeo Editha Marmol Alma Baranda (BHW) City Health Center XIII</i>
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Jovita Robes Rowena Visto Candy Lyn Castro Mark Anthony Estrella (Nurse/Midwife) City Health Center XIII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
4. Proceed to the office/table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico (Midwife) City Health Center XIV
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Tuesday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL PREGNANT WOMEN RESIDING AT CSJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
3. Provide all information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
4. Proceed to the office/ table of the health care provider. Listen and understand advice and health teachings.	4. Do the prenatal abdominal palpation and other necessary examination suited to the patient. Advice and give health teachings. Record on the Target Client List (TCL) Registry and schedule follow-ups.	None	30 minutes	<i>Paula Lorenzo Nancy Dela Torre (Midwife) City Health Center XV</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	



## 8. MEDICAL CERTIFICATE

Provides MEDICAL CERTIFICATE to all, whether for Employment, Scholarship, Medical Assistance or PWD.

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions 3. Official receipt			<ul style="list-style-type: none"><li>- Patient</li><li>- Requesting Physician or Agency</li><li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li><li>- Medical Specialist / Physician</li> <li>- Cashier at City Treasury Office</li></ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.  2. Present family number and get number and proceed to registration table when called.  3. Provide all information needed.  4. Proceed to the office/ table of	1. Ensure patient to sanitize or disinfect before entering the room.  2. Retrieve family envelope and call the client.  3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.  4. Do thorough physical examination and	Medical certificate – 50.00	1 minute  5 minutes  10 minutes  30 minutes	Gerald Calleja (Admin Aide) City Health Office  Gerald Calleja (Admin Aide) City Health Office  Gerald Calleja (Admin Aide) City Health Office  Ralph Paul Cadiz (Physician) City Health Office

the health care provider.	review laboratories. Give medical certificate and advice.			
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions 3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Imelda Castro (Midwife) City Health Center I
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Imelda Castro (Midwife) City Health Center I
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Imelda Castro (Midwife) City Health Center I
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Maika Manicad (Physician) City Health Center I
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER II)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Aiza Evangelista (Midwife) City Health Center II
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Aiza Evangelista (Midwife) City Health Center II
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Aiza Evangelista (Midwife) City Health Center II
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Arlize Manicad (Physician) City Health Center II
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER III)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Maria Joan Althesa Gesto (Midwife) City Health Center III
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Maria Joan Althesa Gesto (Midwife) City Health Center III
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Maria Joan Althesa Gesto (Midwife) City Health Center III
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Maximo Mohammad (Physician) City Health Center III
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	<i>Ma. Theresa Villero</i> <i>Ma. Gina Seludo</i> <i>Jennifer Bautista</i> <i>Mary Bernadette Belisario</i> <i>Ma. Lailanie Mendoza</i> <i>Maria Fe Vere</i> <i>Rhea May Del Rosario</i> <i>Nanette Atamosa</i> <i>Jhonie Lyn Balbalosa</i> <i>Jenylu Espinosa (BHW)</i> City Health Center IV
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	<i>Ma. Theresa Villero</i> <i>Ma. Gina Seludo</i> <i>Jennifer Bautista</i> <i>Mary Bernadette Belisario</i> <i>Ma. Lailanie Mendoza</i> <i>Maria Fe Vere</i> <i>Rhea May Del Rosario</i>

				Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Jefel Joy Mangubat (Physician) City Health Center IV
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER V)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions 3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	<i>Imelda David (Midwife) City Health Center V</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	<i>Imelda David (Midwife) City Health Center V</i>
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	<i>Imelda David (Midwife) City Health Center V</i>
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	<i>Brian Earle Borillo (Physician) City Health Center V</i>
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI</i>
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti (Nurse/Midwife) City Health Center VI</i>
4. Proceed to the office/ table of	4. Do thorough physical examination and		30 minutes	<i>Jose Maria Alberto Gravador (Physician)</i>

the health care provider.	review laboratories. Give medical certificate and advice.			City Health Center VI
	<b>TOTAL:</b>	<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Ma. Laida Lopez (Midwife) City Health Center VII
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Ma. Laida Lopez (Midwife) City Health Center VII
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Ma. Laida Lopez (Midwife) City Health Center VII
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Claire Marie Villero (Physician) City Health Center VII
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Rodolfo Alcantara (BHW) City Health Center VIII
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Rodolfo Alcantara (BHW) City Health Center VIII
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Rodolfo Alcantara (BHW) City Health Center VIII
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Lyden Fereni Camigla (Physician) City Health Center VIII
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IX)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Judy Gojo Cruz Melanie Mesana Janete Matos Nelly Salinas (BHW) City Health Center IX
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Gloria Mercado Jenelyn Dela Rosa Jonalyn Cardano Angelica Gorospe (BHW) City Health Center IX
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Butch Serenada Mary Ann Basilan Jennifer Alegar Michela Balane (BHW) City Health Center IX
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review		30 minutes	Ferdinand Marcial Revillosa (Physician) City Health

	laboratories. Give medical certificate and advice.			Center IX
	<b>TOTAL:</b>	<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER X)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions 3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Teresa Payot (BHW) City Health Center X
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Teresa Payot (BHW) City Health Center X
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Jennica Recta (Admin Officer) City Health Center X
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Cherrylyn Legaspi (Physician) City Health Center X
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Ma. Catherine Payawal (Midwife) City Health Center XI
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Ma. Catherine Payawal (Midwife) City Health Center XI
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Ma. Catherine Payawal (Midwife) City Health Center XI
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Danna Rose Emeterio (Physician) City Health Center XI
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Mae Bernadette Colaste (Admin Officer) City Health Center XII
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Mae Bernadette Colaste (Admin Officer) City Health Center XII
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Mae Bernadette Colaste (Admin Officer) City Health Center XII
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Mica Joy Disquitado (Physician) City Health Center XII
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule:

Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Juana Garcia (Midwife - Static) City Health Center XIII
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Juana Garcia (Midwife - Static) City Health Center XIII
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Juana Garcia (Midwife - Static) City Health Center XIII
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Krizelle Maribbay (Physician) City Health Center XIII
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	<i>Melody Pascua (Admin Officer) City Health Center XIV</i>
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	<i>Melody Pascua (Admin Officer) City Health Center XIV</i>
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	<i>Melody Pascua (Admin Officer) City Health Center XIV</i>
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	<i>Kristine Joy De Leon Jejomar De Jesus (Nurse/Physician) City Health Center XIV</i>
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Medical records / laboratory results of the patient For employment: Chest X-ray, CBC, Urinalysis & Drug Test  For students: Chest X-ray  For Medical Assistance/PWD: Medical Abstract and/or Prescriptions  3. Official receipt			<ul style="list-style-type: none"> <li>- Patient</li> <li>- Requesting Physician or Agency</li> <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li>   <li>- Diagnostics and Medical Laboratories (DOH Accredited)</li> <li>- Medical Specialist / Physician</li>   <li>- Cashier at City Treasury Office</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	Medical certificate – 50.00	1 minute	Edelyn Teodoro Krissy Cruz (AO/Encoder) City Health Center XV
2. Present family number and get number and proceed to registration table when called.	2. Retrieve family envelope and call the client.		5 minutes	Edelyn Teodoro Krissy Cruz (AO/Encoder) City Health Center XV
3. Provide all information needed.	3. Check the requirements. Fill up the individual treatment record. Take vital signs and record.		10 minutes	Edelyn Teodoro Krissy Cruz (AO/Encoder) City Health Center XV
4. Proceed to the office/ table of the health care provider.	4. Do thorough physical examination and review laboratories. Give medical certificate and advice.		30 minutes	Nelson Yuzon John Akeem De Leon (Nurse/Physician) City Health Center XV
<b>TOTAL:</b>		<b>50.00</b>	<b>46 minutes</b>	



## 9. MEDICAL SERVICES

Provides MEDICAL SERVICES to all including consultation, diagnosis and giving of appropriate medical services.

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		- Patient - Barangay Health Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Josephine Yap Jennifer Carpio Sarah Navarro (BHW) City Health Center I
4. Proceed to the office/table of the health care	4. Take history and do physical examination,	None	30 minutes	Doreen Payumo Blenda Duran

provider. Listen and understand diagnosis, management, medication and/or advices.	request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.			<i>Maika Manicad (Nurse/Midwife/ Physician) City Health Center I</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER II)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW) City Health Center II</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Lilia Mallare Jessa Ruivivar Catherine Pilarmeo Germelinda Malaki Marites Malapit Renaliza Tugadi Josephine Diega (BHW)</i>

4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	City Health Center II <i>Florentina Lozano</i> <i>Jazzfer Figueroa</i> <i>Jojie Reynaldo</i> <i>Rixie Sablada</i> <i>Carla Cruz</i> <i>Joy Ann Garcia</i> <i>Marciana Ygot</i> <i>Arlize Manicad</i> <i>(Nurse/Midwife/Physician)</i> City Health Center II
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER III)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III

3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Zyra Joy Tante Almayet Sayson Hilda Embido Maria Cecilia Flores Ma. Victoria Macahilig Analiza Batle Analiza Evasco Donnabel Sabangan Josephine Flores Nenelia Antofina Lorena Ereve (BHW) City Health Center III
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	Sunrise Bandola Nurhaida Albano Bernadette Ramos Margarette Abad Aurora Castor Jielyn Boquino Nena Jane Maximo Mohammad (Nurse/Midwife/ Physician) City Health Center III
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Ma. Theresa Villero</i> <i>Ma. Gina Seludo</i> <i>Jennifer Bautista</i> <i>Mary Bernadette Belisario</i> <i>Ma. Lailanie Mendoza</i> <i>Maria Fe Vere</i> <i>Rhea May Del Rosario</i> <i>Nanette Atamosa</i> <i>Jhonie Lyn Balbalosa</i> <i>Jenylu Espinosa (BHW)</i> City Health Center IV
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Ma. Theresa Villero</i> <i>Ma. Gina Seludo</i> <i>Jennifer Bautista</i> <i>Mary Bernadette Belisario</i> <i>Ma. Lailanie Mendoza</i> <i>Maria Fe Vere</i> <i>Rhea May Del Rosario</i> <i>Nanette Atamosa</i> <i>Jhonie Lyn Balbalosa</i> <i>Jenylu Espinosa (BHW)</i> City Health

	3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Center IV  Ma. Theresa Villero Ma. Gina Seludo Jennifer Bautista Mary Bernadette Belisario Ma. Lailanie Mendoza Maria Fe Vere Rhea May Del Rosario Nanette Atamosa Jhonie Lyn Balbalosa Jenylu Espinosa (BHW) City Health Center IV  Marie Joy Ramirez Jorie Anzures Raquel Pequit Lolita Dumindin Mary Jane Ledesma Josefina Caneja Mary Grace Gatuz Jefel Joy Mangubat (Nurse/Midwife/ Physician) City Health Center IV
4. Proceed to the office/ table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes		Marie Joy Ramirez Jorie Anzures Raquel Pequit Lolita Dumindin Mary Jane Ledesma Josefina Caneja Mary Grace Gatuz Jefel Joy Mangubat (Nurse/Midwife/ Physician) City Health Center IV
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>		

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER V)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere</i>

				<i>Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Elsa Barroquina Maria Evelyn Domingo Angelita Madrid Rosalinda Orpiada Anabelle Sarmiento Roqueza Liao Rosemarie Herrera Editha Palmacio Thelma Eresere Gloria Lebita Grace Bolo Adoracion Panis Delma Astorga Nancy De Guzman (BHW) City Health Center V</i>
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	<i>Julie Jose Cielita Detoyato Antonette Borja Brian Earle Borillo (Nurse/Midwife/ Physician) City Health Center V</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Narcisa Fortes Lyka Labtic Mary Ann Gregorio (BHW) City Health Center VI</i>
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	<i>Marcelina Caritero Bea Ollibac Saimahlen Palti Jose Maria Alberto Gravador (Nurse/Midwife/ Physician) City Health Center VI</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule:

Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Wilma Torregoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman (BHW) City Health Center VII</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Wilma Torregoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman (BHW) City Health Center VII</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Wilma Torregoza Vilma Gargar Elizabeth Egipio Babylin Bondad Brenda De Guzman Annalyn Loyola Divina Manabat Flor Liman</i>

				(BHW) City Health Center VII
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	Gimma Pandangani Gina Dauz Ma. Laida Lopez Imelda Rioja Jester Villanueva Angelique Manzano Claire Marie Villero (Nurse/Midwife/ Physician) City Health Center VII
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER VIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Jasmin Negare Brenda Alcantara Emily Pasgar Grace Solitario (BHW) City Health Center VIII</i>
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	<i>Jobelle Mercado Corazon Cuya Jennifer Montero Maribel Borlongan Lyden Camigla (Nurse/Midwife/ Physician) City Health Center VIII</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER IX)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Erica Chavez Elisa Gacayan Gilaine Morante Anna Maria San Jose (BHW) City Health Center IX</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Angelita Santiago Jamaica Villapando Jemar Tolentino Sarah Cervantes (BHW) City Health Center IX</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Aleli Dela Cruz Myrna Borata Melanie Marquez Michela Balane (BHW) City Health Center IX</i>
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice	None	30 minutes	<i>Romafay Ygot Ma. Mercedes Luna Cenon Salcedo Jr Teresa Macatangay Ferdinand Revilloso (Nurse/Midwife/Physician)</i>

	and discharge patient.			City Health Center IX
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER X)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Teresa Payot (BHW) City Health Center X
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Teresa Payot (BHW) City Health Center X
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Teresa Payot (BHW) City Health Center X
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	Marissa Santillan Catherine Cortes Cherrylyn Legaspi (Midwife/Nurse/Physician) City Health Center X
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XI)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Physical presence of the patient 2. Medical record of the patient	<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Jane Moreno Rosalie Doctor Monaliza Rombaon Luz Larraquel Michelle Conol (BHW) City Health Center XI</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Ma. Catherine Payawal (static Midwife) City Health Center XI</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Ma. Catherine Payawal (static Midwife) City Health Center XI</i>
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe	None	30 minutes	<i>Luweda Roldan Shirly Maningas Marichu Aguilar Marisa Macariola Ma. Catherine Payawal Danna Rose Emeterio</i>

	medications. Advice and discharge patient.			(Nurse/Midwife/ Physician) City Health Center XI
	<b>TOTAL:</b>	<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Jocelyn Parreno Maribel De Grano Morena Vallejo (BHW) City Health Center XII
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	Patricia Jaraba Rosanna Robianes Therese Petancio Mica Joy Disquitado (Nurse/Midwife/Physician) City Health Center XII
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIII)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Juana Garcia (Midwife - Static) City Health Center XIII
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Juana Garcia (Midwife - Static) City Health Center XIII
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Juana Garcia (Midwife - Static) City Health Center XIII
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	Juana Garcia (Midwife - Static) City Health Center XIII  Krizelle Maribbay (Physician) City Health Center XIII
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule: Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XIV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Melody Pascua (Admin Officer) City Health Center XIV
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	Melody Pascua (Admin Officer) City Health Center XIV
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	Melody Pascua (Admin Officer) City Health Center XIV
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	Rowena Placido Annaly Aquino Marilyn Belviz Imelda Iguico Kristine Joy De Leon Jejomar De Jesus (Midwife/Nurse/Physician) City Health Center XIV
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	

Schedule:

Monday – Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (CITY HEALTH CENTER XV)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Medical record of the patient		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Barangay Health Station</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Edelyn Teodoro Krissy Cruz (AO/Encoder) City Health Center XV</i>
2. Present family number, get number and seat at the designated waiting area. Proceed to registration table when called.	2. Retrieve family envelope and call the client.	None	5 minutes	<i>Edelyn Teodoro Krissy Cruz (AO/Encoder) City Health Center XV</i>
3. Provide other information needed.	3. Fill up the individual treatment record. Take vital signs and record.	None	10 minutes	<i>Edelyn Teodoro Krissy Cruz (AO/Encoder) City Health Center XV</i>
4. Proceed to the office/table of the health care provider. Listen and understand diagnosis, management, medication and/or advices.	4. Take history and do physical examination, request some laboratories if needed. Diagnose and administer proper management. Prescribe medications. Advice and discharge patient.	None	30 minutes	<i>Nelson Yuzon John Akeem De Leon (Nurse/Physician) City Health Center XV</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>46 minutes</b>	



## 10. PHYSICAL THERAPY AND REHABILITATION

Provides PHYSICAL THERAPY AND REHABILITATION services to all who have medical conditions, illnesses or injuries that limit their regular ability to move and function.

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (PT Rehabilitation Clinic – Poblacion I)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Physical presence of the patient 2. Referral Form			- Patient - Rehabilitation Medicine Doctor	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	<i>Richard Sari (PT Aide) City Health Office</i>
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record. Initial evaluation.	None	10 minutes	<i>Lani Macatingrao (Physical Therapist) City Health Office</i>
3. Proceed to the office/ table of the health care provider on duty.	3. PT Management.	None	2 hours	<i>Lani Macatingrao (Physical Therapist) City Health Office</i>
4. Wait for the evaluation of result and further instruction.	4. Do home instruction and family education.	None	15 minutes	<i>Lani Macatingrao (Physical Therapist) City Health Office</i>
5. Return for follow-up as instructed.	5. Schedule for next PT session.	None	5 minutes	<i>Lani Macatingrao (Physical Therapist) City Health Office</i>
<b>TOTAL:</b>		-	<b>2 hours and 31 minutes</b>	

Schedule: Monday - Friday, 8:00 AM – 5:00 PM

<b>Office or Division:</b>	CITY HEALTH OFFICE (PT Rehabilitation Clinic – Motorpool)			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C (GOVERNMENT TO CITIZEN) G2G (GOVERNMENT TO GOVERNMENT)			
<b>Who may avail:</b>	ALL SAN JOSEÑOS REGARDLESS OF AGE			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the patient 2. Referral Form		<ul style="list-style-type: none"> <li>- Patient</li> <li>- Rehabilitation Medicine Doctor</li> </ul>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Before entering the room, apply hand sanitizer or disinfectant.	1. Ensure patient to sanitize or disinfect before entering the room.	None	1 minute	Narcissa Bartolome (PT Aide) City Health Office
2. Proceed to registration and provide all information needed.	2. Fill up the individual treatment record. Take vital signs and record. Initial evaluation.	None	10 minutes	Normita De Mesa Gabriel Drio Chiqui Mateo (Physical Therapist) City Health Office
3. Proceed to the office/ table of the health care provider on duty.	3. PT Management.	None	2 hours	Normita De Mesa Gabriel Drio Chiqui Mateo (Physical Therapist) City Health Office
4. Wait for the evaluation of result and further instruction.	4. Do home instruction and family education.	None	15 minutes	Normita De Mesa Gabriel Drio Chiqui Mateo (Physical Therapist) City Health Office
5. Return for follow-up as instructed.	5. Schedule for next PT session.	None	5 minutes	Normita De Mesa Gabriel Drio Chiqui Mateo (Physical Therapist) City Health Office
<b>TOTAL:</b>		-	<b>2 hours and 31 minutes</b>	

## Ospital ng Lungsod ng San Jose del Monte

1. EMERGENCY SERVICES	External/Internal Service
2. LABORATORY SECTION	External/Internal Service
3. RADIOLOGY SECTION	External/Internal Service



## 1. EMERGENCY SERVICES

The Emergency Department is responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care.

<b>Office or Division:</b>	Ospital ng Lungsod ng San Jose del Monte			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who May Avail:</b>	All patients regardless of age and sex, priority all San Joseños			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of patient 2. 1 companion/patient's relative		> Patient > Companion of Patient		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient brought to the Emergency Room.	1. Assist and Transfer patient in a stretcher or wheelchair to the examination table	None	5 minutes	<i>Herbert Martinez Henry Herrera Jason Quinto David Sicat (persons responsible may vary)</i>
	1.1. Record patient's data and takes vital signs.	None	3 minutes	<i>Sernia Saiyadi Joann Badillo Joyce Fabian Maricar Esperida (persons responsible may vary)</i>
	1.2. Assess, evaluate and perform history taking and physical examination.	None	10 minutes	<i>Dr Jerome Palma Dra. Lizalin Gopez Dra. Rosalinda Del Rosario Dra. Amelia Peñaflorida Dra. Mercedes Gutierrez (persons responsible may vary)</i>
2. Proceed to OLSJDM Cashier for payment of laboratory or ancillary procedure (if necessary).	2. Receive payment and issue Official Receipt.	Based on attached order of payment	3 minutes	<i>Jovert Starsky Belleza Alaine Therese Bobis</i>
<b>3. PROCEED to the following (if necessary)</b>				
a. Laboratory Section - (ambulatory and stable) if with	a. Perform the requested laboratory procedure	None	5 minutes	<i>Amelia Sibulo Faith Aimee Hallasgo Mary Ann Bernardino Marry Ann Celestino</i>

laboratory request				(persons responsible may vary)
	b. Release the Official result	None	3 minutes	Noel Guinto Juliet Swan Lezzie Santos (persons responsible may vary)
b. Radiology Section - (ambulatory and stable) for X-Ray/ECG	a. Perform the requested ancillary procedure	None	20 minutes	Lawrence Agcaoili Warren Paccial Princess Rose Parinasan Crystal Jane Cadimas (persons responsible may vary)
	b. Release the official reading	None	5 minutes	Joshua Agapito Jose Albano Jr. Jeffrey Villegas (persons responsible may vary)
4. Return to ER doctor with laboratory results and/or X-ray/ECG for final disposition.	4. Evaluate laboratory result and give initial interpretation of X-Ray and/or ECG.	None	10 minutes	Dr Jerome Palma Dra. Lizalin Gopez Dra. Rosalinda Del Rosario Dra. Amelia Peñaflorida Dra. Mercedes Gutierrez (persons responsible may vary)
5. Patient is sent home.	5. Prescribe medication and give instruction.	None	10 minutes	Dr Jerome Palma Dra. Lizalin Gopez Dra. Rosalinda Del Rosario Dra. Amelia Peñaflorida Dra. Mercedes Gutierrez (persons responsible may vary)
6. Patient admitted	6.1 Issue admitting orders	None	10 minutes	Dr Jerome Palma Dra. Lizalin Gopez Dra. Rosalinda Del Rosario Dra. Amelia Peñaflorida Dra. Mercedes Gutierrez (persons responsible may vary)
	6.2 Complete ER Chart prior to Admission	None	10 minutes	Dr Jerome Palma Dra. Lizalin Gopez Dra. Rosalinda Del Rosario Dra. Amelia Peñaflorida Dra. Mercedes Gutierrez (persons responsible may vary)

	6.3 Carry out doctor's orders and give nursing intervention	None	15 minutes	Jayson Nabong Shiena Marie De Vera Gina Roll Arnold Valerio Richard Paul Cadiz (persons responsible may vary)
	6.4 Send companion to admitting Office for interview and orientation	458 None	15 mlnutes	Elvira Antonio Ma. Teresa Pedrigal Princess Jasmin De Guzman Gabrielle Lily Salvado Almirra Noreen Salvador
<b>TOTAL:</b>		<b>based on Local Revenue Code 2012</b>	<b>Patient sent home: 1 hour 14 minutes</b> <b>Patient is admitted: 2 hours 4 minutes</b>	



## 2. LABORATORY SECTION

The Clinical laboratory provides highly reliable laboratory data to satisfy the needs of clinicians involved in medical practice and health maintenance of patients. It is where clinical tests are carried out on clinical specimens to obtain information about the health of a patient to aid in diagnosis, treatment and prevention of disease.

<b>Office or Division:</b>	Ospital ng Lungsod ng San Jose del Monte			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who May Avail:</b>	All patients regardless of age and sex, priority all San Joseños			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Laboratory Request		> Medical Officer/Medical Specialist		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit laboratory request.	1. Assessment of the laboratory request form: * Name of patient, sex, age, date * Type of examination * Price of each examination	None	5 minutes	<i>Noel Guinto Juliet Swan Lezzie Santos (persons responsible may vary)</i>
2. Proceed for Payment: *Indigent	2. Social Worker evaluate the indigent case.	None	10 minutes	<i>Kimmerlyfaith Orillano Alyssa Mhae Florece Jeremy Dela Peña Quaizel Zapa</i>

* Non-Indigent	2.1 Accept payment and issue Official Receipt	Based on Local Revenue Code 2012	3 minutes	<i>Jovert Starsky Belleza Alaine Therese Bobis</i>
3. Collection of Specimen	3.1. Medical Technologist collect and receive the specimen for examination.	None  460	5 minutes	<i>Noel Guinto Julieta Swan Lezzie Santos (persons responsible may vary)</i>
	3.2. Proceed to Laboratory determination	None	5 minutes	<i>Amelia Sibulo Faith Aimee Hallasgo Mary Ann Bernardino Marry Ann Celestino (persons responsible may vary)</i>
	3.3. Record the Laboratory result.	None	2 minutes	<i>Amelia Sibulo Faith Aimee Hallasgo Mary Ann Bernardino Marry Ann Celestino (persons responsible may vary)</i>
4. Proceed to the laboratory within the specified time of release of result.	<b>4. Release the Laboratory result.</b>	None	2 minutes	<i>Noel Guinto Julieta Swan Lezzie Santos (persons responsible may vary)</i>
<b>TOTAL:</b>		<b>Based on Lab test performed</b>	<b>32 minutes</b>	



### 3.RADIOLOGY SECTION

Radiology sections uses medical imaging to diagnose diseases through a variety of imaging techniques such as X-ray radiography, ultrasound and ECG.

