



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



OFFICE OF THE MUNICIPAL HEALTH

28 March 2025

HON. JANET MAGPANTAY ILAGAN

Municipal Mayor
Mataasnakahoy, Batangas

Dear Mayor Ilagan:

A handwritten signature in black ink, appearing to read "J. Ilagan".

God's blessings!

This refers to a travel to Korea scheduled on April 10-15, 2025 for the undersigned to attend to some important personal matters.

May I request that I be authorized and allowed to undertake the said travel. May I assure that the expenses to be incurred on this travel will be on my own account and no resource will come from the municipal government.

Hoping for your favorable action on this request.

Thank you and best regards.

Very truly yours,

A handwritten signature in black ink, appearing to read "Karla M. Caraan".

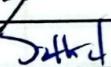
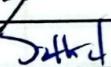
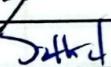
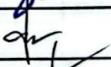
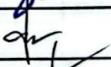
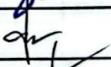
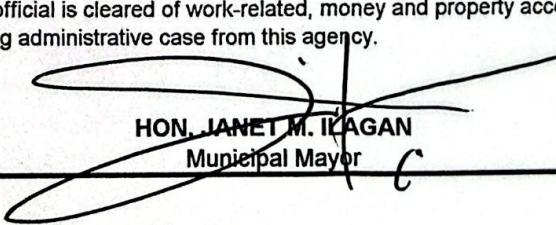
KARLA M. CARAAN, MD
Municipal Health Officer

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY

Republic of the Philippines
 Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
CLEARANCE FORM

(Instructions at the back)

I	PURPOSE Travel Abroad - South Korea																		
10-Mar-25																			
Date of Filing																			
TO: LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY I hereby request clearance from money, property and work-related accountabilities for: Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation: <input type="checkbox"/> Retirement <input checked="" type="checkbox"/> Leave Please specify: _____ Date of Effectivity: <u>April 10 to 15, 2025</u>																			
Office of Assignment: <u>Office of the Municipal Health</u>  Position/SG/Step: <u>MGDH-Municipal Health Officer/24/2</u> DRA. KARLA M. CARAAN Name and Signature of Official																			
II	CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES																		
I hereby certify that this employee/official is cleared <input checked="" type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept.  HON. JANET M. ILAGAN Municipal Mayor																			
III	CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES																		
Name of Unit/Office/Department Cleared Not Cleared Name of Clearing Officer/Official Signature																			
1. Administrative Services <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Supply and Property Procurement and Management Services</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"></td> <td>EMILIA R. MALALUAN</td> <td style="text-align: center;"></td> </tr> <tr> <td>b. Human Resource Welfare & Assistance</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"></td> <td>GALLY D. TIPAN</td> <td style="text-align: center;"></td> </tr> <tr> <td>c. Agency-accredited Union/Cooperative</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td>N/A</td> <td style="text-align: center;"></td> </tr> </table>					a. Supply and Property Procurement and Management Services	<input checked="" type="checkbox"/>		EMILIA R. MALALUAN		b. Human Resource Welfare & Assistance	<input checked="" type="checkbox"/>		GALLY D. TIPAN		c. Agency-accredited Union/Cooperative			N/A	
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b. Human Resource Welfare & Assistance	<input checked="" type="checkbox"/>		GALLY D. TIPAN																
c. Agency-accredited Union/Cooperative			N/A																
2. Library <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Legal Office Library</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td>N/A</td> <td style="text-align: center;"></td> </tr> <tr> <td>b. Library Services</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td>N/A</td> <td style="text-align: center;"></td> </tr> </table>					a. Legal Office Library			N/A		b. Library Services			N/A						
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b. Library Services			N/A																
3. Finance and Assets Management <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Financial Services</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"></td> <td>LADY IVY T. HIDALGO</td> <td style="text-align: center;"></td> </tr> <tr> <td>b. Transaction, Processing & Billing Services</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"></td> <td>LENILYN C. CARAAN</td> <td style="text-align: center;"></td> </tr> <tr> <td>c. Payroll & Remittance Services</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"></td> <td>LENILYN C. CARAAN</td> <td style="text-align: center;"></td> </tr> </table>					a. Financial Services	<input checked="" type="checkbox"/>		LADY IVY T. HIDALGO		b. Transaction, Processing & Billing Services	<input checked="" type="checkbox"/>		LENILYN C. CARAAN		c. Payroll & Remittance Services	<input checked="" type="checkbox"/>		LENILYN C. CARAAN	
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c. Payroll & Remittance Services	<input checked="" type="checkbox"/>		LENILYN C. CARAAN																
4. Professional and Institutional Development <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Scholarship Services</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td>N/A</td> <td style="text-align: center;"></td> </tr> </table>					a. Scholarship Services			N/A											
a. Scholarship Services			N/A																
IV	CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:																		
a. Internal Affairs Office/Legal Affairs Office N/A <input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)																			
V	CERTIFICATION																		
I hereby certify that this employee/ official is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency.  HON. JANET M. ILAGAN Municipal Mayor																			

INSTRUCTIONS:

1. Employees who are retiring, being separated, transferring to other agencies, leaving the Philippines and going on leave of absence **for more than 30 days** shall prepare this form in quadruplicate.
2. This clearance should be duly accomplished before paying the last salary or any money due the employees. (Specify which type of clearance: maternity leave, retirement, transfer, etc.)
3. If the employees are cleared from a unit/office/department, the clearing/authorized official may attach to this clearance the pertinent document/s that shall prove that the employees are cleared of any obligation or accountability from their office, if any, and tick the box under the "Cleared" column before affixing their signatures.
4. If the employees appear to have uncleared accountability/ies from a unit/office/department, the clearing/authorized official shall attach to this clearance the pertinent document/s that shall prove that the employees have remaining obligation or accountability from their office further indicating the necessary action/s that the employee must satisfy in order to be cleared, and tick the box under the "Uncleared" column. The clearing/authorized official must only sign this clearance corresponding to their name once the employee have complied the necessary requirements and cleared of all the obligation/s and accountability/ies from their office. They must also tick the box under the "Cleared" column.
5. The HRMO shall distribute copies of approved clearance as follows: original to the employee; duplicate to be attached to the payroll or voucher; triplicate to human resource unit file; and fourth copy to accounting/auditing office.
6. Processing of clearance certificate shall follow the order of number indicated.

Republic of the Philippine
Fourth Judicial Region
MUNICIPAL TRIAL COURT OF MATAASNAKAHOY
Province of Batangas
 ntc2mtk000@judiciary.gov.ph
Mobile. No. 09161017683

CERTIFICATE OF CLEARANCE

TO WHOM IT MAY CONCERN:

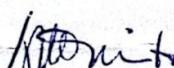
This is to certify that according to the available records of this Court as of this date, KARLA CARAAN y MANALO, a resident of *Brgy. San Sebastian, Mataasnakahoy, Batangas*, and whose signature as well as her thumb marks appear below has:

NO CRIMINAL RECORD

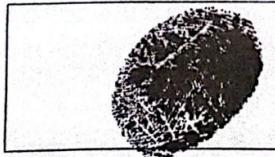
This certificate is issued upon request of the applicant for the purpose of **TRAVELLING ABROAD** and is valid for ninety (90) days from the date of issue.

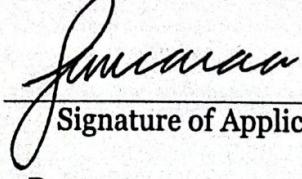
WITNESS MY HAND AND SEAL of this Court, this 6th day of February, 2025 at Mataasnakahoy, Batangas.

Checked & Verified by:


ANNETTE M. QUINTO
Court Stenographer I


SUSANA S. MENDOZA
CLERK OF COURT II





Signature of Applicant

SAJ NO. : 1117230 P 40.40
JDF NO. : 1115261 P 9.60
LRF NO. : 1903076 P 10.00
BIR - DST NO. : 8020011 P 30.00
CTC. NO. : 00910196
ISSUED ON : January 28, 2025
ISSUED AT : Mataasnakahoy, Batangas

Valid for 90 days from date of issue.

"DOCUMENTARY STAMP TAX PAID"

BIR-DST NO. 8020011 February 6, 2025
(GOR SERIAL NUMBER) (DATE OF PAYMENT)



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Mataasnakahoy

Stamp of Date of Receipt

APPLICATION FOR LEAVE

J
3 17. 25

11:00 AM

1. OFFICE/DEPARTMENT MUNICIPAL HEALTH OFFICE	2. NAME : CARAAN	(Last) KARLA	(First) MANALO	(Middle)
3. DATE OF FILING March 17, 2025	4. POSITION Municipal Health Officer	5. SALARY P 98,817.00		

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

- Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
- Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
- Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- Adoption Leave (R.A. No. 8552)

Others:

6.C NUMBER OF WORKING DAYS APPLIED FOR **Six (6) Days (Four Working Days & Two Non-Working Days)**

INCLUSIVE DATES

April 10-11 & 14-15, 2025 - Four Working Days
April 12-13, 2025 - Two Non Working Days

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

- Within the Philippines _____
- Abroad (Specify) **KOREA**

In case of Sick Leave:

- In Hospital (Specify Illness) _____
- Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

- Completion of Master's Degree
- BAR/Board Examination Review

Other purpose:

- Monetization of Leave Credits
- Terminal Leave

6.D COMMUTATION

- Not Requested
- Requested

KARLA M. CARAAN, MD
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of Ch. 01, 2025

	Vacation Leave	Sick Leave
Total Earned	<u>52.027</u>	<u>163.50</u>
Less this application	<u>- 4</u>	<u>-</u>
Balance	<u>52.027</u>	<u>163.50</u>

GALLY D. TIPAN **RELEASED**

Municipal Human Resource Management Officer

7.B RECOMMENDATION

- For approval
- For disapproval due to _____

7.C APPROVED FOR:

- days with pay
- days without pay
- others (Specify)

7.D DISAPPROVED DUE TO:

- _____
- _____
- _____

HON. JANET MAGPANTAY ILAGAN

Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 784-1113 / (043) 461-0107
Email Address: mayoroffice_mkahoy@yahoo.com



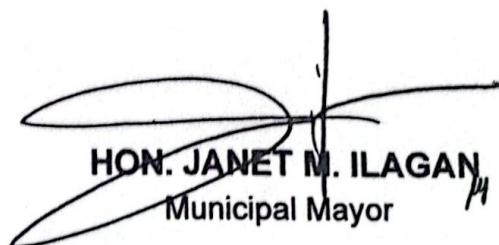
OFFICE OF THE MAYOR

AUTHORITY TO TRAVEL

This is to authorize **MS. KARLA M. CARAAN, M.D.**, Municipal Health Officer of the Local Government of Mataasnakahoy, to travel to Korea from April 10-15, 2025 for vacation on personal account.

Ms. Caraan has an approved leave of absence and no government fund shall be used for the said travel abroad.

Issued this 25th day of March 2025 at Mataasnakahoy, Batangas.



HON. JANET M. ILAGAN
Municipal Mayor

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



OFFICE OF THE MUNICIPAL HEALTH

06 February 2025

HON. JANET MAGPANTAY ILAGAN
Municipal Mayor
Mataasnakahoy, Batangas

Dear **Mayor Ilagan:**

God's blessings!

A handwritten signature in black ink, appearing to read "Karla M. Caraan". Above the signature, there are two small handwritten marks: a circled 'O' and a circled 'L'.

This refers to a travel to Taiwan scheduled on February 28-March 4, 2025 for the undersigned to attend to some important personal matters.

May I request that I be authorized and allowed to undertake the said travel. May I assure that the expenses to be incurred on this travel will be on my own account and no resource will come from the municipal government.

Hoping for your favorable action on this request.

Thank you and best regards.

Very truly yours,

A handwritten signature in black ink, appearing to read "Karla M. Caraan, MD".
KARLA M. CARAAN, MD
Municipal Health Officer

Joining hands for **M**ataasnakahoy's **i**nterest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 784-1113 / (043) 461-0107
Email Address: mayorsoffice_mkahoy@yahoo.com



OFFICE OF THE MAYOR

AUTHORITY TO TRAVEL

This is to authorize **MS. KARLA M. CARAAN, M.D.**, Municipal Health Officer of the Local Government of Mataasnakahoy, to travel to Taiwan from February 28 to March 4, 2025 for vacation on personal account.

Ms. Caraan has an approved leave of absence and no government fund shall be used for the said travel abroad.

Issued this 3rd day of February 2025 at Mataasnakahoy, Batangas.



HON. JANET M. ILAGAN
Municipal Mayor

Joining hands for **M**ataasnakahoy's **i**nterest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY

REPUBLIC OF THE PHILIPPINES)
MUNICIPALITY OF MATAASNAKAHOY, BATANGAS)

**AFFIDAVIT OF NO PENDING
CIVIL OR CRIMINAL CASE**

I, **KARLA M. CARAAN**, of legal age, married, Filipino, and a resident of Barangay San Sebastian, Mataasnakahoy, Batangas after having been sworn to an oath in accordance with law, hereby depose and state;

That, I am currently employed at the Local Government Unit of Mataasnakahoy, Batangas as Municipal Health Officer.

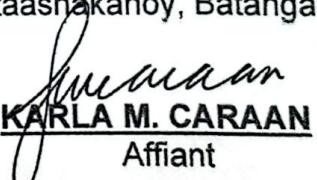
That, I will be on my personal/private travel to Taiwan on February 28-March 4, 2025.

That, I am neither an advocate nor a mentor of any unlawful or subversive organization that advocated the overthrow of the government agency in the government.

That, I was never accused of any offense or crime involving moral turpitude, neither one of the same nature or a pending case of anti-graft law (RA 3019) against my person is pending before any persecution office and judicial authorities elsewhere in the Philippines.

That I am executing this affidavit to attest to the truth of all the foregoing declaration and for whatever legal purpose it may serve.

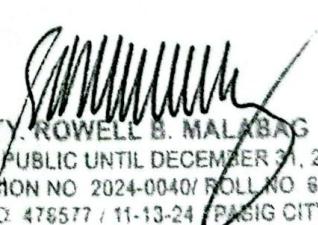
IN WITNESS WHEREOF, I hereunto set my hand this
10 FEB 2025 at Municipality of Mataasnakahoy, Batangas.


KARLA M. CARAAN

Affiant

SUBSCRIBED AND SWORN to before me this 10 FEB 2025
at Mataasnakahoy, affiant exhibited to me his/her _____
issued on _____ at _____.

Doc No. 163
Page No. 51
Book No. LXI
Series No. 704


ATTY. ROWELL B. MALABAG
NOTARY PUBLIC UNTIL DECEMBER 31, 2026
COMMISSION NO. 2024-0040 / ROLL NO. 68570
IBP NO. 478577 / 11-13-24 / PASIG CITY
PTR NO. 34208374 / 01-02-25 / M-KAHAY, BATS.
MCLE COMPLIANCE NO. VII-0002112
423 Rafeel Lubis Street, Barangay II-A, Mataasnakahoy, Batangas

Republic of the Philippines
Fourth Judicial Region
MUNICIPAL TRIAL COURT OF MATAASNAKAHOY
Province of Batangas
 htc2mtk000@judiciary.gov.ph
Mobile. No. 09161017683

CERTIFICATE OF CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that according to the available records of this Court as of this date, KARLA CARAAN y MANALO, a resident of *Brgy. San Sebastian, Mataasnakahoy, Batangas*, and whose signature as well as her thumb marks appear below has:

NO CRIMINAL RECORD

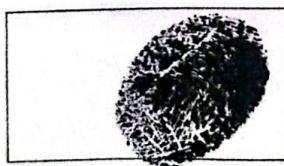
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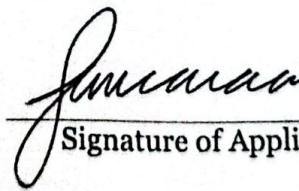
WITNESS MY HAND AND SEAL of this Court, this 6th day of February, 2025 at Mataasnakahoy, Batangas.

Checked & Verified by:


ANNETTE M. QUINTO
Court Stenographer I


SUSANA S. MENDOZA
CLERK OF COURT II




Signature of Applicant

SAJ NO. : 1117230 P 40.40
JDF NO. : 1115261 P 9.60
LRF NO. : 1903076 P 10.00
BIR - DST NO. : 8020011 P 30.00
CTC. NO. : 00910196
ISSUED ON : January 28, 2025
ISSUED AT : Mataasnakahoy, Batangas

Valid for 90 days from date of issue.

