



2" x 2" photo

(taken not later than
6 months period)

CLEARANCE CERTIFICATE

I, **NUNAG, CARL JOHN PAUL G.**, **COMPUTER PROGRAMMER I**
(Print Name) Position)

of **ZAMBOANGA CITY MEDICAL CENTER**
(Office)

request for clearance from all accountabilities with the ZAMBOANGA CITY MEDICAL CENTER

PURPOSE: ☐ Vacation Leave ☐ Secondment ☐ End of Contract
☐ Retirement ☐ Separation from the Service ☐ Others, specify: _____

In any case that should there be decision of the Honorable Supreme court, with finality, regarding hazard pay, which is adverse to those receiving hazard pay from Salary Grade 20 and above, the undersigned is willing to refund whatever difference in amount is disallowed

(Signature) (Signature Over Printed Name of Employee's Representative) Relationship of the Representative to the Employee

Date Signed: _____ Date Signed: _____

☐ Child ☐ Parent
☐ Spouse ☐ Guardian/
Next of Kin

Reasons for Signing on Behalf of the Employee:

☐ Emp, is in Abroad/Out-of-Town ☐ Empl, is Incapacitated ☐ Other Reasons: _____

RECOMMENDING APPROVAL:

MA. ELLEN V. MACIAS, RN, MAN, PhD
Department Head

CLEARED AS TO:

1. Work Accountabilities _____ Immediate Supervisor	6. Completion of service contracts for training/fellowship/study grant local and abroad pursuant to EO No. 367 _____ Francisco, Ariel G. Nursing Attendant II
2. Administrative/criminal case pending against him/her based on available records _____ Faustino, Ivy C. Nurse III	7. Money Responsibility _____ Caballes, Honeylyn P. Social Welfare Officer I
3. Property Responsibility (vehicle property etc.) _____ Agustin, Mario S. Administrative Aide I	8. Money/Property Accountabilities including settlement of accounts and disallowances: _____ Acaylar, Sharalene Faye E. Nurse III
4. Information & Records responsibilities _____ Go, Sheena Alyssa A. Administrative Assistant I	9. ZCMC/ COOP Employees Association Accountabilities _____ Dagpin, Socorro Grace M. Administrative Officer III
5. Library Responsibility _____ Alawaddin, Anam I. Medical Specialist III	10. Payroll accountabilities/NCH Multi-purpose Coop/ _____ Domingo, Ma. Rowena D. CHEMIST III

NOTE: Subject to settlement of disallowance/suspension that may arise from post-audit of his/her previous claims.

Approved on _____
By authority of the Secretary of Health:

Flores, Jhufel P.
Administrative Assistant III