<b>Office or Division:</b>	Ospital ng Lungsod ng San Jose del Monte			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who May Avail:</b>	All patients regardless of age and sex, priority all San Joseños			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1. X-ray/ECG/Ultrasound Request 2. X-ray/ECG/Ultrasound Result	> Medical Officer/Medical Specialist > Radiology Tech/X-Ray Tech.			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>1. PRESENTS</b> request for X-ray/ECG/Ultrasound procedure.	1. Verifies patient's data and history to be recorded in the logbook.	None	5 minutes	<i>Joshua Agapito Jose Albano Jr. Jeffrey Villegas (persons responsible may vary)</i>
<b>2. Proceed to the cashier to pay the corresponding fee of the requested procedure.</b>	<b>2. PROVIDE</b> client with the order of payment and instruct the client to proceed to cashier section.	Refer to table of Procedure s and Fees	3 minutes	<i>Jovert Starsky Belleza Alaine Therese Bobis</i>
<b>3. PRESENT</b> the official receipt to the Radiology	3. Verifies the Official Receipt No. and records it at the	None	5 minutes	<i>Joshua Agapito Jose Albano Jr. Jeffrey Villegas</i>

personnel.	logbook.			(persons responsible may vary)
4. Undergo the requested procedure (X-Ray/ECG /Ultrasound).	4.1. Rad Tech X-ray Tech perform the procedure (X-ray/ECG) 4.2. Radtech performs ultrasound.	None	X-ray - 15 minutes	<i>Christian Jay Bonifacio Lawrence Agcaoili Warren Paccial Princess Rose Parinasan Crystal Jane Cadimas Jeffrey Villegas Kristan Del Rosario (persons responsible may vary)</i>
5. Client is instructed to comeback for the official result.  A) Monday to Thursday (X-ray/ECG/UTZ) release official result after 24 hours at 2pm.  B) Saturday and Sunday X-ray/ECG/UTZ) release official result on Tuesday at 2pm.	A) Radtech presents to the Radiologist the X-ray/UTZ image for official reading.  B) Radtech presents to the Internist the ECG image for official reading.	462	None  15 minutes	<i>Joshua Agapito Jose Albano Jr. (persons responsible may vary)  Dr. Justeen Enrhico Rivera Dra. Jovayna Tamang  Dr. Marvin Emeterio Dr. Wilmar Pulanco Dra. Daisy May Abasolo Dra. Agnes May Cayco (persons responsible may vary)</i>
TOTAL:	<b>Based on Radiology Procedures performed</b>		<b>43 minutes</b>	

### Tables of Procedures and Fees

Chest PA (Adult)                    150.00                    ECG                    150.00

Chest A/PL (Pedia)                    300.00                    **ULTRASOUND**

Thoracic Cage                        150.00

Skull AP/L	300.00	Whole Abdomen	500.00
Cervical	300.00	Chest	270.00
Naassal Bone	300.00	Cranial	270.00
Upper Extremities	300.00	Breast (each)	270.00
Lower Extremities	300.00	Thyroid	270.00
Pelvis	150.00	KUB	380.00
Thoraco-lumbar	300.00	Prostate	270.00
Lumbo-sacral	300.00	HBT Soft tissue	270.00

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## City Social Welfare and Development Office

1. Assistance To Individuals in Crisis Situation	External/Internal Service
2. Social Case Study Report	External/Internal
3. Issuance Of Senior Citizen Id	Service
4. Issuance Of Person's with Disability Id	External/Internal
5. Issuance Of Solo Parent Id	Service



## 1. ASSISTANCE TO INDIVIDUALS IN CRISIS SITUATION

AICS is a kind of service provided to disadvantaged clients who are in crisis situation due to sickness, death, hunger, and those victims of manmade and natural calamities.

<b>Office or Division:</b>	City Social Welfare and Development Office		
<b>Classification:</b>	Simple		
<b>Type of Transaction :</b>	G2C (Government to Citizen)		
<b>Who may avail:</b>	All indigent San Joseños who are in Crisis Situation		
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE		
<b>1. MEDICAL ASSISTANCE</b>  1.1 Certificate of Indigency from Barangay, purpose, Medical Assistance (1 Original, 1 Photocopy)  1.2 Updated Medical Certificate / Clinical Abstract (1 Original, 2 Photocopies)  1.3 Updated Medical prescription /Hospital Bill (1 Original, 2 Photocopies)  1.4 Two (2) valid IDs (1 Original, 2 Photocopies)  1.5 Letter of Intent addressed to City Mayor (1 Original)	> Concerned barangay  > Hospital or medical center where client is confined or consulted  > Attending Physician / Hospital or medical center where client is confined or consulted  > BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig  > Client		
<b>2. BURIAL ASSISTANCE</b>			

<p>2.1 Certificate of Indigency from Barangay, purpose, Burial Assistance (1 Original, 1 Photocopy)</p> <p>2.2 Funeral Contract/promissory note (1 Original, 2 Photocopies)</p> <p>2.3 Letter of Intent addressed to City Mayor (1 Original)</p> <p>2.4 Two (2) valid IDs (1 Original, 2 Photocopies)</p> <p>2.5 Death Certificate (1 Original, 2 Photocopies)</p> <p><b>3. FINANCIAL / EMERGENCY FOOD ASSISTANCE</b></p> <p>3.1 Two (2) Valid IDs (1 Original, 2 Photocopies)</p> <p>3.2 Certificate of Indigency - purpose for Financial assistance (1 Original, 1 Photocopy)</p> <p>3.3 Letter of Intent addressed to City Mayor (1 Original)</p>	<ul style="list-style-type: none"> <li>&gt; Concerned barangay</li> <li>&gt; Funeral Service</li> <li>&gt; Client</li> <li>&gt; BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig</li> <li>&gt; Local Civil Registrar's Office</li> <li>&gt; BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig</li> <li>&gt; Concerned barangay</li> <li>&gt; Client</li> </ul>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Client gets a card number and sit in the waiting area for his or her number to be called, then proceed to the Social Worker.	1. Screening of documents presented by the client.	None	5 minutes	<i>Dist. 1- Shemlyn Panganonong, FW, Gilbert Estabillo, JO Dist.2-Julio Cada, Admin. Aide I, City Social Welfare &amp; Development Office</i>
2. Provide the necessary documents needed for medical/burial/financial assistance and attend interviews.	2. Verify and collect the required documents for assistance.	None	2 minutes	<i>Dist.1 Enerwin Lujera, Cecile Lisondra, (Social Welfare Aide) Crizill Salazar, Admin.Aide IV Dist. 2 Kristine Camille Castro, Rachel Labilles, Junieven Gumahob, Frederick Ernie, (Social Welfare Aide) City Social Welfare &amp; Development Office</i>
	2.1. Conduct interviews or assessments to further evaluate the client's situation and determine the	None	5 minutes	<i>Dist.1 Enerwin Lujera, Cecile Lisondra, (Social Welfare Aide) Crizill Salazar, Admin.Aide IV Dist. 2 Kristine Camille Castro, Rachel Labilles, Junieven Gumahob, Frederick Ernie,</i>

	appropriate level of assistance.			(Social Welfare Aide) City Social Welfare & Development Office
3. Receive the claim stub.	3. Process client's request for signing and approval of the CSWDO and submit to the Accounting Office.	None	2 minutes	Dist. 1 Enerwin Lujera, Cecile Lisondra, (Social Welfare Aide) Crizill Salazar, Admin.Aide IV Dist. 2 Kristine Camille Castro, Rachel Labilles, Junieven Gumahob, Frederick Ernie, (Social Welfare Aide) City Social Welfare & Development Office
<b>TOTAL:</b>		<b>0.00</b>	<b>14 minutes</b>	

## 2. SOCIAL CASE STUDY REPORT

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The Social Case Study Report is a printed document given to clients in need of assistance for Medical, Burial and other purposes in order for them to seek help from other institutions.

<b>Office or Division:</b>	City Social Welfare and Development Office	
<b>Classification:</b>	Simple	
<b>Type of Transaction :</b>	G2C (Government to Citizen) / G2G (Government to Government)	
<b>Who may avail:</b>	All indigent San Joseños who are in Crisis Situation	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
1. Certificate of Indigency from Barangay - purpose Medical / Burial (1 Original, 1 Photocopy) <b>2. MEDICAL</b> 2.1 Medical Certificate/Clinical Abstract (1 Original, 1 Photocopy) 2.2 Updated Hospital Bill (1 Original, 1 Photocopy) <b>3. BURIAL</b> 3.1 Certificate of Death (1 Original, 1 Photocopy) 3.2 Funeral Contract and Promissory Note (1 Original, 1 Photocopy)	> Concerned barangay  > Hospital or medical center where client is confined or consulted > Hospital or medical center where client is confined or consulted  > Local Civil Registrar's Office  > Funeral Service	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a card number and sit in the waiting area for his/her number to be called, then proceed to the Social Worker for screening of documents.	1. Screening of documents presented by the client.	None	5 minutes	<i>Dist. 1- Shemlyn Panganonong, FW, Gilbert Estabillo, (JO) Dist. 2 - Julio A. Cada, Admin. Aide I, City Social Welfare &amp; Development Office</i>
2. Provide the necessary documents needed and participate in interviews or assessments.	2. Interview and data gathering of relevant information regarding the subject of the case.	None	10 minutes	<i>Dist. 1 (Jesus E. Sabit, Admin Asst. IV, Samson Rodriguez, YDA I, Rosa E. Marcella, Social Welfare Officer I) Dist. 2 (Rachel C. Labilles, Kristine Camille Castro, Junieven Gumahob, (Social Welfare Aide), City Social Welfare &amp; Development Office Social Welfare &amp; Development Office</i>
3. Review the Social Case Study Report.	3. Make any necessary revisions or corrections to the report based on client feedback.	467 None	3 minutes	<i>Dist. 1 (Jesus E. Sabit, Admin Asst. IV, Samson Rodriguez, YDA I, Rosa E. Marcella, Social Welfare Officer I) Dist. 2 (Rachel C. Labilles, Kristine Camille Castro, Junieven Gumahob, (Social Welfare Aide), City Social Welfare &amp; Development Office</i>
	3.1 Finalize the social case study report and approved the report.	None	2 minutes	<i>Dist. 1 (Rosa E. Marcella, Social Welfare Officer I) Dist. 2 (Genevieve O. Rubio, Social Welfare Officer II, and Ivy Krystle Obra, Social Welfare Officer I) City Social Welfare and Development Office</i>
4. Receive the official Social Case Study report copy.	4. Provide the client with the finalized and approved social case study report. Record in the logbook and compile the copy of documents.	None	2 minutes	<i>Dist. 1 (Jesus E. Sabit, Admin Asst. IV, Samson Rodriguez, YDA I, Rosa E. Marcella, Social Welfare Officer I) Dist. 2 (Rachel C. Labilles, Kristine Camille Castro, Junieven Gumahob, (Job Order), City Social Welfare &amp; Development Office</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>22 minutes</b>	



### 3. ISSUANCE OF SENIOR CITIZEN ID

Senior Citizen's ID is a valid ID issued to individuals 60 years old and above. The card serves as a proof of availing of the benefits and privileges for senior citizen.

<b>Office or Division:</b>	City Social Welfare and Development Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction :</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	A male or a female aged 60 years old and above			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1. Barangay Certification of Senior Citizen ID (1 Original, 1 Photocopy) 2. Three (3) pcs of 1x1 picture (any background) 3. PSA Birth Certificate (1 Original, 1 Photocopy) 4. Cedula (1 Original, 1 Photocopy) 5. Duly accomplished Application form (1 Original) 6. One (1) Valid ID with Birthdate (1 Original, 1 Photocopy )	> Concerned barangay > Photo services > Local Civil Registrar's Office > Concerned barangay > City Social Welfare & Development Office > BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a card number	1. Screening of	None	3 minutes	<i>Evelyn Agcaoili, Admin.</i>

and sit in the waiting area for his/her number to be called, then proceed to the available assigned staff for interview.	documents presented by the client and the conduct of interview .		<i>Aide IV (Dist. 1) Eduardo David, JO (Dist.2) City Social Welfare &amp; Development Office</i>
2. Provide the necessary documents needed.	2. Encode information. Check the details encoded.	None	2 minutes <i>Evelyn Agcaoili, Admin. Aide IV (Dist. 1) Eduardo David, JO (Dist.2) City Social Welfare &amp; Development Office</i>
3. Double check the information on the card.	3. Submit Card and booklets to CSWDO for approval.	None	3 minutes <i>Evelyn Agcaoili, Admin. Aide IV (Dist. 1) Eduardo David, JO (Dist.2) City Social Welfare &amp; Development Office</i>
4. Receive the Senior Citizen ID.	4. Record in the logbook and release the Senior Citizen ID to the client.	None	3 minutes <i>Evelyn Agcaoili, Admin. Aide IV (Dist. 1) Eduardo David, JO (Dist.2) City Social Welfare &amp; Development Office</i>
<b>TOTAL:</b>	<b>0.00</b>	<b>11 minutes</b>	



#### 4. ISSUANCE OF PERSON'S WITH DISABILITY ID

Person's with Disability ID is a valid ID issued to individuals 0 months old and above. The card serves as a proof of availing of the benefits and privileges for person's with disability.

<b>Office or Division:</b>	City Social Welfare and Development Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction :</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	A male or a female from 0 years old and above			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Certificate of Residency or Indigency for Person's with Disability ID (1 Original, 1 Photocopy)  2. Four(4) pcs of 1x1 picture (white background)  3. Medical Certificate indicating Type of Disability with attachment of Medical Record signed by Public Doctor or City Health Physician (1 Original, 1 Photocopy)  4. One (1) Valid ID of Contact Person in Case of Emergency  5. Duly accomplished Application form (1 Original)		> Concerned barangay  > Photo services  > City Health Office  > BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig, COMELEC  > City Social Welfare & Development Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get a card number and	1. Screening of	None	3 minutes	Eleanette

sit in the waiting area for his/her number to be called, then proceed to the available assigned staff for interview.	documents presented by the client and the conduct of interview .			
2. Provide the necessary documents needed.	2. Encode information. Check the details encoded.	None	2 minutes	<i>Eleanette Elsisura Loraine Manrizo Admin. Aide IV City Social Welfare &amp; Development Office</i>
3. Double check the information on the card.	3. Submit Card and booklets to CSWDO for approval.	None	3 minutes	<i>Eleanette Elsisura Loraine Manrizo Admin. Aide IV City Social Welfare &amp; Development Office</i>
4. Receive the PWD ID and booklets	4. Record in the logbook and release the PWD ID's and booklets to the client.	None	3 minutes	<i>Eleanette Elsisura Loraine Manrizo Admin. Aide IV City Social Welfare &amp; Development Office</i>
<b>TOTAL:</b>	<b>0.00</b>	<b>11 minutes</b>		



## 5. ISSUANCE OF SOLO PARENT ID

Solo Parent's ID is a valid ID issued to individuals who solely provides parental care and support of the child or children. The card serves as a proof of availing of the benefits and privileges for solo parent.

<b>Office or Division:</b>	City Social Welfare and Development Office	
<b>Classification:</b>	Complex	
<b>Type of Transaction :</b>	G2C (Government to Citizen)	
<b>Who may avail:</b>	A male or a female aged 60 years old and above	
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE</b>	
For the Solo Parent with child or children as a <b>consequences of rape</b> falling under section 4(a)(1) of RA8972, as amended		
1. Birth Certificate/s of the child or children 2. Complaint/Judicial Affidavit 3. Medical Record on the incident of rape 4. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children at the time of the execution of affidavit. 5. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent. 6. Solo Parents Orientation Seminar Certificate of Attendance	<p>&gt; LCR, PSA</p> <p>WCPD, Prosecutor, Family where the case was being heard.</p> <p>&gt; Bulacan Crime Lab or any authorized facility where medico legal /examination was made</p> <p>&gt; Notary Public</p> <p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>	
For the Solo Parent on the account of the <b>Death of the Spouse</b> falling under section 4(a)(2) of RA11861, as amended		
1. Birth Certificate/s of the child or children 2. Marriage Certificate 3. Death Certificate of the spouse 4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or	<p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA</p> <p>&gt; Notary Public</p>	

<p>co-parent and has the sole parental care and support of the child or children .</p> <p>5. Solo Parents Orientation Seminar Certificate of Attendance</p> <p>For the Solo Parent on the account of the <b>Detention or Criminal Conviction of the Spouse</b> falling under section 4(a)(3) of RA11861, as amended</p>	<p>&gt; City Social Welfare &amp; Development Office</p>
<p>1. Birth Certificate/s of the child or children</p> <p>2. Marriage Certificate</p> <p>3. Certificate of detention or certification that the spouse is serving sentence for atleast three (3) months or commitment order</p> <p>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children .</p>	<p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA</p> <p>&gt; BJMP, Provincial Jail, Bureau of Correction, PNP Custodial Facility where the PDL detained.</p> <p>&gt; Notary Public</p>
<p>5. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p>6. Solo Parents Orientation Seminar Certificate of Attendance</p>	<p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>
<p>For the Solo Parent on the account of the <b>Physical or Mental Incapacity of the Spouse</b> falling under section 4(a)(4) of RA11861, as amended</p>	
<p>1. Birth Certificate/s of the child or children</p> <p>2. Marriage Certificate or affidavit of cohabitation</p> <p>3. Medical Records, Medical Abstract or Certificate of Confinement issued not more than three (3) months before the submission/ valid PWD IDs</p> <p>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children .</p> <p>5. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p>6. Solo Parents Orientation Seminar Certificate of Attendance</p>	<p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA, Notary Public</p> <p>&gt; National Center for Mental Health , Any Medical Hospital or facility</p> <p>&gt; Notary Public</p> <p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>
<p>For the Solo Parent on the account of the <b>Legal or de Facto Separation of Spouse</b> falling under section 4(a)(5) of RA11861, as amended</p>	
<p>1. Birth Certificate/s of the child or children</p> <p>2. Marriage Certificate</p> <p>3. Judicial Decree of legal Separation of the Spouses/ Affidavit of 2 Disinterested persons attesting to the fact of separation of the spouse</p>	<p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA</p> <p>&gt; Court, Notary Public</p>

<p>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children .</p> <p>5. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p>6. Solo Parents Orientation Seminar Certificate of Attendance</p>	<p>&gt; Notary Public</p> <p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>
<p>For the Solo Parent on the account of the <b>Declaration of Nullity or Annulment of Marriage or Divorce</b> falling under section 4(1)(5) of RA11861, as amended</p>	<p style="text-align: center;">474</p>
<p>1. Birth Certificate/s of the child or children</p> <p>2. Marriage Certificate, annotated with the fact of declaration of nullity of marriage or annulment of marriage</p> <p>3. Judicial Decree of lof nullity or annulment of marriage or judicial recognition of foreign divorce</p> <p>4. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children .</p> <p>5. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p>6. Solo Parents Orientation Seminar Certificate of Attendance</p>	<p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA</p> <p>&gt; Court</p> <p>&gt; Notary Public</p> <p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>
<p>For the Solo Parent on the account of <b>Abandonment by the Spouse</b> falling under section 4(a)(7) of RA11861, as amended</p>	
<p>1. Birth Certificate/s of the child or children</p> <p>2. Marriage Certificate or affidavit of the solo parent applicant</p> <p>3. Affidavit of 2 Disinterested persons attesting to the fact of abandonment of the spouse</p> <p>4. Police or barangay record of the fact of abandonment</p> <p>5. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children.</p> <p>6. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p>7. Solo Parents Orientation Seminar Certificate of Attendance</p>	<p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA</p> <p>&gt; Notary Public</p> <p>&gt; PNP, Barangay</p> <p>&gt; Notary Public</p> <p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>
<p>For the spouse or any family member of an <b>OFW</b> falling under section 4(b) of RA11861, as amended</p>	

<p>1. Birth Certificate/s of dependents.</p> <p>2. Marriage Certificate, if the applicant is the spouse of the OFW or birth certificate or the other competent proof of the relationship between the applicant and the OFW, if the applicant is a family member of the OFW.</p> <p>3. Philippine Overseas Employment Administration Standard Employment Contract (POEA-SEC) or its equivalent.</p> <p>4. Photocopy of the OFW's passport with stamps showing continuous twelve (12) months of overseas work or certification from Bureau of Immigration.</p> <p>5. Proof of Income of the OFW's spouse or family member</p> <p>6. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children.</p> <p>7. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p>8. Solo Parents Orientation Seminar Certificate of Attendance</p>	<p>&gt; LCR, PSA</p> <p>&gt; LCR, PSA</p> <p>&gt; POEA</p> <p>&gt; DFA, Bureau of Immigration 475</p> <p>&gt; BIR, Banks, Employer or Agency</p> <p>&gt; Notary Public</p> <p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>
<p>For the <b>unmarried father or mother who keeps and rears the child or children</b> falling under section 4(c) of RA11861</p>	
<p>1. Birth Certificate/s of child or children.</p> <p>2. Certificate of No Marriage (CENOMAR)</p> <p>3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children.</p> <p>4. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent.</p> <p>5. Solo Parents Orientation Seminar Certificate of Attendance</p>	<p>&gt; LCR, PSA</p> <p>&gt; PSA</p> <p>&gt; Notary Public</p> <p>&gt; Barangay</p> <p>&gt; City Social Welfare &amp; Development Office</p>
<p>For the solo parent who is a <b>Legal Guardian, Adoptive or Foster Parent</b> falling under section 4(d) of RA11861</p>	
<p>1. Birth Certificate/s of child or children.</p> <p>2. Proof of Guardianship; Proof of Adoption or Order of Adoption; Proof of Foster Care (Foster Parent License)</p> <p>3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children.</p> <p>4. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental</p>	<p>&gt; LCR, PSA</p> <p>&gt; Court, DSWD or National Authority on Child Care (NACC) for adoption and Foster Care</p> <p>&gt; Notary Public</p> <p>&gt; Barangay</p>

care and support of the solo parent.				
5. Solo Parents Orientation Seminar Certificate of Attendance	> City Social Welfare & Development Office			
For any relative within fourth (4th) civil degree of consanguinity or affinity of the parent or legal guardian who <b>assumes parental care and support of the child or children</b> falling under section 4(e) of RA11861				
1. Birth Certificate/s of child or children. 2. Death Certificate, certificate of incapacity, or judicial declaration of absence or presumptive death of the parents or legal guardian; police or barangay records evidencing the fact of disappearance or absence of the parent or legal guardian for at least six (6) months 3. Proof of relationship of the relative to the parent or legal guardian such as Birth Certificate, Marriage Certificate, Family Records or other similar or analogous proof of relationship. 4. Sworn affidavit declaring that the solo parent has the sole parental care and support of the child or children. 5. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay and the child or children is/are under the parental care and support of the solo parent. 6. Solo Parents Orientation Seminar Certificate of Attendance	> LCR, PSA  > LCF 476 PNP, Court, Barangay  > LCR, PSA,  > Notary Public  > Barangay  > City Social Welfare & Development Office			
For the solo parent who is a <b>pregnant woman</b> falling under section 4(f) of RA11861				
1. Birth Certificate/s of child or children. 2. Affidavit of a Barangay Official Attesting that the solo parent is a resident of the Barangay; and 3. Sworn affidavit declaring that the solo parent is not cohabiting with a partner or co-parent and has the sole parental care and support of the child or children. 4. Solo Parents Orientation Seminar Certificate of Attendance	> LCR, PSA  > LCR, PSA, PNP, Court, Barangay  > Notary Public  > City Social Welfare & Development Office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the Social Welfare and Development Office during office hours  2. Obtain and	1. Provide Application Form for Solo Parent and list of requirements as amended by the law.  2. Review the	None	5 minutes  50 minutes	Catherine Silverio, Admin. Aide IV City Social Welfare & Development Office  Ivy Kristle R.

fill out the Solo Parent ID application form and furnish the mandated set documents	submitted application and documents for completeness and authenticity and conduct interview and thorough evaluation/assessment process.			<i>Obra Social Welfare Officer I, City Social Welfare &amp; Development Office</i>
3. Wait further instructions from assigned personnel	3. Social Worker shall interview or may schedule an interview with applicant and Conduct homevisits and collateral information to validate the vericity of the information and come up with a comprehensive assessment of the applicant's eligibility.	None	5 days	<i>Ivy Kristle R. Obra Social Welfare Officer I, City Social Welfare &amp; Development Office</i>
4. Required to Attend Solo Parents Orientation Seminar	4. Social Worker shall conduct face-to-face or virtual Solo Parent Orientation Seminar and Issued Certificate of Attendance	None	1 day	<i>Ivy Kristle R. Obra Social Welfare Officer I, City Social Welfare &amp; Development Office</i>
5. Receive the Solo Parent Identification Card (SPIC)	5. Issuance of SPIC within seven (7) working days from receipt of the complete documents. In case of disapproval, the Social Worker will issue a written Notice of Disapproval to the applicant	None	4 hours	<i>Catherine Silverio, Admin. Aide IV City Social Welfare &amp; Development Office</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>7 days</b>	

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## City Population Office

PRE-MARRIAGE ORIENTATION AND COUNSELING CERTIFICATION	External/Internal Service
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**PRE-MARRIAGE ORIENTATION AND COUNSELING CERTIFICATION**

The Pre-Marriage Orientation and Counseling Certificate is a pre-requisite in securing Marriage license by virtue of PD 965. Would-be-couples required to attend Pre-Marriage Orientation and Counseling Seminar which aims to provide information on responsible parenting including family relationships, home management, birth spacing fertility awareness, both natural and artificial methods, and maternal and child health and violence against women.