"DOCUMENTARY STAMP TAX PAID"



Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
Region IV-A (CALABARZON)
Province of Batangas
Municipality of MATAASNAKAHOY
Email Address: jaocampomj082@gmail.com

Basic: Letter request of Dra. KARLA M. CARAAN, Municipal Health Officer, Mataasnakahoy, Batangas for Foreign Travel authority to Japan on January 4-11, 2025.

1st Indorsement
11 December 2024

Respectfully forwarded to **HON. JUANITO VICTOR C. REMULLA, DILG Secretary, DILG NAPOLCOM Center, Quezon City** thru CHANNEL the herein attached documents recommending favorable action.



GUILLERMO A. OCAMPO JR.
MLGOO

Inc.: a/s

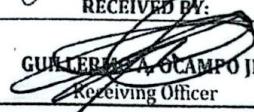




DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
CITIZEN'S CHARTER SERVICE REQUEST FORM

Document Code FM-SP-DILG-07-01		
Rev. No.	Eff. Date	Page

01	09.16.24	1 of 1
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SERVICE TITLE: ISSUANCE OF CERTIFICATE FOR FOREIGN TRAVEL AUTHORITY OF LOCAL GOVERNMENT OFFICIALS AND EMPLOYEES		REFERENCE NO.	FTA-R4A-MATAASNAKAHOY-BATANGAS-2024-12-10-007
		DATE OF REQUEST	DECEMBER 10, 2024
		Name of Applicant: KARLA M. CARAAAN, MD	
ADMINISTRATIVE REQUIREMENTS		Compliance	Contact Details:
Basic Documents on All Travel Categories			
1. Request Letter (Note: Governors, Vice Governors, Mayors, and Vice Mayors traveling abroad shall indicate the name of the Highest Ranking Sanggunian Member in their request letter)		✓	OTHER NEEDED INFORMATION, if any:
2. A duly notarized affidavit attesting that no administrative charge or criminal case has been filed or is pending against the applicant, or Oath of Undertaking, when the applicant has a pending case; and		✓	Position: MUNICIPAL HEALTH OFFICER Region: IV-A CALABARZON
3. A duly accomplished Clearance from Money and Property Accountabilities, (CS Form No. 7, Revised 2018) - signed by all Department Heads, indicating if cleared or not cleared and duly signed by the LCE		✓	LGU: MATAASNAKAHOY Destination: JAPAN
4. Travel Authorization (or Travel Order or Endorsement) from the Local Chief Executive pursuant to Section 6, OP MC No. 35, Series of 2017		✓	
Additional Documents Per Travel Category		Duration requested: <u>JANUARY 4-11, 2025</u>	Category of travel: <u>PERSONAL / PRIVATE</u>
OFFICIAL TRIPS		 SIGNATURE:	
2. Invitation Letter from the host country or sponsoring agency; 3. Acceptance letter from CHED, TESDA, LGA or organizer, or donor, 4. Copy or draft of the Memorandum of Agreement or Memorandum of Understanding between the LGU concerned and the LGU abroad (travel relating to Sister City or LG Technical Exchange Cooperation), if applicable.		RECEIVED BY:  GUILLERMO A. OCAMPO JR. Receiving Officer	DATE AND TIME RECEIVED <u>12-11-2024, 2:00 PM</u>
UNOFFICIAL TRIPS		ENDORSED TO RESPONSIBLE OFFICER:  GUILLERMO A. OCAMPO JR. MLGOO-MATAASNAKAHOY	DATE AND TIME ENDORSED <u>12-11-2024, 2:00 PM</u>
2. For Governors, Mayors of Highly Urbanized Cities and Independent Component Cities, Mayor of Pateros (a) Duly accomplished Application for Leave (CS Form No. 6, Revised 2020) (b) Medical Certificate for medical reasons			
3. Other Elected Officials (including employees - department heads and below) when the period of travel extends to more than three (3) months or during a period of emergency or crisis (a) Duly approved Application for Leave of absence (CS Form No. 6, Revised 2020) (b) Medical Certificate for medical reasons		✓	
REMARKS:			
ACKNOWLEDGEMENT RECEIPT			
This is to acknowledge the service/s you have requested:		REFERENCE NO.	
SERVICE TITLE:	Date Received	Date of Release in case of extension	
NAME OF RESPONSIBLE OFFICER/UNIT/DESIGNATION:			
REMARKS:		Republic of the Philippines DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT	
		OFFICE ADDRESS:	



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 784-1016
Email Address: mayorsoffice_mkahoy@yahoo.com



OFFICE OF THE MAYOR

04 December 2024

JUANITO VICTOR C. REMULLA

Secretary
Department of Interior and Local Government
DILG-NAPOLCOM Center, EDSA Cor.
Quezon Ave., West Triangle, Quezon City

Dear **Secretary Remulla:**

Greetings from the Municipality of Mataasnakahoy, Batangas!

This is to endorse the travel abroad of Ms. Karla M. Caraan, MD, Municipal Health Officer of Local Government Unit of Mataasnakahoy, Batangas from January 4-11, 2025 on her personal account. Said travel shall not entail any cost on part of the Municipal Government of Mataasnakahoy.

For the Secretary's approval.

Thank you and best regards.

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



OFFICE OF THE MUNICIPAL HEALTH

04 December 2024

JUANITO VICTOR C. REMULLA

Secretary
Department of Interior and Local Government
DILG-NAPOLCOM Center, EDSA Cor.
Quezon Ave., West Triangle, Quezon City

Dear **Secretary Remulla:**

God's blessings!

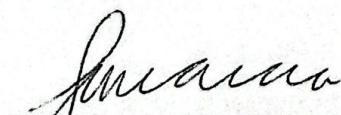
I write with the reference to our trip to Japan on private/personal purposes from January 4-11, 2025.

With regards to the aforementioned trip, may we please request the Honorable Secretary that the undersigned be issued a "Certificate of Foreign Travel Authority."

Hoping for the Secretary's favorably reply on this request.

Thank you and best regards.

Very truly yours,


KARLA M. CARAAN, MD
Municipal Health Officer

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



OFFICE OF THE MUNICIPAL HEALTH

04 December 2024

HON. JANET MAGPANTAY ILAGAN

Municipal Mayor
Mataasnakahoy, Batangas

Dear **Mayor Ilagan:**

God's blessings!

A handwritten signature in black ink, appearing to read "J. Ilagan".

This refers to a travel to Japan scheduled on January 4-11, 2025 for the undersigned to attend to some important personal matters.

May I request that I be authorized and allowed to undertake the said travel. May I assure that the expenses to be incurred on this travel will be on my own account and no resource will come from the municipal government.

Hoping for your favorable action on this request.

Thank you and best regards.

Very truly yours,

A handwritten signature in black ink, appearing to read "Karla M. Caraan, MD".

KARLA M. CARAAN, MD
Municipal Health Officer

Joining hands for **M**ataasnakahoy's **i**nterest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY

REPUBLIC OF THE PHILIPPINES)
MUNICIPALITY OF MATAASNAKAHOY, BATANGAS)

**AFFIDAVIT OF NO PENDING
CIVIL OR CRIMINAL CASE**

I, KARLA M. CARAAN, of legal age, married, Filipino, and a resident of Barangay San Sebastian, Mataasnakahoy, Batangas after having been sworn to an oath in accordance with law, hereby depose and state;

That, I am currently employed at the Local Government Unit of Mataasnakahoy, Batangas as Municipal Health Officer.

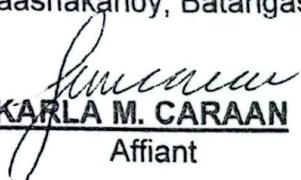
That, I will be on my personal/private travel to Japan on January 4-11, 2025.

That, I am neither an advocate nor a mentor of any unlawful or subversive organization that advocated the overthrow of the government agency in the government.

That, I was never accused of any offense or crime involving moral turpitude, neither one of the same nature or a pending case of anti-graft law (RA 3019) against my person is pending before any persecution office and judicial authorities elsewhere in the Philippines.

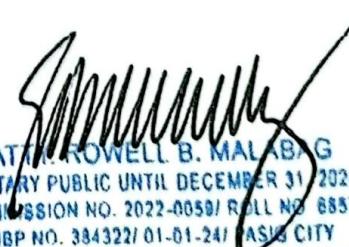
That I am executing this affidavit to attest to the truth of all the foregoing declaration and for whatever legal purpose it may serve.

IN WITNESS WHEREOF, I hereunto set my hand this
DEC 09 2024 at Municipality of Mataasnakahoy, Batangas.


KARLA M. CARAAN
Affiant

SUBSCRIBED AND SWORN to before me this DEC 09 2024
at Mataasnakahoy, affiant exhibited to me his/her _____
issued on _____ at _____.

Doc No. 117
Page No. 26
Book No. WILL
Series No. 204


ATTY. ROVELL B. MALABAG
NOTARY PUBLIC UNTIL DECEMBER 31, 2024
COMMISSION NO. 2022-0059 / ROLL NO. 68570
IBP NO. 384322/01-01-24 / PASIG CITY
PTR NO. 33108603/01-02-24 / M-RAHOY, BATS.
MCLE COMPLIANCE NO. VII-0002112
423 Rizal Lubis Street, Barangay II-A, Mataasnakahoy, Batangas

Republic of the Philippines
Fourth Judicial Region
MUNICIPAL TRIAL COURT OF MATAASNAKAHOY
Province of Batangas
 ntc2mtk000@judiciary.gov.ph
Mobile. No. 09161017683

CERTIFICATE OF CLEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that according to the available records of this Court as of this date, KARLA CARAAN y MANALO allegedly a resident of Brgy. San Sebastian, Mataasnakahoy, Batangas, and whose signature as well as his thumb marks appear below has:

NO CRIMINAL RECORD

This certificate is issued upon the request of the applicant for the purpose of **Travelling Abroad** and is valid for ninety (90) days from the date of issue.

WITNESS MY HAND AND SEAL of this Court, this 4th day of October, 2024 at Mataasnakahoy, Batangas.

Checked & Verified by:


ANNETTE M. QUINTO
Stenographer I


SUSAN S. MENDOZA
CLERK OF COURT II




Signature of Applicant

SAJ NO. : 1117136 P 40.40
JDF NO. : 1115163 P 9.60
LRF NO. : 1664484 P 10.00
BIR - DST NO. : 1119924 P 30.00
CTC. NO. : 29920487
ISSUED ON : February 5, 2024
ISSUED AT : Mataasnakahoy, Batangas

Valid for 90 days from date of issue.

"DOCUMENTARY STAMP TAX PAID"

BIR-DST NO. 1119924 October 4, 2024
(GOR SERIAL NUMBER) (DATE OF PAYMENT)



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 784-1113 / (043) 461-0107
Email Address: mayoroffice_mkahoy@yahoo.com



OFFICE OF THE MAYOR

AUTHORITY TO TRAVEL

This is to authorize **MS. KARLA M. CARAAN, M.D.**, Municipal Health Officer of the Local Government of Mataasnakahoy, to travel to Japan from January 4 to 11, 2025 for vacation on personal account.

Ms. Caraan has an approved leave of absence and no government fund shall be used for the said travel abroad.

Issued this 29th day of November 2024 at Mataasnakahoy, Batangas.


HON. JANET M. ILAGAN
Municipal Mayor

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



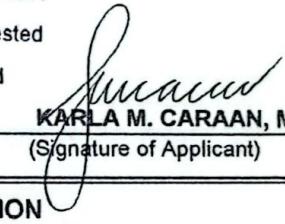
Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Stamp or Date of Receipt

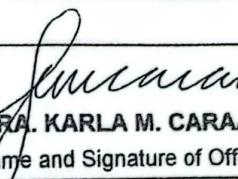
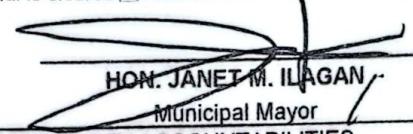
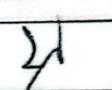
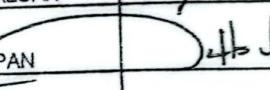
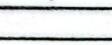
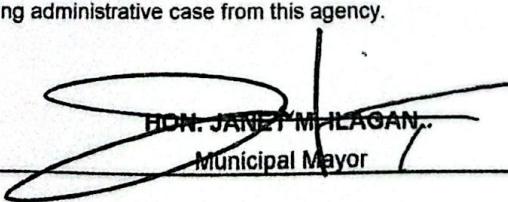
APPLICATION FOR LEAVE

11/19/24

9:30 AM

1. OFFICE/DEPARTMENT MUNICIPAL HEALTH OFFICE	2. NAME : CARAAN	(Last) KARLA	(First) MANALO	(Middle)											
3. DATE OF FILING November 19, 2024	4. POSITION Municipal Health Officer	5. SALARY P 98,817.00													
6. DETAILS OF APPLICATION															
6.A TYPE OF LEAVE TO BE AVAILED OF <input checked="" type="checkbox"/> Vacation Leave (Sec 51, Rule XVI, Omnibus Rules Implementing E.O No 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)		6.B DETAILS OF LEAVE <i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input checked="" type="checkbox"/> Abroad (Specify) JAPAN <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness); _____ <input type="checkbox"/> Out Patient (Specify Illness); _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness); _____ <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave													
<i>Others:</i> <hr/>															
6.C NUMBER OF WORKING DAYS APPLIED FOR Eight (8) Days INCLUSIVE DATES <u>January 4-5 & 11, 2025 (Three Non-Working Days)</u> <u>& January 6-10, 2025 (Five Working Days)</u>		6.D COMMUTATION <input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested  KARLA M. CARAAN, MD (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of <u>Sep. 30, 2024</u> <table border="1"> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> <tr> <td>Total Earned</td> <td>49.75</td> <td>158.50</td> </tr> <tr> <td>Less this application</td> <td>- 5.00 (3 VL)</td> <td>-</td> </tr> <tr> <td>Balance</td> <td>44.75</td> <td>158.50</td> </tr> </table> <p><i>GALLY D. TIPAN</i> Municipal Human Resource Management Officer</p>				Vacation Leave	Sick Leave	Total Earned	49.75	158.50	Less this application	- 5.00 (3 VL)	-	Balance	44.75	158.50	7.B RECOMMENDATION <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ <hr/> <hr/>
	Vacation Leave	Sick Leave													
Total Earned	49.75	158.50													
Less this application	- 5.00 (3 VL)	-													
Balance	44.75	158.50													
7.C APPROVED FOR: <hr/> <input type="checkbox"/> days with pay <hr/> <input type="checkbox"/> days without pay <hr/> <input type="checkbox"/> others (Specify)			7.D DISAPPROVED DUE TO: <hr/> <hr/> <p><i>HON. JANET MAGPANTAY ILAGAN</i> Municipal Mayor</p>												

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
CLEARANCE FORM
(Instructions at the back)

I PURPOSE		Travel Abroad - Japan		
			November 11, 2024 Date of Filing	
TO:	LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY I hereby request clearance from money, property and work-related accountabilities for: Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation: <input type="checkbox"/> Retirement <input checked="" type="checkbox"/> Leave Please specify: _____			
Date of Effectivity: January 4 to 11, 2025				
Office of Assignment:	Office of the Municipal Health		 DRA. KARLA M. CARAAN Name and Signature of Official	
Position/SG/Step:	MGDH-Municipal Health Officer/24/2			
II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES I hereby certify that this employee/official is cleared <input checked="" type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept.				
 HON. JANET M. ILAGAN Municipal Mayor				
III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES				
Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
1. Administrative Services				
a. Supply and Property Procurement and Management Services	<input checked="" type="checkbox"/>		EMILIA R. MALALUAN	
b. Human Resource Welfare & Assistance	<input checked="" type="checkbox"/>		GALLY D. TIPAN	
c. Agency-accredited Union/Cooperative			N/A	
2. Library			N/A	
a. Legal Office Library			N/A	
b. Library Services			N/A	
3. Finance and Assets Management				
a. Financial Services	<input checked="" type="checkbox"/>		LADY IVY T. HIDALGO	
b. Transaction, Processing & Billing Services	<input checked="" type="checkbox"/>		LENILYN C. CARAAN	
c. Payroll & Remittance Services	<input checked="" type="checkbox"/>		LENILYN C. CARAAN	
4. Professional and Institutional Development				
a. Scholarship Services			N/A	
IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:				
a. Internal Affairs Office/Legal Affairs Office			N/A	
<input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)				
V CERTIFICATION				
I hereby certify that this employee/ official is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency.				
 HON. JANET M. ILAGAN Municipal Mayor				



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



MUNICIPAL HEALTH OFFICE

MEMORANDUM

FOR : **HON. JANET M. ILAGAN**
Municipal Mayor

THRU : **MR. GALLY D. TIPAN** *ftr: Atip*
Municipal Human Resource Management Officer

SUBJECT : **REQUEST FOR VACATION LEAVE**

DATE : January 24, 2025

1. This is to request for the approval of my Vacation Leave for 3 Days on March 1 & 2, 2025 (Two-Non Working Days) and March 3, 2025 (One Working Day)
2. Reason: Travel Abroad (Taiwan).

Further request consideration on the matter.

Karla M. Caraan
KARLA M. CARAAN, MD
Municipal Health Officer

Approved:

Disapproved:

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Mataasnakahoy

RECEIVED
Stamp of Date of Receipt

1. M. 15

9:00 AM

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT MUNICIPAL HEALTH OFFICE	2. NAME : (Last) CARAAN	(First) KARLA	(Middle) MANALO												
3. DATE OF FILING January 24, 2025	4. POSITION Municipal Health Officer	5. SALARY P 98,817.00													
6. DETAILS OF APPLICATION															
6.A TYPE OF LEAVE TO BE AVAILED OF		6.B DETAILS OF LEAVE													
<input checked="" type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) <input type="checkbox"/> Adoption Leave (R.A. No. 8552)		<i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input checked="" type="checkbox"/> Abroad (Specify) TAIWAN <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____ <i>In case of Special Leave Benefits for Women:</i> (Specify Illness) _____ <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree _____ <input type="checkbox"/> BAR/Board Examination Review _____ <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits _____ <input type="checkbox"/> Terminal Leave _____													
6.C NUMBER OF WORKING DAYS APPLIED FOR Three (3) Days		6.D COMMUTATION													
INCLUSIVE DATES March 1 & 2, 2025 (Two-Non Working Days) and March 3, 2025 (One Working Day)		<input checked="" type="checkbox"/> Not Requested <input type="checkbox"/> Requested KARLA M. CARAAN, MD (Signature of Applicant)													
7. DETAILS OF ACTION ON APPLICATION															
7.A CERTIFICATION OF LEAVE CREDITS As of 01. 31. 2024		7.B RECOMMENDATION													
<table border="1"> <thead> <tr> <th></th> <th>Vacation Leave</th> <th>Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Total Earned</td> <td>54.515</td> <td>159.75</td> </tr> <tr> <td>Less this application</td> <td>-1</td> <td>-</td> </tr> <tr> <td>Balance</td> <td>53.515</td> <td>159.75</td> </tr> </tbody> </table> <i>for: Apip</i> GALLY D. TIPAN 01/24/25 Municipal Human Resource Management Officer			Vacation Leave	Sick Leave	Total Earned	54.515	159.75	Less this application	-1	-	Balance	53.515	159.75	<input checked="" type="checkbox"/> For approval _____ <input type="checkbox"/> For disapproval due to _____	
	Vacation Leave	Sick Leave													
Total Earned	54.515	159.75													
Less this application	-1	-													
Balance	53.515	159.75													
7.C APPROVED FOR: <input type="checkbox"/> days with pay <input type="checkbox"/> days without pay <input type="checkbox"/> others (Specify)		7.D DISAPPROVED DUE TO: <input type="checkbox"/> days with pay <input type="checkbox"/> days without pay <input type="checkbox"/> others (Specify)													
 HON. JANET MAGPANTAY ILAGAN Municipal Mayor															

INSTRUCTIONS AND REQUIREMENTS

Application for any type of leave shall be made on this Form and to be accomplished at least in duplicate with documentary requirements, as follows:

1. Vacation leave*

It shall be filed five (5) days in advance, whenever possible, of the effective date of such leave. Vacation leave within in the Philippines or abroad shall be indicated in the form for purposes of securing travel authority and completing clearance from money and work accountabilities.

2. Mandatory/Forced leave

Annual five-day vacation leave shall be forfeited if not taken during the year. In case the scheduled leave has been cancelled in the exigency of the service by the head of agency, it shall no longer be deducted from the accumulated vacation leave. Availment of one (1) day or more Vacation Leave (VL) shall be considered for complying the mandatory/forced leave subject to the conditions under Section 25, Rule XVI of the Omnibus Rules Implementing E.O. No. 292.

3. Sick leave*

- It shall be filed immediately upon employee's return from such leave.
- If filed in advance or exceeding five (5) days, application shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by an applicant.

4. Maternity leave* – 105 days

- Proof of pregnancy e.g. ultrasound, doctor's certificate on the expected date of delivery
- Accomplished Notice of Allocation of Maternity Leave Credits (CS Form No. 6a), if needed
- Seconded female employees shall enjoy maternity leave with full pay in the recipient agency.

5. Paternity leave – 7 days

Proof of child's delivery e.g. birth certificate, medical certificate and marriage contract

6. Special Privilege leave – 3 days

It shall be filed/approved for at least one (1) week prior to availment, except on emergency cases. Special privilege leave within the Philippines or abroad shall be indicated in the form for purposes of securing travel authority and completing clearance from money and work accountabilities.

7. Solo Parent leave – 7 days

It shall be filed in advance or whenever possible five (5) days before going on such leave with updated Solo Parent Identification Card.

8. Study leave* – up to 6 months

- Shall meet the agency's internal requirements, if any;
- Contract between the agency head or authorized representative and the employee concerned.

9. VAWC leave – 10 days

- It shall be filed in advance or immediately upon the woman employee's return from such leave.
- It shall be accompanied by any of the following supporting documents:
 - a. Barangay Protection Order (BPO) obtained from the barangay;
 - b. Temporary/Permanent Protection Order (TPO/PPO) obtained from the court;
 - c. If the protection order is not yet issued by the barangay or the court, a certification issued by the Punong Barangay/Kagawad or Prosecutor or the Clerk of Court that the application for the BPO, TPO or PPO has been filed with the said office shall be sufficient to support the application for the ten-day leave.

* For leave of absence for thirty (30) calendar days or more and terminal leave, application shall be accompanied by a clearance from money, property and work-related accountabilities (pursuant to CSC Memorandum Circular No. 2, s. 1985).

at the discretion of the immediate supervisor of the woman employee concerned.

10. Rehabilitation leave* – up to 6 months

- Application shall be made within one (1) week from the time of the accident except when a longer period is warranted.
- Letter request supported by relevant reports such as the police report, if any,
- Medical certificate on the nature of the injuries, the course of treatment involved, and the need to undergo rest, recuperation, and rehabilitation, as the case may be.
- Written concurrence of a government physician should be obtained relative to the recommendation for rehabilitation if the attending physician is a private practitioner, particularly on the duration of the period of rehabilitation.

11. Special leave benefits for women* – up to 2 months

- The application may be filed in advance, that is, at least five (5) days prior to the scheduled date of the gynecological surgery that will be undergone by the employee. In case of emergency, the application for special leave shall be filed immediately upon employee's return but during confinement the agency shall be notified of said surgery.
- The application shall be accompanied by a medical certificate filled out by the proper medical authorities, e.g. the attending surgeon accompanied by a clinical summary reflecting the gynecological disorder which shall be addressed or was addressed by the said surgery; the histopathological report; the operative technique used for the surgery; the duration of the surgery including the peri-operative period (period of confinement around surgery); as well as the employees estimated period of recuperation for the same.

12. Special Emergency (Calamity) leave – up to 5 days

- The special emergency leave can be applied for a maximum of five (5) straight working days or staggered basis within thirty (30) days from the actual occurrence of the natural calamity/disaster. Said privilege shall be enjoyed once a year, not in every instance of calamity or disaster.
- The head of office shall take full responsibility for the grant of special emergency leave and verification of the employee's eligibility to be granted thereof. Said verification shall include: validation of place of residence based on latest available records of the affected employee; verification that the place of residence is covered in the declaration of calamity area by the proper government agency; and such other proofs as may be necessary.

13. Monetization of leave credits

Application for monetization of fifty percent (50%) or more of the accumulated leave credits shall be accompanied by letter request to the head of the agency stating the valid and justifiable reasons.

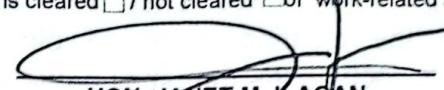
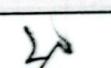
14. Terminal leave*

Proof of employee's resignation or retirement or separation from the service.

15. Adoption Leave

- Application for adoption leave shall be filed with an authenticated copy of the Pre-Adoptive Placement Authority issued by the Department of Social Welfare and Development (DSWD).

Republic of the Philippines
 Province of Batangas
 MUNICIPALITY OF MATAASNAKAHOY
CLEARANCE FORM
(Instructions at the back)

I PURPOSE		Travel Abroad - Taiwan		
		January 20, 2025 Date of Filing		
TO: <u>LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY</u>				
I hereby request clearance from money, property and work-related accountabilities for:				
Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation: <input type="checkbox"/> Retirement <input type="checkbox"/> Leave Please specify: _____				
Date of Effectivity: <u>February 28 to March 4, 2025</u>				
Office of Assignment: <u>Office of the Municipal Health</u>		 DRA. KARLA M. CARAAN Name and Signature of Official		
Position/SG/Step: <u>MGDH-Municipal Health Officer/24/2</u>				
II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES				
I hereby certify that this employee/official is cleared <input checked="" type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept.				
 HON. JANET M. ILAGAN Municipal Mayor				
III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES				
Name of Unit/Office/Department		Cleared	Not Cleared	Name of Clearing Officer/Official
1. Administrative Services				
a. Supply and Property Procurement and Management Services		✓		EMILIA R. MALALUAN 
b. Human Resource Welfare & Assistance		✓		GALLY D. TIPAN 
c. Agency-accredited Union/Cooperative				N/A
2. Library				
a. Legal Office Library				N/A
b. Library Services				N/A
3. Finance and Assets Management				
a. Financial Services		✓		LADY IVY T. HIDALGO 
b. Transaction, Processing & Billing Services		✓		LENILYN C. CARAAN 
c. Payroll & Remittance Services		✓		LENILYN C. CARAAN 
4. Professional and Institutional Development				
a. Scholarship Services				N/A
IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:				
a. Internal Affairs Office/Legal Affairs Office				N/A
<input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)				
V CERTIFICATION				
I hereby certify that this employee/ official is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency.				
 HON. JANET M. ILAGAN Municipal Mayor				

INSTRUCTIONS:

1. Employees who are retiring, being separated, transferring to other agencies, leaving the Philippines and going on leave of absence **for more than 30 days** shall prepare this form in quadruplicate.
2. This clearance should be duly accomplished before paying the last salary or any money due the employees. (Specify which type of clearance: maternity leave, retirement, transfer, etc.)
3. If the employees are cleared from a unit/office/department, the clearing/authorized official may attach to this clearance the pertinent document/s that shall prove that the employees are cleared of any obligation or accountability from their office, if any, and tick the box under the "Cleared" column before affixing their signatures.
4. If the employees appear to have uncleared accountability/ies from a unit/office/department, the clearing/authorized official shall attach to this clearance the pertinent document/s that shall prove that the employees have remaining obligation or accountability from their office further indicating the necessary action/s that the employee must satisfy in order to be cleared, and tick the box under the "Uncleared" column. The clearing/authorized official must only sign this clearance corresponding to their name once the employee have complied the necessary requirements and cleared of all the obligation/s and accountability/ies from their office. They must also tick the box under the "Cleared" column.
5. The HRMO shall distribute copies of approved clearance as follows: original to the employee; duplicate to be attached to the payroll or voucher; triplicate to human resource unit file; and fourth copy to accounting/auditing office.
6. Processing of clearance certificate shall follow the order of number indicated.



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Human Resource Management Office
Mataasnakahoy

RECEIVED
10.2.24
10pm

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT 2. NAME : (Last) (First) (Middle)
MUNICIPAL HEALTH OFFICE **CARAAN** **KARLA** **MANALO**

3. DATE OF FILING October 2, 2024 4. POSITION Municipal Health Officer 5. SALARY _____

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVALIABLE

- Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)
- Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)
- Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
- Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- Adoption Leave (R.A. No. 8552)

Others:

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

- Within the Philippines _____
- Abroad (Specify) THAILAND

In case of Sick Leave:

- In Hospital (Specify Illness) _____
- Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

- Completion of Master's Degree
- BAR/Board Examination Review

Other purpose:

- Monetization of Leave Credits
- Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

Four (4) Days

INCLUSIVE DATES

October 26-27, 2024 (Two Non-Working Days)
& October 28-29, 2024 (Two Working Days)

6.D COMMUTATION

- Not Requested
- Requested

KARLA M. CARAAN, MD
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of June 30, 2024

	Vacation Leave	Sick Leave
Total Earned	48.543	154.75
Less this application	- 2	
Balance	46.543	154.75

GALLY D. TIPAN
Municipal Human Resource Management Officer

7.B RECOMMENDATION

- For approval
- For disapproval due to _____

HON. JANET MAGPANTAY ILAGAN
Municipal Mayor

7.C APPROVED FOR:

- days with pay
- days without pay
- others (Specify)

7.D DISAPPROVED DUE TO:

- _____
- _____

HON. JANET MAGPANTAY ILAGAN
Municipal Mayor

INSTRUCTIONS AND REQUIREMENTS

Application for any type of leave shall be made on this Form and to be accomplished at least In duplicate with documentary requirements, as follows:

1. Vacation leave'

It shall be filed five (5) days in advance, whenever possible, of the effective date of such leave. Vacation leave within in the Philippines or abroad shall be indicated in the form for purposes of acquiring travel authority and completing clearance from

- * For leave of absence for thirty (30) calendar days or more and terminal leave, application shall be accompanied by a clearance from money, property and work-related accountabilities (pursuant to CSC Memorandum Circular No. 2, s. 1985).

- Annual five-day vacation leave shall be forfeited if not taken during the year. In case the scheduled leave has been cancelled in the exigency of the service by the head of agency, it shall no longer be deducted from the accumulated vacation leave. Availment of one (1) day or more Vacation Leave (VL) shall be considered for complying the mandatory/forced leave subject to the conditions under Section 25, Rule XVI of the Omnibus Rules Implementing E.O. No. 292.

3. Sick leave*

- It shall be filed immediately upon employee's return from such leave.
 - If filed in advance or exceeding five (5) days, application shall be accompanied by a medical certificate. In case medical consultation was not availed of, an affidavit should be executed by an applicant.

4. Maternity leave* – 105 days

- Proof of pregnancy e.g. ultrasound, doctor's certificate on the expected date of delivery
 - Accomplished Notice of Allocation of Maternity Leave Credits (CS Form No. 6a), if needed
 - Seconded female employees shall enjoy maternity leave with full pay in the recipient agency.

5 Paternity leave – 7 days

Proof of child's delivery e.g. birth certificate, medical certificate and marriage contract

6. Special Privilege leave – 3 days

It shall be filed/approved for at least one (1) week prior to availment, except on emergency cases. Special privilege leave within the Philippines or abroad shall be indicated in the form for purposes of securing travel authority and completing clearance from money and work accountabilities.

7. Solo Parent leave – 7 days

It shall be filed in advance or whenever possible five (5) days before going on such leave with updated Solo Parent Identification Card.

8. Study leave* – up to 6 months

- Shall meet the agency's internal requirements, if any;
 - Contract between the agency head or authorized representative and the employee concerned.

9. VAWC leave - 10 days

- It shall be filed in advance or immediately upon the woman employee's return from such leave.
 - It shall be accompanied by any of the following supporting documents:

- a. Barangay Protection Order (BPO) obtained from the barangay;
 - b. Temporary/Permanent Protection Order (TPO/PPO) obtained from the court;
 - c. If the protection order is not yet issued by the barangay or the court, a certification issued by the Punong Barangay/Kagawad or Prosecutor or the Clerk of Court that the application for the BPO, TPO or PPO has been filed with the said office shall be sufficient to support the claim.

violence on the victim and a medical certificate may be considered, at the discretion of the immediate supervisor of the woman employee concerned.