<b>Office or Division:</b>	<b>City Population Office</b>
<b>Classification:</b>	<b>Simple</b>
<b>Type of Transaction:</b>	<b>G2C - Government to Citizen / G2G - Government to Government</b>
<b>Who may avail:</b>	<b>All would-be-couples applying for Marriage License</b>

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
1. Both or one of the would-be-couple should be resident of San Jose del Monte, Bulacan and both would-be-couple should be at the venue at exactly 8:00 AM on their scheduled date every Tuesday or Thursday.		Client

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Sign in the Log Book and Attendance Sheet	1. Give the Log Book and Attendance sheet to the couple and Provide PMOC Form (Couple Profile Form and Marriage Expectations Inventory)	None	5 minutes	Rowena P. Avanceña Administrative Assistant IV  Chonalyn T. Magnetico Administrative Aide VI  City Population Office
2. Would-be-couples should fill-out PMOC Forms (Couple Profile Form and Marriage Expectations Inventory) for the Issuance of Pre-Marriage Orientation Certificate (for 26 years old and above) and Pre-Marriage Orientation	2. Assists in the filling-out of forms and check if properly filled-out and completeness	None	12 minutes	Rowena P. Avanceña Administrative Assistant IV  Chonalyn T. Magnetico Administrative Aide VI  City Population

and Counseling  
Certificate (for 18-25  
years old) and submit  
the filled-out forms to  
the assigned personnel.

Office

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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Would-be-couples will proceed to the PMOC room and complete the 4-hours Pre-Marriage Orientation (for 18 years old and above) to get Certificate of Compliance and another 3 hours Pre-Marriage Counseling (for 18-25 years old) to get Certificate of Counseling	3.1. Conduct the Pre-Marriage Orientation (18 and above years old)	None	3 hours 40 minutes	<i>Accredited Pre-Marriage Counselors</i> City Population Office City Health Office City Social Welfare Development Office City Civil Registrar Office
	3.2. Conduct the Pre-Marriage Counseling (18 to 25 years old)	None	3 Hours	<i>Accredited Pre-Marriage Counselors</i> City Population Office City Health Office City Social Welfare Development Office City Civil Registrar Office Faith-Based
	3.3. Prepare PMC Certificate while Seminar is ongoing, and to be signed by the Pre-Marriage Counselors.	None	1 hour	<i>Chonalyn T. Magnetico</i> <i>Administrative Aide VI</i> City Population Office
	3.4. Distribute the PMC Certificates to the participants right after the seminar.	None	3 minutes	<i>Chonalyn T. Magnetico</i> <i>Administrative Aide VI</i> City Population Office
		-	<b>4 hours Pre-Marriage Orientation and 3 Hours Pre-Marriage Counseling</b>	

## City Agriculture Office

1. Dispersal of Assorted Seeds and Seedlings	External/Internal Service
2. Distribution of Agricultural Inputs	External/Internal Service
3. Provision of Technical Assistance	External/Internal Service

## 1. DISPERSAL OF ASSORTED SEEDS & SEEDLINGS

The provision of planting planting materials to individuals, barangays, schools, HOA's, institutions for their backyard, urban, communal gardening needs.

<b>Office or Division:</b>	City Agriculture Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen), G2G (Government to Government)			
<b>Who may avail:</b>	Bonafide residents of the city			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1a. Physical presence of the client	Client			
1b. Letter Request				
2. Approved letter request from the client if request is beyond the maximum limit for walk-in client	City Agriculture Office - City Plant Nursery Section			
3. Issuance Slips/ Matrix Forms/Client feedback form				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client proceeds to the dispersal area and properly fill out the matrix form for walk-in clients.	1. Officer of the day checks the matrix form if properly filled out by the client.	None	1-2 minutes	<i>Officer of the day</i>
2.a Client presents letter request.	2.a. Verify the details of request letter and check its availability.	None	1 minute	<i>Officer of the day</i>
2.b Client waits in the designated waiting area.	2.b. Prepares the requested planting materials as stated in matrix/issuance slips.	None	2 minutes	<i>Officer of the day</i>
3. Receives the planting materials	3. Distribute the approved planting materials.	None	2 minutes	<i>Officer of the day/ Farm Worker II</i>
4.Client fills out Client Feedback Form	4. Provides Client Feedback Form to client for his completion	None	2 minutes	<i>Officer of the day</i>
5. With approved request wait for the notification when to secure the planting materials requested & filled out client feedback form.	5. Filing of matrix form & Client Feedback Form.	None	1 minute	<i>Officer of the day/ Farm Worker II</i>
	<b>TOTAL :</b>	-	<b>9-11 minutes</b>	

## 2. DISTRIBUTION OF AGRICULTURAL INPUTS

The distribution of agricultural inputs for rice production such as certified, hybrid seeds & inorganic fertilizers, fruiting bags for mushroom production is conducted every start of cropping season and after the production trainings/orientation briefings. It is a form of assistance granted to farmer beneficiaries to attain higher yield by using quality seeds and soil ameliorants to boost production. Whereas fruiting bags is being distributed to individuals who attended the production training and will be their start up and learning kits.

<b>Office or Division:</b>	City Agriculture Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	Masterlisted Rice Farmers and Mushroom Growers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. General Masterlist of Farmers/RSBSA	City Agriculture Office -Extension Services Section			
2. List of Participants during Production Training				
3. Government Issued ID's (Original & Photocopy)	Client			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present valid ID and affix signature three (3) copies of signedlist.	1. AEW checks and verifies if name is included in the general masterlist/ RSBSA.	None	3 minutes per farmer	Assigned AEW (Agricultural Technologist) & Mushroom Coordinator
	1.1. Checks the correctness and completeness of signed list	None	2 minutes per farmer	Assigned AEW (Agricultural Technologist) & Mushroom Coordinator
2. Fills out Client Feedback Form	2. AEW provides Client Feedback Form to client for his completion	None	2 minutes per farmer	Assigned AEW (Agricultural Technologist) & Mushroom Coordinator
3. Waits for the issuance of gate pass after verification.	3. AEW issues gate pass indicating no. of bags, variety & kind of materials to be released after verification.	None	3 minutes per farmers	Assigned AEW (Agricultural Technologist) & Mushroom Coordinator
4. Receives issued gate pass.	4. Designated property custodian receives the issued gate pass in exchange of the inputs indicated.	None	3 minutes per farmer	Designated property custodia

	4.1. File the gate pass in its corresponding folder	None	2 minutes per farmer	<i>Designated property custodian</i>
	<b>TOTAL :</b>	-	<b>15 minutes</b>	

### 3. PROVISION OF TECHNICAL ASSISTANCE

The conduct of technical assistance is administered to clienteles who needed basic agricultural services such as soil analysis, pest & disease surveillance & identification, damage assessment caused by calamity and other simple related agricultural concerns. These are reported through text messages, phone calls and walk in visit from farmers, barangays, school & private individuals.

<b>Office or Division:</b>	City Agriculture Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2G (Government to Government)			
<b>Who may avail:</b>	Farmers and Backyard Gardeners			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Request Form (pro forma) 2. Pictures taken of damaged commodity for verification purposes			Client City Agriculture Office - Extension Services Section	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Filled out request form indicating specific technical assistance needed.	1. AEW or officer of the day receives filled up form.	None	2 minutes	<i>Assigned AEW (Agricultural Technologist) or officer of the day</i>
	1.1. AEW or officer of the day conducts interview based on the problem presented & address immediately. For validation inquiries, location of farm & other information needed verification are gathered for.	None	5-10 minutes	<i>Assigned AEW (Agricultural Technologist)</i>
2. Client assists the AEW during field inspection.	2. AEW conducts actual farm visit as per agreed time and date to validate the claim and drafts recommendation based on field investigation.	None	1 day	<i>Assigned AEW (Agricultural Technologist)</i>
	2.1. AEW gather photo documentation using the DA Geotagging Camera for future reference.	None	1 hour	<i>Assigned AEW (Agricultural Technologist)</i>
	2.2. AEW explain orally with written observation, the recommendations based on the findings during actual field investigation.	None	5 minutes	<i>Assigned AEW (Agricultural Technologist)</i>

3. Client signs the technical assistance form.	3. AEW log & files the accomplished technical assistance form.	None	1 minute	<i>Assigned AEW (Agricultural Technologist)</i>
	<b>TOTAL :</b>	-	<b>5 minutes- 1 day 1 hour 13 minutes</b>	

## City Veterinary Office

1. Treatment and Consultation for Companion Animal	External/Internal Service
2. Vaccination for Companion Animal	External/Internal Service



## 1. TREATMENT AND CONSULTATION FOR COMPANION ANIMALS

To safeguard companion animals wellness and proper healthcare, the City Veterinary Hospital offers its "free" treatment and consultation to all pet owners residing within the city.

<b>Office or Division:</b>	City Veterinary Office - City Veterinary Hospital			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/G2G (Government to Government)			
<b>Who may avail:</b>	All applicants			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Vaccination Record and Certification, if available (1 Original)		> Licensed Veterinarian		
2. Pet Medication History, if available (1 Original)		> Licensed Veterinarian		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the protocol form and give to the hospital assistant with complete/necessary requirements.	1. Receives the accomplished form and other requirements then verify the details provided therein.	None	5 minutes	<i>Veterinary Aide</i> , City Veterinary Office
2. Receive initial findings and recommendations and agreed the procedure recommended.	2. Attending Vet conduct Physical Examination and explain to owner possible procedure and treatment needed.	None	15 minutes	<i>Veterinarian</i> , City Veterinary Office
3. Wait in the designated waiting area.	3. The doctor conducts laboratory examinations, treatment and medications	None	30 minutes	<i>Medical Technologist</i> , City Veterinary Office
4. Client receives the doctor's recommendation.	4. Discharge the patient after explaining the prescriptions if there's any.	None	15 minutes	<i>Medical Technologist</i> , City Veterinary Office
<b>TOTAL:</b>		<b>0.00</b>	<b>1 hour 5 minutes</b>	



## 2. VACCINATION FOR COMPANION ANIMAL

To achieve the goal of preventing common disease of companion animals the City Veterinary Hospital encourage pet owners to subject their pets to routine vaccination and educate of its benefits.

<b>Office or Division:</b>	City Veterinary Office - City Veterinary Hospital			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/G2G (Government to Government)			
<b>Who may avail:</b>	All applicants			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
1. Vaccination Record and Certification, if available (1 Original)	> Licensed Veterinarian			
2. Pet Medication History, if available (1 Original)	> Licensed Veterinarian			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the protocol form and give to the hospital assistant with complete/necessary requirements.	1. Receive the accomplished form and other requirements then verify the details provided therein.	None	15 minutes	<i>Veterinary Aide</i> , City Veterinary Office
2. Wait in the designated area.	2. Perform physical examination. If found healthy; issue order of payment, if not; subject to treatment.	None	20 minutes	<i>Veterinarian</i> , City Veterinary Office
3. Patient is immunized.	3. Administer the vaccine and provides further client education.	None	10 minutes	<i>Veterinarian/trained vaccinator</i> , City Veterinary Office
4. Receive Pet Vaccination Card/record.	4. Release Anti-Rabies Vaccination Card.	None	10 minutes	<i>Veterinary Aide</i> , City Veterinary Office
<b>TOTAL:</b>		<b>0.00</b>	<b>55 minutes</b>	

## City Environment & Natural Resources Office

1. Issuance of Certificate of Application for Environmental Inspection	External Service
2. Issuance of Certificate of No Objection for Tree Cutting	External/Internal Service



## 1. ISSUANCE OF CERTIFICATE OF APPLICATION FOR ENVIRONMENTAL INSPECTION

The City Environment and Natural Resources Office (CENRO) is one of the regulatory offices mandated to check the compliance of all existing establishments to environmental laws such as Clean Water Act, Clean Air Act, Ecological Solid Waste Management Act, Toxic, Hazardous and Nuclear Waste Act and to check if the said establishments did not pollute the land, air and water during their day to day operation. Commercial establishments are required to register their business in the city and need to pass all regulatory requirements prior to operate. This is to ensure that all business operations in the city are compliant to the existing local and national environmental laws.

<b>Office or Division:</b>	City Environment and Natural Resources Office	
<b>Classification:</b>	Simple	
<b>Type of Transaction :</b>	G2B (Government to Business)	
<b>Who may avail:</b>	All new and existing commercial establishments/institutions applying for business permit	
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>	
1 copy of duly accomplished application form	> Business One Stop Shop (BOSS) at SM SJDM	
1 copy of Barangay Business Clearance	> may secure from the barangay where the business is located	
1 photocopy of DTI business permit (if applicable)	> Department of Trade and Industry	
1 photocopy of SEC registration (if applicable)	> Security and Exchange Commission	
1 photocopy of CDA registration (if applicable)	> Cooperative Development Authority	
Valid government-issued ID of the owner or the representative (present 1 copy of ANY of the following with 1 photocopy):	> Issuing government agency:	
a. Driver's license	> a. Land Transportation Office	
b. SSS ID	> b. Social Security System	
c. GSIS ID	> c. Government Service and Insurance System	
d. Passport	> d. Department of Foreign Affairs	
e. PRC license	> e. Professional Regulatory Commission	
f. Senior Citizen ID	> f. Local Government Unit	
g. PhilHealth ID	> g. Philippine Health Insurance Corporation	
h. Voter's ID	> h. Commission on Election	
i. Postal ID	> i. Philippine Postal Corporation	
j. Barangay ID	> j. Barangay	
1 photocopy of Certificate of Non-Coverage (if applicable)	> Department of Environment and Natural Resources	
1 photocopy of Environmental Compliance Certificate (if applicable)	> Department of Environment and Natural Resources	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Extend cooperation during interview for clarification/ identification of basic company information and environmental management practices.	1. Conduct interview for clarification/ identification of basic company information and environmental management practices.	None	5 minutes	Melinda B. Gerona Administrative Aide III City Environment and Natural Resources Office
	1.2. Encoding	None	2 minutes	
	1.3. Assessment and filing in the application form for solid waste management fee and environmental inspection fee.	None	5 minutes	
2. Receive Certificate of Application for an Environmental Inspection Clearance*	2. Printing and Issuance of the Certificate of Application for an Environmental Inspection Clearance	None	3 minutes	
3. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee.	3. Receive payment and issue Official Receipt	vary according to the number of employees and type of business	5 mins	City Treasury Office
	.			

4. Fill in the client's satisfaction feedback form	4. Retrieve and record the client's satisfaction feedback form.	None	1 minute	Melinda B. Gerona Administrative Aide III City Environment and Natural Resources Office
<b>TOTAL:</b>		<b>0.00</b>	<b>16 minutes</b>	

\* Release of the Certificate of Application for Environmental Inspection during the renewal of business permit every January of the year is upon the release of business permit.

#### Legal Basis:

2012 City Tax Revenue Code, Article 55 and 56 - Environmental Inspection Fee and Solid Waste Management Fee

##### A. Solid Waste Management Fee

vary according to the number of employees and business, refer to computation below

for institution such as schools/ banks

$$\text{SWM Fee} = \text{number of personnel} * \text{PhP}$$

for markets

$$\text{SWM Fee} = \text{number of personnel} * \text{PhP}$$

for commercial establishments

$$\text{SWM Fee} = \text{number of personnel} * \text{PhP}$$

##### B. Environmental Inspection Fee

refer to the table below (amount in PhP)

(a) Amusement places such as KTV/videoke, golf course operator other similar establishment	500
(b) Animal farm/piggery exceeding 25 heads (sow, fattener)	1,000.00
(c) Car wash, laundry services	500
(d) Fastfood chains/ restaurants	1,000.00
(e) Fuel depot & fuel storage	1,000.00
(f) Funeral services	1,000.00
(g) Garbage contractors/terminal of garbage trucks	1,000.00
(h) Gasoline service & LPG filling stations	500
(i) High –rise building	1,000.00
(j) Hotel, motels, apartelles, inns	500
(k) Housing development projects such as residential, subdivisions, parks (memorial parks) including condominiums	1,000.00
(l) Junkshops	1,000.00
(m) Laboratories	500
(n) Manufacturing industry	1,000.00

(o) Market/talipapa	500
(p) Medical clinics with lying in clinic	500
(q) Private hospitals	1,000.00
(r) Retailer of LPG	200
(s) Sanitary waste landfills and other waste treatment on disposal site of toxic wastes	1,000.00
(t) Sash factory	1,000.00
(u) Shopping centers/malls	500
(v) Substation; cell site	500
(w) Terminal/garage of transport/trucking service	500
(x) Warehouse	500
(y) Welding shop/auto repair with repainting shop, refrigerator with	500
(z) repainting shop, furniture shop	
(aa) Others	200

\*Tax Order of Payment will be issued by the Business Permit and Licensing Office and the payment should be made at the City Treasury Office.



## 1. ISSUANCE OF CERTIFICATE OF NO OBJECTION FOR TREE CUTTING

The City Environment and Natural Resources Office (CENRO) facilitates the Issuance of Certificate of No Objection for tree cutting as required by the DENR prior to land utilization, road widening implementation and other similar purposes.

<b>Office or Division:</b>	City Environment and Natural Resources Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction :</b>	G2G (Government to Government ) G2C (Government to Citizen) G2B (Government to Business)			
<b>Who may avail:</b>	General public including contractors of public works			
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>			
1. Formal letter request addressed to City Mayor, Attention to CENRO Officer (1 Original)	>  > may secure from the barangay where the tree is planted/located			
2. Barangay certificate on No Objection for tree cutting (1 Original)	> copy of land title may secure from the Registry of Deeds where lot is located			
3. Copy of land title if privately owned <b>or</b> any documents providing the ownership of the land (1 Photocopy)	>			
4. Picture of the tree to be cut (1 copy)	>			
5. If the applicant is NOT THE OWNER, Special Power of Attorney (SPA) is required (w/ valid I.D.s of both parties) (1 Original)	>			
6. Submit a copy of chainsaw registration (1 Photocopy)	> may secure from the owner of the chainsaw			
7. A barangay / school resolution for government property projects (1 Original)	> may secure from the barangay/ school where the tree is planted/located			
8. Tree Cutting Clearance Fee - Php 300.00	>			
9. Other documents as may be required and/or necessary	>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the documentary requirements to CENRO.	1.1 Check the requirements as to completeness and validity.	None	2 minutes	Gilbert R. Maramag Administrative Aide III Noel A. Sanchez Administrative Aide III Renato T. San Diego Administrative Aide I City Environment and Natural Resources Office
	1.2. For client with complete requirements, conduct interview.	None	5 minutes	

2.1 Extend cooperation during the actual site inspection.	2. Conduct actual site inspection. CENRO Inspector will take photo documentation /geotagging, tree and site assessment and if necessary, interview nearby neighbors or concerned individuals.	None	3 days	Gilbert R. Maramag Administrative Aide III Noel A. Sanchez Administrative Aide III Renato T. San Diego Administrative Aide I City Environment and Natural Resources Office
	2.1. Prepare inspection report.	None	30 minutes	
	2.2. Prepare, review and sign the Certificate of No Objection for tree cutting	None	5 minutes	Alvin B. Baldemoro Administrative Aide III For. Henry DV. Soriano, EnP. Environmental Management Specialist II Engr. Thelma S. Bautista Department Head City Environment and Natural Resources Office
3. Return to CENRO to secure Order of Payment.	3. Issue Order of Payment.	None	5 minutes	Alvin B. Baldemoro Administrative Aide III Jaysan L. Socito Administrative Aide VI Elenita S. Frio Administrative Assistance IV City Environment and Natural Resources Office
4. Proceed to the designated Payment Window of the City Treasurer's Office, present the Order of Payment and pay the corresponding fee.	4. Receive payment and issue Official Receipt	Php. 300.00 per tree to be cut	5 minutes	Revenue Collection Clerk, City Treasury Office
5. Photocopy the Official Receipt and submit it to CENRO for the issuance of Certificate of No Objection for tree cutting and fill out the Client Satisfaction Feedback form.	5. Issue the Certificate of No Objection. Retrieve and record the Client Satisfaction Feedback form.	None	5 minutes	Alvin B. Baldemoro Administrative Aide III Jaysan L. Socito Administrative Aide VI Elenita S. Frio Administrative Assistance IV City Environment and Natural Resources Office
	<b>TOTAL:</b>	<b>Php 300.00 per tree to be cut</b>	<b>3 days 57 minutes</b>	

#### Legal Basis

Presidential Decree No. 705 Revising Presidential Decree No. 389, Otherwise Known as The Forestry Reform Code Of The Philippines

RA 7160 "The Local Government Code of the Philippines"

RA 9175 "An Act Regulating the Ownership, Possession, Sale, Importation and Use of Chain Saws, Penalizing Violations Thereof and for Other Purposes"

City Ordinance No. 2017-017-02 "An Ordinance Enacting the Environment Code of The City Of San Jose Del Monte, Province Of Bulacan."

\* \* 2012 City Tax Revenue Code, Article 59 - Other Environmental Related Fees, Section 288. Imposition of Tree Cutting Clearance Fee.

refer to computation below

= number of tree/s to be cut x Php 300.00

\* \* 2012 City Tax Revenue Code, Article 59 - Other Environmental Related Fees, Section 288. Imposition of Tree Cutting Clearance Fee.

## Office of the City Building Official

1. Building and Ancillary Permits	External Service
2. Building Permit (Floor Area: 20sqm and below)	External Service
3. Fencing Permit	External Service
4. Certificate of Occupancy	External Service
5. Wiring Permit and Certificate of Final Electrical Inspection	External Service



## 1. BUILDING AND ANCILLARY PERMITS

Building and Ancillary Permits is issued to all applicants who intend to construct New Building, Extension, Renovation or Alteration of Plans (residential, commercial, institutional, etc.) in the City of San Jose del Monte based on the guidelines provided in National Building Code of the Philippines ( P.D. 1096 ). All applications are subject for inspection and evaluation prior to the payment of permit fees and released of approved building permit.

<b>Office or Division:</b>	Office of the City Building Official
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C (Government to Citizen)
<b>Who may avail:</b>	Any person or company who intends to construct new building, extension, renovation and alteration of plan in the City of San Jose del Monte
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Location & Zoning Clearance and Official Receipt (1 Photocopy)	> City Planning & Development Office
2. Fire Safety Evaluation Clearance and Official Receipt (1 Photocopy)	> Bureau of Fire Protection
3. Proof of Ownership, any of the following: (1 Original, 1 Photocopy)	
a. Original Certified true xerox Copy of Title of Lot (if applicant is the registered Owner)	> Registry of Deeds
b. Original Certified true xerox Copy of Title of Lot & Deed of Absolute Sale (if applicant is the absolute buyer)	> Registry of Deeds
c. Original Certified true xerox Copy of Title of Lot & Lease of Contract (if applicant is lessee)	> Registry of Deeds
d. Original Certified true xerox Copy of Title of Lot & Deed of Donation	> Registry of Deeds
e. Original Certified true xerox Copy of Title of Lot & Special Power of Attorney (if applicant is the Attorney-In-Fact)	> Registry of Deeds
f. Original Copy of Notice of Award/Certification/ technical description of the lot from NHA	> National Housing Authority
4. Barangay Clearance (For Building Permit/ Building Construction ) (1 Original)	> Concerned barangay
5. Lot Plan, duly signed and sealed by Geodetic Engineer (5 blueprint copies)	> Geodetic Engineer
6. Latest Community Tax Certificate (Cedula ) (1 photocopy)	> Concerned barangay/ City Treasury Office
7. Tax Declaration (1 Photocopy)	> City Assessor's Office
8. Latest Tax Receipt (1 Photocopy)	> City Treasury Office
<b>9. For Building with total aggregate floor area of 20 sqm and above:</b>	
a. Complete Architectural Plan, duly signed and sealed by licensed Architect/Civil Engineer (5 blueprint copies)	> Licensed Architect/Civil Engineer
b. Complete Structural Design/Plan, duly signed and sealed by licensed Civil/Structural Engineer (5 blueprint copies)	> Licensed Civil/ Structural Engineer
c. Complete Sanitary Plan, duly signed and sealed by licensed Plumbing/Sanitary Engineer/Master Plumber (5 blueprint copies)	> Licensed Sanitary Engineer/Master Plumber/Plumber

d. Complete Electrical Plan, duly signed and sealed by licensed Electrical Engineer (5 blueprint copies)	> Professional Electrical Engineer
e. Complete Signage Plan, duly signed and sealed by licensed Architect/Civil Engineer (5 blueprint copies)	> Licensed Architect/Civil Engineer