10. Rehabilitation leave* – up to 6 months

- Application shall be made within one (1) week from the time of the accident except when a longer period is warranted.
 - Letter request supported by relevant reports such as the police report, if any,
 - Medical certificate on the nature of the injuries, the course of treatment involved, and the need to undergo rest, recuperation, and rehabilitation, as the case may be.
 - Written concurrence of a government physician should be obtained relative to the recommendation for rehabilitation if the attending physician is a private practitioner, particularly on the duration of the period of rehabilitation.

11. Special leave benefits for women* – up to 2 months

- The application may be filed in advance, that is, at least five (5) days prior to the scheduled date of the gynecological surgery that will be undergone by the employee. In case of emergency, the application for special leave shall be filed immediately upon employee's return but during confinement the agency shall be notified of said surgery.
 - The application shall be accompanied by a medical certificate filled out by the proper medical authorities, e.g. the attending surgeon accompanied by a clinical summary reflecting the gynecological disorder which shall be addressed or was addressed by the said surgery; the histopathological report; the operative technique used for the surgery; the duration of the surgery including the peri-operative period (period of confinement around surgery); as well as the employees estimated period of recuperation for the same.

12. Special Emergency (Calamity) leave – up to 5 days

- The special emergency leave can be applied for a maximum of five (5) straight working days or staggered basis within thirty (30) days from the actual occurrence of the natural calamity/disaster. Said privilege shall be enjoyed once a year, not in every instance of calamity or disaster.
 - The head of office shall take full responsibility for the grant of special emergency leave and verification of the employee's eligibility to be granted thereof. Said verification shall include: validation of place of residence based on latest available records of the affected employee; verification that the place of residence is covered in the declaration of calamity area by the proper government agency; and such other proofs as may be necessary.

13. Monetization of leave credits



**DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
CITIZEN'S CHARTER SERVICE REQUEST FORM**

Form No. FM-SP-DILG-07-01		
Rev. No.	Ed. Date	Page
01	09.16.24	1 of 1

SERVICE TITLE: ISSUANCE OF CERTIFICATE FOR FOREIGN TRAVEL AUTHORITY OF LOCAL GOVERNMENT OFFICIALS AND EMPLOYEES		REFERENCE NO. FTA-R4A-MATAASNAKAHOY-BATANGAS-2024-10-10-003
		DATE OF REQUEST OCTOBER 10, 2024
		Name of Applicant: KARLA M. CARAAN, MD
ADMINISTRATIVE REQUIREMENTS		Compliance
		Contact Details: 0917-592-1393
Basic Documents on All Travel Categories		
1. Request Letter (Note: Governors, Vice Governors, Mayors, and Vice Mayors traveling abroad shall indicate the name of the Highest Ranking Sanggunian Member in their request letter)		✓
2. A duly notarized affidavit attesting that no administrative charge or criminal case has been filed or is pending against the applicant, or Oath of Undertaking, when the applicant has a pending case; and		✓
3. A duly accomplished Clearance from Money and Property Accountabilities, (CS Form No. 7, Revised 2018) - signed by all Department Heads, indicating if cleared or not cleared and duly signed by the LCE		✓
4. Travel Authorization (or Travel Order or Endorsement) from the Local Chief Executive pursuant to Section 6, OP MC No. 35, Series of 2017		✓
OTHER NEEDED INFORMATION, If any:		
Position: MUNICIPAL HEALTH OFFICER		Region: IV-A CALABARZON
LGU: MATAASNAKAHOY		Destination: THAILAND
Additional Documents Per Travel Category		
OFFICIAL TRIPS		Duration requested: OCTOBER 26-30, 2024
2. Invitation Letter from the host country or sponsoring agency;		<i>Jill G. Ocampo</i>
3. Acceptance letter from CHED, TESDA, LGA or organizer, or donor;		
4. Copy or draft of the Memorandum of Agreement or Memorandum of Understanding between the LGU concerned and the LGU abroad (travel relating to Sister City or LG Technical Exchange Cooperation), if applicable.		
UNOFFICIAL TRIPS		SIGNATURE: <i>Jill G. Ocampo</i>
2. For Governors, Mayors of Highly Urbanized Cities and Independent Component Cities, Mayor of Pateros (a) Duly accomplished Application for Leave (CS Form No. 6, Revised 2020) Medical Certificate for medical reasons (b)		RECEIVED BY: GUILLERMO A. OCAMPO JR. Receiving Officer
		DATE AND TIME RECEIVED <i>10-10-2024, 4PM</i>
3. Other Elected Officials (including employees - department heads and below) when the period of travel extends to more than three (3) months or during a period of emergency or crisis (a) Duly approved Application for Leave of absence (CS Form No. 6, Revised 2020) Medical Certificate for medical reasons (b)		ENDORSED TO RESPONSIBLE OFFICER: <i>Guillermo A. Ocampo Jr.</i> Name/ Unit and Designation
		DATE AND TIME ENDORSED <i>10-10-2024, 4PM</i>
REMARKS:		
ACKNOWLEDGEMENT RECEIPT		
This is to acknowledge the service/s you have requested:		REFERENCE NO.
SERVICE TITLE:	Date Received	Date of Release in case of extension
Republic of the Philippines DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT		
NAME OF RESPONSIBLE OFFICER/UNIT/DESIGNATION:		
OFFICE ADDRESS:		
REMARKS:		



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 784-1016
Email Address: mayoroffice_mkahoy@yahoo.com



OFFICE OF THE MAYOR

09 October 2024

MARLO L. IRINGAN, CESO III

Undersecretary for Local Government
Department of Interior and Local Government
DILG-NAPOLCOM Center, EDSA Cor.
Quezon Ave., West Triangle, Quezon City

Dear Undersecretary Iringan:

Greetings from the Municipality of Mataasnakahoy, Batangas!

This is to endorse the travel abroad of Ms. Karla M. Caraan, MD, Municipal Health Officer of Local Government Unit of Mataasnakahoy, Batangas from October 26-29, 2024 on her personal account. Said travel shall not entail any cost on part of the Municipal Government of Mataasnakahoy.

For the Undersecretary's approval.

Thank you and best regards.

Very truly yours,

JAÑET MAGPANTAY ILAGAN
Municipal Mayor

Joining hands for **M**ataasnakahoy's **i**nterest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678

OFFICE OF THE MUNICIPAL HEALTH



09 October 2024

HON. JANET MAGPANTAY ILAGAN
Municipal Mayor
Mataasnakahoy, Batangas

Dear Mayor Ilagan:

wj

God's blessings!

This refers to a travel to Thailand scheduled on October 26-29, 2024 for the undersigned to attend to some important personal matters.

May I request that I be authorized and allowed to undertake the said travel. May I assure that the expenses to be incurred on this travel will be on my own account and no resource will come from the municipal government.

Hoping for your favorable action on this request.

Thank you and best regards.

Very truly yours,

KARLA M. CARAAN, MD
Municipal Health Officer

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



OFFICE OF THE MUNICIPAL HEALTH

09 October 2024

MARLO L. IRINGAN, CESO III
Undersecretary for Local Government
Department of Interior and Local Government
DILG-NAPOLCOM Center, EDSA Cor.
Quezon Ave., West Triangle, Quezon City

Dear Undersecretary Iringan:

God's blessings!

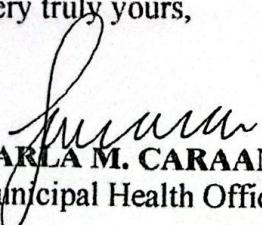
I write with the reference to our trip to Thailand on private/personal purposes from October 26-29, 2024.

With regards to the aforementioned trip, may we please request the Honorable Secretary that the undersigned be issued a "Certificate of Foreign Travel Authority."

Hoping for the Secretary's favorably reply on this request.

Thank you and best regards.

Very truly yours,


KARLA M. CARAAN, MD
Municipal Health Officer

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY

Republic of the Philippines
Fourth Judicial Region
MUNICIPAL TRIAL COURT OF MATAASNAKAHOY
Province of Batangas
✉ ntc2mtkooo@judiciary.gov.ph
Mobile. No. 09161017683

CERTIFICATE OF CLEARANCE

TO WHOM IT MAY CONCERN:

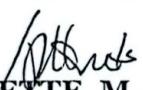
This is to certify that according to the available records of this Court as of this date, KARLA CARAAN y MANALO allegedly a resident of Brgy. San Sebastian, Mataasnakahoy, Batangas, and whose signature as well as his thumb marks appear below has:

NO CRIMINAL RECORD

This certificate is issued upon the request of the applicant for the purpose of **Travelling Abroad** and is valid for **ninety (90) days** from the date of issue.

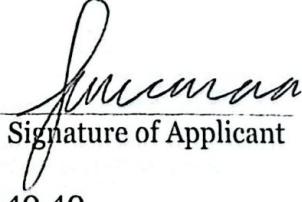
WITNESS MY HAND AND SEAL of this Court, this 4th day of October, 2024 at Mataasnakahoy, Batangas.

Checked & Verified by:


ANNETTE M. QUINTO
Stenographer I


SUSANA S. MENDOZA
CLERK OF COURT II




Signature of Applicant

SAJ NO. : 1117136 P 40.40
JDF NO. : 1115163 P 9.60
LRF NO. : 1664484 P 10.00
BIR - DST NO. : 1119924 P 30.00

CTC. NO. : 29920487

ISSUED ON : February 5, 2024

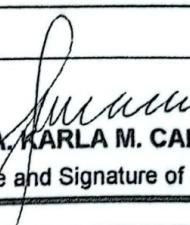
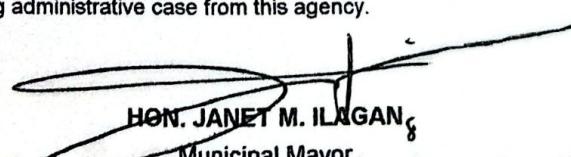
ISSUED AT : Mataasnakahoy, Batangas

Valid for 90 days from date of issue.

"DOCUMENTARY STAMP TAX PAID"

BIR-DST NO. 1119924 October 4, 2024
(GOR SERIAL NUMBER) (DATE OF PAYMENT)

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
CLEARANCE FORM
(Instructions at the back)

I	PURPOSE	Travel Abroad - Thailand		
			✓ September 26, 2024	
TO: <u>LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY</u> I hereby request clearance from money, property and work-related accountabilities for: Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation: <input type="checkbox"/> Retirement <input checked="" type="checkbox"/> Leave Please specify: _____				
Date of Effectivity: October 26 to 29, 2024				
Office of Assignment: Office of the Municipal Health			DRA. KARLA M. CARAAN Name and Signature of Official	
Position/SG/Step: MGDH-Municipal Health Officer/24/2				
II	CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES			
I hereby certify that this employee/official is cleared <input checked="" type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept.				
 HON. JANET M. ILAGAN Municipal Mayor				
III	CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES			
Name of Unit/Office/Department		Cleared	Not Cleared	Name of Clearing Officer/Official
1. Administrative Services				
a. Supply and Property Procurement and Management Services		✓		EMILIA R. MALALUAN
b. Human Resource Welfare & Assistance		✓		GALLY D. TIPAN
c. Agency-accredited Union/Cooperative				N/A
2. Library				
a. Legal Office Library				N/A
b. Library Services				N/A
3. Finance and Assets Management				
a. Financial Services		✓		LADY IVY T. HIDALGO
b. Transaction, Processing & Billing Services		✓		LENILYN C. CARAAN
c. Payroll & Remittance Services		✓		LENILYN C. CARAAN
4. Professional and Institutional Development				
a. Scholarship Services				N/A
IV	CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:			
a. Internal Affairs Office/Legal Affairs Office				
<input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)				
V	CERTIFICATION			
I hereby certify that this employee/ official is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency.				
 HON. JANET M. ILAGAN Municipal Mayor				



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 784-1113 / (043) 461-0107
Email Address: mayoroffice_mkahoy@yahoo.com



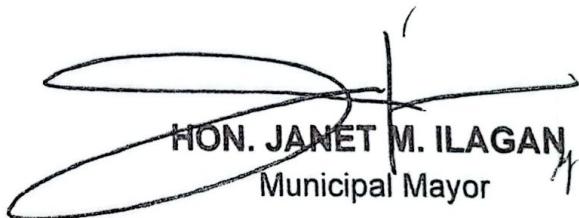
OFFICE OF THE MAYOR

AUTHORITY TO TRAVEL

This is to authorize **MS. KARLA M. CARAAN, M.D.**, Municipal Health Officer of the Local Government of Mataasnakahoy, to travel to Thailand from October 26 to 29, 2024 for vacation on personal account.

Ms. Caraan has an approved leave of absence and no government fund shall be used for the said travel abroad.

Issued this 9th day of October 2024 at Mataasnakahoy, Batangas.



HON. JANET M. ILAGAN
Municipal Mayor

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Mataasnakahoy

RECEIVED
Stamp or Date of Rec'd

10-2-24

1:00pm

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT MUNICIPAL HEALTH OFFICE	2. NAME : (Last) CARAAN	(First) KARLA	(Middle) MANALO
--	-----------------------------------	-------------------------	---------------------------

3. DATE OF FILING October 2, 2024	4. POSITION Municipal Health Officer	5. SALARY _____
--	---	-----------------

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVAILED OF

- Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Maternity Leave (RA No. 11210 / IRR issued by CSC, DOLE and SSS)
- Paternity Leave (RA No. 8187 / CSC MC No. 71, s. 1998, as amended)
- Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
- Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- Adoption Leave (RA No. 8552)

Others:

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

- Within the Philippines _____
- Abroad (Specify) **THAILAND**

In case of Sick Leave:

- In Hospital (Specify illness): _____
- Out Patient (Specify illness): _____

In case of Special Leave Benefits for Women:

(Specify illness): _____

In case of Study Leave:

- Completion of Master's Degree
- BAR/Board Examination Review

Other purpose:

- Monetization of Leave Credits
- Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

Four (4) Days

INCLUSIVE DATES

October 26-27, 2024 (Two Non-Working Days)
& October 28-29, 2024 (Two Working Days)

6.D COMMUTATION

- Not Requested
- Requested

Karla M. Caraan
KARLA M. CARAAN, MD
(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of Oct 30, 2024

	Vacation Leave	Sick Leave
Total Earned	48.00	154.75
Less this application	- 2	
Balance	46.00	154.75

GALLY D. TIPAN
Municipal Human Resource Management Officer

7.B RECOMMENDATION

- For approval
- For disapproval due to _____

HON. JANET MAGPANTAY ILAGAN

Municipal Mayor

7.C APPROVED FOR:

- 7 days with pay
- _____ days without pay
- _____ others (Specify)

7.D DISAPPROVED DUE TO:

- _____
- _____
- _____

HON. JANET MAGPANTAY ILAGAN

Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



MUNICIPAL HEALTH OFFICE

HON. JANET MAGPANTAY ILAGAN
Municipal Mayor

Dear Mayor Ilagan:

God's blessings!

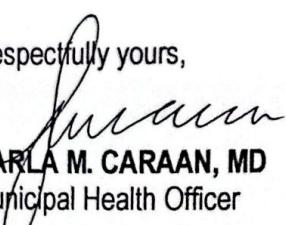
I will be on leave from June 23- 29, 2024. Considering this, may I request Ms. Maribel L. Matanguihan, Nurse I of Mataasnakahoy Rural Health Unit to sign the following documents on my behalf:

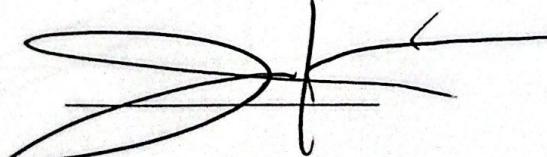
- Travel Order
- Obligation Request
- Requisition and Issue Slip
- Acceptance and Inspection Slip
- Transmittal

I am hopeful for your consideration.

Thank you and more power!

Respectfully yours,


KARLA M. CARAAN, MD
Municipal Health Officer

Approved: 

Disapproved: _____

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 402-7678



MUNICIPAL HEALTH OFFICE

MEMORANDUM

FOR : HON. JANET M. ILAGAN
Municipal Mayor

THRU : Mr. GALLY D. TIPAN *[Signature]*
Municipal Human Resource Management Officer

SUBJECT : REQUEST FOR VACATION LEAVE

DATE : June 11, 2024

1. This is to request for the approval of my Vacation Leave for 7 days on June 23, 2024 (1 Non-Working Day), June 24-28, 2024 (Five Working Days) & June 29, 2024 (1 Non- Working Day).
2. Reason: Travel Abroad (Vietnam).

Further request consideration on the matter.

KARLA M. CARAAN, MD
Municipal Health Officer

Approved:

Disapproved:

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Mataasnakahoy

RECEIVED

6.11.24

9:15 AM

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT MUNICIPAL HEALTH OFFICE	2. NAME : (Last) CARAAN	(First) KARLA	(Middle) MANALO
--	-----------------------------------	-------------------------	---------------------------

3. DATE OF FILING June 11, 2024	4. POSITION Municipal Health Officer	5. SALARY _____
--	---	-----------------

6. DETAILS OF APPLICATION

6.A TYPE OF LEAVE TO BE AVALIED OF

- Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Maternity Leave (RA No. 11210 / IRR issued by CSC, DOL, E and SSS)
- Paternity Leave (RA No. 8187 / CSC MC No. 71, s. 1998, as amended)
- Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing EO No. 292)
- Solo Parent Leave (RA No. 8972 / CSC MC No. 8, s. 2004)
- Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- 10-Day VAWC Leave (RA No. 9262 / CSC MC No. 15, s. 2005)
- Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292)
- Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)
- Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended)
- Adoption Leave (RA No. 8552)

Others:

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

- Within the Philippines _____
- Abroad (Specify) **VIETNAM**

In case of Sick Leave:

- In Hospital (Specify Illness) _____
- Out Patient (Specify Illness) _____

In case of Special Leave Benefits for Women:

(Specify Illness) _____

In case of Study Leave:

- Completion of Master's Degree
- BAR/Board Examination Review

Other purpose:

- Monetization of Leave Credits
- Terminal Leave

6.C NUMBER OF WORKING DAYS APPLIED FOR

Five (5) Working Days . Two (2) Non-Working Days

INCLUSIVE DATES

June 23, 2024 (1 Non-Working Day), June 24-28, 2024 (Five Working Days) & June 29, 2024 (1 Non-Working Day)

6.D COMMUTATION

- Not Requested
- Requested

KARLA M. CARAAN, MD

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of **March 31, 2024**

	Vacation Leave	Sick Leave
Total Earned	50.797	157.60
Less this application	- 5 VI (2 NW)	-
Balance	45.797	157.60

GALLY D. TIPAN
Municipal Human Resource Management Officer

7.B RECOMMENDATION

- For approval
- For disapproval due to _____

HON. JANET MAGPANTAY ILAGAN

Municipal Mayor

7.C APPROVED FOR:

- days with pay
- days without pay
- others (Specify)

7.D DISAPPROVED DUE TO:

- _____
- _____
- _____

HON. JANET MAGPANTAY ILAGAN

Municipal Mayor

12/28/23

CJH

Municipal Health Officer
KARLA MANALO CARAAN, M.D.

Respectfully yours,

Thank you and more power!

I sincerely appreciate your consideration.

emergency.

I will be on leave from January 4 to January 10, 2023. Considering this, Dr Czar K. Quinta, Municipal Health Officer of Barlete Rural Health Unit will cover on my behalf in case of

God's blessings!

Dear Mayor Ilagan:

Human Resource Management Officer

Thru: Mr. Gary D. Tipan

Matasanakahoy, Batangas

Mataasanakahoy LGU

Municipal Mayor

Hon. Janeet Magpantay Ilagan

December 28, 2023

MUNICIPAL HEALTH OFFICE

MUNICIPALITY OF MATASAS NAKAHAY

Province of Batangas

Republic of the Philippines



May I inform you that this office interposes no objection and your request for AUTHORITY TO PRACTICE PROFESSION beyond office hours is HEREBY APPROVED provided, you shall comply with the terms and conditions as provided for under SECTION 7 of R.A. 6723 otherwise known as the Code of Conduct and Ethical Standards for Public Officials and Employees and as per CSC MC No. 32 Series of 1993 on the Policy on Entrepreneurial Activities of Government Employees starting the following.

1. That the conduct of business or economic ventures shall not conflict or tend to conflict with the officials transactions of the public official or employee.

2. That the conduct of business or economic venture shall not be done during office hours nor within the required forty (40) hours work week period; and

3. That the public officials or employees shall not in any manner use government resources, facilities, equipment and supplies in the conduct of his/her profession.

Municipal Mayor
Hon. JANET MAGTANAY ILAGAN

For your guidance and compliance.

This is in reference to your letter dated December 16, 2022 requesting for an authority to practice your profession as Doctor beyond office hours.

Dra. KARLA M. CARAAN
Municipal Health Officer
Office of the Municipal Health
Matasnakahoy, Batangas

January 18, 2023

OFFICE OF THE MAYOR

MUNICIPALITY OF MATASNAKAHOY
Province of Batangas
Republic of Philippines
Tel. Number: (043) 784-1088



RECEIVED		Municipality of Batangas Province of Batangas Republic of the Philippines Mataasnakahoy MNL. Human Resource Management Office ANNEX A		APPLICATION FOR LEAVE BY:																								
1. OFFICE/DEPARTMENT <i>12-3-22 TIME: 4:17 PM</i>																												
2. NAME: (Last) (First) (Middle)																												
3. DATE OF FILING 12/27/2022																												
4. POSITION Mun. Health Officer																												
5. SALARY P 91,320.00																												
6. DETAILS OF LEAVE																												
Vacation Leave (Sec. 51, Rule XV, Omnibus Rules Implementing E.O. No. 292) Mandatorily Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Abroad (Specify) SINGAPORE Within the Philippines In case of Vacation/Special Privilege Leave: Malemby Leave (RA. No. 11210 / IRR issued by CSC, DOLE and SSS) In case of Sick Leave: Sick Leave (Sec. 43, Rule XVII, Omnibus Rules Implementing E.O. No. 292) Maternity Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Solo Parent Leave (RA. No. 8972 / CSC MC No. 8, s. 2004) Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) 10-Day VAWC Leave (RA. No. 9262 / CSC MC No. 15, s. 2005) Rehabilitation Privilege Leave (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012, as amended) Other:																												
6.A TYPE OF LEAVE TO BE AVAILABLE OF																												
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6.C NUMBER OF WORKING DAYS APPLIED FOR																												
January 13, 2023																												
INCLUSIVE DATES Date (1) _____																												
7. DETAILS OF ACTION ON APPLICATION																												
<p><i>[Signature]</i> (Signature of Applicant)</p> <p>As of JULY 27, 2022</p> <p>7.A CERTIFICATION OF LEAVE CREDITS</p> <table border="1"> <tr> <td>Total Emailed</td> <td>49, 134</td> <td>133, 25</td> </tr> <tr> <td>Vacation Leave</td> <td>—</td> <td>—</td> </tr> <tr> <td>Sick Leave</td> <td>—</td> <td>—</td> </tr> </table> <p>7.B RECOMMENDATION</p> <table border="1"> <tr> <td>For disapproval due to</td> <td><input type="checkbox"/></td> </tr> <tr> <td>For approval</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not Requested</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Requested</td> <td><input type="checkbox"/></td> </tr> </table> <p>7.C APPROVED FORMS</p> <table border="1"> <tr> <td>days without Pay</td> <td>—</td> </tr> <tr> <td>days with Pay</td> <td>—</td> </tr> <tr> <td>others (Specify)</td> <td>—</td> </tr> </table> <p>OIC-Mun. Human Resource Management Officer GALLY D. TIPAN <i>[Signature]</i></p>						Total Emailed	49, 134	133, 25	Vacation Leave	—	—	Sick Leave	—	—	For disapproval due to	<input type="checkbox"/>	For approval	<input type="checkbox"/>	Not Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	days without Pay	—	days with Pay	—	others (Specify)	—
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Requested	<input type="checkbox"/>																											
days without Pay	—																											
days with Pay	—																											
others (Specify)	—																											
<p>7.D DISAPPROVED DUE TO</p> <p>Municipal Mayor JANET MAGPANTAY LAGAN <i>[Signature]</i></p> <p>Municipal Mayor JANET MAGPANTAY LAGAN <i>[Signature]</i></p>																												
<p>7.E APPROVALS</p> <p>7.F APPROVALS</p>																												
<p>7.G APPROVALS</p>																												
<p>7.H APPROVALS</p>																												
<p>7.I APPROVALS</p>																												
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<p>7.X APPROVALS</p>																												
<p>7.Y APPROVALS</p>																												
<p>7.Z APPROVALS</p>																												



<p style="text-align: center;">CLEARANCE FORM MONEY AND PROPERTY ACCOUNTABILITIES</p> <p>MUNICIPALITY OF MATASNAKAHOY Province of Batangas Republic of the Philippines</p> <p style="text-align: right;">Series of 2017 CS Form No. 7</p> <p>PURPOSE: Travel Abroad</p> <p>Date of Application <u>01-03-2017</u></p> <p>I hereby apply for clearance from money, property and work-related accountabilities for: TO: LOCAL GOVERNMENT UNIT, MATASNAKAHOY</p> <p>I hereby apply for clearance from money, property and work-related accountabilities for: Office Assignment: Office of the MHO Dra. KARLA M. CARAAN Position/S/Step: Mun. Health Officer 24 Name and Signature of Employee</p> <p>I hereby certify that this applicant is cleared of work-related accountabilities from the office of the Mun. Health.</p> <p>III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES Municipal Mayor Hon. JANET MAGPANTAY ILAGAN</p> <p>I hereby certify that this applicant is cleared of work-related accountabilities from the office of the Mun. Health.</p> <p>II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES Municipal Mayor Janet Magpantay Ilagan</p> <p>I hereby apply for clearance from money, property and work-related accountabilities for:</p> <p>Purpose: Transfer _____ Retirement _____ Leave _____ Other Mode of Separation: _____ Effectivity/Inclusive Period: _____ Office Assignment: Office of the MHO Dra. KARLA M. CARAAN Position/S/Step: Mun. Health Officer 24 Name and Signature of Employee</p> <p>IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:</p> <p>a. Office of the Municipal Mayor b. Office of the Municipal Accountant c. Office of the Municipal Treasury d. Office of the Municipal Human Resources e. As to Cash Advance f. As to Money Accountability g. As to Pending Administrative Case h. As to Pending Investigative Case i. With ongoing investigation (no formal charge yet)</p> <p>V CERTIFICATION Municipal Mayor Janet Magpantay Ilagan</p> <p>With the above named offices, and therefore she is cleared of any accountabilities.</p> <p>THIS IS TO CERTIFY that Dra. KARLA M. CARAAN has no account/liabilities</p>						
---	--	--	--	--	--	--

<p style="text-align: center;">CLEARANCE FORM</p> <p>MUNICIPALITY OF MATASNAKAHYO Province of Batangas Republic of the Philippines</p> <p>TO: LOCAL GOVERNMENT UNIT, MATASNAKAHYO</p> <p>I hereby apply for clearance from money, property and work-related accountabilities for:</p> <p>I hereby certify for clearance from money, property and work-related accountabilities from the office of the Mun. Health.</p> <p>Hon. JANET MAGPANTAY ILAGAN</p> <p>Municipal Mayor</p> <p>Dra. KARLA M. CARAAN</p> <p>Office Assignment: Office of the MHO</p> <p>Position/SG/Step: Mun. Health Officer 24</p> <p>Name and Signature of Employee</p> <p>CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES</p> <p>III</p> <p>Name of Unit/Office/Department Cleared Not Cleared Name of Clearing Officer/Official Signature</p> <p>a. Office of the Mayor- GSO Section EMILIA MALALA Leave</p> <p>b. Office of the Municipal Treasury Leave Leave</p> <p>c. Office of the Municipal Accountant Leave Leave</p> <p>d. Office of the Mun. Human Res. Mgt. Leave Leave</p> <p>* As to cash advance Leave Leave</p> <p>* As to money Accountability Leave Leave</p> <p>* As to cash accountability Leave Leave</p> <p>a. Office of the Municipal Mayor Leave Leave</p> <p>IV</p> <p>CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:</p> <p>With pending administrative case With ongoing investigation (no formal charge yet)</p> <p>THIS IS TO CERTIFY that Dra. KARLA M. CARAAN has no account/liabilities with the above named offices, and therefore she is cleared of any accountabilities.</p> <p>JANET MAGPANTAY ILAGAN</p> <p>Municipal Mayor</p>					
<p>V</p> <p>CERTIFICATION</p> <p>With the above named offices, and therefore she is cleared of any accountabilities.</p> <p>THIS IS TO CERTIFY that Dra. KARLA M. CARAAN has no account/liabilities with the above named offices, and therefore she is cleared of any accountabilities.</p>					



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAAS NAKAHOY
MUNICIPAL HEALTH OFFICE



December 16, 2022

To: **Hon. JANET MAGPANTAY ILAGAN**
Municipal Mayor
Mataasnakahoy Batangas

Thru: **Mr. Gally D. Tipan**
Municipal Human Resource Management Office
Officer-In-Charge

Dear Mayor Ilagan,

Greetings!

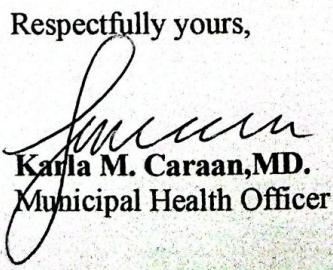
I, the undersigned, permanent employee of the Municipality of Mataasnakahoy, holding the position of Municipal Health Officer of Mataasnakahoy Rural Health Unit.

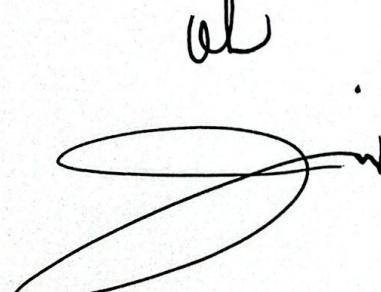
I would like to humbly seek permission and respectfully request from your good office for the AUTHORITY TO ENGAGE IN THE LIMITED PRACTICE OF MY PROFESSION AS A DOCTOR BEYOND OFFICE HOURS.

I undertake to abide by the limitations and to follow the rules set forth in the Section 12, Rule XVIII of the revised Civil Service Rules, and other relevant and pertinent laws, rules, and regulations in relation to the aforementioned authority.

I hope for your kind consideration and favorable action.

Respectfully yours,


Karla M. Caraan, MD.
Municipal Health Officer





Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

KSS Forma Blg. 33
(Narebisa, 1998)

Dra. KARLA M. CARAAN
Brgy. III, Mataasnakahoy
Batangas

Kayo po ay nahirang na Mun. Government Department Head (Municipal Health Officer SG – 24)
You are hereby appointed as

na may katayuang _____ Permanente sa Tanggapan ng Kalusuguan
with a _____ (status) at the _____

LGU – Mataasnakahoy sa pasahod na Limang Daan Dalawampu't
(Agency) with a compensation rate of

Tatlong Libo Tatlong Daan at Apatnapu't Apat na Piso (P523,344.00) sa bawat taon.
Peso per annum

Ito ay magkakabisa sa petsa ng pagganap ng tungkulin subali't di-aaga sa petsa ng pagpirma ng
The effective date of this appointment shall be the date of actual assumption by the appointee but not earlier than the date of issuance of the

puno ng tanggapan o appointing authority.

Appointment which is the date of the signing of the appointing authority

Ang appointment na ito ay Orihinal bilang kapalit ni
This appointment is _____ vice _____

Dra. Emilia Chona T. Reyes na Retired
Who _____ (Transferred, Retired, etc.)

at ayon sa Plantilya Aytem Blg. 105 na may pahina 8
and in accordance with the Plantilla Item No. page

Sumasainyo,

JAY MANALO - ILAGAN
Puno ng Tanggapan
Head of Agency

P I N A G T I B A Y
alinsunod sa **RESOLUSYON**
ng **KOMISYON NG SERBISYO**
SIBIL Bilang 011854 na may
Pesta December 4, 2001

Sertipikasyon

Ito ay pagpapatunay na lahat ng dapat gawin at mga kailangang dokumento para sa appointment na ito ay ayon sa CSC MC # 40 , s. 1998 ay nasunod na, narebisa ko at napatunayang nasa ayos.

Ang posisyon ay nalathala sa CSC Bulletin noong ika – 4 ng Hulyo, 2013
The position was published at _____ on _____

This is to certify that all requirements and supporting papers pursuant to MC# 40, s. 1998 have been complied with, reviewed and found to be in order.