<p>f. Complete Mechanical Plan, duly signed and sealed by licensed Mechanical Engineer (5 blueprint copies)</p> <p>g. Complete Electronics Plan, duly signed and sealed by licensed Electronics and Communications Engineer (5 blueprint copies)</p> <p>h. Complete Demolition Plan, duly signed and sealed by licensed Architect/Civil Engineer (5 blueprint copies)</p> <p>i. Complete Excavation Plan, duly signed and sealed by licensed Architect/Civil Engineer (5 blueprint copies)</p> <p>j. Construction logbook, duly signed and sealed by Engineer-in-charge of the construction (1 Original, 1 photocopy)</p> <p>k. Electrical Design Analysis/Short Circuit Calculation/Voltage Drop Calculation, duly signed and sealed by licensed Electrical Engineer (5 sets)</p> <p>l. Structural Design Analysis, duly signed and sealed by licensed Civil/Structural Engineer (5 sets)</p> <p>m. Construction Specification, duly signed and sealed by licensed Architect/Civil Engineer (5 copies)</p> <p>n. Bill of Materials/Construction Cost Estimate, duly signed and sealed by licensed Architect/Civil Engineer (5 copies)</p> <p>o. Fully accomplished</p> <p>Building/Electrical/Sanitary/Signage/Mechanical/Electronics/Excavation/Demolition</p> <p>/Fencing Permit form</p> <p>p. PRC ID and PTR of all participating Engineers (1 clear Photocopy)</p> <p>q. Soil Tests and Geotechnical Observation Analysis/Sound Analysis (for 3- storey building and higher as required by NBC) (1 Original, 1 Photocopy)</p> <p>r. Boring/Load Tests, duly signed and sealed by licensed Civil/Geotechnical Engineer (1 Original, 1 Photocopy)</p> <p>s. Earthquake Analysis (for 4-storey level building and above) (1 Original, 1 Photocopy)</p> <p>10. Clearances from Other Agencies, whichever is applicable (1 Original, 1 Photocopy)</p>	<ul style="list-style-type: none"> <li>&gt; Professional Mechanical Engineer</li> <li>&gt; Licensed Electronics &amp; Communications Engineer</li> <li>&gt; Licensed Architect/Civil Engineer</li> <li>&gt; Licensed Architect/Civil Engineer</li> <li>&gt; Licensed Architect/Civil Engineer</li> <li>&gt; Professional Electrical Engineer</li> <li>&gt; Licensed Civil/ Structural Engineer</li> <li>&gt; Licensed Architect/Civil Engineer</li> <li>&gt; Licensed Architect/Civil Engineer</li> <li>&gt; Office of the City Building Official</li> <li>&gt; Professional Regulation Commission</li> <li>&gt; Licensed Civil/Geotechnical Engineer</li> <li>&gt; Licensed Civil/Geotechnical Engineer</li> <li>&gt; Philippine Institute of Volcanology and Seismology (PHIVOLCS)</li> <li>&gt; Department of Public Works and Highways (DPWH)</li> <li>&gt; Air Transportation Office (ATO)</li> <li>&gt; Housing and Land Use Regulatory Board (HLURB)</li> <li>&gt; Local Government Unit (LGU)</li> <li>&gt; Department of Tourism (DOT)</li> <li>&gt; Department of Environment and Natural Resources (DENR)</li> <li>&gt; Department of Transportation (DOTr)</li> <li>&gt; Department of Information and Communications Technology (DICT)</li> </ul>
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> Department of Interior and Local  
Government (DILG)  
> Philippine Ports Authority (PPA)

				> Department of Education (DepEd) > Department of Health (DOH)/ Food and Drug Administration (FDA) > Philippine Institute of Volcanology and Seismology (PHIVOLCS) > Laguna Lake Development Authority (LLDA) > Manila Waterworks and Sewerage System (MWSS) > National Water Resources Board (NWRB) > Department of Agrarian Reform (DAR)  > Department of Agriculture (DA) > Department of Labor and Employment (DOLE) > National Housing Authority (NHA)  > National Council for the Welfare of Disabled Persons (NCWDP)
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the requirements and required clearances and get the claim stub.	1. Assess all the requirements and issue claim stub.	None		<i>ARMANDO DIOLOLA - ENGINEERING ASSISTANT ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION</i>
	1.1. Conduct technical evaluation of documents. Conduct site inspection and prepare inspection report.	None	15 days	<i>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION</i>
	1.2. Consolidate and do final review of the inspection report technical evaluation.	None		
	1.3. Recommend the application for Approval, Denial or Correction.	None		
	1.4. Prepare regulatory fees and order of payment.	None		
2. Return to the Office of City Building Official to receive Notice of Approval, Denial or Correction. Secure Order	2. Issue order of payment/ notice of correction or notice of denial.	None	3940 minutes	<i>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION</i>

of Payment.				
3. Pay required fees at City Treasury Office.	3. Receive payment and issue Official Receipt.	Building Permit fees (PD 1096 )	3 minutes	<i>Cashier</i> , City Treasury Office
4. Return to Office of the City Building Official. Present the Original copy and photocopy of the Official Receipt.	4.1 Record and assign Permit Number in the logbook.	None	4 minutes	<i>MARILYN V. PARSON - ADMIN ASSISTANT / RELEASING DIVISION</i>
	4.2 Prepare the Building Permit.	None	5 minutes	<i>Arch. Pavel D. Halog - City Building Official</i>
	4.3 Approve and sign the Building Permit.	None	5 minutes	
5. Receive the approved Building Permit.	5. Release the document.	None	3 minutes	<i>MARILYN V. PARSON - ADMIN ASSISTANT / RELEASING DIVISION</i>
	<b>TOTAL:</b>	<b>Building Permit fees (PD 1096)</b>	<b>16 days</b>	

**Note:**

Fees are based on the Revised Implementing Rules and Regulations (IRR) of Presidential Decree No. 1096, National Building Code of the Philippines (NBC)



## 2. BUILDING PERMIT (FLOOR AREA: 20 SQM AND BELOW)

Building Permit (simple) is issued to all applicants who intend to construct a structure with floor area of 20 square meters and below. All applications are subject for inspection and evaluation prior to the payment of permit fees and release of the approved permit.

<b>Office or Division:</b>	Office of the City Building Official
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C (Government to Citizen)
<b>Who may avail:</b>	Any person or company who intends to construct a structure with an area of 20 sqm and below whether extension, additional, renovation or alteration in the existing structure.

<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
1. Location & Zoning Clearance and Official Receipt (1 Photocopy)		> City Planning & Development Office
2. Proof of Ownership, any of the following: (1 Original, 1 Photocopy)		
a. Original Certified true xerox Copy of Title of Lot (if applicant is the registered Owner)		> Registry of Deeds
b. Original Certified true xerox Copy of Title of Lot & Deed of Absolute Sale (if applicant is the absolute buyer)		> Registry of Deeds
c. Original Certified true xerox Copy of Title of Lot & Lease of Contract (if applicant is lessee)		> Registry of Deeds
d. Original Certified true xerox Copy of Title of Lot & Deed of Donation		> Registry of Deeds
e. Original Certified true xerox Copy of Title of Lot & Special Power of Attorney (if applicant is the Attorney-In-Fact)		> Registry of Deeds
f. Original Copy of Notice of Award/Certification/ technical description of the lot from NHA		> National Housing Authority
3. Barangay Clearance (For Building Permit/ Building Construction ) (1 Original)		> Concerned barangay
4. Lot Plan, duly signed and sealed by Geodetic Engineer (5 blueprint copies)		> Geodetic Engineer
5. Latest Community Tax Certificate (Cedula ) (1 photocopy)		> Concerned barangay/ City Treasury Office
6. Tax Declaration (1 Photocopy)		> City Assessor's Office
7. Latest Tax Receipt (1 Photocopy)		> City Treasury Office
8. Sketch Plan of proposed house plan, duly signed and sealed by licensed architect/Civil Engineer (3 sets)		> Licensed Architect/Civil Engineer
9. Bill of Materials and Technical Specifications, duly signed and sealed by licensed Architect/Civil Engineer (3 sets)		> Licensed Architect/Civil Engineer
10. PRC ID and PTR of designated Engineer		> Professional Regulation Commission

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements and required clearances and get the claim stub.	1. Assess all the requirements and issue claim stub.	None	20 minutes	

	1.1. Conduct technical evaluation of documents. Conduct site inspection and prepare inspection report.	None	1 day	ARMANDO DIOLOLA - ENGINEERING ASSISTANT  ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION
	1.2. Consolidate and do final review of the inspection report technical evaluation.			ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION
	1.3. Recommend the application for Approval, Denial or Correction.			ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION
	1.4. Prepare regulatory fees and order of payment.			ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION
2. Return to the Office of City Building Official to receive Notice of Approval, Denial or Correction. Secure Order of Payment.	2. Issue order of payment/ notice of correction or notice of denial.	None	20 minutes	ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION
3. Pay required fees at City Treasury Office.	3. Receive payment and issue Official Receipt.	Building Permit fees (PD 1096)		Cashier, City Treasury Office
4. Return to Office of the City Building Official. Present the Original copy and photocopy of the Official Receipt.	4.1 Record and assign Permit Number in the logbook.	None	5 minutes	MARYLYN V. PARSON - ADMIN ASSISTANT / RELEASING DIVISION
	4.2 Prepare the Building Permit.	None	5 minutes	Arch. Pavel D. Halog City Building Official
	4.3 Approve and sign the Building Permit.	None	5 minutes	
5. Receive the approved Building Permit.	5. Release the document.	None	5 minutes	MARYLYN V. PARSON - ADMIN ASSISTANT / RELEASING DIVISION
	<b>TOTAL:</b>	<b>Building Permit fees (PD 1096)</b>	<b>1 day and 1 hour</b>	

Note:

**3. Fees are based on the Revised Implementing Rules and Regulations (IRR) of Presidential Decree No. 1096, National Building Code of the Philippines (NBCP BUILDING PERMIT (FLOOR AREA: 20 SQM AND BELOW)**

Building Permit (simple) is issued to all applicants who intend to construct a structure with floor area of 20 square meters and below. All applications are subject for inspection and evaluation prior to the payment of permit fees and release of the approved permit.

<b>Office or Division:</b>	Office of the City Building Official				
<b>Classification:</b>	Simple				
<b>Type of Transaction:</b>	G2C (Government to Citizen)				
<b>Who may avail:</b>	Any person or company who intends to construct a structure with an area of 20 sqm and below whether extension, additional, renovation or alteration in the existing structure.				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
1. Location & Zoning Clearance and Official Receipt (1 Photocopy)			> City Planning & Development Office		
2. Proof of Ownership, any of the following: (1 Original, 1 Photocopy)					
a. Original Certified true xerox Copy of Title of Lot (if applicant is the registered Owner)			> Registry of Deeds		
b. Original Certified true xerox Copy of Title of Lot & Deed of Absolute Sale (if applicant is the absolute buyer)			> Registry of Deeds		
c. Original Certified true xerox Copy of Title of Lot & Lease of Contract (if applicant is lessee)			> Registry of Deeds		
d. Original Certified true xerox Copy of Title of Lot & Deed of Donation			> Registry of Deeds		
e. Original Certified true xerox Copy of Title of Lot & Special Power of Attorney (if applicant is the Attorney-In-Fact)			> Registry of Deeds		
f. Original Copy of Notice of Award/Certification/ technical description of the lot from NHA			> National Housing Authority		
3. Barangay Clearance (For Building Permit/ Building Construction ) (1 Original)			> Concerned barangay		
4. Lot Plan, duly signed and sealed by Geodetic Engineer (5 blueprint copies)			> Geodetic Engineer		
5. Latest Community Tax Certificate (Cedula ) (1 photocopy)			> Concerned barangay/ City Treasury Office		
6. Tax Declaration (1 Photocopy)			> City Assessor's Office		
7. Latest Tax Receipt (1 Photocopy)			> City Treasury Office		
8. Sketch Plan of proposed house plan, duly signed and sealed by licensed architect/Civil Engineer (3 sets)			> Licensed Architect/Civil Engineer		
9. Bill of Materials and Technical Specifications, duly signed and sealed by licensed Architect/Civil Engineer (3 sets)			> Licensed Architect/Civil Engineer		
10. PRC ID and PTR of designated Engineer			> Professional Regulation Commission		
<b>CLIENT STEPS</b>		<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements and required clearances and get the claim stub.		1. Assess all the requirements and issue claim stub.	None	20 minutes	

	<p>1.1. Conduct technical evaluation of documents. Conduct site inspection and prepare inspection report.</p> <p>1.2. Consolidate and do final review of the inspection report technical evaluation.</p> <p>1.3. Recommend the application for Approval, Denial or Correction.</p> <p>1.4. Prepare regulatory fees and order of payment.</p>	None	1 day	<p><b>ARMANDO DIOLOLA - ENGINEERING ASSISTANT</b></p> <p><b>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION</b></p> <p><b>ASSESSMENT AND EVALUATION DIVISION</b></p> <p><b>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION</b></p> <p><b>ASSESSMENT AND EVALUATION DIVISION</b></p> <p><b>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION</b></p> <p><b>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION</b></p> <p><b>ASSESSMENT AND EVALUATION DIVISION</b></p>
2. Return to the Office of City Building Official to receive Notice of Approval, Denial or Correction. Secure Order of Payment.	2. Issue order of payment/ notice of correction or notice of denial.	None	20 minutes	<b>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION</b>
3. Pay required fees at City Treasury Office.	3. Receive payment and issue Official Receipt.	Building Permit fees (PD 1096)		<b>Cashier, City Treasury Office</b>
4. Return to Office of the City Building Official. Present the Original copy and photocopy of the Official Receipt.	4.1 Record and assign Permit Number in the logbook.	None	5 minutes	<b>MARYLYN V. PARSON - ADMIN ASSISTANT / RELEASING DIVISION</b>
	4.2 Prepare the Building Permit.	None	5 minutes	<b>Arch. Pavel D. Halog City Building Official</b>
	4.3 Approve and sign the Building Permit.	None	5 minutes	
5. Receive the approved Building Permit.	5. Release the document.	None	5 minutes 396	<b>MARYLYN V. PARSON - ADMIN ASSISTANT / RELEASING DIVISION</b>

	<b>TOTAL :</b>	<b>Buildin g Permit fees (PD 1096)</b>	<b>1 day and 1 hour</b>	
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**Note:**

Fees are based on the Revised Implementing Rules and Regulations (IRR) of Presidential Decree No. 1096, National Building Code of the Philippines (NBC)



### 3.FENCING PERMIT

Fencing Permit is issued to any property owner who will construct perimeter fence to secure his/her property located within the boundary of the City of San Jose del Monte.

<b>Office or Division:</b>	Office of the City Building Official
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C (Government to Citizen)
<b>Who may avail:</b>	Any person or company who intends to construct perimeter fence to secure his/her property in the City

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>1. Proof of Ownership, any of the following: (1 original, 1 Photocopy)</p> <p>a.Original Certified true Xerox Copy of Title of Lot (if applicant is the registered Owner)</p> <p>b.Original Certified true Xerox Copy of Title of Lot &amp; Deed of Absolute Sale (if applicant is the absolute buyer)</p> <p>c.Original Certified true Xerox Copy of Title of Lot &amp; Lease of Contract (if applicant is lessee)</p> <p>d.Original Certified true Xerox Copy of Title of Lot &amp; Deed of Donation</p> <p>e.Original Certified true Xerox Copy of Title of Lot &amp; Special Power of Attorney (if the applicant is the Attorney-In-Fact)</p> <p>f.Original Copy of Notice of Award/Certification/ technical description of the lot from NHA</p> <p>2. Barangay Clearance (for fencing/extension permit) (1 original)</p> <p>3. Lot Plan, signed and sealed by the Geodetic Engineer (5 blueprint copies)</p> <p>4. Latest Community Tax Certificate (Cedula ) (1 photocopy)</p> <p>5. Tax Declaration (1 Photocopy)</p> <p>6. Latest Tax Receipt (1 Photocopy)</p> <p>7. Complete Plan of Perimeter Fence, signed &amp; sealed by Licensed Architect/Civil Engineer (3 sets)</p> <p>8. Bill of Materials and Technical Specifications, signed &amp; sealed by Licensed Architect/Civil Engineer (3 sets)</p> <p>9. PRC ID and PTR of designated Engineer (1 clear Photocopy)</p> <p>10. Fully accomplished Fencing Permit Form, signed &amp; sealed by designated Architect/Civil Engineer (1 set)</p>	<p>&gt; Registry of Deeds</p> <p>&gt; National Housing Authority</p> <p>&gt; Concerned barangay</p> <p>&gt; Geodetic Engineer</p> <p>&gt; Concerned barangay/ City Treasury Office</p> <p>&gt; City Assessor's Office</p> <p>&gt; City Treasury Office</p> <p>&gt; Licensed Architect/Civil Engineer</p> <p>&gt; Licensed Architect/Civil Engineer</p> <p>&gt; Designated Engineer</p> <p>&gt; Designated Architect/Civil Engineer</p>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the requirements and required clearances and get the claim stub.	1. Assess all the requirements and issue claim stub.	None	10 minutes	ARMANDO DIOLOLA - ENGINEERING ASSISTANT

	1.1. Conduct technical evaluation of documents. Conduct site inspection and prepare inspection report.	None	1 day	<i>ENGR. ANTONIO POLICARPIO - EVALUATION ASSESSMENT AND EVALUATION</i>
	1.2. Consolidate and do final review of the inspection report technical evaluation.			<i>ENGR. ANTONIO POLICARPIO - EVALUATION ASSESSMENT AND EVALUATION</i>
	1.3. Recommend the application for Approval, Denial or Correction.			<i>ENGR. ANTONIO POLICARPIO - EVALUATION ASSESSMENT AND EVALUATION</i>
	1.4. Prepare the regulatory fees and order of payment.			<i>ENGR. ANTONIO POLICARPIO - EVALUATION ASSESSMENT AND EVALUATION</i>
2. Return to the Office of City Building Official to receive Notice of Approval, Denial or Correction. Secure Order of Payment.	2. Issue order of payment/notice of correction or notice of denial.	None	20 minutes	<i>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION</i>
3. Pay required fees at City Treasury Office.	3. Receive payment and issue Official Receipt.	Fencing Permit fees (PD 1096 )		<i>Cashier, City Treasury Office</i>
4. Return to the Office of the City Building Official. Present the Original copy and photocopy of the Official Receipt.	4.1 Record and assign Permit Number in the logbook.	None	5 minutes	<i>MARILYN V. PARSON - ADMIN ASSISTANT I RELEASING DIVISION</i>
	4.2 Prepare the Fencing Permit.	None	5 minutes	
	4.3 Approve and sign the Fencing Permit.	None	5 minutes	<i>Arch. Pavel D. Halog - City Building Official</i>
5. Receive the approved Fencing Permit.	5. Release the document.	None	5 minutes	<i>MARILYN V. PARSON - ADMIN ASSISTANT I RELEASING DIVISION</i>
	<b>TOTAL:</b>	<b>Fencing Permit fees (PD 1096)</b>	<b>1 days 50 minutes</b>	

**Note:**

Fees are based on the Revised Implementing Rules and Regulations (IRR) of Presidential Decree No. 1096, National Building Code of the Philippines (NBCP)



#### 4. CERTIFICATE OF OCCUPANCY

Certificate of Occupancy is issued upon completion of the building to ensure that the structure conforms to the safety standards prior to occupancy.

<b>Office or Division:</b>	Office of the City Building Official			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	Any person or company who was issued Building Permit in the City of San Jose del Monte may apply upon completion of the building prior to occupancy			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Approved Building Permit (1 Photocopy) 2. Fully accomplished Completion Form (1 set) 3. Fire Safety Inspection Certificate (1 Photocopy) 4. PRC ID and PTR of designated Engineer (1 clear Photocopy) 5. Construction Logbook, signed & sealed by Engineer In-charge in Construction (1 Original) 6. Approved Building Plan for verification purposes (1 set)			> Office of the City Building Official > Office of the City Building Official > Bureau of Fire Protection > Designated Engineer > Licensed Engineer-in-charge of Construction > Office of the City Building Official	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements and required clearances and get the claim stub.	1. Assess all the requirements and issue claim stub.	None	10 minutes	<b>ARMANDO DIOLOLA - ENGINEERING ASSISTANT</b> Office of the City Building Official
	1.1. Conduct technical evaluation of documents. Conduct site inspection and prepare inspection report.		1 day	<b>ENGR. ANTONIO POLICARPIO - DIVISION H EVALUATION</b> ASSESSMENT AND EVALUATION DIVISION
	1.2. Consolidate and do final review of the inspection report technical evaluation.			<b>ENGR. ANTONIO POLICARPIO - DIVISION H EVALUATION</b> ASSESSMENT AND EVALUATION DIVISION
	1.3. Recommend the application for Approval, Denial or Correction.			<b>ENGR. ANTONIO POLICARPIO - DIVISION H EVALUATION</b> ASSESSMENT AND EVALUATION DIVISION
	1.4. Prepare regulatory fees and order of payment.			<b>ENGR. ANTONIO POLICARPIO - DIVISION H EVALUATION</b> ASSESSMENT AND EVALUATION DIVISION

2. Return to the Office of City Building Official to receive Notice of Approval, Denial or Correction. Secure Order of Payment.	2. Issue order of payment/ notice of correction or notice of denial.	None	20 minutes	<i>ENGR. ANTONIO POLICARPIO - DIVISION HEAD FOR ASSESSMENT AND EVALUATION ASSESSMENT AND EVALUATION DIVISION Office of the City Building Official</i>
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3. Pay required fees at City Treasury Office.	3. Receive payment and issue Official Receipt.	Occupancy Permit fees (PD 1096)		<i>Cashier, City Treasury Office</i>
4. Return to the Office of the City Building Official. Present the Original copy and photocopy of the Official Receipt.	4. Record and assign Permit Number in the logbook.	None	5 minutes	<i>MARILYN V. PARSON - ADMIN ASSISTANT I RELEASING DIVISION</i>
	4.1. Prepare the Certificate of Occupancy.	None	5 minutes	
	4.2. Approve and sign the Certificate of Occupancy.	None	5 minutes	<i>Arch. Pavel D. Halog - City Building Official</i>
5. Receive the approved Certificate of Occupancy.	5. Release the document.	None	3 minutes	<i>MARILYN V. PARSON - ADMIN ASSISTANT I RELEASING DIVISION</i>
	<b>TOTAL:</b>	<b>Occupancy Permit fees (PD 1096)</b>	<b>1 day 50 minutes</b>	

**Note:**

Fees are based on the Revised Implementing Rules and Regulations (IRR) of Presidential Decree No. 1096, National Building Code of the Philippines (NBC)

## 5.WIRING PERMIT AND CERTIFICATE OF FINAL ELECTRICAL INSPECTION

Wiring Permit and Certificate of Final Electrical Inspection (CFEI) is issued to clients who are applying for MERALCO service connection. Applications for Wiring Permit and CFEI are subject for evaluation of technical requirements and site inspection.

<b>Office or Division:</b>	Office of the City Building Official
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C (Government to Citizen)
<b>Who may avail:</b>	Any person or company who owns a building in the City of San Jose del Monte and intend to apply for electrical and wiring permit
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Sketch of the location with landmarks (1 Original) 2. Pictures/photos of the following: (1 set each) a. Structure/Building/House, all sides (Exterior only) b. Wiring installation, panel board, feeder line and service entrance 3. Title of Lot (if applicant is the registered owner) (1 Original, 1 Photocopy) 4. Tax Declaration (1 Photocopy) 5. Tax Receipt (1 Photocopy) 6. Contract to Sell of Lot or Deed of Absolute Sale (1 Original, 1 Photocopy) 7. Notarized Contract of Lease (if applicant is lessee) (1 Original, 1 Photocopy) 8. Notarized Letter of Consent or Affidavit of Undertaking (if the applicant is not the lot owner) (1 Original) 9. Notice of Award/Certification (1 Original, 1 Photocopy) 10. Barangay Clearance/ Barangay Certification for MERALCO application purpose (1 Original) 11. Community Tax Certificate (Cedula) (1 Photocopy) 12. Notarized Authorization Letter/ Special Power of Attorney if Representative (1 Original) * Valid ID of Representative (1 Photocopy) 13. Duly accomplished Wiring Permit Application (1 set) * PRC ID and PTR of Professional Electrical Engineer, Registered Electrical Engineer, Registered Master Electrician (1 Photocopy) 14. Electrical Layout/ Load Schedule (List of Electrical Loads) (5 sets)	> Client > Client  > Registry of Deeds > City Assessor's Office > City Treasury Office > Notary Public/Law Office > Notary Public/Law Office > Notary Public/Law Office  > National Housing Authority > Concerned barangay  > Concerned barangay/City Treasury Office > Notary Public/Law Office  > BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-ibig > Office of the City Building Official  > Designated Engineer  > Designated Engineer  > Office of the City Building Official  > Professional Electrical Engineer  > Professional Electrical Engineer  > Professional Electrical Engineer
<b>** Additional Technical Requirements:</b> 1. Approved Building/ Occupancy Permit (1 Photocopy) 2. As built Electrical Plan, signed & sealed by Professional Electrical Engineer (5 sets) * Updated PRC ID and PTR of Professional Electrical Engineer (1 Photocopy) 3. Electrical Design Analysis (5 sets)	

<p>4. Voltage Drop Calculation (5 sets)</p> <p>5. Short Circuit Calculation (5 sets)</p> <p><b>* For Temporary Wiring Permit (for Construction purposes with Building Permit):</b></p> <p>1. Duly Accomplished Wiring Permit Application Form (1 set)</p> <p>* PRC ID and PTR of Professional Electrical Engineer, Registered Electrical Engineer, Registered Master Electrician (1 Photocopy)</p> <p>2. Electrical Layout/ Load Schedule (for temporary use) (5 sets)</p> <p>3. Sketch of Location with landmarks (1 Original)</p> <p>4. Valid ID of applicant (1 Photocopy)</p> <p>5. Pictures/photos of ongoing construction/temporary barracks (1 set)</p> <p>6. Notarized Authorization Letter/ Special Power of Attorney if Representative (1 Original)</p> <p>* Valid ID of Representative (1 Photocopy)</p> <p>7. Approved Building Permit and Electrical Permit (1 Photocopy back-to-back)</p> <p>8. Barangay Clearance/ Barangay Certification for MERALCO application purpose (1 Original)</p> <p>9. Community Tax Certificate (Cedula) (1 Photocopy)</p>				<ul style="list-style-type: none"> <li>&gt; Professional Electrical Engineer</li> <li>&gt; Professional Electrical Engineer</li> <li>&gt; Office of the City Building Official</li> <li>&gt; Designated Engineer</li> <li>&gt; Designated Engineer</li> <li>&gt; Client</li> <li>&gt; BIR, Post Office, DFA, PSA, SSS, GSIS, Pagibig</li> <li>&gt; Client</li> <li>&gt; Notary Public/Law Office</li> <li>&gt; BIR, Post Office, DFA, PSA, SSS, GSIS, Pagibig</li> <li>&gt; Office of the City Building Official</li> <li>&gt; Concerned barangay</li> <li>&gt; Concerned barangay/City Treasury Office</li> </ul>
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all requirements and required clearances and get the claim stub.	1. Assess all requirements and issue claim stub.	None	10 minutes	
	1.1. Conduct technical evaluation of the documents. Conduct site inspection and prepare inspection report. 1.2. Consolidate and do final review of the inspection report technical evaluation. 1.3. Recommend the application for Approval, Denial or Correction. 1.4. Prepare the regulatory fees and order of payment.	None	1 day	ENGR. JOSE G. PUNSALANG JR. - ELECTRICAL DIVISION HEAD

2. Return to the Office of City Building Official to receive Notice of Approval, Denial or Correction. Secure Order of Payment.	2. Issue order of payment/ notice of correction or notice of denial.	None	20 minutes	<i>ENGR. JOSE G. PUNSALANG JR. - ELECTRICAL DIVISION HEAD</i>
3. Pay required fees at City Treasury Office.	3. Receive payment and issue Official Receipt.	Wiring Permit & CFEI fees (PD 1096)	3 minutes	<i>Cashier, City Treasury Office</i>
4. Return to the Office of the City Building Official Present the Original copy and photocopy of the Official Receipt.	4. Record and assign Permit Number in the logbook.	None	4 minutes	<i>ENGR. JOSE G. PUNSALANG JR. - ELECTRICAL DIVISION HEAD</i>
	4.1. Prepare the Wiring Permit and CFEI.	None	5 minutes	
	4.2. Approve and sign the Wiring Permit and CFEI.	None	5 minutes	<i>Arch. Pavel D. Halog - City Building Official</i>
5. Receive the approved Wiring Permit and CFEI.	5. Release the document.	None	3 minutes	<i>ENGR. JOSE G. PUNSALANG JR. - ELECTRICAL DIVISION HEAD ELECTRICAL DIVISION</i>
	<b>TOTAL:</b>	<b>Wiring Permit &amp; CFEI fees (PD 1096)</b>	<b>1 day 50 minutes – 3 days</b>	

**Note:**

Fees are based on the Revised Implementing Rules and Regulations (IRR) of Presidential Decree No. 1096, National Building Code of the Philippines (NBC)



## City Engineering Office

1. Program of Work for Horizontal Infrastructure Project	External Service
2. Program of Work for Vertical Infrastructure Project	External Service
3. Billing of Infrastructure Project	External Service
4. Inspection Report/Response to Letter	External Service



## 1. PROGRAM OF WORK FOR HORIZONTAL INFRASTRUCTURE

The preparation of Program of Work for Horizontal Infrastructure Project includes: design plan, layout and detailed cost estimate under infrastructure projects that are located within the boundary of the City of SJDM.