EVELYN R. OLARTE

Municipal Human Resource Management Officer

Sertipikasyon

Ito ay pagpapatunay na ang nahirang ay nagdaan sa pagsusuri ng Personnel Selection Board at kwalipikado.

This certify that the appointee has been screened and found qualified by the Promotion/Personnel Selection Board.

JAY MANALO - ILAGAN
Chairman Personnel Selection Board

Mga Notasyon

**ANUMANG BURA O PAGBABAGO SA AKSIYONG GINAWA NG KOMISYON NG SERBISYO SIBIL
AY MAGPAPAWALANG BISA SA PAGHIRANG NA ITO MALIBAN KUNG ANG PAGBABAGO AY
NASUSULAT NA KINUMPIRMA NG KSS/KOMISYON.**

Petsa ng paglabas sa KSS/Komisyon

Mga pagbibigyan ng kopya:

Orihinal - Kopya ng nahirang

Pangalawang kopya – para sa Komisyon ng Serbisyo Sibil

Pangatlong kopya – para sa ahensiya

PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person.
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and see separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CARAAN		
FIRST NAME	KARLA		
MIDDLE NAME	MANALO		
3. DATE OF BIRTH (mm/dd/yyyy)	08/07/1979	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MANILA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Shercon Resort N/A House/Block/Lot No. Street N/A San Sebastian Subdivision/Village Barangay Mataasnakahoy BATANGAS City/Municipality Province 4223
7. HEIGHT (m)	1.55 m	ZIP CODE	
8. WEIGHT (kg)	65 kgs	18. PERMANENT ADDRESS	Shercon Resort N/A House/Block/Lot No. Street N/A San Sebastian Subdivision/Village Barangay Mataasnakahoy BATANGAS City/Municipality Province 4223
9. BLOOD TYPE	A	ZIP CODE	
10. GSIS ID NO.	2003625436	19. TELEPHONE NO.	774-2991
11. PAG-IBIG ID NO.	1210-98700773	20. MOBILE NO.	09256070879
12. PHILHEALTH NO.	03-000237410-9	21. E-MAIL ADDRESS (if any)	karlacaraanmd@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	264-052-519		
15. AGENCY EMPLOYEE NO.	MHO 001		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CARAAN			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CONRAD	NAME EXTENSION (JR, SR)	N/A	JOAQUIN MANUEL CARAAN	01/10/2008
MIDDLE NAME	TISBE			ALAINA KAIRA CARAAN	7/15/2012
OCCUPATION	Businessman				
EMPLOYER/BUSINESS NAME	Concar Poultry				
BUSINESS ADDRESS	Batangas City				
TELEPHONE NO.	9177200829				
24. MOTHER'S SURNAME	MANALO				
FIRST NAME	REMIGIO	NAME EXTENSION (JR, SR)	N/A		
MIDDLE NAME	INOUE				
25. MOTHER'S MAIDEN NAME					
SURNAME	TIBAYAN				
FIRST NAME	ESTRELLA				
MIDDLE NAME	SILVA			(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS EARNED (if not)	YEAR GRADUATED	SCHOLARSHIP/ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	IMMACULATE CONCEPCION ACADEMY OF MANILA	PRIMARY EDUCATION	1986	1992	N/A	1992	N/A
SECONDARY	IMMACULATE CONCEPCION ACADEMY OF MANILA	HIGH SCHOOL	1992	1996	N/A	1996	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CENTRO ESCOLAR UNIVERSITY	BS MEDICAL TECHNOLOGY	1996	2000	N/A	2000	N/A
GRADUATE STUDIES	DELA SALLE UNIVERSITY HEALTH SCIENCES CAMPUS	MEDICINE	2001	2005	N/A	2005	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

01/19/2021

CS FORM 212 (Revised 2017), Page 1 of 4

IV. CIVIL SERVICE ELIGIBILITY							
CARRIER SERVICE/RA 1080 (BOARD/BAR) UNDER SPECIAL LAW/S/ CES/CSE				ELIGIBILITY / DRIVERS LICENSE			
RATING		PLACE OF EXAMINATION / CONFIRMATION		DATE OF EXAMINATION / CONFIRMATION		NUMBER	
PHYSICIAN LICENSURE EXAM		MANILA		113447		2018	
LICENSE (if applicable)							
27. INCLUSIVE DATES (mm/dd/yyyy)							
INCLUDE PRIVATE EMPLOYMENT. Start from your recent work! Description of duties should be indicated in the attached Work Experience sheet.							
V. WORK EXPERIENCE							
(Include on separate sheet if necessary)							
28. INCLUSIVE DATES (mm/dd/yyyy)							
From		To		(Write in full/do not abbreviate)			
PRESENT		MUNICIPAL HEALTH OFFICER		MATAASNAKHAYO LOCAL GOVERNMENT UNIT MUNICIPAL HEALTH OFFICE			
01/01/2020		1231/2019		8784.00 SG 24-3 PERMANENT Y			
08/01/2019		1231/2019		8615.00 SG 24-3 PERMANENT Y			
01/01/2019		1231/2019		8476.00 SG 24-2 PERMANENT Y			
01/01/2018		1231/2018		7439.00 SG 24-2 PERMANENT Y			
01/01/2018		1231/2018		7308.00 SG 24-2 PERMANENT Y			
05/01/2016		07/31/2016		56610.00 SG 24-1 PERMANENT Y			
08/01/2016		1231/2016		57308.00 SG 24-2 PERMANENT Y			
01/01/2017		1231/2017		65296.00 SG 24-2 PERMANENT Y			
01/01/2017		07/31/2016		56610.00 SG 24-1 PERMANENT Y			
12/01/2014		04/30/2016		49750.00 SG 24-1 PERMANENT Y			
08/01/2013		11/30/2014		43612.00 SG 24-1 PERMANENT Y			
01/01/2013		01/08/2013		4000/VISIT N/A N/A N			
(Continue on separate sheet if necessary)							
SIGNATURE							
DATE		01/19/2021		CS FORM 212 (Revised 2017), Page 2 of 4			

DUTY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

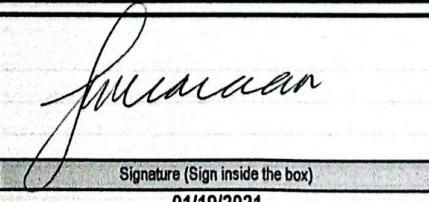
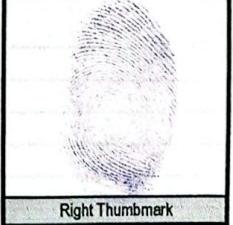
(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

(Continue on separate sheet if necessary)

34. Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____												
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____ _____												
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">NAME</th> <th style="text-align: center; padding: 2px;">ADDRESS</th> <th style="text-align: center; padding: 2px;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">EVELYN OLARTE</td> <td style="text-align: center; padding: 2px;">MATAASNAKAHYO, BATANGAS</td> <td style="text-align: center; padding: 2px;">7841088</td> </tr> <tr> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> <td style="text-align: center; padding: 2px;"></td> </tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.	EVELYN OLARTE	MATAASNAKAHYO, BATANGAS	7841088							 _____ _____
NAME	ADDRESS	TEL. NO.											
EVELYN OLARTE	MATAASNAKAHYO, BATANGAS	7841088											
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s	 _____ _____												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: Driver License</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: NO499-434478</td> </tr> <tr> <td style="padding: 2px;">Data/Place of Issuance: 7/30/2015</td> </tr> </table>	Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: Driver License	ID/License/Passport No.: NO499-434478	Data/Place of Issuance: 7/30/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Signature (Sign inside the box)</td> </tr> <tr> <td style="padding: 2px;">01/19/2021</td> </tr> <tr> <td style="padding: 2px;">Date Accomplished</td> </tr> </table>  _____	Signature (Sign inside the box)	01/19/2021	Date Accomplished				
Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)													
PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: Driver License													
ID/License/Passport No.: NO499-434478													
Data/Place of Issuance: 7/30/2015													
Signature (Sign inside the box)													
01/19/2021													
Date Accomplished													
<p>Subscribed and sworn to before me this <u>20th day of January 2021</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">EVELYN R. OLARTE</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Mun. Human Resource Mgt. Officer</td> </tr> </table>		EVELYN R. OLARTE	Mun. Human Resource Mgt. Officer										
EVELYN R. OLARTE													
Mun. Human Resource Mgt. Officer													

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

This certifies that in connection with the appointment of KARLA M. CARAAN as Municipal Health Officer in the Office of the Municipal Health of this municipality, all pertinent requirements contained in RA 7160 in section 325 on limitation of personal services in the total annual/supplemental appropriations, salary rate, etc., have been complied with.



JAY MANALO-ILAGAN
Municipal Mayor

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

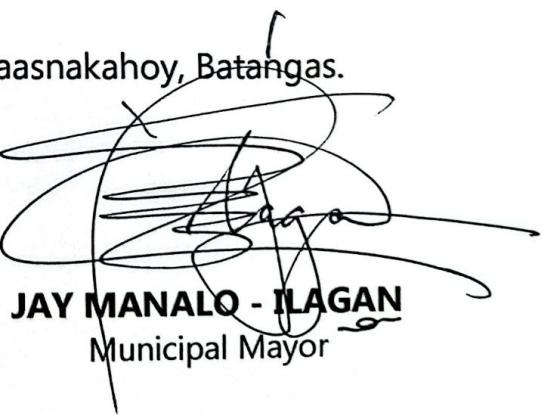
OFFICE OF THE MAYOR

NOTICE OF ASSUMPTION OF OFFICE

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that KARLA M. CARAAN of Mataasnakahoy, Batangas has assumed office at the Office of the Municipal Health as Municipal Health Officer effective August 1, 2013 at Mataasnakahoy, Batangas.

Issued this 1st day of August, 2013 at Mataasnakahoy, Batangas.


JAY MANALO - ILAGAN
Municipal Mayor

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

In connection with the appointment of KARLA M. CARAAN,
Municipal Health Officer in the Office of the Municipal Health with a salary of
P523,344.00 per annum effective August 1, 2013. I hereby certify that fund
for the position is available.

Issued this 1st day of August, 2013 at Mataasnakahoy, Batangas.



JAY MANALO - ILAGAN
Municipal Mayor

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YF

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

This is in connection with the appointment of KARLA M.
CARAAN, Municipal Health Officer (SG – 24/1) in the Office of the Municipal
Health with a salary of P523,344.00 per annum effective August 1, 2013.

I hereby certify that the appropriation for the position is available.


ROSARIE C. DE LA PAZ
Municipal Budget Officer

Republika ng Pilipinas
Lalawigan ng Batangas
Bayan ng Mataasnakahoy

PANUNUMPA SA KATUNGKULAN

Ako si KARLA M. CARAAN ng Brgy. III, Mataasnakahoy, Batangas na itinalaga sa katungkulan bilang Municipal Health Officer ay taimtim na nanunumpa na tutuparin ko ng buong husay at katapatan, sa abot ng aking kakayahan, ang mga tungkulin ng aking kasalukuyang katungkulan at ng iba pang pagkaraan nito'y gagampanan ko sa ilalim ng Republika ng Pilipinas; na aking itataguyod at ipagtatanggol ang Saligang Batas ng Pilipinas; na tunay na nananalig at tatalima ako rito; na susundin ko ang mga batas, mga kautusang legal, at mga dekretong pinaiiral ng mga sadyang itinakdang may kapangyarihan sa Republika ng Pilipinas, at kusa kong babalikatin ang pananagutang ito nang walang anumang pasubali o hangaring umiwas.

Kasihan nawa ako ng Diyos.



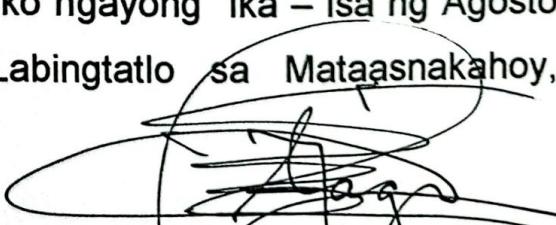
KARLA M. CARAAN

Sedula Klase _____ Bilang 20546448

Kinuha sa Mataasnakahoy, Batangas

Petsa July 24, 2013

Nilagdaan at pinanumpaan sa harap ko ngayong ika – isa ng Agosto taon ng Panginoon Dalawang Libo't Labingtatlo sa Mataasnakahoy, Batangas, Pilipinas.



JAY MANALO - ILAGAN
PUNUMBAYAN

REPUBLIC OF THE PHILIPPINES
BC - CSC Form No. 1
(POSITION DESCRIPTION FORM)
DEPARTMENT, CORP. OR AGENCY/LOCAL

1. NAME OF EMPLOYEE
CARAAN
(FAMILY NAME) KARLA
(GIVEN NAME) MANALO
(M.)
3. BUREAU OR OFFICE

LGU-M-kahoy, Bats.

4. DEPT./BRANCH/DIVISION
5. WORK/STATIO N/PLACE OF WORK
Office of the Municipal Health

6. PRES. APPROP. ACT 6.b PREV. APPROP. ACT 7. a. SALARY b. OTHER
BOARD RES. 05-S-2013 BOARD RES. AUTHORIZED P43,612.00 P 2,000.00 – PERA &
ORD. NO. ORD. NO. ACTUAL P 43,612.00 Add'l Compensation
ITEM NO. 105 - 8 ITEM NO.

8. OFFICIAL DESIGNATION OF POSITION 9. WORKING OR PROPOSED TITLE

Municipal Health Officer
10. WAPCO CLASSIFICATION OF THIS POSITION 11. OCCUPATIONAL GROUP TITLE (Leave Blank)

12. FOR LOCAL GOVERNMENT POSITION CHECK GOVERNMENTAL UNIT AND UNIT CLASS
MUNICIPALITY CITY PROVINCE

X 1ST 2ND 3RD 4TH X 5TH
6TH 7TH

13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets

Percent of Working Time	D U T I E S:
20%	<ol style="list-style-type: none">Supervise the personnel and staff of said office, formulate program implementation guidelines and rules and regulations for the operation of the said office for the approval of the mayor, in order to assist him in the efficient, effective and economical implementation of a health services program geared to implementation of a health-related projects and activities;
10%	<ol style="list-style-type: none">Formulate measures for the consideration of the sanggunian and provide technical assistance and support to the mayor, in carrying out activities to ensure the delivery of basic services and provision of adequate facilities relative to health services.
20%	<ol style="list-style-type: none">Develop plans and strategies and upon approval thereof by the mayor, implement the same, particularly those which have to do with health programs and projects which the mayor is empowered to implement and which the sanggunian is empowered to provide.
25%	<ol style="list-style-type: none">In addition to the foregoing duties and functions, the health officer shall:<ol style="list-style-type: none">Formulate and implement policies, plans, programs and projects to promote the health of the people in the local government unit concerned;Advise the mayor and the sanggunian on matters pertaining to health;Execute and enforce all laws, ordinances and regulations relating to public health;Recommend to the sanggunian, through the local health board, the passage of such ordinances as she may deem necessary for the preservation of public health;Recommend the prosecution of any violation of sanitary laws, ordinances or regulations;Direct the sanitary inspection of all business establishments selling food items or providing accommodations in accordance with the Sanitation Code.Conduct health information campaigns and render health intelligence services;Coordinate with other government agencies and non-governmental organizations involved in the promotion and delivery of health services;

13. STATEMENT OF DUTIES AND RESPONSIBILITIES. If more space is needed, please attach additional sheets

Percent of Working Time	D U T I E S:
	(ix) In the case of the provincial health officer, exercise general supervision over health officers of component cities and municipalities; and
20%	5. Be in the frontline of the delivery of health services, particularly during and in the aftermath of man-made and natural disasters and calamities; and
5%	6. Exercise such other powers and perform such other duties and functions as maybe prescribed by law or ordinance.