<b>Office or Division:</b>	City Engineering Office			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2G (Government to Government)			
<b>Who may avail:</b>	General Public			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Letter request or communication letter addressed to the City Engineer (1 Original, 1 Photocopy)			> Requesting Client	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE S TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the letter request or communication letter.	1. Receive/ log the letter request or communication letter.	None	2 minutes	<p><i>Mary Jen H. Laminosa Administrative Aide IV (Administrative Division)</i></p> <p>City Engineering Office</p>
2. Receive notice about schedule of site inspection and date of release of Program of Work.	2.1. Evaluate/recommend necessary action and assign task to concerned staff.	None		<p><i>Engr. Rufino A. Gravador Jr. City Engineer</i></p> <p>City Engineering Office</p>
	2.2 Conduct Site inspection.	None	17 Days	<p><i>Engr. Dennis O. Abela Engineer III</i></p> <p><i>Engr. Ronaldo T. Natividad Engineer II</i></p> <p><i>Engr. Katherine Ann R. Gemao Engineer II</i></p> <p><i>Engr. Eduardo J. Apuang Engineer II</i></p> <p><i>Arch. Reagan A. Gemao Architect II</i></p> <p><i>Engr. Wilfredo S. Mallare Engineer I</i></p> <p><i>Engr. Claire M. Garduce Engineer I</i></p> <p><i>Engr. Rezeil Jane P. Longakit Engineer I</i></p>

				<p><i>Engr. Renz Christian D. Casas Engineer I</i></p> <p><i>Engr. Ma. Eleonor Christine T. Valencia Engineer I</i></p> <p><i>Raffymelo L. Balmaceda Draftsman III</i></p> <p><i>(Planning &amp; Design Division/Construction &amp; Monitoring Division)</i></p> <p>City Engineering Office</p>
2.3. Prepare Program of Work: Design plans, layout and detailed cost estimates.	None			<p><i>Engr. Rufino A. Gravador, Jr. City Engineer</i></p> <p><i>Engr. Jerry C. Quirante Engineer III</i></p> <p><i>Engr. Dennis O. Abela Engineer III</i></p> <p><i>Engr. Ronaldo T. Natividad Engineer II</i></p> <p><i>Engr. Katherine Ann R. Gemaو Engineer II</i></p> <p><i>Engr. Eduardo J. Apuang Engineer II</i></p> <p><i>Arch. Reagan A. Gemaو Architect II</i></p> <p><i>Engr. Wilfredo S. Mallare Engineer I</i></p> <p><i>Engr. Claire M. Garduce Engineer I</i></p> <p><i>Engr. Rezeil Jane P. Longakit Engineer I</i></p> <p><i>Engr. Renz Christian D. Casas Engineer I</i></p> <p><i>Engr. Ma. Eleonor Christine T. Valencia Engineer I</i></p> <p><i>Raffymelo L. Balmaceda Draftsman III</i></p> <p><i>(Planning &amp; Design Division/Construction &amp; Monitoring Division)</i></p> <p>City Engineering Office</p>
3. Receive a copy of Program of Work.	3. Transmit the Program of work with design plan to the requesting party and forward to Local Chief Executive (LCE) together with the purchase request for screening and approval.	None	5 mins	<p><i>Reinier C. Cruz Administrative Officer I</i></p> <p><i>Jenalyn B. Taguinod Administrative Assistant IV</i></p> <p><i>Lenie J. Puhawan Administrative Assistant I</i></p> <p><i>Mary Jen H. Laminiza Administrative Aide IV</i></p>

				(Administrative Division) City Engineering Office
	<b>TOTAL:</b>	-	<b>17 days 7 minutes</b>	



## 2. PROGRAM OF WORK FOR VERTICAL INFRASTRUCTURE

The preparation of Program of Work for Vertical Infrastructure Project includes: design plan, layout and detailed cost estimate under infrastructure projects that are located within the boundary of the City of SJDM.

<b>Office or Division:</b>	City Engineering Office			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2G (Government to Government)			
<b>Who may avail:</b>	General Public			
<b>CHECKLIST OF REQUIREMENTS</b>				<b>WHERE TO SECURE</b>
1. Letter request or communication letter addressed to the City Engineer (1 Original, 1 Photocopy)				> Requesting Client
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the letter request or communication letter.	1. Receive/log the letter request or communication letter.	None	2 minutes	<i>Mary Jen H. Laminosa Administrative Aide IV (Administrative Division) City Engineering Office</i>
2. Receive notice about the schedule of site inspection and date of release of Program of Work.	2.1. Evaluate/recommend necessary action and assign task to concerned staff.	None	32 days	<i>Engr. Rufino A. Gravador Jr. City Engineer City Engineering Office</i>
	2.2 Conduct Site inspection.	None	1 day	<i>Engr. Dennis O. Abela Engineer III Engr. Ronaldo T. Natividad Engineer II Engr. Katherine Ann R. Gemao Engineer II Engr. Eduardo J. Apuang Engineer II Arch. Reagan A. Gemao Architect II Engr. Wilfredo S. Mallare Engineer I Engr. Claire M. Garduce Engineer I Engr. Rezel Jane P. Longakit Engineer I Engr. Renz Christian D. Casas Engineer I Engr. Ma. Eleonor Christine T. Valencia Engineer I Raffymelo L. Balmaceda Draftsman III (Planning &amp; Design Division/Construction &amp; Monitoring Division) City Engineering Office</i>

	2.3. Prepare Program of Work: Design plans, layout and detailed cost estimates.	30 days	<p><i>Engr. Rufino A. Gravador, Jr. City Engineer Engr. Jerry C. Quirante Engineer III Engr. Dennis O. Abela Engineer III Engr. Ronaldo T. Natividad Engineer II Engr. Katherine Ann R. Gemaio Engineer II Engr. Eduardo J. Apuang Engineer II Arch. Reagan A. Gemaio Architect II Engr. Wilfredo S. Mallare Engineer I Engr. Claire M. Garduce Engineer I Engr. Rezeil Jane P. Longakit Engineer I Engr. Renz Christian D. Casas Engineer I Engr. Ma. Eleonor Christine T. Valencia Engineer I Raffymelo L. Balmaceda Draftsman III (Planning &amp; Design Division/Construction &amp; Monitoring Division)</i></p> <p style="text-align: right;">City Engineering Office</p>
3. Receive a copy of Program of Work.	3. Transmit the Program of works with design plan to the requesting party and forward to Local Chief Executive (LCE) together with the purchase request for screening and approval.	5 mins	<p style="text-align: right;"><i>Reinier C. Cruz Administrative Officer I</i></p> <p style="text-align: right;"><i>Jenalyn B. Taguinod Administrative Assistant IV</i></p> <p style="text-align: right;"><i>Lenie J. Puhawan Administrative Assistant I</i></p> <p style="text-align: right;"><i>Mary Jen H. Laminoza Administrative Aide IV</i></p> <p style="text-align: right;"><i>(Administrative Division)</i></p> <p style="text-align: right;">City Engineering Office</p>

	<b>TOTAL:</b>	-	<b>32 days 7 minutes</b>	
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### 3. BILLING OF INFRASTRUCTURE PROJECT

Issuance of approval for Billing of Infrastructure Project based on the accomplishment and satisfactory completeness of the project that is located within the boundary of the City of SJDM.

<b>Office or Division:</b>	City Engineering Office			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B (Government to Business)			
<b>Who may avail:</b>	Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>				<b>WHERE TO SECURE</b>
1. Letter request for billing addressed to the City Engineer (1 Original, 1 Photocopy)				> Requesting Client
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the letter request for billing.	1. Receive/ log the letter request.	None	2 minutes	<i>Mary Jen H. Lamoza Administrative Aide IV (Administrative Division)</i>  City Engineering Office
2. Receive notice about schedule of site inspection	2.1 Evaluate/assign the task to the Project Inspectorate Team.	None		<i>Engr. Rufino A. Gravador Jr. City Engineer</i>  City Engineering Office
	2.2 Conduct Site inspection for project status verification.	None	8 days	<i>Engr. Dennis O. Abela Engineer III</i>  <i>Engr. Ronaldo T. Natividad Engineer II</i>  <i>Engr. Katherine Ann R. Gema Engineer II</i>  <i>Engr. Eduardo J. Apuang Engineer II</i>  <i>Arch. Reagan A. Gema Architect II</i>  <i>Engr. Wilfredo S. Mallare Engineer I</i>  <i>Engr. Claire M. Garduce Engineer I</i>  <i>Engr. Rezel Jane P. Longakit Engineer I</i>  <i>Engr. Renz Christian D. Casas</i>

				<p><i>Engineer I</i></p> <p><i>Engr. Ma. Eleonor Christine T. Valencia Engineer I</i></p> <p><i>Raffymelo L. Balmaceda Draftsman III</i></p> <p><i>(Planning &amp; Design Division/Construction &amp; Monitoring Division)</i></p> <p>City Engineering Office</p>
	<p>2.3. Evaluate the Statement of Account (SWA) for approval/ prepare project punch list if disapproved.</p>	None		<p><i>Engr. Rufino A. Gravador, Jr. City Engineer</i></p> <p><i>Engr. Jerry C. Quirante Engineer III</i></p> <p><i>Engr. Dennis O. Abela Engineer III</i></p> <p><i>Engr. Ronaldo T. Natividad Engineer II</i></p> <p><i>Engr. Katherine Ann R. Gemao Engineer II</i></p> <p><i>Engr. Eduardo J. Apuang Engineer II</i></p> <p><i>Arch. Reagan A. Gemao Architect II</i></p> <p><i>Engr. Wilfredo S. Mallare Engineer I</i></p> <p><i>Engr. Claire M. Garduce Engineer I</i></p> <p><i>Engr. Rezeil Jane P. Longakit Engineer I</i></p> <p><i>Engr. Renz Christian D. Casas Engineer I</i></p> <p><i>Engr. Ma. Eleonor Christine T. Valencia Engineer I</i></p> <p><i>Raffymelo L. Balmaceda Draftsman III</i></p> <p><i>(Planning &amp; Design</i></p>

				<i>Division/Construction &amp; Monitoring Division)</i>  City Engineering Office
3. Receive notice of approval/ Project Punch list if disapproved.	3. Transmit the billing documents to Local Chief Executive (LCE) for screening and approval / Project Punch list to the contractor if disapproved.	None	5 mins	<i>Reinier C. Cruz Administrative Officer I</i>  <i>Jenalyn B. Taguinod Administrative Assistant IV</i>  <i>Lenie J. Puhawan Administrative Assistant I</i>  <i>Mary Jen H. Lamoza Administrative Aide IV</i>  (Administrative Division)  City Engineering Office
	<b>TOTAL:</b>	-	<b>8 days 7 minutes</b>	



#### 4. INSPECTION REPORT/ RESPONSE TO LETTER

The preparation of Inspection Report or Response to the request letter will be given to the concerned office or person after the conduct of site inspection.

<b>Office or Division:</b>	City Engineering Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C (Government to Citizen)/ G2G (Government to Government)			
<b>Who may avail:</b>	General Public			
<b>CHECKLIST OF REQUIREMENTS</b>				<b>WHERE TO SECURE</b>
1. Letter request or communication letter addressed to the City Engineer (1 Original, 1 Photocopy)				> Requesting Client
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the letter request or communication letter.	1. Receive/ log the letter request or communication letter.	None	2 minutes	<i>Mary Jen H. Laminosa Administrative Aide IV (Administrative Division) City Engineering Office</i>
2. Receive notice about schedule of site inspection.	2.1 Evaluate/recommend necessary action and assign task to concerned staff..	None		<i>Engr. Rufino A. Gravador Jr. City Engineer City Engineering Office</i>
3. Receive the Inspection Report or Response Letter.	3. Receive the Inspection Report or Response Letter.	None	5 days	<i>Engr. Dennis O. Abela Engineer III Engr. Ronaldo T. Natividad Engineer II Engr. Katherine Ann R. Gemao Engineer II Engr. Eduardo J. Apuang Engineer II Arch. Reagan A. Gemao Architect II Engr. Wilfredo S. Mallare Engineer I Engr. Claire M. Garduce Engineer I Engr. Rezeil Jane P. Longakit</i>

			<i>Engineer I</i>  <i>Engr. Renz Christian D.</i> <i>Casas</i> <i>Engineer I</i>  <i>Engr. Ma. Eleonor</i> <i>Christine T. Valencia</i> <i>Engineer I</i>  <i>Raffymelo L. Balmaceda</i> <i>Draftsman III</i>  <i>Engr. Rufino A. Gravador,</i> <i>Jr.</i> <i>City Engineer</i>  <i>Engr. Jerry C. Quirante</i> <i>Engineer III</i>  <i>Engr. Dennis O. Abela</i> <i>Engineer III</i>  <i>Engr. Ronaldo T. Natividad</i> <i>Engineer II</i>  <i>Engr. Katherine Ann R.</i> <i>Gemao</i> <i>Engineer II</i>  <i>Engr. Eduardo J. Apuang</i> <i>Engineer II</i>  <i>Arch. Reagan A. Gemao</i> <i>Architect II</i>  <i>Engr. Wilfredo S. Mallare</i> <i>Engineer I</i>  <i>Engr. Claire M. Garduce</i> <i>Engineer I</i>  <i>Engr. Rezeil Jane P.</i> <i>Longakit</i> <i>Engineer I</i>  <i>Engr. Renz Christian D.</i> <i>Casas</i> <i>Engineer I</i>  <i>Engr. Ma. Eleonor</i> <i>Christine T. Valencia</i> <i>Engineer I</i>  <i>Raffymelo L. Balmaceda</i> <i>Draftsman III</i>  <i>(Planning &amp; Design</i>
		NONE	

				<i>Division/Construction &amp; Monitoring Division)</i>  City Engineering Office
3. Receive the Inspection Report or Response Letter.	3. Transmit the Inspection Report/ Response Letter to the concerned office/person.	None	5 mins	<i>Reinier C. Cruz Administrative Officer I</i>  <i>Jenalyn B. Taguinod Administrative Assistant IV</i>  <i>Lenie J. Puhawan Administrative Assistant I</i>  <i>Mary Jen H. Laminosa Administrative Aide IV</i>  <i>(Administrative Division)</i>  City Engineering Office
	<b>TOTAL:</b>	-	<b>5 days 7 minutes</b>	

## Motorpool Division

1. Repair and Maintenance of Government Vehicle	Internal Service
2. Request for Use of Government Vehicle	Internal Service



## 1. REPAIR AND MAINTENANCE OF GOVERNMENT VEHICLE

This is done for Major repair, Minor repair and Preventive maintenance of all government service vehicles.

<b>Office or Division:</b>	Motorpool Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who may avail:</b>	City officials and employees issued with government vehicles			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Government vehicle (to be physically brought to Motorpool)			> Concerned city official and employees	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Bring the service vehicle to the working area of Motorpool Division.	1. Receive the vehicle and record initial evaluation.	None	5 minutes	<i>Mechanic III-Benjamin Calleja, Mechanic I-Arlene Baking, Helper Mechanic-Placido Gonzales Motorpool Division</i>
2. Consult with the mechanic on duty for vehicle assessment.	2.1 If subject for repair, prepare Job Order for troubleshooting and/or repair.	None	10 minutes	<i>Mechanic III-Benjamin Calleja, Mechanic I-Arlene Baking, Helper Mechanic (SJO)-Placido Gonzales Helper Mechanic(JO)-Nico San Felipe, Helper Mechanic (JO)-Roberto Servañez Warehouseman II-Enrico Refugio, Supply Officer I-Virgilio Morauda, Jr., Engr. IV/Head-Engr. Rogelio Viaje, Jr., Motorpool Division</i>
3. Wait for notification if vehicle is in good running condition.	3.1 Fix the vehicle if minor repair is needed.	None	3 hours	<i>Mechanic I/Electrician-Arlene Baking Helper Mechanic (JO)-Rommel Cubo Motorpool Division</i>
	3.2 If sparepart is needed, prepare spare parts withdrawal slip of the item for processing.	None	5 minutes	<i>Supply Officer I-Virgilio Morauda, Jr. Warehouseman II-Enrico Refugio, Warehouseman (JO)-Norman Credo Motorpool Division</i>

3.3 If sparepart is not available, prepare PR or Petty Cash. Wait for the availability of the spare part.	None	5 minutes	<i>Encoder (JO)- Maureen Diaz, Engr. IV/Head-Engr. Rogelio Viaje, Jr., Motorpool Division</i>
<b>TOTAL:</b>	<b>0.00</b>	<b>3 hours 25 minutes</b>	



## 2. REQUEST FOR USE OF GOVERNMENT VEHICLE

This process involves scheduling all requests for use of government vehicle for official business.

<b>Office or Division:</b>	Motorpool Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who may avail:</b>	Authorized city officials and employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request Letter approved by City Mayor and /or City Administrator (1 Original, 1 Photocopy)	> Requesting Official or Employee			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit request letter indicating date, time and place/venue.	1. Receive and check details of request and submit to head of office for approval or disapproval.	None	5 minutes	<i>Admin Aide VI-Hadaza Miralpes, Engr. IV/Head-Engr.Rogelio G. Viaje, Jr, Motorpool Division</i>
2. Wait for the notification if request is approved or disapproved.	2. If approved, record the request and check availability of vehicle and assigned driver.	None	15 minutes	<i>Admin Aide VI-Hadaza Miralpes, Engr. IV/Head-Engr.Rogelio G. Viaje, Jr, Motorpool Division</i>
3. Issuance of Gas and Diesel  Filled up the Trip Ticket, indicates name of Requesting Office/Employee, Number of Passenger, Purpose and Destination  For travel outside the City, be sure that the Approved travel order should be attached presented upon request (Approved by Admin of Mayor's Office)	3.1 Check Trip Ticket if all the information is completely prepared  3.2 Check the Travel hereto	None  None	11 minutes  2-5 minutes	<i>Admin Aide II, Hajji Gonzales Encoder (JO)-Maria Reyes, Encoder (JO)-Cherelyn Perandos Motorpool Division  Admin Aide II, Hajji Gonzales Encoder (JO)-Maria Reyes, Encoder (JO)-Cherelyn Perandos Motorpool Division</i>
Present to the window and wait for the approved Gasoline/ Diesel Allocation (Liters)  Be sure that the plate	3.3 Received and encode for Approval	None  None	2-3 minutes  3-5 minutes	<i>Admin Aide II, Hajji Gonzales Encoder (JO)-Maria Reyes, Encoder (JO)-Cherelyn Perandos Motorpool Division  Admin Aide II, Hajji Gonzales Encoder (JO)-Maria Reyes, Encoder (JO)-Cherelyn Perandos Motorpool Division</i>

<p>Number of the Vehicle is indicated, and the Signature over printed name of the Driver is complete</p> <p>Proceed to Gasoline Station and present the Trip Ticket to the cashier-in-charge</p> <p>3.4 Release</p>		None		<i>Perandos</i> Motorpool Division
<b>TOTAL:</b>	<b>0.00</b>	<b>25 minutes</b>		

## City Cooperative Development Office – Economic section

1. Reservation for the Use of Sheltered Facilities (Inter-Office)	Internal Service
2. Cemetery Services	External Service



## 1. Reservation for Use of Sheltered Facilities

This service is given to all clients who wish to use the City Government-owned sheltered facilities as the venue for their events.

OFFICE OR DIVISION:	CITY COOPERATIVE DEVELOPMENT OFFICE – ECONOMIC ENTERPRISE MANAGEMENT DIVISION
CLASSIFICATION:	SIMPLE
TYPE OF TRANSACTION:	G2G (GOVERNMENT TO GOVERNMENT) / G2B (GOVERNMENT TO BUSINESS) / G2C (GOVERNMENT TO CITIZEN)
WHO MAY AVAIL:	ALL LOCAL AND NATIONAL GOVERNMENT OFFICES/ALL CITIZENS AND BUSINESS ENTITIES
CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE
1. Reservation Form (1 Original)  2. Request Letter (1 Original)* <i>*Optional</i>	> City Cooperative Development Office - Economic Enterprise Management Office  > Requester

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire about the availability of the venue on the date requested to the City Cooperative Development Office – Economic Enterprise Management Division (CCDO-EEMD). The client must provide the exact time of the event, including preparation (ingress) and clean-up (egress). The client must also provide the type and title of activity they will be conducting as well as the number participants. Note that the number of participants must include the organizers of the event.	1.1 Check the availability of the venue requested. The office will take into consideration the number of participants in order to fully utilize the use of facilities.	NONE	5 MINUTES	Nia Mae B. Zaballa-Tourism Operations Assistant, Mariane Charise E. Francisco, Clerk-JO, CCDO-EEMD <i>*Staff may vary</i>
	1.2 Upon confirmation of the availability of the venue, give 2 copies of the application form to the client.	NONE	2 MINUTES	Nia Mae B. Zaballa-Tourism Operations Assistant, Mariane Charise E. Francisco, Clerk-JO, CCDO-EEMD <i>*Staff may vary</i>



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Fill up 2 copies of application form for Reservation Request. Make sure to fill up the Terms of Use included in the form. Afterwards, return the accomplished form to the staff.	2.1 Receive the application form and inform the client of the Rules and Regulations regarding the use of the facility. Then, prepare the Order of Payment.	NONE	20 MINUTES	Nia Mae B. Zaballa-Tourism Operations Assistant, Mariane Charise E. Francisco, Clerk-JO, CCDO-EEMD *Staff may vary
	2.2 Verify the assessed fees vis-à-vis the submitted documents and double check for any overlapping of schedules before endorsing the approval of the Department Head.	Refer to table of fees	5 MINUTES	Veronica A. Jongco - Development Management Officer III, CCDO-EEMD
	2.3 Approval of the Order of Payment	NONE	7 MINUTES	Leonila C. Daza - Department Head, CCDO-EEMD
3. Pay the necessary fees to the City Treasurer's Office and upon payment, present the official receipt to the CCDO-EEMD staff.	3.1 Record the OR No. receipt and prepare the gate pass for approval.	NONE	2 MINUTES	Nia Mae B. Zaballa-Tourism Operations Assistant, Mariane Charise E. Francisco, Clerk-JO, CCDO-EEMD *Staff may vary
	3.2 Double check if the collected fees is the same as the assessed fees and completeness of information before endorsing for the approval of the Department Head.	NONE	2 MINUTES	Veronica A. Jongco - Development Management Officer III, CCDO-EEMD
	3.3 Approval of the gate pass.	NONE	5 MINUTES	Leonila C. Daza - Department Head, CCDO-EEMD

4. Receive the gate pass and present it to the Property Management Office before the scheduled event for the coordination of the venue as well as other logistical requirements.	4. Release the approved application form which includes gate pass and signed Terms of Use.	NONE	3 MINUTES	<i>Nia Mae B. Zaballa-Tourism Operations Assistant, Mariane Charise E. Francisco, Clerk-JO, CCDO-EEMD *Staff may vary</i>
<b>Total:</b>		<b>Refer to table of fees</b>	<b>51 MINUTES</b>	

**Table of Fees: (based on City Ordinance No. C-011 or the Revised Revenue Code of CSJDM 2012)**

Details of Use (Per Hour Basis)	Eco Park Multi-Purpose Hall	Activity Center	Covered Court	Sports Complex	Convention Center	Sports Oval
<b>Day</b> (Without Air Conditioning)	PhP 100.00	PhP 100.00	PhP 150.00	PhP 250.00	PhP 175.00	PhP 100.00
<b>Day</b> (With Air Conditioning)	PhP 600.00	PhP 600.00	PhP 3,500.00	PhP 5,900.00	PhP 4,500.00	
<b>Night</b> (Without Air Conditioning)	PhP 250.00	PhP 250.00	PhP 350.00	PhP 450.00	PhP 400.00	PhP 250.00
<b>Night</b> (With Air Conditioning)	PhP 800.00	PhP 800.00	PhP 3,600.00	PhP 6,500.00	PhP 5,000.00	



## 2. Cemetery Services

This service is administered to all clients in need of cemetery services. This includes interment, exhumation, renewal and claiming of human remains.

OFFICE OR DIVISION:	CITY COOPERATIVE DEVELOPMENT OFFICE – ECONOMIC ENTERPRISE MANAGEMENT DIVISION
CLASSIFICATION:	SIMPLE
TYPE OF TRANSACTION:	G2C (GOVERNMENT TO CITIZEN)
WHO MAY AVAIL:	ALL CITIZENS

CHECKLIST OF REQUIREMENTS:	WHERE TO SECURE
<ol style="list-style-type: none"><li>1. Application Form (1 Original)</li><li>2. Duly Registered Death Certificate (1 Photocopy)</li></ol> <p>A. For Burial/Interment</p> <ol style="list-style-type: none"><li>1. Burial Permit/Re-burial Permit for bone interment (1 Photocopy)</li><li>2. Transfer Permit (1 Photocopy)</li></ol> <p>- Requirements for residents*</p> <ol style="list-style-type: none"><li>1. Certificate of Residency of the deceased indicating years of residency duly signed by Punong Barangay concerned (1 Original Copy)</li><li>2. 2 Valid IDS of the deceased with address within the City of San Jose del Monte (1 Photocopy of 2 valid IDS back-to back, bring original copy for verification)</li></ol> <p>- Additional requirements for residents availing discount*</p> <ol style="list-style-type: none"><li>1. Certificate of Indigency of the deceased (1 Original copy)</li><li>2. PWD ID of the deceased (1 Photocopy, bring original ID for verification)</li></ol> <p>540 Senior Citizen ID of the deceased/Birth Certificate/any valid ID with date of Birth (1 Photocopy, bring original ID for verification)</p> <ol style="list-style-type: none"><li>4. Certificate of Employment for those employed by the City Government of San Jose del Monte (1 Original copy)</li></ol>	<ul style="list-style-type: none"><li>➤ City Cooperative Development Office - Economic Enterprise Management Office</li><li>➤ Philippine Statistics Authority or Municipal/City Civil Registry Office of the place of death</li><li>➤ City Civil Registry Office (<i>for those whose death occurred within this City</i>) or City Health Office (<i>for those whose death occurred outside this city</i>)</li><li>➤ City/Municipal Health Office of the place of death (<i>for those whose death occurred outside this city</i>)</li><li>➤ Barangay within the City of San Jose del Monte</li><li>➤ Barangay within the City of San Jose del Monte</li><li>➤ City Human Resource Management Office</li></ul>

\*Optional

CHECKLIST OF REQUIREMENTS:		WHERE TO SECURE		
B. For Exhumation/Transfer 1. Exhumation Permit (1 Original Copy) 2. Transfer Permit – For those who will be transferred outside this city  <b>- To be presented at Citrus Public Cemetery Field Office</b> 1. Approved Application Form (1 Original copy)  2. Burial Clearance – For interment services (1 Original copy)		➤ City Health Office ➤ City Health Office  ➤ City Cooperative Development Office - Economic Enterprise Management Office ➤ Barangay Citrus		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the required documents for assessment.	1. Receive the required documents and check for authenticity. Upon checking of complete requirements, give 2 copies of application form to the client.	NONE	10 MINUTES	<i>Julie Ann I. Maravilla -Admin. Asst. I, Kenzien M. Ignacio, Clerk-JO, CCDO-EEMD</i> <i>*Staff may vary</i>
2. Fill up 2 copies of application form and return it to the staff afterwards.	2.1 Receive the application form and check the completeness of information and prepare the Order of Payment. Note that the application form no. and Order of Payment control no. must be the same. Update and check the assigned niche location for any double entry.	NONE	10 MINUTES	<i>Julie Ann I. Maravilla -Admin. Asst. I, Kenzien M. Ignacio, Clerk-JO, CCDO-EEMD</i> <i>*Staff may vary</i>
	2.2 Double check the validity of the contract. Verify the assessed fees based on the ordinance vis-à-vis the submitted documents before endorsing for the approval of the Department Head.	Refer to table of fees	10 MINUTES	<i>Veronica A. Jongco - Development Management Officer III, CCDO-EEMD</i>

	2.3 Approval of the Order of Payment	NONE	10 MINUTES	Leonila C. Daza - Department Head, CCDO-EEMD
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Pay the necessary fees to the City Treasurer's Office. Upon payment, present the official receipt to the CCDO-EEMD staff for the processing and releasing of the approved application.	3.1 Record the OR no. to the application form	NONE	2 MINUTES	Julie Ann I. Maravilla -Admin. Asst. I, Kenzien M. Ignacio, Clerk-JO, CCDO-EEMD *Staff may vary
	3.2 Double check if the collected fees is the same as the assessed fees before endorsing for the approval of the Department Head.	NONE	5 MINUTES	Veronica A. Jongco - Development Management Officer III, CCDO-EEMD
	3.3 Approval of the application form.	NONE	5 MINUTES	Leonila C. Daza - Department Head, CCDO-EEMD
	3.4 Release the approved application form to the client and explain the next step to the client.	NONE	5 MINUTES	Julie Ann I. Maravilla -Admin. Asst. I, Kenzien M. Ignacio, Clerk-JO, CCDO-EEMD *Staff may vary
4. Present the Approved Application Form to Citrus Public Cemetery Field Office. Fill up the job order request and wait for the release of gate pass. For burial/interment, kindly submit the Burial Clearance as well.	4. Check the authenticity of the presented documents. Upon checking, schedule the cemetery service. Prepare and release the gate pass to the client.	NONE	10 MINUTES	Micah Jane Castillo, Clerk-SJO, Francis D. Ramos, Clerk-JO, CCDO-EEMD *Staff may vary
5. Proceed to the Citrus Public Cemetery on the scheduled date and present the gate pass.	5. Upon verification of the gate pass, the cemetery service shall commence.	NONE	3 HOURS	Jayson P. Rosos, Maintenance Foreman-SJO, CCDO-EEMD *Staff may vary
<b>Total:</b> 4		Refer to table of fees	<b>4 HRS 7 MINS</b>	

**Table of Fees: (based on City Ordinance No. C-011 or the Revised Revenue Code of CSJDM 2012)**

<b>CEMETERY FEES</b>			
<b>A. BASIC FEES</b>			
1. Entrance Fee		PhP	500.00
2. Burial Fee		PhP	400.00
3. Exhumation Fee		PhP	400.00
4. Transfer Fee		PhP	500.00
<b>B. NICHES</b>			
1. Apartment-type Niche (5 years lease)		PhP	10,000.00
a. Category A		PhP	5,000.00
b. Category B		PhP	3,000.00
c. Category C		PhP	3,500.00
2. Renewal Fee		PhP	3,500.00
<b>C. STORAGE FEE</b>			
		PhP	200.00/year

## City Cooperative Development Office

<b>1.</b> Orientation/Briefing On Cooperative Principles And Methods	External Service
<b>2.</b> Review of registration documents	External Service
<b>3.</b> Cooperative training/seminar	External Service
<b>4.</b> In-house cooperative training/seminar	External Service
<b>5.</b> Preparation of cooperative mandatory reports	External Service
<b>6.</b> Cooperative coaching and mentoring	External Service
<b>7.</b> Financial assistance service - cooperative livelihood loan assistance project (cllap)	External Service
<b>8.</b> Financial assistance service - subsidize audit service project (sasp)	External Service
<b>9.</b> Application for registration and availing of local incentives	External Service
<b>10.</b> Application for financial loan assistance program (business recovery project)	External Service



## 1. ORIENTATION/BRIEFING ON COOPERATIVE PRINCIPLES AND METHODS

The Orientation/Briefing on Cooperative Principles and Methods is being conducted for organizations/groups who would want to form a cooperative before the request for a Pre-Registration Seminar (PRS). This orientation may enlighten the organization/group whether to form a cooperative or join an established registered cooperative in their Barangay or the City.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Simple</b>
Type of Transaction:	<b>G2C (Government to Citizen)</b>
Who may avail:	<b>Recognized / Registered Association / Organization, CSJDM Residents / Employees</b>

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
-none-	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the service request form then proceed to the personnel in charge.	1. Check the details of the request, then lead the client to the personnel in charge	"None"	3 Minutes	<i>Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO</i>
2. Listen attentively to briefing/instruction/table orientation	2. Conduct of interview and/or table orientation	"None"	1 Hour	<i>Florence M. Cadiz, Administrative Officer V or Berna L. Malik/Linda V. Bagang, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant or Eugene Sean Babaran, Administrative Aide CCDO</i>
3. Fill out the evaluation portion of the accomplished service request form	3. File accomplished service request form	"None"	3 Minutes	<i>Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO</i>
4. If need an in-house 4.1 Request for a schedule	4. If in-house orientation 4.1 Determine availability of the personnel in-charge	"None"	2 Minutes	<i>Florence M. Cadiz, Administrative Officer V CCDO</i>
		"None"	1 Day	<i>Florence M.</i>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
4.2 Prepare the venue, equipment, and other materials needed for the conduct of orientation	4.2 Prepare for the conduct of orientation			Cadiz, Administrative Officer V or Berna L. Malik, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant CCDO
4.3 The required number of attendees should be present	4.3 Conduct Orientation	"None"	5 Hours	Florence M. Cadiz, Administrative Officer V or Berna L. Malik/Linda V. Bagang, Cooperatives Dev't Specialists or Daisy C. Fariol, Administrative Assistant CCDO
4.4 Fill-out evaluation form then wait for the certificate of attendance	4.4 Collect evaluation form then distribute certificate of attendance	"None"	15 Minutes	Florence M. Cadiz, Administrative Officer V or Berna L. Malik/Linda V. Bagang, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant CCDO



## 2. REVIEW OF REGISTRATION DOCUMENTS

The review of documents for registration is provided to groups/registering would-be cooperatives. This service helps lessen the error in the required documents to be submitted to the Cooperative Development Authority, thereby, lessening the time of travel to and from the Authority.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Simple</b>
Type of Transaction:	<b>G2C (Government to Citizen)</b>
Who may avail:	<b>Recognized / Registered Association / Organization, CSJDM Residents / Employees</b>

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) set Draft Copy of the Following: 1. Request letter addressed to the CDA 2. Economic Survey 3. Articles of Cooperation 4. By-Laws 5. Treasurer's Affidavit Four (4) Original Copies, once the documents are final	Forms are available in any of the following: a. City Cooperative Development Office b. Cooperative Development Authority Region III Extension Office c. CDA Website, <a href="http://www.cda.gov.ph">www.cda.gov.ph</a> <i>(client)</i>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the service request form then proceed to the personnel in charge	1. Check the details of the request, then lead the client to the personnel in charge	"None"	5 Minutes	<i>Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO</i>
2. Hand over documents for review	2. Review the documents	"None"	30 Minutes	<i>Florence M. Cadiz, Administrative Officer V or Berna L. Malik/Linda V. Bagang, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant VI or Eugene Sean Babaran, Administrative Aide CCDO</i>
3. Wait for the result of the review, listen attentively on how to revise documents, if necessary	3. Explain the necessary correction, if any.	"None"	30 Minutes	<i>Florence M. Cadiz, Administrative Officer V or Berna L. Malik/Linda V. Bagang, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant VI or</i>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
				<i>Eugene Sean Babaran, Administrative Aide CCDO</i>
4. Fill out evaluation portion of the accomplished service request form	4. File accomplished service request form	"None"	3 Minutes	<i>Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO</i>
5. Fill-out Online Registration Forms available at the CDA Website, <a href="http://www.cda.gov.ph">www.cda.gov.ph</a>	5. "None"			
6. In case there is CDA findings, the cooperative may seek assistance from the office	6. Explain the result of the findings, and provide the necessary correction	"None"	30 Minutes	<i>Florence M. Cadiz, Administrative Officer V or Berna L. Malik/Linda V. Bagang, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant VI or Eugene Sean Babaran, Administrative Aide CCDO</i>
7. Wait for field inspection/evaluation	7. "None"			
8. Once the office or CDA is instructed to finalize the documents. Print 4 copies, all original copies	8. "None"			
9. Notarize the documents then submit to the CDA	9. "None"			
10. Once released, a copy should be provided to the office for record-keeping	10. Collect Certificate of Registration and attachments	"None"	5 Minutes	<i>Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO</i>



### 3. COOPERATIVE TRAINING/SEMINAR

To capacitate officers of the registered operating cooperatives in the city, the office, as an accredited training provider of the Cooperative Development Authority, provides continuous training/seminar both mandatory and optional seminars.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Highly Technical</b>
Type of Transaction:	<b>G2C (Government to Business), G2G (Government to Government)</b>
Who may avail:	<b>Registered Operating Cooperatives</b>

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ul style="list-style-type: none"> <li>1. Officer/prospective officer of the cooperative</li> <li>2. Personal appearance during the conduct of training</li> </ul>	(client)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Confirm attendance before the schedule of the training	1. Distribute invitation letters to target cooperatives	"None"	3 Days	<i>Jaime Tolentino, Messenger CCDO</i>
2. Wait for the return message through sms/pm if the participants are included in the list of expected attendees	2. Wait /follow up for the confirmation	"None"	5 Days	<i>Linda V. Bagang, Cooperative Dev't Specialist Daisy C. Fariol, Administrative Assistant Eugene Sean Babaran, Administrative Aide CCDO</i>
3. "None"	3. Prepare for the conduct of seminar	"None"	1 Day	<i>Florence M. Cadiz, Administrative Officer V CCDO</i>
4. Attend as confirmed and Fill out the evaluation form after the seminar	4. Conduct the training and distribute evaluation form after the conduct of seminar	"None"	1-2 Days	<i>Leonila C. Daza, City Cooperatives Officers, Florence M. Cadiz, Administrative Officer V Berna L. Malik/Linda V. Bagang, Cooperative Dev't Specialist Daisy C. Fariol, Administrative Assistant CCDO</i>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
5. Wait for the certificate of completion	5. Certificate of Completion: 5.1 Prepare the Certificate of Completion  5.2 Sign Certificate	“None”  “None”	1 Hour  5 Minutes  5 Days	<i>John Patrick Aguinaldo, Administrative Aide CCDO</i>  <i>Leonila C. Daza, City Cooperatives Officer CCDO Local Chief Executive Mayor’s Office</i>
6. “None”	6. Distribute certificate of completion to individual envelop of the cooperative for pick-up/ distribution	“None”	30 Minutes	<i>Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO</i>
7. “None”	7. If mandatory training: 7.1 Prepare report to be submitted to CDA 7.2 Submit to CDA Pampanga Extension Office	“None”  “None”	1 Hour  1 Day	<i>Daisy C. Fariol, Administrative Assistant VI or Linda V. Bagang, Cooperatives Development Specialist CCDO</i>



#### 4. IN-HOUSE COOPERATIVE TRAINING/SEMINAR

To capacitate officers/members of the registered operating cooperatives in the city, the office, as an accredited training provider of the Cooperative Development Authority, provides in-house training/seminar both mandatory and optional seminars.				
Office/Division:	<b>City Cooperative Development Office</b>			
Classification:	<b>Highly Technical</b>			
Type of Transaction:	<b>G2C (Government to Business), G2G (Government to Government)</b>			
Who may avail:	<b>Registered Operating Cooperatives</b>			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request letter, 1 Original Copy		(client)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the Service Request Form then submit the request letter	1. Receive letter request then forward request to personnel in charge	"None"	2 Minutes	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO
2. Wait for the reply through personal (upon submission of the request) or through SMS/Call	2. Confirmation of Schedule: 2.1 Set Schedule	"None"	30 Minutes	Leonila C. Daza, City Cooperatives Officer Florence M. Cadiz, Administrative Officer V CCDO Linda V. Bagang, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant or Eugene Sean Babaran, Administrative Aide CCDO
	2.2 Inform the Cooperative	"None"	30 Minutes	
3. Fill out the evaluation portion of the accomplished service request form	3. File accomplished service request form	"None"	3 Minutes	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO
4. Prepare venue, equipment, and other needed materials for the seminar	4. Prepare for the conduct of the seminar	"None"	1 Day	Florence M. Cadiz, Administrative Officer V Linda V.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
				<i>Bagang, Cooperative Dev't Specialist Daisy C. Fariol, Administrative Assistant or Eugene Sean Babaran, Administrative Aide CCDO</i>
5. Attend the seminar as scheduled	5. Conduct of training	"None"	1-2 Days	<i>Florence M. Cadiz, Administrative Officer V Linda V. Bagang, Cooperative Dev't Specialist or Daisy C. Fariol, Administrative Assistant or Eugene Sean Babaran, Administrative Aide CCDO</i>
6. Wait for the Certificate of Attendance/Completion	6. Certificate of Completion: 6.1 Prepare the certificate of completion 6.2 Sign Certificate	"None" "None"	1 Hour 10 Minutes	<i>John Patrick Aguinaldo, Administrative Aide Leonila C. Daza, City Cooperatives Officer CCDO</i>
7. "None"	7. Distribute certificate of completion to individual envelop of the cooperative for pick-up	"None"	30 Minutes	<i>Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO</i>
8. "None"	8. If mandatory training: 8.1 Prepare report to be submitted to CDA 8.2 Submit to CDA Pampanga Extension Office	"None" "None"	1 Hour 1 Day	<i>Daisy C. Fariol, Administrative Assistant VI or Linda V. Bagang, Cooperatives Development Specialist CCDO</i>



## 5. PREPARATION OF COOPERATIVE MANDATORY REPORTS

The preparation of cooperative mandatory reports is technical service assistance provided by the office to cooperatives needing guidance in completing and submitting the necessary documents online.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Simple</b>
Type of Transaction:	<b>G2C (Government to Business)</b>
Who may avail:	<b>Registered Operating Cooperatives</b>

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) set of the following: 1 Cooperative Annual Performance Report with the following attachments: 1. Financial Statement audited by a CDA-accredited external auditor; 2. List of Officers and Mandatory Training Undertaken/Completed; 3. Social Audit Report including its program of activities pursuant to its socio-civic goals; 4. Performance Audit Report; and 5. Semi-annual Report on Mediation and Conciliation	Forms are available in any of the following: a. City Cooperative Development Office b. Cooperative Development Authority Region III Extension Office c. CDA Website, <a href="http://www.cda.gov.ph">www.cda.gov.ph</a>

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the Service Request Form then proceed to the personnel in-charge	1. Check the details of the request then lead the client to the personnel in-charge	"None"	5 Minutes	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO
2. Hand-over documents for the review	2. Review the documents and explain the necessary corrections, if any	"None"	1 Hour	Daisy C. Fariol, Administrative Assistant or John Patrick Aguinaldo, Administrative Aide VI CCDO
3. In case of any correction, listen attentively	3. Review/receive revised documents	"None"	30 Minutes	Daisy C. Fariol, Administrative Assistant or John Patrick Aguinaldo, Administrative Aide VI CCDO
4. Fill-out evaluation portion of the accomplished service request form	4. File accomplished service request form	"None"	3 Minutes	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO
5. All requirements shall be submitted online through the Cooperative Assessment Information System (CAIS)	5. "None"			

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
6. In case of difficulty in the online submission due to internet connectivity, the cooperative may proceed back to the office for assistance  (Repeat Step 1, 2 and 4)	6. Assist cooperative in encoding reports through online	"None"	1 Hour	<i>John Patrick Aguinaldo, Administrative Aide VI or Daisy C. Fariol, Administrative Assistant CCDO</i>
7. Submit the system-generated acknowledgement receipt and original copy of the Financial Statement. It may also be submitted directly to the CDA.	7. Forward cooperative documents to CDA	"None"	1 Day	<i>Daisy C. Fariol, Administrative Assistant CCDO</i>
8. Wait for the notification of the office for the release of Certificate of Compliance	8. Pick-up Certificate of Compliance once informed of the release by the CDA	"None"	1 Day	Administrative Assistant
9. Receive documents	9. Secure copy and release of documents	"None"	5 Minutes	Administrative Assistant



## 6. COOPERATIVE COACHING AND MENTORING

The cooperative coaching and mentoring is provided to newly registered cooperatives and cooperatives seeking consultation on the operationalization, conciliation and mediation.

Office/Division: **City Cooperative Development Office**

Classification: **Simple**

Type of Transaction: **G2C (Government to Business)**

Who may avail: **Registered Operating Cooperatives**

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1 Request Letter  1 Original Copy	(Client)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out Service Request Form	1. Check the details of the request	"None"	2 Minutes	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO
2. Proceed to the personnel in-charge	2. Lead the client to the personnel in-charge	"None"	1 Minute	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO
3. Provide input on cooperative's issue and concern	3. Interview, suggest action to be taken, provide legal basis	"None"	2 Hours	Leonila C. Daza, City Cooperatives Officer Florence M. Cadiz, Administrative Officer V Berna L. Malik, Cooperative Dev't Specialist CCDO
4. Fill out evaluation portion of the accomplished service request form	4. Fill accomplished service request form	"None"	3 Minutes	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO



## 7. FINANCIAL ASSISTANCE SERVICE - COOPERATIVE LIVELIHOOD LOAN ASSISTANCE PROJECT (CLLAP)

The Cooperative Livelihood Loan Assistance Project (CLLAP) is a financial loan assistance for livelihood projects of cooperatives in the City, thus, enabling cooperatives to become viable and responsive economic enterprise.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Complex</b>
Type of Transaction:	<b>G2C (Government to Business), G2G (Government to Government)</b>
Who may avail:	<b>Registered Operating Cooperatives</b>

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Two (2) Sets of the following:		
1. Loan Application Form	1 Original / 1 Photocopy	CCDO
2. Application Letter addressed to the City Mayor thru CCDO	1 Original / 1 Photocopy	CCDO (sample template)
3. Minutes/resolution of the previous Annual/Special General Assembly meeting approving the proposed borrowing	2 Photocopies	CCDO (sample template)
4. Project proposal/Feasibility Study		
5. Certificate of Compliance from CDA	1 Original / 1 Photocopy	CCDO (sample template)
6. Resolution of the Board of Directors authorizing the Chairperson to apply for loan and to enter into a loan agreement with the City Government	2 Photocopies 1 Original / 1 Photocopy	CDA CCDO (sample template)
7. Previous year's Audited Financial Statement	2 Photocopies	CCDO (sample template)
8. Certificate from other Creditors that the Cooperative is in Good Payment Standing (if applicable)		
9. Cooperative Officers Information/Profile		
10. BIR Registration and/or BIR Form 1905	1 Original / 1 Photocopy	CCDO (sample template)
11. Cooperative's Official Receipt with BIR-TIN	2 Photocopies	BIR
12. Any Government issued ID of the Chairperson of the Board of Directors		
13. Checking Account (PDC)		Bank

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the Service Request Form and proceed to the City Accounting Office for Signature	1. Provide Application Form	"None"	2 Minutes	Linda V. Bagang, Cooperative Dev't Specialist CCDO
2. Proceed to CCDO, fill out the Service Request Form, and then submit the application with complete requirements	2. Receive application documents and check the completeness	"None"	10 Minutes	Linda V. Bagang, Cooperative Dev't Specialist CCDO
3. Wait for the result of the evaluation of documents and field validation	3. Review & evaluation of documents and preparation of financial analysis	"None"	1 Day	Florence M. Cadiz, Administrative Officer V CCDO
4. none	4. Field validation	"None"	1 Day	Linda V. Bagang, Cooperative Dev't Specialist

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
				CCDO
5. none	5. Preparation of recommendation for approval	"None"	4 Hours	Florence M. Cadiz, Administrative Officer V CCDO
6. none	6. Review and sign recommendations and analysis	"None"	1 Hour	Leonila C. Daza, City Cooperatives Officer CCDO
7. none	7. Forward documents to City Administrator's Office	"None"	1 Hour	Jaime F. Tolentino, Messenger CCDO
8. Wait for the notice of the Memorandum of Agreement Signing	8. Preparation of Memorandum of Agreement upon receipt of approval	"None"	1 Hour	Florence M. Cadiz, Administrative Officer V CCDO
9. none	9. Forward documents to the City Mayor's Office for countersigning & scheduling of signing	"None"	1 Hour	Jaime F. Tolentino, Messenger CCDO
10. Signs MOA and then notarize	10. MOA Signing	"None"	1 Hour	Leonila C. Daza, City Cooperatives Officer, Daisy C. Fariol, Administrative Assistant VI, CCDO
11. Wait for the Cheque Awarding Ceremony	11. Forward documents to City Accounting Office for processing	"None"	1 Hour	Jaime F. Tolentino, Messenger CCDO
12. Attend Check Awarding Ceremony	12. Check awarding ceremony	"None"	1 Hour	Leonila C. Daza, City Cooperatives Officer, Daisy C. Fariol, Administrative Assistant VI, CCDO
13. Prepare cheques upon release of the loan	13. none	"None"		
14. Provide copy of amortization schedule to CCDO	14. Receive and file amortization schedule	"None"	3 Minutes	Eugene Sean Babaran, Administrative Aide or Job Order Employee CCDO