14. POSITION TITLE OF IMMEDIATE SUPERVISOR 15. POSITION OF NEXT HIGHER SUPERVISOR

Municipal Mayor

NONE

16. NAME, TITLE AND ITEM NOS. OF THOSE DIRECTLY SUPERVISE (If more than 7 list only by their item nos. and files.)

1-1 Municipal Mayor

17. MACHINES, EQUIPMENT, TOOLS, etc. used regularly in performance of work.

Medical equipment

18. CONTACTS

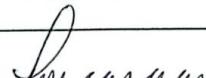
19. WORKING CONDITIONS

	OCCASSIONAL	FREQUENT	
General Public		X	Normal Working Condition
Other Agencies			Field Works
Supervisors			Field Trips
Management			Expose to varied weather
Other (Specify)			Other (Specify)

20. I CERTIFY that the above answer are accurate and complete.

August 1, 2013

Date


KARLA M. CARAAN
Signature of Employee

TO BE FILLED OUT BY IMMEDIATE SUPERVISOR

21. Described briefly the general function of the Unit or Section.

Develop plans and strategies with regards to health programs; execute and enforce laws, ordinances and regulations relating to public health; frontliner in the delivery of health services

22. Described briefly the general function of the position

Perform preventive medicine

23. Indicate the required qualifications by years and kind of education considered in filling up a vacancy for this position. (Keep the position in mind rather than the qualification of the present incumbent. This item should be filled for all positions other than teaching)

Education | Doctor of medicine

Experience | Three (3) year's experience as medical practitioner

Training | None required

Eligibility | RA1080

24. License or certificate required to do this work, if any

25. I hereby certify that the above answers are accurate and complete.

August 1, 2013

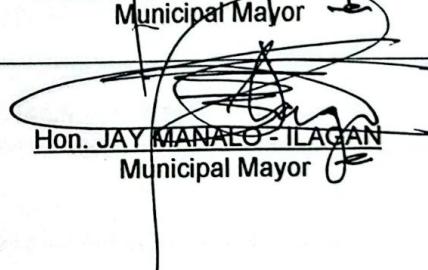
Date


Hon. JAY MANALO - ILAGAN
Municipal Mayor

26. APPROVED:

August 1, 2013

Date


Hon. JAY MANALO - ILAGAN
Municipal Mayor

Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE HONORABLE
MEMBERS OF THE SANGGUNIANG BAYAN OF MATAASNAKAHOY, BATANGAS HELD
AT THE VICENTE R. MATANGUIHAN MEMORIAL HALL ON JULY 29, 2013.

PRESENT:

HON. HENRY L. LAQUI	-Municipal Vice Mayor/Presiding Officer
HON. ROY L. LANDICHO	-SB Member
HON. JOSEPH D. CALINISAN	-SB Member
HON. PEPITO D. VERGARA	-SB Member
HON. CHESTER V. VERGARA	-SB Member
HON. FERDINAND L. DIMAANO	-SB Member
HON. ALBERTO V. OBTIAL	-SB Member
HON. ORLANDO L. OBTIAL	-SB Member
HON. MARIO EDWIN E. ARIOLA	-SB Member
HON. MOISES L. LUBI	-SB Member/LMB President
HON. KRISTINE GRACE M. ILAGAN	-SB Member/SK Fed. President

ABSENT:

NONE

RESOLUTION NO. 49-A-S-2013

RESOLUTION CONCURRING THE APPOINTMENT OF DRA. KARLA M. CARAAN AS MUNICIPAL GOVERNMENT DEPARTMENT HEAD (MUNICIPAL HEALTH OFFICER SG-24)

WHEREAS, pursuant to RA 7160 otherwise known as the Local Government Code of 1991 the appointment of heads of local department and officers requires the concurrence of the majority of all the members of the sanggunian;

WHEREAS, the position of Municipal Health Officer is vacant due to the retirement of Dra. Emilia Chona Reyes;

WHEREAS, the Local Government has an available funds intended for the said vacant position;

WHEREAS, Dra. Karla M. Caraan is very much qualified for the position based on CSC Qualification Standard as per Resolution No.05-S-2013 of the Municipal Personnel Selection Board;

WHEREAS, Dra. Karla M. Caraan is the lone applicant for the position of Municipal Health Officer;

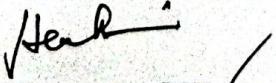
NOW THEREFORE, on motion of Hon. Mario Edwin E. Ariola duly seconded by all the Sangguniang Bayan members be it RESOLVED as it is hereby resolved to approve the resolution concurring the appointment of Dra. Karla M. Caraan as Municipal Government Department Head (Municipal Health Officer SG-24).

RESOLVED FURTHER, that copies of this resolution be forwarded to Hon. Jay Manalo Ilagan, Municipal Mayor for his information and guidance. Likewise, all concerned agencies for their information and guidance.

APPROVED: July 29, 2013.

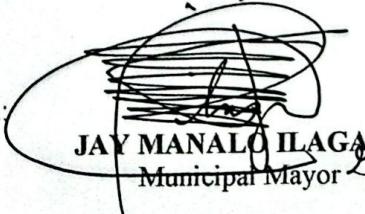
I HEREBY CERTIFY to the correctness of the foregoing resolution which was adopted by the Sangguniang Bayan Member of Mataasnakahoy, Batangas during their regular session held at Vicente R. Matanguihan Memorial Hall on July 29, 2013.

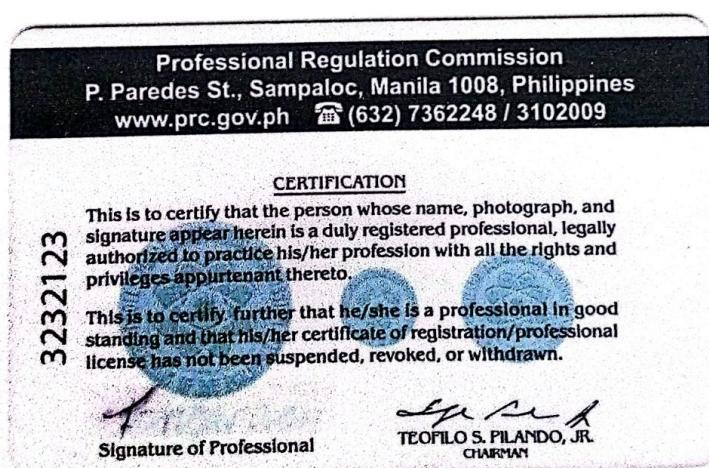
ATTESTED:


HENRY L. LAQUI
Municipal Vice Mayor/Presiding Officer


JORGEN M. LANDICHO
Secretary to the Sangguniang Bayan

Approved:


JAY MANALO ILAGAN
Municipal Mayor



July 1, 2013

Hon. Jay Manalo-IIagan
Municipal Mayor
Mataas na Kahoy, Batangas

Thru: Mrs. Evelyn R. Olarte
MHRMO
Mataas na Kahoy, Batangas

Sir:

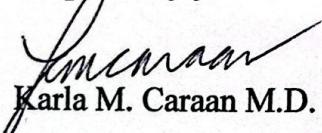
Greeting of Peace

I would like to apply as one of the employees of Mataasnakahoy Rural Health Unit. It is with great pleasure to be part of the department and with this; I wish to apply as Municipal Health Officer.

I am a graduate of DeLa sale University-Heath Sciences Campus and passed the PRC board examination for Physician last August 2008. I took up my Pediatrics residency training at National Children's Hospital from 2009-2013.

I believe that I would be able to help your department through the knowledge and skills that I learned during my training.

Respectfully yours,


Karla M. Caraan M.D.

De La Salle - Health Sciences Campus

De La Salle University System

3

Greetings in the Name of the Lord

Be it known that, on recommendation of the Faculty Council and by the authority of the Board of Trustees, the College of Medicine has conferred upon

Karla Tibayan Manalo

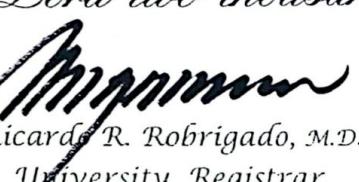
who has fulfilled all the requirements therefore the degree of
Doctor of Medicine

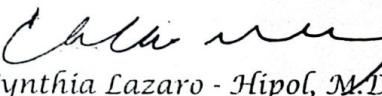
with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.

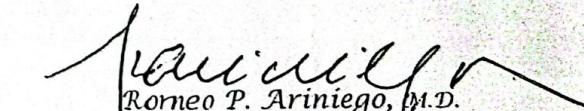
In testimony whereof the seal of the College and the signatures of the President, the Executive Vice President, Vice President for Academic Services, University Registrar and the Dean of the College of Medicine are hereunto affixed

Given at Dasmariñas, Cavite, Philippines this twenty first day of April in the year of our Lord two thousand five

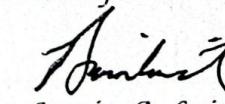



Ricardo R. Robrigado, M.D.
University Registrar


Cynthia Lazaro - Hipol, M.D.
Dean


Romeo P. Ariniego, M.D.
Vice President for Academic Services


Antonio M. Montalban, M.D., M.H.A., M.P.H., M.H.P.Ed.
Executive Vice President


Br. Armin A. Luistro FSC
DLSU System President

DE LA SALLE UNIVERSITY
HEALTH SCIENCES CAMPUS
Dasmariñas, Cavite, Philippines

Office of the Registrar
OFFICIAL TRANSCRIPT OF RECORDS



NAME: MANALO, Karla Tibayan

ADDRESS: 1018 Bulacan St., Solis, Tondo, Manila

PRELIMINARY EDUCATION:

Elementary: Immaculate Conception Academy of Manila
 High School: Immaculate Conception Academy of Manila
 College: Centro Escolar University

DATE OF ADMISSION: Jun-01

DATE OF BIRTH: 07-Aug-79

ENTRANCE DATA: Transcript from Centro Escolar University

COURSE

DEGREE/TITLE EARNED:

DATE OF GRADUATION

S.O. NUMBER

Doctor of Medicine

21-Apr-05

70-500601-1021 s. 2005

YEAR/ LEVEL	SCHOOL YEAR	SUBJECT CODE	DESCRIPTIVE TITLE OF SUBJECTS	GRADE/RATING		CREDITS		
				Final	Completion			
1	2001-2002		DE LA SALLE UNIVERSITY COLLEGE OF MEDICINE					
			Human Anatomy	2.00		492 hours		
			Physiology	2.00		337 hours		
			Biochemistry	1.50		234 hours		
			Community Medicine I	2.00		101 hours		
			Psychiatry I	1.50		32 hours		
			Bioethics I	2.00		28 hours		
			Perspectives in Medicine	3.50		20 hours		
			Medical Informatics II	Credited		(28 hours)		
			Pathology (Anatomical/Clinical)	Inc.	1.00	384 hours		
			Microbiology/Parasitology	Inc.	1.00	192 hours		
			Physical Diagnosis	2.50		192 hours		
			Pharmacology	Inc.	1.00	192 hours		
			Community Medicine II	1.00		96 hours		
2	2002-2003		Medicine I	1.00		64 hours		
			Psychiatry II	1.50		32 hours		
			Surgery I	1.50		32 hours		
			Obstetrics & Gynecology I	Inc.	1.00	32 hours		
			Pediatrics I	2.00		32 hours		
			Bioethics II	Inc.	1.00	28 hours		
			Medical Informatics II	Credited		(28 hours)		
			Medicine II	1.00		288 hours		
			Surgery II	1.00		176 hours		
			Pediatrics II	1.00		152 hours		
			Obstetrics & Gynecology II	1.00		200 hours		
			Community Medicine III	1.50		64 hours		
			Clinico-Pathologic Conference	1.50		32 hours		
			Psychiatry III	1.00		32 hours		
3	2003-2004		Legal Medicine and Med. Juris.	1.00		32 hours		
			Otorhinolaryngology	1.50		32 hours		
			Ophthalmology	1.50		32 hours		
			Clinical Pharmacology	1.50		32 hours		
			Orthopedic Surgery	2.00		32 hours		
			Radiology	1.00		32 hours		
			Bioethics III	1.50		28 hours		
			Medicine	1.00		2 months		
			Pediatrics	2.00		2 months		
			Surgery	1.00		2 months		
			Obstetrics & Gynecology	1.00		2 months		
			Community Medicine	1.50		1/2 month		
			Psychiatry	1.50		1/2 month		
			Otorhinolaryngology	2.00		1/2 month		
4	2004-2005		Ophthalmology	1.00		1/2 month		
			Orthopedic Surgery	2.50		1/2 month		
			Bioethics	Passed		12 hours		
***** End of Transcript *****								
GRADING SYSTEM								
4.00	- Excellent	2.50 - 2.00	- Good	1.00	- Passed	0.00		
3.50 - 3.00	- Very Good	1.50	- Satisfactory	Inc.	- Incomplete	0.00		
REMARKS: FOR BOARD EXAMINATION PURPOSES ONLY.								
<i>NOT VALID WITHOUT COLLEGE SEAL</i>								
<i>ROMMEL G. LAURINARIA M.D.</i>								
<i>REG. FORM 01-97 REGISTRAR</i>								

Prepared by

Date

MARIAN L. VIÑEGAS

04-Apr-06

Verified by

Date

J. Laurnaria

ROMMEL G. LAURINARIA

04-Apr-06

RICARDO R. ROBRIGADO, M.D.

Registrar Date 04-Apr-06



Republic of the Philippines
Department of Health

JOSE R. REYES MEMORIAL MEDICAL CENTER
Manila

4

This is to certify that
Karla T. Manalo, M.D.
has satisfactorily completed the

POSTGRADUATE INTERNSHIP TRAINING PROGRAM

for **TWELVE months** in this hospital

MAY 1, 2005 ~ APRIL 30, 2006

On recognition hereof, this Certificate is awarded at the

City of Manila this 27th day of JULY 2006



Mer EJ
Medical Training & Research Coordinator

[Handwritten signature]
Chief, Medical Professional Staff

Alicia Dr. Lim
Medical Center Chief II



Republic of the Philippines
Department of Health
NATIONAL CHILDREN'S HOSPITAL
Quezon City



Awards this

CERTIFICATE OF TRAINING

Karla M. Caraan, MD

For having satisfactorily completed the
Residency Training Program
in
PEDIATRICS

at the
NATIONAL CHILDREN'S HOSPITAL

From January 5, 2009 to January 4, 2013

given this 4th day of January in the year of our Lord, 2013, Quezon City, Philippines

Judith G. Milan
JUDITH G. MILAN, MD, FPPS

Medical Training Officer

Myrna T. Valencia
MYRNA T. VALENCIA, MD, FPPS
Chairman, Department of Pediatrics

Alicia T. Taleon
ALICIA T. TALEON, MD, FPPS
Chief of Medical Professional Service

E. S. Simbul
EPIFANIA S. SIMBUL, MD, FPPS, CEO VI
Medical Center Chief II



Republic of the Philippines
Department of Health
NATIONAL CHILDREN'S HOSPITAL

CERTIFICATE OF COMPLETION

This is to certify that **KARLA M. CARAAN, MD**, has satisfactorily completed the four-year residency training in Pediatrics at the National Children's Hospital from **January 5, 2009 – January 4, 2013**.

Judith Milan
JUDITH G. MILAN, MD, FPPS
Medical Training Officer

Myrna Valencia
MYRNA T. VALENCIA, MD, FPPS
Chairman, Department of Pediatrics

Alicia Taleon
ALICIA T. TALEON, MD, FPPS
Chief of Medical Professional Staff II

E. S. Simbul
EPIFANIA S. SIMBUL, MD, FPPS, CEO VI
Medical Center Chief II

"To achieve all that is possible and to attempt even the impossible"

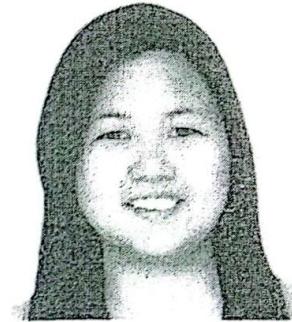
Write: 264 E. Rodriguez Sr., Blvd., 1102 Quezon City, Philippines • Call: 724-06-56 to 59; 726-89-80 to 84; 725-89-85; 725-89-88



Republika ng Pilipinas

REPUBLIC OF THE PHILIPPINES

Komisyon sa Regulasyon ng mga Propesyonal
PROFESSIONAL REGULATION COMMISSION
Lupon ng Medisina
BOARD OF MEDICINE



Dapat malaman na si

Be it known that

KARLA TIBAYAN MANALO

ay nakatupad sa mga tadhana ng Batas Republika Blg. 2382 at sa mga kautusang legal at regulasyon ng

has complied with all the requirements of Republic Act No. 2382 and the rules and regulations of the

Lupon at ng Komisyon at itinala sa talaan ng mga propesyonal bilang isang

Board and the Commission and has been entered in the registry book of professionals as a

Manggagamot

PHYSICIAN

na may pribilehiyong gumamit ng titulo at manungkulan sa propesyonito sa ilalim ng kapangyarihan ng Republika ng Pilipinas.

with the privilege to assume the title and to practice the profession under the authority of the Republic of the Philippines.