## 8. FINANCIAL ASSISTANCE SERVICE - SUBSIDIZE AUDIT SERVICE PROJECT (SASP)

The Subsidized Audit Service Project for cooperatives in the City is established to provide technical assistance, thus, enabling cooperatives to become viable and responsive economic enterprise.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Complex</b>
Type of Transaction:	<b>G2C (Government to Business), G2G (Government to Government)</b>
Who may avail:	<b>Registered Operating Cooperatives</b>

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Two (2) Sets of the following:		
1. Request for subsidized audit service assistance addressed to the City Mayor through the CCDO	1 Original / 1 Photocopy	(Client)
2. Board resolution approving the plan of applying for the project of the City Government	1 Original / 1 Photocopy	(Client)
3. Certificate of Registration with the CDA	2 Photocopies	CDA
4. Previous year's Audited Financial Statement, or if not available, a report of the Treasurer and BOD Chairperson, respectively	2 Photocopies	(Client)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application documents then wait for the document's assessment	1. Receive application documents and assess the completeness	"None"	5 Minutes	Berna L. Malik, Cooperative Dev't Specialist CCDO
2. If required documents are complete, wait for the notification as beneficiaries	2. Prepare list of requests and other documents for the endorsement to the City Mayor	"None"	4 Hours	Berna L. Malik, Cooperative Dev't Specialist CCDO
3. None	3. Forward the Certificate of Eligibility for Audit Assistance to the City Mayor for approval	"None"	1 Hour	Jaime F. Tolentino, Messenger CCDO
4. Attend meeting	4. Meeting with approved beneficiaries and auditors	"None"	3 Hours	Leonila C. Daza, City Cooperatives Officer, Berna L. Malik, Cooperative Dev't Specialist CCDO
5. Coordinate with assigned Auditor	5. Preparation of notice of assignment to auditors and cooperative	"None"	1 Hour	Berna L. Malik, Cooperative Dev't Specialist CCDO
6. Prepare necessary documents quarterly for audit	6. Receive reports of auditor quarterly	"None"	5 Minutes	Berna L. Malik, Cooperative Dev't Specialist CCDO
7. None	7. Forward reports <sup>445</sup> to the City Accounting Office	"None"	1 Hour	Jaime F. Tolentino, Messenger

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
				CCDO
8. Receive payment from the City Government through the City Treasurer's Office then pay assigned auditor	8. Notify beneficiaries in claiming the donation and inform the auditor of such payment	"None"	1 Hour	<i>Linda V. Bagang, Cooperative Dev't Specialist, Daisy C. Fariol, Administrative Assistant VI, Eugene Sean Babaran, Administrative Aide CCDO</i>



## 9. APPLICATION FOR REGISTRATION AND AVAILING OF LOCAL INCENTIVES

The registration and availing of local incentives must comply with the requirements mandated under existing laws, rules, and regulations. Applicable to newly established enterprises within the territory of the City of San Jose del Monte, Bulacan.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Complex</b>
Type of Transaction:	<b>G2C (Government to Business), G2G (Government to Government)</b>
Who may avail:	<b>Registered Operating Business</b>

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Two (2) Sets of the following: Single Proprietorship: 1. Certified true copy of Business Name Registration 2. Audited Financial Statements together with the verified statement of its correctness and authenticity from the CPA 3. Environmental Compliance Certification (ECC) or Non-Compliance Certificate (NCC), if applicable 4. Accomplished application form for registration form 5. Such other documents that shall be required by the Board	DTI (Client) DENR IPC (Client)
Partnership/Corporation 1. Certified true copy of the Articles of Partnership or Incorporation 2. Certified true copy of its Certificate of Registration 3. Resolution of the applicants Board of Directors, in case of the corporation authorizing the filing of application 4. Copy Audited Financial Statements together with the verified statement of its correctness and authenticity from the CPA 5. Environmental Compliance Certification (ECC) or Non-Compliance Certificate (NCC), if applicable 6. Accomplished application form for registration form 7. Such other documents that shall be required by the Board	(Client) SEC (Client) (Client) DENR IPC (Client)
	1 Original /1 Photocopy (Client)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish application form then submit complete requirements	1. Receive application documents and assess the completeness and consistency of information	"None"	1 Hour	Linda V. Bagang, Cooperative Dev't Specialist CCDO
2. Wait for the order of payment after posting of the notice of application	2. Prepare Notice of Application	"None"	1 Hour	Linda V. Bagang, Cooperative Dev't Specialist CCDO

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. None	3. Posting of "Notice of Application" to the conspicuous place of the City Hall and Barangay Hall of the Barangay where the applicant's business enterprise is located	"None"	7 Days	Linda V. Bagang, Cooperative Dev't Specialist CCDO
4. Pay for the necessary fee	4. Issue order of payment a. Filing Fee b. Research Fee (Micro enterprise) (Small enterprise)	5,000.00 500.00 "None" 50% discount	30 Minutes	Linda V. Bagang, Cooperative Dev't Specialist CCDO
5. None	5. Evaluation of the project/ ocular inspection/ preparation of report	"None"	3 Days	Linda V. Bagang, Cooperative Dev't Specialist CCDO
6. None	6. Presentation of application before the LIIB	"None"	1 Day	Leonila C. Daza, City Cooperatives Officer CCDO
7. None	7. If approved, notify applicant and inform City Treasurer's Office and City Assessor's Office for guidance and appropriate action	"None"	1 Day	Linda V. Bagang, Cooperative Dev't Specialist CCDO
8. None	8. If denied, notify applicant in writing	"None"	1 Hour	Linda V. Bagang, Cooperative Dev't Specialist CCDO
9. None	9. Prepare Certificate of Registration	"None"	1 Hour	Linda V. Bagang, Cooperative Dev't Specialist CCDO
10. If approved, receive a Certificate of Registration	10. Issue Certificate of Registration	"None"	1 Hour	Leonila C. Daza, City Cooperatives Officer CCDO

\*Based on Resolution No. 2015-860-04, City Ordinance No. 2015-43-04 – Revised Local Investment Incentives Code



## 10. APPLICATION FOR FINANCIAL LOAN ASSISTANCE PROGRAM (Business Recovery Project)

The project is to conceptualize to help the City's NMSE's recover from economic setback and enable San Joseños attain a stable, comfortable and secure life as embodied in the Philippines' 2022-2028 medium-term fiscal framework thru the provision of much needed capital boost.

Office/Division:	<b>City Cooperative Development Office</b>
Classification:	<b>Complex</b>
Type of Transaction:	<b>G2C (Government to Business), G2G (Government to Government)</b>
Who may avail:	<b>Registered Operating Business</b>

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Two (2) Sets of the following:	
1. Letter of Intent addressed to the City Mayor/Resolution of the Board of Directors	(Client)
2. Government Issued ID of the Applicant/business representative or Certificate of Residency from the Barangay	(Client/Barangay)
3. For Loan request not exceeding Php50,000.00	BPLO
3.1 Current Business Permit/BPLO or Mayor's Permit and/or Official Receipt for Renewal of Mayor's Permit	(Client)
3.2 Photos of the Enterprise/applicants business signage, fixed assets, production area, inventories, equipment and/or vehicle	BPLO
4. For Loan request exceeding Php50,000.00	(Client)
4.1 Current Mayor's Permit / Official Receipt (OR) of payment for renewal of Mayor's Business Permit	CCDO
4.2 Photos of the enterprise's business signage, fixed assets, production area, inventories, equipment and/or vehicle	(Client)
5. Duly signed and accomplished Application Form	Barangay
6. Business Plan/Projected Profit/Income	
7. Certificate that the applicant has no record of bad debt case (Good Standing)	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out service request form	1. Check the details of the request and Lead the client to the personnel in-charge	"None"	2 Minutes	Job Order Employee CCDO
2. Proceed to the personnel in-charge	2. Provide list and instruction	"None"	10 Minutes	Linda V. Bagang, Cooperative Dev't Specialist CCDO
3. Prepare and Submit complete requirements	3. Assess submitted requirements and provide application form	"None"	20 Minutes	Linda V. Bagang, Cooperative Dev't Specialist CCDO
4. Accomplish application form	4. Received and Review duly Accomplished Form	"None"	10 Minutes	Linda V. Bagang, Cooperative Dev't Specialist CCDO
5. None	5. Field Validation	"None"	1 Day	Jaime F. Tolentino, Messenger CCDO

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
6. None	6. Preparation of list of applicants for approval	"None"	1 Day	Linda V. Bagang, Cooperative Dev't Specialist CCDO
7. None	7. Review and sign the list of applicants for approval	"None"	1 Hour	Leonila C. Daza, City Cooperatives Officer CCDO
8. None	8. Forward documents to City Administrator's Office	"None"	1 Hour	Jaime F. Tolentino, Messenger CCDO
9. None	9. Preparation of Memorandum of Agreement upon receipt of approval	"None"	1 Hour	Linda V. Bagang, Cooperative Dev't Specialist CCDO
10. Attend MOA Signing, and Cheque Awarding Ceremony then Notarize signed MOA	10. MOA signing, cheque awarding and wait for notarized MOA	"None"	1 Hour	Leonila C. Daza, City Cooperatives Officer, Linda V. Bagang, Cooperative Dev't Specialist Eugene Sean Babaran, Administrative Aide, Selina Louise N. Cawilan, Contract of Service CCDO
11. None	11. Forward documents to the City Accounting Office for processing	"None"	1 Hour	Linda V. Bagang, Cooperative Dev't Specialist CCDO
12. Provide copy of amortization schedule to CCDO	12. Receive and file amortization schedule	"None"	3 Minutes	Job Order Employee CCDO

## City College of San Jose del Monte

1. Admission Procedures	External Service
2. Conduct of Scholarship Entrance Examination	External Service
3. Clinic Visit	External Service
4. Checking in (Returning) of Books	External Service
5. Certifications	External Service



## 1. ADMISSION PROCEDURES

Admission to the City College of San Jose del Monte is open to all San Jose Del Monte Residents (preferably)

<b>Office or Division:</b>	City College of San Jose del Monte - Admissions Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All interested Student Applicants			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Student applicants who intend to study in CCSJDM should provide a Letter of Intent addressed to the College President		Admissions Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>For Onsite Transaction:</b>  1. Proceed to the Admissions Office to submit your letter of intent	1. Receive and check the information then inform the student the schedule of the Entrance Examination	None	5 minutes	<i>Ms. Sunshine M. Perña, Admissions Director Admissions Office, City College of SJDM</i>
<b>For Online Transaction:</b>  2. Interested applicants may submit their intent letter to this email address: <a href="mailto:admissions.ccsjdm@gmail.com">admissions.ccsjdm@gmail.com</a>	1. Receive and check the information then inform the student thru email the schedule of the Entrance Examination	None	15 minutes after receiving the email	<i>Ms. Ma. Sheila M. Artigo, Admissions Coordinator Admissions Office, City College of SJDM</i>
Note: Entrance Examination will be conducted ONSITE and it will be facilitated by the College Guidance Counselor	Note: Releasing of Entrance Examination Result will be depending on the number of examinees	None	TBA	<i>Ms. Arlen Madrid, Guidance Counselor, Guidance and Wellness Center City College of SJDM</i>
3. Posting of successful examinees	3. Successful examinees will be notified thru email and it will also be posted in City College FB Page	None	5 minutes	<i>Ms. Sunshine M. Perña, Admissions Director Admissions Office, City College of SJDM</i>

4. Interview with Deans and Program Chairs	4. Inform the successful examinees true email the schedule of their interview with the Deans and Program Chairs	None	10 minutes	<i>Ms. Sunshine M. Perña, Admissions Director Admissions Office, City College of SJDM</i>
5. Fill out The Student Profile Sheet	5. After the interview, applicants will proceed to the Admissions Office on their respective schedule to fill out the Student Profile Sheet and check all the documents needed for enrollment	None	10 minutes	<i>Ms. Ma. Sheila M. Artigo, Admissions Coordinator Admissions Office, City College of SJDM</i>
<b>TOTAL:</b>		<b>0.00</b>	<b>45 minutes</b>	



## 2. CONDUCT OF SCHOLARSHIP ENTRANCE EXAMINATION

The Scholarship Entrance Examination is administered to all student applicants to measure their level of intelligence and ability to identify academically able students for the award of UNIFAST scholarship.

<b>Office or Division:</b>	City College of San Jose Del Monte - Guidance and Wellness Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All interested student applicants who wish to avail the UNIFAST scholarship			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Physical presence of the student applicant 2. Two (2) valid IDs 3. Ballpen or Pencil		> Student applicant > Student applicant > Student applicant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to the Testing area on the scheduled time and date	1. The Guidance Counselor shall inform the student applicant to sign in the attendance	None	15 minutes (maximum of 30 students per room)	Ms. Arlen Madrid, Guidance Counselor Guidance and Wellness Center, City College of SJDM
2. Present valid ID	2. The Guidance Counselor shall check the ID of the student applicant	None	15 minutes (maximum of 30 students per room)	Ms. Arlen Madrid, Guidance Counselor Guidance and Wellness Center, City College of SJDM
3. Once settled into their assigned seats, receive answer sheet and questionnaire	3. The Guidance Counselor will inform student applicants about the examination and remind them of other rules that must be followed while taking the exam.	None	5 minutes	Ms. Arlen Madrid, Guidance Counselor Guidance and Wellness Center, City College of SJDM
4. The student applicants shall begin answering the exam at the signal of the Guidance Counselor.	4. The exam proper will begin at the signal of the Guidance Counselor following the instruction.	None	50 minutes	Ms. Arlen Madrid, Guidance Counselor Guidance and Wellness Center, City College of SJDM

				SJDM
5. The student applicant shall submit the questionnaire and answer sheet.	5. Announce the end of the exam proper.	None	5 minutes	<i>Ms. Arlen Madrid, Guidance Counselor Guidance and Wellness Center, City College of SJDM</i>
6. Student applicant shall wait for the notification from the Admissions Ofc. if he/she passed the exam.	6. The Guidance counselor shall inform the student applicants that the list of passers shall be postedon the CCCSJDM Facebook page. Those who passed the entrance examination will be notified via email by the Admissions Office of the date and time of the Dean's /Program Chair's interview.  Note: The result of the exam will be forwarded by the Guidance Counselor to Admissions Office on the next day after the exam.	None	3 minutes	<i>Ms. Arlen Madrid, Guidance Counselor Guidance and Wellness Center, City College of SJDM</i>
<b>TOTAL:</b>		<b>1 hour and 33 minutes</b>		



### 3. CLINIC VISIT

Clinic visit is a face-to-face encounter between a clinic patient & any health professional assigned to school clinic.

All students and employees of City College of San Jose del Monte with medical needs can visit the school clinic.

<b>Office or Division:</b>	City College of San Jose del Monte - Health Services Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	All students, Faculty and Staff			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Student I.D. or Registration Form (RF) For Faculty and Staff: Employee ID		Registrar's Office Human Resources Management Office		
CLIENT STEPS	AGENCY ACTION	FEES	PROCESSING TIME	PERSON RESPONSIBLE
1. All clinic visitors, regardless of the purpose should wear face-mask and pass through the minimal safety protocol.	Nurse to provide alcohol/sanitizer for sanitization, and all clinic visitors should pass through the thermal scanner.	None	1 minute	Ms. Jonalyn Punzalan Nurse Clinic, City College of SJDM
2. Present student ID/ RF or Employee ID and state the reason for visit	The school nurse will check visitor's ID and check patient's record on medical/dental record cabinet.	None	2 minutes	Ms. Jonalyn Punzalan Nurse Clinic, City College of SJDM School Nurse
3. Visitors needs to fill-out the Health Services Unit information sheet	The nurse to gather patient's data, review patient's medical record, assess clinical condition and give appropriate nursing intervention  Note: For emergency cases first aid treatment will be given, then, if needed, patient will be transferred to the nearest hospital  Non-emergency cases that need further evaluation and management will be referred to medical/dental clinic.	None	Varies	Ms. Jonalyn Punzalan Nurse Clinic, City College of SJDM
<b>TOTAL:</b>		<b>0.00</b>	<b>5 minutes to 180 minutes</b>	



#### 4. CHECKING-IN (RETURNING) OF BOOKS

<b>Office or Division:</b>	City College of San Jose Del Monte - Academic Resource Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	CCSJDM Students, Faculty, Administration			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Book for return Fines when applicable		Requesting Party Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. If book is overdue, pay fines	1. Refer to <i>Payment of Fines Process</i> (mode of payment: Cash)	(depending on the overdue charge)		Ms. Guinevere Feliciano Administrative Officer V/Disbursing Officer Registrar's Office City College of SJDM
2. Present book for return/check-in	2.1. Receive book for return/Check-in	None	1 min.	Ms. Sheryl Villota/Ms. Wendy Corpuz/Ms. Niña Baliwas Library Assistant/Academic Resource Center, City College of SJDM
	2.2. Scan the book (accession number) and clear it from the borrower's account at the library system	None	1 min.	Ms. Sheryl Villota/Ms. Wendy Corpuz/Ms. Niña Baliwas Library Assistant/Academic Resource Center, City College of SJDM
	2.3. Return the book card to the book	None	1 min.	Ms. Sheryl Villota/Ms. Wendy Corpuz/Ms. Niña Baliwas Library Assistant/Academic Resource Center, City College of SJDM
<b>TOTAL:</b>		(depending on the overdue charge)	<b>3 mins.</b>	



## 5. CERTIFICATIONS

Certifications are issued to confirm information about a student's profile, scholastic record, conduct and financial obligations i.e. Certificate of Good Moral Character, Honorable Dismissal, Statement of Account, Certificate of Enrollment, etc.)

<b>Office or Division:</b>	City College of San Jose del Monte - Registrar's Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C (Government to Citizen)			
<b>Who may avail:</b>	Bona fide students of the City College of SJDM			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Student I.D. or Registration Form 2. Duly accomplished Request Slip 3. Fee of P100.00 per certificate		> Management Information System Division > Registrar's Office > Registrar's Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-out Request Slip at the Registrar's Office, Window 1	1. Check request slip, ask for student ID/registration form and verify student record on file	None	2 minutes	<i>Mr. Resty Bie/ Ms. Rowena Manongtong/ Ms. Angela Briones Administrative Aide/ Registrar's Office City College of SJDM</i>
2. Pay P100.00 at the Registrar's Office	2. Accept payment and issue official receipt for the transaction	P100.00	3 minutes	<i>Ms. Guinevere Feliciano Administrative Officer V/Disbursing Officer Registrar's Office City College of SJDM</i>
3. Wait in the student lounge	3. Encode the details of the request and print the certification  4. Sign the certification	None	3 minutes	<i>Mr. Resty Bie/ Ms. Rowena Manongtong/ Ms. Angela Briones Administrative Aide/ Registrar's Office City College of SJDM</i>  <i>Ms. Guinevere Feliciano Administrative Officer V/Disbursing</i>

				<i>Officer Registrar's Office City College of SJDM</i>
4. Receive the certification	5. Emboss dry seal, record, and release the document	None	2 minutes	<i>Mr. Resty Bie/ Ms. Rowena Manongtong/ Ms. Angela Briones Administrative Aide/ Registrar's Office City College of SJDM</i>
<b>TOTAL:</b>		<b>P100.00</b>	<b>10 minutes</b>	

## Business Development Division

1. Assistance to MSMEs thru Trade Fairs and Exhibits	External Service
2. Promotion of Small Business	External Service

## 1. ASSISTANCE TO MSMEs THRU TRADE FAIRS AND EXHIBITS

This is to give small business owners an opportunity to participate and join in various trade fairs and exhibits organized by the CSJDM Business Development Office, as well as other organizations, helping them to promote their services and products while creating a network of business ideas and solutions.

<b>OFFICE OR DIVISION:</b>	BUSINESS DEVELOPMENT OFFICE			
<b>CLASSIFICATION:</b>	SIMPLE			
<b>TYPE OF TRANSACTION:</b>	G2B (GOVERNMENT TO BUSINESS)			
<b>TYPE OF CATEGORIZATION</b>	EXTERNAL SERVICES			
<b>WHO MAY AVAIL:</b>	SMALL BUSINESS OWNERS IN THE CITY OF SJDM			
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>			
1. Fully accomplished Business Profile Form	Business Development Office			
2. Fully accomplished Application Form for Trade Fair/Exhibit	Business Development Office or Concerned Organization			
3. Mayor's Permit or Barangay Business Permit <i>(1 - Original and 1 - Photocopy)</i>	Business Permits and Licensing Office or Concerned barangay where business is located			
4. 2 Valid Government IDs <i>Note: We will not consider Barangay ID as a valid government ID.</i>	Any Government Agency			
5. Photos of Products / Location of Physical Store (If there is any)	N/A			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. <b>SUBMIT</b> fully accomplished Business Profile Form and Application Form for Trade Fair/Exhibit	1.1 <b>REVIEW</b> the submitted Business Profile Form and Application Form for Trade Fair/Exhibit	None	5 minutes per applicant	<i>Michaela S.J. Parsaligan Administrative Aide</i>  <i>Guilmar P. Gonzales Administrative Aide</i>  <i>CSJDM - Business Development Office</i>
2. <b>SUBMIT</b> other requirements, such as the copy of permit/s, valid government IDs and photos of products	2.1 <b>CHECK, VERIFY AND REVIEW</b> the submitted requirements	None	7 minutes per applicant	<i>Shirley D. Abadilla Administrative Assistant</i>  <i>Miracle Faith J. Crizaldo Information Officer I</i>  <i>CSJDM - Business Development Office</i>
3. <b>CLAIM</b> acknowledgment receipt from BDO personnel.	3.1 <b>ISSUE</b> acknowledgment receipt to the client as confirmation that the documents submitted are accepted and will be considered for	None	3 minutes per applicant	<i>Shirley D. Abadilla Administrative Assistant</i>  <i>CSJDM - Business Development Office</i>
574			<b>TOTAL:</b>	<b>15 minutes</b>

## 2. PROMOTION OF SMALL BUSINESSES

This is designed to help small businesses to promote their services and products thru audio visual presentation and photos uploaded in the official Facebook page of the CSJDM Business Development Office.

<b>OFFICE OR DIVISION:</b>	BUSINESS DEVELOPMENT OFFICE			
<b>CLASSIFICATION:</b>	SIMPLE			
<b>TYPE OF TRANSACTION:</b>	G2B (GOVERNMENT TO BUSINESS)			
<b>TYPE OF CATEGORIZATION</b>	EXTERNAL SERVICES			
<b>WHO MAY AVAIL:</b>	SMALL BUSINESS OWNERS IN THE CITY OF SJDM			
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>			
1. Fully accomplished Application for Promotion Form	Business Development Office			
2. Fully accomplished Business Profile Form	Business Development Office			
3. Letter addressed to the Head of the Business Development Office	-			
4. 2 Valid Government IDs <i>Note: We will not consider Barangay ID as a valid government ID.</i>	Any Government Agency			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. <b>SUBMIT</b> fully accomplished Application for Promotion, and Business Profile Form	1.1 <b>REVIEW</b> the submitted Application for Promotion, Business Profile Form, and Letter	None	5 minutes per applicant	<i>Michaela S.J. Parsaligan Administrative Aide</i>  <i>Guilmar P. Gonzales Administrative Aide</i>  <i>CSJDM - Business Development Office</i>
2. <b>SUBMIT</b> letter and 2 valid IDs	2.1 <b>CHECK AND REVIEW</b> the submitted documents	None	5 minutes per applicant	<i>John Carlo F. Ignacio Financial Analyst</i>  <i>Miracle Faith J. Crizaldo Information Officer I</i>  <i>CSJDM - Business Development Office</i>
3. <b>CLAIM</b> acknowledgment receipt from BDO personnel.	3.1 <b>ISSUE</b> acknowledgment receipt to the client as confirmation that the documents submitted are accepted and will be scheduled for shoot (AVP and photos).	None	3 minutes per applicant	<i>Shirley D. Abadilla Administrative Assistant</i>  <i>CSJDM - Business Development Office</i>
			<b>TOTAL:</b>	<b>13 minutes</b>

3. ASSISTANCE TO MSMEs (Pasalubong Center)

Organized by CSJDM-BDO, the Pasalubong Center supports small businesses in reaching a wider audience by providing free display space to showcase their products effectively.

<b>OFFICE OR DIVISION:</b>	BUSINESS DEVELOPMENT OFFICE			
<b>CLASSIFICATION:</b>	HIGHLY TECHNICAL			
<b>TYPE OF TRANSACTION:</b>	G2B (GOVERNMENT TO BUSINESS)			
<b>TYPE OF CATEGORIZATION</b>	EXTERNAL SERVICES			
<b>WHO MAY AVAIL:</b>	SMALL BUSINESS OWNERS IN THE CITY OF SJDM			
<b>CHECKLIST OF REQUIREMENTS:</b>	<b>WHERE TO SECURE:</b>			
1. Sample product/s	-			
2. Photocopy of DTI Certificate	Department of Trade and Industry			
3. Photocopy of either of the following: a. Mayor's Permit b. Barangay Business Permit	a. Business Permit and Licensing Office b. Respective Barangay			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON(S) RESPONSIBLE
1. <b>SUBMIT</b> a photocopy of the requirements and a sample of product/s desired to be displayed.	1.1 <b>REVIEW</b> submitted requirements and the sample product/s (packaging, labeling, taste, and price)  1.2 <b>INITIAL APPROVAL</b> of the submitted documents and sample product/s  1.3 <b>FINAL APPROVAL</b> of the sample product/s	None	Approx. 1 - 2 weeks (batch approval process applied)	<i>Guilmar P. Gonzales Administrative Aide</i>  <i>Ronald D. Soriano Business Development Officer</i>  <i>CSJDM - Business Development Office</i>  <i>Rener Cabales Mall Head SJDM Starmall</i>
2. <b>SIGNING</b> of Consignment Agreement	2.1 <b>ISSUE</b> a personal copy of the Consignment Agreement and Pasalubong Center Guidelines for Exhibitors	None	10 minutes per applicant	<i>Ronald D. Soriano Business Development Officer</i>  <i>Guilmar P. Gonzales Administrative Aide</i>  <i>CSJDM - Business Development Office</i>
			<b>TOTAL:</b>	<b>Approx. 2 weeks and 10 mins</b>

## Management Information System Division

1. Request for ID Printing and Reprinting	External Service
2. Request for Door Access Registration	External Service
3. Request for Major Network Support	External Service
4. Request for Minor Network Support	External Service
5. Request for Hardware Technical Support	External Service
6. Support for Major Government Application Software	External Service
7. Request for Minor Government Application Software Support	External Service
8. City of San Jose del Monte Website Content Update and Posting	External Service



## 1. Request for ID Printing and Reprinting

All employees of the City Government of San Jose del Monte are entitled to have their own Identification (ID) Card, Ordinary or Tap card, subject to the approval of their respective department heads.

<b>OFFICE:</b>	Management Information System Division			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	All City Government Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Filled-out NGC Transition Data Request in Google Form. 2. Filled-out ID Request Form. (Annex A) 3. (1) Photocopy of Appointment letter.  For reprinting/reapplication 4. Letter of request and Affidavit of Loss ( <i>Notarized</i> )  For tap card 5. Letter of endorsement from the designated office signed by the head of the office.		Management Information System Division  Management Information System Division Requesting Personnel  Requesting Personnel  Requesting City Government Office / Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>REQUEST SUBMISSION</b>				
1. Go to <a href="https://forms.gle/8ujctA5suofVuEbZ9">https://forms.gle/8ujctA5suofVuEbZ9</a> and complete the NGC Transition Data Request in Google Form.		1. Check the database of the employee registration	None	1 minute
1.1 Proceed to MIS Division's Admin Section and submit necessary requirements.  For ID Reprinting: Submit letter of request and Affidavit of Loss ( <i>Notarized</i> ).  For employees who are not listed in the CHRMO Partial list: Submit a copy of Appointment letter.		1.1.1 Receive necessary requirements. (For reprinting and cases where the employee is not included in the partial list.)  1.1.2 Check and review submitted documents.	None	1 minute
<b>PHOTO CAPTURING</b>				

2. Proceed to the Public Information Office for photo capturing.	2.1 Verify with the Public Information Office (PIO) whether the employee's official ID picture has been successfully uploaded.  2.2 Edit Picture from PIO.	None	1 day	John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
<b>ID CARD PROCESSING</b>				
3. Proceed to the MIS Division's System Support/Repair Maintenance Working Area and Filled-out and submit ID Request Form. (Annex A)	3. Scan the form and convert as digital signature.	None	2 minutes	John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
4. Wait in the designated waiting area.	4.1 Verify whether the concerned employee is included in the City Human Resource Management Office's list by cross-checking their Employee Name and designation.  4.2 Encode and update employee information in the database.	None	2 minutes	John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>

5. Verify and confirm ID draft prior to initiating the printing process.	<p>5.1 Present the final draft and confirm that all fields are thoroughly verified.</p> <p>5.2 Print ID Card</p> <p>5.3 Register the employee's facial access or tap card into the system. (<i>If applicable</i>)</p>	None	3 minutes	John Michael N. Borcena <i>Data Encoder</i> Mark Kylo E. Gloriane <i>Data Encoder</i> John Cedrick S. Concepcion <i>Data Encoder</i>
6. Receive the Identification Card and fill-out receiving form.	6. Release the Identification Card.	None	1 minute	John Michael N. Borcena <i>Data Encoder</i> Mark Kylo E. Gloriane <i>Data Encoder</i> John Cedrick S. Concepcion <i>Data Encoder</i>
	TOTAL:	None	1 Day, 10 minutes	



## 2. Request for Door Access Registration

The New Government Center of San Jose del Monte features a Face Recognition and Tap Card System at all office entrance, providing secure access for permanent, contractual, co-terminus, elected, and selected job order employees.

<b>OFFICE:</b>	Management Information System Division			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	Selected Government Employees			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1.Letter of endorsement from the designated office signed by the head of the office. 2.Any Government issued Identification (ID) Card.  For Tap card registration: 3.MISD issued Employee tap card ID	Requesting City Government Office / Department  Requesting Personnel  Requesting Personnel			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to MISD's Admin Section and submit letter of endorsement from the designated office signed by the head of the office.	1.Receive the requirements.	None	1 minute	Qwayne Khaila D. Fernandez <i>Data Encoder</i>  Lorraine G. Robes <i>Administrative Assistant VI (Computer Operator III)</i>
2. Present any government issued ID card for identification.	2.1 Assess the submitted letter of endorsement and employee's identification.	None	1 minute	Qwayne Khaila D. Fernandez <i>Data Encoder</i>  Lorraine G. Robes <i>Administrative Assistant VI (Computer Operator III)</i>
3. Proceed to MIS Division's System Support/Repair Maintenance Working Area for registration.	3.1 Verify whether the employee ID is valid within the system.  3.2 Register the employee's facial access or tap card into the system.	None	5 minutes	John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	<b>TOTAL:</b>	None	7 minutes	



### 3. REQUEST FOR TECHNICAL SUPPORT

The System Support, Repair and Maintenance Services of the Management Information System Division aims to provide proper assistance to all offices and employees of the City Government of San Jose Del Monte. This service includes network, hardware and software solutions.

#### A. Request for Major Network Support

Major Network Support includes network and internet installation on various government facilities and events.

<b>OFFICE:</b>	Management Information System Division (MISD)			
<b>CLASSIFICATION:</b>	Complex			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	City Government of San Jose Del Monte			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1.Filled-out Service Request Form (Annex B), or 2.Letter of request for technical assistance. (For events, please indicate the event's location, time and date.)	Management Information System Division Requesting City Government Office / Department			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Fill out the Service Request Form (Annex B) or submit letter of request for technical assistance.  1.2 Through telephone: Call MIS Division thru local no. 2220 and provide the following information: <ul style="list-style-type: none"><li>• Concerned Office</li><li>• Concerned Staff</li><li>• Concerned I.T. solution/Equipment</li><li>• Other details specific to the I.T. solution/equipment</li></ul>	1.Receive and check submitted form if it is duly filled-out.  1.2 If the request is received via phone call, the client will be advised to complete the service request form and hand it over to the staff for proper documentation and processing.	None	3 minutes	Qwayne Khaila D. Fernandez <i>Data Encoder</i> or Lorraine G. Robes <i>Administrative Assistant VI (Computer Operator III)</i>
	2.Upon receipt of the service request form, the receiving staff will address it to the Supervising Officer for task assignment.	None	2 minutes	Christopher L. Acibal <i>Youth Development Officer III/Overseer - Management Information System Division</i>  Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>

				Joanne Efrel D. Mondia <i>Information Systems Analyst II</i>
	3.Assigned staffs conduct site inspection.	None	1 day	Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	4.Prepare supplies and/or materials needed	None	10 minutes	Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	5.If all of the supplies and/or materials are available, proceed on attending the requested service.		5 days	Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S.
	583			

				Concepcion <i>Data Encoder</i>
	6.Assigned staffs compile their filled-out service request form and input data to the database of MIS Division as proof of service rendered.	None	5 minutes	Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>
				John Michael N. Borcena <i>Data Encoder</i>
				Mark Kylo E. Gloriane <i>Data Encoder</i>
				John Cedrick S. Concepcion <i>Data Encoder</i>
	TOTAL	None	6 days, 20 minutes	



#### 4. Request for Minor Network Support

Minor Network Support includes network and internet troubleshooting on various government facilities.

<b>OFFICE:</b>	Management Information System Division (MISD)			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	City Government of San Jose Del Monte			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1.Filled-out Service Request Form (Annex B), or 2.Letter of request for technical assistance.	Management Information System Division Requesting City Government Office / Department			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Fill out the Service Request Form (Annex B) or submit letter of request for technical assistance.  1.2 Through telephone: Call MISD thru loc. 2220 and provide the following information: <ul style="list-style-type: none"><li>• Concerned Office</li><li>• Concerned Staff</li><li>• Concerned I.T. solution/Equipment</li><li>• Other details specific to the I.T. solution/equipment</li></ul>	1.Receive and check submitted form if it is duly filled-out.  1.2 If the request is received via phone call, the client will be advised to complete the service request form and hand it over to the staff for proper documentation and processing.	None	3 minutes	Qwayne Khaila D. Fernandez <i>Data Encoder or Lorraine G. Robes Administrative Assistant VI (Computer Operator III)</i>
	2.Upon receipt of the service request form, the receiving staff will address it to the Supervising Officer for task assignment.	None	2 minutes	Christopher L. Acibal <i>Youth Development Officer III/Overseer - Management Information System Division</i>  Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  Joanne Efrele D. Mondia <i>Information Systems Analyst II</i>
	3.Assigned staff attends the requested	None	1 hour	Ben-ammi G. Magboo Jr.

	service.			<i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	4.Assigned staff compile their filled-out service request form and input data to the database of MISD as proof of service rendered.	None	5 minutes	Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	TOTAL	None	1hour, 10 minutes	



## 5. Request for Hardware Technical Support

Hardware Technical Support refers to hardware devices and peripherals troubleshooting such as desktops and printers.

<b>OFFICE:</b>	Management Information System Division (MISD)			
<b>CLASSIFICATION:</b>	Complex			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	City Government of San Jose Del Monte			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1.Filled-out Service Request Form (Annex B), or 2.Letter of request for technical assistance.	Management Information System Division Requesting City Government Office / Department			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Fill out the Service Request Form (Annex B) or submit letter of request for technical assistance.  1.2 Through Telephone: Call MISD thru loc. 2220 and provide the following information: 6. Concerned Office 7. Concerned Staff 8. Concerned I.T. solution/Equipment 9. Other details specific to the I.T. solution/equipment	1.Receive and check submitted form if it is duly filled-out.  1.2 If the request is received via phone call, the client will be advised to complete the service request form and hand it over to the staff for proper documentation and processing.	None	3 minutes	Qwayne Khaila D. Fernandez <i>Data Encoder or Lorraine G. Robes Administrative Assistant VI (Computer Operator III)</i>
	2.Upon receipt of the service request form, the receiving staff will address it to the Supervising Officer for task assignment.	None	2 minutes	Christopher L. Acibal <i>Youth Development Officer III/Overseer - Management Information System Division</i>  Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  Joanne Efrel D. Mondia <i>Information Systems Analyst II</i>
	3.Prepare supplies and/or materials	None	10 minutes	Ben-ammi G. Magboo Jr.

	needed			<i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	4.If all of the supplies and/or materials are available, proceed on attending the requested service.	None	3 days	Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	5.Assigned staff compile their filled-out service request form and input data to the database of MISD as proof of service rendered.	None	5 minutes	Ben-ammi G. Magboo Jr. <i>Computer Maintenance Technologist III</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	TOTAL	None	3 days, 20 minutes	



## 6. Support for Major Government Application Software

Major Government Application Software Support refers to all troubleshooting activities assisted by the MIS Division with the third-party system provider of the city.

<b>OFFICE:</b>	Management Information System Division (MISD)			
<b>CLASSIFICATION:</b>	Highly Technical			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	City Government of San Jose Del Monte			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1.Filled-out Service Request Form (Annex B), or 2.Letter of request for technical assistance.	Management Information System Division Requesting City Government Office / Department			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Fill out the Service Request Form (Annex B) or submit letter of request for technical assistance.  1.2 Through telephone: Call MIS Division thru local no. 2220 and provide the following information: 7. Concerned Office 8. Concerned Staff 9. Concerned I.T. solution/Equipment 10. Other details specific to the I.T. solution/equipment	1.Receive and check submitted form if it is duly filled-out.  1.2 If the request is received via phone call, the client will be advised to complete the service request form and hand it over to the staff for proper documentation and processing.	None	3 minutes	Qwayne Khaila D. Fernandez <i>Data Encoder or Lorraine G. Robes Administrative Assistant VI (Computer Operator III)</i>
	2.Upon receipt of the service request form, the receiving staff will address it to the Supervising Officer for task assignment.	None	2 minutes	Christopher L. Acibal <i>Youth Development Officer III/Overseer - Management Information System Division</i>  Joanne Efrele D. Mondia <i>Information Systems Analyst II</i>
2. Requesting office will coordinate with the MIS Division staff and the third-party system provider.	3.Assigned staff will coordinate with the third-party system provider and the requesting office all through-out the process.	None	1 month	Joanne Efrele D. Mondia <i>Information Systems Analyst II</i>
	4.Assigned staff	None	5 minutes	Joanne Efrele D.

	compile their filled-out service request form and input data to the database of MISD as proof of service rendered.			Mondia <i>Information Systems Analyst</i> II
	TOTAL	None	1 month, 10 minutes	



## 7 Request for Minor Government Application Software Support

Minor Government Application Software Support refers to simple software assistance given by the MIS Division to every office and government employees. This includes minor system troubleshooting, installation of software applications, and generating reports.

<b>OFFICE:</b>	Management Information System Division (MISD)			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	City Government of San Jose Del Monte			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1.Filled-out Service Request Form (Annex B), or 2.Letter of request for technical assistance.		Management Information System Division Requesting City Government Office / Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.1 Fill out the Service Request Form (Annex B) or submit letter of request for technical assistance.  1.2 Through telephone: Call MIS Division thru local no. 2220 and provide the following information: 8. Concerned Office 9. Concerned Staff 10. Concerned I.T. solution/Equipment 11. Other details specific to the I.T. solution/equipment	1.Receive and check submitted form if it is duly filled-out.  1.2 If the request is received via phone call, the client will be advised to complete the service request form and hand it over to the staff for proper documentation and processing.	None	3 minutes	Qwayne Khaila D. Fernandez <i>Data Encoder</i> or Lorraine G. Robes <i>Administrative Assistant VI (Computer Operator III)</i>
	2.Upon receipt of the service request form, the receiving staff will address it to the Supervising Officer for task assignment.	None	2 minutes	Christopher L. Acibal <i>Youth Development Officer III/Overseer - Management Information System Division</i>  Joanne Efrele D. Mondia <i>Information Systems Analyst II</i>
	3.Assigned staff attends the requested service.	None	10 minutes	Joanne Efrele D. Mondia <i>Information Systems Analyst II</i>

				John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	4.Assigned staff compile their filled-out service request form and input data to the database of MISD as proof of service rendered.	None	5 minutes	Joanne Efrel D. Mondia <i>Information Systems Analyst II</i>  John Michael N. Borcena <i>Data Encoder</i>  Mark Kylo E. Gloriane <i>Data Encoder</i>  John Cedrick S. Concepcion <i>Data Encoder</i>
	TOTAL	None	20 minutes	



## RESEARCH AND DEVELOPMENT SERVICES

### 8. City of San Jose del Monte Website Content Update and Posting

In pursuit to enhance the accessibility of information for the residents of San Jose del Monte and to streamline access to the public services, the Management Information System Division commits to consistently provide updates and posts to our website.

<b>OFFICE:</b>	Management Information System Division			
<b>CLASSIFICATION:</b>	Simple			
<b>TYPE OF TRANSACTION:</b>	G2G – Government to Government			
<b>WHO MAY AVAIL:</b>	City Government of San Jose Del Monte			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
1. Formal request for website update and posting duly signed by the head of office. 2. Soft copy and hard copy of the content for posting.	Requesting City Government office / department Requesting City Government office / department			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request from the concerned office with the attachment of information that needs to be updated or posted. Attachment can be sent thru email at misd.csjdm@gmail.com	1. Forward letter of request to the Supervising Officer for information assessment.	None	1 minute	Qwayne Khaila D. Fernandez <i>Data Encoder</i> or Lorraine G. Robes <i>Administrative Assistant VI (Computer Operator III)</i>
2. Coordinate with MIS Division for information assessment.	2. Once received, the Supervising Officer will make an assessment with the information.  2.1 Secured information will proceed to task assignment.  2.2 Unsecured information will be returned to the requesting office with Disapproval Notice.	None	1 day	Christopher L. Acibal <i>Youth Development Officer III/Overseer - Management Information System Division</i>  Joanne Efrele D. Mondia <i>Information Systems Analyst II</i>  Lorraine G. Robes <i>Administrative Assistant VI (Computer Operator III)</i> (for Disapproval Notice)
	3. Assigned staff will post or update the information provided by the requesting	None	1 day	Joanne Efrele D. Mondia <i>Information Systems Analyst II</i>

	office.			Mark Kylo E. Gloriane <i>Data Encoder</i>
3. Receive Notice.	4.Requesting office will be notified once the information is updated or posted.	None	5 minutes	Qwayne Khaila D. Fernandez <i>Data Encoder</i> or Lorraine G. Robes <i>Administrative Assistant VI (Computer Operator III)</i>
	TOTAL:	None	2 days, 6 minutes	

## VI. FEEDBACK AND COMPLAINTS

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
<b>How to send a feedback or complaint?</b>	<p>Fill out the Customer Satisfaction Measurement Form and drop it at the designated Suggestion Box in the Public Assistance Counter &amp; Complaints Desk <b>or send a complaint in writing or thru SMS, telephone call or Email.</b></p> <p>Contact Information: <b>0966-5247994</b> (Designated Bilis Aksyon Partner) or <b>csjdmfeedback@gmail.com</b></p>
<b>How feedback or complaint is processed?</b>	<p>The PACD Duty Officer records the details of the feedback in the logbook (name/address/contact details/date and time/issue or concern of client).</p> <p>The PACD Officer refers the feedback or complaint for indorsement to concerned offices/employee for action within the day. After 3 days, the action or answer to the feedback/complaint is then relayed to the citizen.</p> <p>For inquiries and follow-up, clients may contact <b>0966-5247994</b> (Designated Bilis Aksyon Partner) or <b>csjdmfeedback@gmail.com</b>.</p>

### **OTHER CONTACT INFORMATION:**

<b>ANTI-RED TAPE AUTHORITY</b>	(02) 8478-5091/ (02) 8478-5093/ (02) 8478-5099 OR Email us at <a href="mailto:info@arta.gov.ph">info@arta.gov.ph</a> / <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a>
<b>PRESIDENTIAL COMPLAINT CENTER (PCC)</b>	<u>via Email</u> : <a href="mailto:pcc@malacanang.gov.ph">pcc@malacanang.gov.ph</a> <u>via Postal Service</u> : Bahay Ugnayan, J.P. Laurel Street, Malacañang, Manila <u>via facsimile</u> : Telefax No. +63(2)-8736-8621 <u>via Telephone Nos.</u> +63(2)-8736-8645, +63(2)-8736-8603, +63(2)-8736-8629, +69(2)-8736-8621
<b>CSC CONTACT CENTER NG BAYAN (CCB)</b>	<u>Hotline</u> : 1-6565 accessible via PLDT and Smart landlines nationwide <u>SMS/Text Access</u> : 0908-8816565 <u>Email</u> : <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a> <u>Website</u> : <a href="http://www.contactcenterngbayan.gov.ph">www.contactcenterngbayan.gov.ph</a> <u>Facebook page</u> : <a href="http://www.facebook.com/contactcenterngbayan">www.facebook.com/contactcenterngbayan</a>

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**CONTACT INFORMATION:**

<b>ANTI-RED TAPE AUTHORITY</b>	(02) 8478-5091/ (02) 8478-5093/ (02) 8478-5099 OR Email us at <a href="mailto:info@arta.gov.ph">info@arta.gov.ph</a> / <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a>
<b>PRESIDENTIAL COMPLAINT CENTER (PCC)</b>	<i>via</i> <a href="mailto:pcc@malacanang.gov.ph">Email</a> : pcc@malacanang.gov.ph <i>via</i> <a href="#">Postal Service</a> : Bahay Ugnayan, J.P. Laurel Street, Malacañang, Manila <i>via</i> <a href="#">facsimile</a> : Telefax No. +63(2)-8736-8621 <i>via</i> <a href="#">Telephone Nos.</a> +63(2)-8736-8645, +63(2)-8736-8603, +63(2)-8736-8629, +69(2)-8736-8621
<b>CSC CONTACT CENTER NG BAYAN (CCB)</b>	Hotline: 1-6565 accessible via PLDT and Smart landlines nationwide <a href="#">SMS/Text Access</a> : 0908-8816565 <a href="mailto:email@contactcenterngbayan.gov.ph">Email</a> : <a href="http://email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a> <a href="#">Website</a> : <a href="http://www.contactcenterngbayan.gov.ph">www.contactcenterngbayan.gov.ph</a> <a href="#">Facebook page</a> : <a href="http://www.facebook.com/contactcenterngbayan">www.facebook.com/contactcenterngbayan</a>

## VII. LIST OF OFFICES AND CONTACT INFORMATION

No.	Office	Contact Information
1	Office of the City Mayor	044-9197370 to 79 Local 3110 ocm.csjdm@gmail.com
2	Office of the City Administrator	044-9197370 to 89 Local 2111 oca.lgu.csjdm@gmail.com
3	Business Permits & Licensing Office	((044) 306 4637 0912-599-6151 bplocsjdm_16@yahoo.com
4	Public Order and Safety Office	044-3058531 posocsjdm@gmail.com
5	City Traffic Management Division	09360419767 lgu.csjdm.ctmscog.bul@gmail.com
6	Tricycle Regulatory Unit	044-306-3345 tru.csjdm@gmail.com
7	Office of the City Vice Mayor & SP	044-9197370 to 89 Local 3213 ovm.csjdm001@gmail.com
8	Office of the SP Secretariat	044-9197370 to 89 Local 3215 to 3217 spcsjdm@gmail.com
9	City Tourism Office	044-9197370 to 89 Local 2116, 2118, 2119, 2122, 2123 City Tourism Office: <a href="mailto:citytourismoffice@tanglawan.ph">citytourismoffice@tanglawan.ph</a>
10	Public Information Office	044-9197370 to 89 Local 1216, 3115 contact.csjdmpio@gmail.com
11	Local Youth Development Division	0953-519-5159/044-320-2423 csjdm.cysdo1@gmail.com
12	City Disaster Risk Reduction & Management Office	09326000119/ 09552067200 cdrmo.csjdm@yahoo.com
13	Public Employment Service Office	<u>0955-517-3520/044-9197370 to 89 Local 2213 to 2215</u> <u>peso2016csjdm@gmail.com</u>
14	Community Affairs Office	044-3063431   09357284924 caolgucsjdm@gmail.com

15	Housing & Homesite Regulation Office	0443058341 hhro_csjdm@yahoo.com
16	Procurement Section	044-9197370 to 89 Local 2111 oca.lgu.csjdm@gmail.com
17	City Human Resource Management Office	044-9197370 to 89 Local 2121 chrmosjdm@gmail.com
18	City Planning & Development Office	044-9197370 to 89 Local 2224 cpdo.sjdm@gmail.com
19	City Civil Registrar's Office	044-919-7370 to 89 Local 1214 / 09995449677 csjdmlcro@gmail.com
20	City General Services Office	044-3067431/ gso_csjdmbulacan@yahoo.com(Admin) csjdmgeneralservicesoffice@gmail.com
21	City Budget Office	044-9197370 to 89 local 3120 csjdmbudgetoffice@gmail.com
22	City Accounting Office	044-9197370 to 89 Local 3111 accounting_csjdm@gmail.com
23	City Treasury Office	044-9197370 to 89 Local 1116 to 17 cto_sjdm@yahoo.com.ph
24	City Assessor's Office	044-9197370 to 89 Local 1121 sjdmassessor@gmail.com
25	City Legal Services	09368176641 ocls.sjdm@gmail.com
26	City Health Office	09569869417   044-919-7370 to 89 Local 1119 chocsjdm@gmail.com
27	Ospital ng Lungsod ng SJDM	044-3237123 olsjdm@gmail.com
28	City Social Welfare & Development Office	044-9197370 to 89 Local 1111 to 1115 cswdo.csjdm@gmail.com
29	City Population Office	044-9197370 to 89 Local 2223 cpo_csjdmbulacan@yahoo.com/ cpocsjdmbulacan@gmail.com
30	City Agriculture Office	044-3064431/ 0969-164-1694 agriculture.csjdm@gmail.com
31	City Veterinary Office	096631892/ 09339956566 cityvet20@yahoo.com

32	City Environment & Natural Resources Office	044-306-7231 lgu.csjdm.cenro.bul@gmail.com
33	Office of the City Building Official	09198353230 csjdmcitybuildingofficial@gmail.com

34	City Engineering Office	044-9197370 to 89 Local 2216 ceo.csjdm@gmail.com
35	Motorpool Division	<u>044-3098412 csjdmotorpooldivision@gmail.com</u>
36	City Cooperative Development Office – Economic section	44-3067321 ccdocsjdbul@gmail.com LEDIPO Contact Details: csjdm.ledipo@gmail.com
37	City College of San Jose del Monte	09178322130 president.ccsjdm@gmail.com
38	Business Development Office	<u>(044) 306 4341</u> <u>csjdm.businessdevoffice@gmail.com</u>
39	Management Information System Division – Administrative Office	(044) 919 7370 to 89 local number 2220 misd.csjdm@gmail.com



**City Government of San Jose del Monte**  
Citizen's Charter 2025 (1<sup>st</sup> Edition)