Sa Katunayan Nito, Itong Katibayan Blg.

113447

na nilagdaan ng Tagapangulo at mga Kagawad ng Lupon at ng Tagapangulo ng

IN TESTIMONY WHEREOF, this Certificate, signed by the Chairman and Members of the Board and the Chairperson of the

Komisyon, na may tatak ng selyo ng kapangyarihan ng Lupon at ng Komisyon alinsunod sa mga probisyon ng

Commission, with the official seal of the Board and the Commission affixed thereto in accordance with the provisions of

Batas Republika Blg. 2382 at Batas Republika Blg. 8981, dito sa Lungsod ng Maynila, Pilipinas

Republic Act No. 2382 and Republic Act No. 8981, in the City of Manila, Philippines

ay ipinagkaloob sa kanya ngayong ika-
28 ng Agosto, sa taon ng Ating Panginoon, Balaanang Libo at wala-

is hereby awarded to him/her on this 28th day of August, in the year of Our Lord,

Two Thousand and eight.

FLORENTINO CARPIO DOBLE, MD

Chairman

MIGUEL L. NOCHE, JR., MD

Member

EDGARDO T. FERNANDO, MD

Member

113447

RICARDO D. FULGENCIO II, MD

Member

RESTITUTO C. DE OCAMPO, MD

Member

Pinagtibay:
Approved:

Tagapangulo
Chairperson



Republic of the Philippines PROFESSIONAL REGULATION COMMISSION

Manila



PROFESSIONAL IDENTIFICATION CARD

LAST NAME ► MAMALO
FIRST NAME ► KARLA
MIDDLE INITIAL/NAME ► TIBAYAN
REGISTRATION NO. ► 0113447
REGISTRATION DATE ► 08/28/2008
VALID UNTIL ► 08/07/2014

PHYSICIAN



08071979
12/19/2011

Professional Regulation Commission
P. Paredes St., corner N. Reyes St., Sampaloc, Manila
www.prc.gov.ph Hotline Number: 735-1535

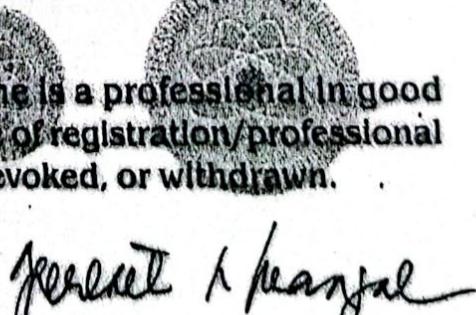
CERTIFICATION

901463367

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked, or withdrawn.


Signature of Professional


President & Chairperson
PRC CHAIRPERSON



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION & COMMUNICATIONS
LAND TRANSPORTATION OFFICE
EAST AVE QUEZON CITY



NON-PROFESSIONAL

LAST NAME, FIRST NAME, MIDDLE NAME

CARAAN, KARLA MANALO



Nov 15, 2011

SIGNATURE OF LICENSEE

ADDRESS (NO. STREET, CITY, MUN., PROVINCE)

BRGY III MATAAS NA KAHOY BATANGAS

BIRTH DATE SEX HT.(cm) WT.(kg) NATIONALITY

1979-08-07 F 155 52 PH

RESTRICTIONS CONDITIONS EXPIRES

2 A NO2 2014-08-07

LICENSE NO.

NO19943476

VIRGINIAH TORRES
ASST. SECRETARY



RESTRICTIONS

MOTORCYCLES/MOTORIZED TRICYCLES

VEHICLE UP TO 4500 KGS G V W

VEHICLE ABOVE 4500 KGS G V W

AUTOMATIC CLUTCH UP TO 4500 G V W

AUTOMATIC CLUTCH ABOVE 4500 KGS G V W

ARTICULATED VEHICLE 1600 KGS G V W & BELOW

ARTICULATED VEHICLE 1601 UP TO 4500 KGS G V W

ARTICULATED VEHICLE 4501 KGS & ABOVE G V W

CONDITIONS:

A. WEAR EYE GLASSES

B. DRIVE ONLY W/SPECIAL EQPT. FOR UPPER LIMBS

C. DRIVE ONLY W/SPECIAL EQPT. FOR LOWER LIMBS

D. DAYLIGHT DRIVING ONLY

E. ACCOMPANIED BY A PERSON W/NORMAL HEARING

ORGAN DONATION:

I HEREBY DONATE ANY ORGAN

SPECIFIC ORGAN _____

UPON MY DEATH

IN CASE OF EMERGENCY NOTIFY:

AME:

ADDRESS:

EL#:

BB3594470

Philippine Civil Service

MEDICAL CERTIFICATE**INSTRUCTION**

1. This medical certificate should accomplish by a physician.
2. Attach this certificate to original appointments and reinstatement.

FOR THE PROPOSED APPOINTEE

NAME (Last, First Name, Middle or if married woman, maiden name)		AGENCY
CARAAN, KARLA M.		LGU Mataasnakahoy
ADDRESS Brgy. III, Mataasnakahoy, Batangas		
AGE 33	SEX Female	

FOR THE PHYSICIAN

I HEREBY CERTIFY that I personally examined the above named individual and found him/her physically and medically fit.

SIGNATURE OF PHYSICIAN EMILIA CHONA T. REYES MD.	CERTIFICATE No. 70862	OTHER INFORMATION ABOUT THE APPOINTEE
OFFICIAL DESIGNATION CM Municipal Health Officer	HEIGHT 5'1"	WEIGHT 68 kgs.
AGENCY LGU,Mataasnakahoy	DATE EXAMINED 7-25-2013	X-RAY OR FLOUROSCOPE RESULT (only when physician believe it necessary)

MATAAS NA KAHOY COMMUNITY HOSPITAL

#49 Rafael Lubis St., Mataasnakahoy, Batangas

Tel. No. (043) 702 1588

No. 2013-0501

Name: Caraan, Karla

Address: Lengos Mataasnakahoy Bats. Age: 33 Sex: F

Examination: UA Requested by: _____

Date Requested: _____

Date Reported: July 22, 2013

URINALYSIS

PHYSICAL		MICRSCOPIC
Color	yellow	Pus Cells 1-3/hpf
Transparency	wazy	Red Blood Cells 0-1/hpf
Reaction	6.0	Squamous Epithelial Cells many
Specific Gravity	1.020	Amorphous Urates few
		Amorphous Phosphates
CHEMICAL		Mucus Thread
Sugar	negative	Bacteria
Albumin	+	Yeast Cells
Pregnancy Test	naan	Others:

MARIO DIMAANO, RMT

Medical Technologist

ASEUS SILVA, MD
LIC. #0089273

Pathologist

MATAAS NA KAHOY COMMUNITY HOSPITAL

#49 Rafael Lubis St., Mataasnakahoy, Batangas

Tel. No. (043) 461-0621

No. 2013-1014

Name: Caraan, varla

Address: Bongos Mataasnakahoy Bats

Examination: CBC

Age: 33 Sex: F

Requested by: DR.

Date Requested:

Date Reported: July 22, 2013 Time: 9:00am

HEMATOLOGY

COMPONENT	REF. VALUE	RESULT
Hemoglobin (M)	140 - 180	g/dl
(F)	120 - 160	132 g/dl
Erythrocyte (M)	0.40 - 0.54	
(F)	0.38 - 0.47	0.44
Leucocyte	4.55 - 11.0	8.7 g/L
Hematocrit (M)	42 - 48	vol%
(F)	37 - 47	38 vol%
DIFFERENTIAL COUNT		
Segmenters	0.56	0.59
Stabs	0.03	
Basophils	0.003	
Eosinophils	0.027	
Lymphocytes	0.34	0.41
Monocytes	0.04	

Mario Dimaano, RMT
LIC. # 000327

Medical Technologist

COMPONENT	REF. VALUE	RESULT
Clotting Time	2-4 minutes	
Bleeding Time	1-3 minutes	
E.S.R. (M)	0-10mm/Hr.	
(F)	0-20mm/Hr.	
Prothrombin Time Control		
Prothrombin Time Patient		
Prothrombin Activity		
I.N.R.		
BLOOD GROUP		
PLATELETS(cells/cumm)	150,000-400,000	316,000
Others:		

ASEUS SILVA, MD
LIC. # 04117
Pathologist

DEPARTMENT OF HEALTH
LIPA MEDIX MEDICAL CENTER DRUG TESTING LABORATORY
ALONG NATIONAL HIGHWAY, BALINTAWAK, LIPA CITY, BATANGAS



RK970779
54

Phone Number 0437562477

DRUG TEST REPORT

CCF No: 201307240001
Name: CARAAN, KARLA MANALO
Birthdate: 08/07/1979 Age: 33

Gender: F

Transaction Date Time: 7/24/2013 11:44:00AM
Report Date Time: 7/24/2013 2:28:39PM

Test Method TEST KIT

Purpose
Government Employment

Requesting Parties
MATAAS NA KAHOY HEALTH CENTER

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

66

ISABELITA M GALAC

Analyst

Approved By

DR. CELSO S. RAMOS

56

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



LIPA MEDIX MEDICAL CENTER

Along National Highway, Balintawak, Lipa City

Tel. Nos. (043) 756-3008, 756-1190

Fax No. (043) 757-0088

CUSTODY AND CONTROL FORM
(Form DT-002A - COPY FOR THE DONOR)

SPECIMEN ID NO.:

LAB ACCESSION NO.:

(UML-13-609)

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Code:	B. Address:	C. Age:	D. Sex:
E. Employer Name:	F. Type of Specimen:	G. Reason for Test:	
Urine	Health Center	Pre-employment	Random
Blood	Health Center	Return-to-Duty	Mandatory
Others (specify)		Follow-up	Reasonable Suspicion/Cause
H. Drug test to be Performed:	THC, COC, PCP, OPI, AMP	THC & MET Only	Post-accident
			Others (specify)

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes Is temperature between 32°C and 38°C?	Specimen Collection: <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Unobserved	Other Observation (Enter Remark):
<input type="checkbox"/> Yes <input type="checkbox"/> No	Specimen Sampling: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Split	
	Specimen Volume: 10 ml Physical Appearance: Color: <input checked="" type="checkbox"/>	

REMARKS

STEP 3 Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initial seal(s). Donor completes STEP 5.

STEP 4 CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the identified in the certification section on Step 5 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

X	11:30 AM/PM	SPECIMEN BOTTLE (S) RELEASED TO:
Signature of Collector	Time of Collection	Name of delivery Service Transferring Specimen to Lab
(PRINT) Collector's Name (First, M.I., Last)	Date (Mo/Day/Yr)	
RECEIVED AT LAB.:	STATUS OF THE SPECIMEN	SPECIMEN BOTTLE (S) RELEASED TO:
X	(a) Seal intact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Signature of Receiving Person
Signature of Accessioner's	(b) Transport device: _____	
(PRINT) Accessioner's Name (First, M.I., Last)	(c) Description: _____	Printed Name (First, M.I., Last) Date (Mo/Day/Yr)
Time of Collection	Date (Mo/Day/Yr)	

STEP 5 COMPLETED BY THE DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence and that the information on this form on the bottle is correct.

X	Karla M. Caraan	7/23/13
Signature of Donor	(PRINT) Donor's Name (First, M.I., Last)	Date (Mo/Day/Yr)
Contact No.: 0922 873 7079		8/7/13
Additional Information may be asked from you by the laboratory particularly on drugs and medications.		(Mo/ Day/ Yr)

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification is:

 NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE: DILUTED SUBSTITUTED ADULTERATED OTHERS (specify) _____

REMARKS:

DR. CELSO S. RAMOS, M.D. FPSP

(PRINT) Signature & Name of Head of Laboratory (First, M.I., Last)

Date (Mo/Day/Yr)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

 CONFIRMED FOR: THC MET CHALLENGE FAILED TO CONFIRM - REASON: _____

X (PRINT) Signature & Name of Analyst (First, M.I., Last)

(PRINT) Signature & Name of Head of Laboratory (First, M.I., Last)

Date (Mo/Day/Yr)

STEP 8 TO BE COMPLETED BY THE NATIONAL REFERENCE LABORATORY (NRL)

In accordance with applicable Department of Health requirements, my determination/verification for the specimen (if tested) is:

 RECONFIRMED FOR: THC MET OTHERS (specify) _____ FAILED TO RECONFIRM - REASON: _____

X (PRINT) Signature & Name of Analyst (First, M.I., Last)

(PRINT) Signature & Name of Head of Laboratory (First, M.I., Last)

Date (Mo/Day/Yr)

1. Form DT-002A-Copy for the Donor

2. Form DT-002B-Copy for the Collector Site

3. Form DT-002C-Copy for the Laboratory

4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)

MATAAS NA KAHOY COMMUNITY HOSPITAL

#49 Rafael Lubis St., Mataasnakahoy, Batangas

Tel. No. (043) 702- 1588

NAME: CARAAN, KARLA	CASE NO.: 13-0497
AGE : 34 SEX: FEMALE	DATE: JULY 22, 2013
Attending Physician:	
Chief complaint:	
Procedure: CXR PA	

RADIOLOGIC REPORT

LUNGS ARE CLEAR

HEART IS NORMAL IN SIZE

INTACT BONY THORAX

IMPRESSION:

CLEAR LUNGS

MARK JOWELLE T RUGAS, RRT

Radiologic Technologist

JERICK MEDINA, MD, FRCR, FUSP

Radiologist



Professional Regulation Commission
P. Paredes St., Sampaloc, Manila 1008, Philippines
www.prc.gov.ph (632) 7362248 / 3102009

3232123

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked, or withdrawn.


Signature of Professional


TEOFILO S. PILANDO, JR.
CHAIRMAN

Republic of the Philippines
PROFESSIONAL REGISTRATION CARD

P CARAAH
P KARIA
P MANTOLLO
P MILROY
P ORACION
P OTIENDO

PHYSICIAN

6/7/1979
6/6/2014



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT

S E R V I C E R E C O R D

NAME: CARAAN, KARLA MANALO

(If married woman, give also maiden name)

BIRTH: August 7, 1979

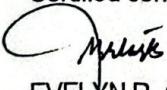
(Date herein should be checked from birth or baptismal certificate or some other reliable documents)

This is to certify that the employee named herein above actually rendered services in this office as shown by the service record below, each line of which is supported by the appointment and other papers actually issued by this office and approved by the authorities concerned.

SERVICE		RECORD OF APPOINTMENT			OFFICE/ENTITY/DIVISION			SEPARATION	
Inclusive Date		Designation	Status	Salary	Station/Place	Branch	Abs. W/o Pay	Date	Cause
01-05-09	06-30-09	Medical Officer III	Temp.	P 230,016.00	Nat'l Children's Hospital	Manila	None		
07-01-09	01-04-10	-do-	-do-	320,052.00	-do-	-do-			
01-05-10	06-23-10	-do-	-do-	320,052.00	-do-	-do-			
06-24-10	01-04-11	-do-	-do-	371,340.00	-do-	-do-			
05-01-11	05-31-11	-do-	-do-	371,340.00	-do-	-do-			
06-01-11	01-04-12	-do-	-do-	422,628.00	-do-	-do-			
01-05-12	05-31-12	-do-	-do-	422,628.00	-do-	-do-			
06-01-12	01-04-13	-do-	-do-	473,916.00	-do-	-do-			
01-05-13	Completed 4 yr. Residency Training							NBC#54 OS. 2012	
Xxxxxxx	Xxxxxxxxxx	Xxxxxxxxxx	Xxxxx	Xxxxxxxxxx	Xxxxxxxxxx	Xxxxxxx	Xxxxxxxxxxxxxx	Xxxxxxx	xxxxx
08-01-13	To present	Mun. Health Offr.	Perm.	523,344.00	Office of the Mun. Health	M-kahoy, Bats.			

Issued in compliance with Executive Order No. 45 dated August 10, 1954 and in accordance with Circular No. 58 dated August 10, 1954 of the system.

Certified correct:


EVELYN R. OLARTE
Municipal Human Resource Management Officer

Not valid without seal

Display Person : 2003625436

<input type="checkbox"/> Person	<input type="checkbox"/> Organization	<input type="checkbox"/> Group	<input type="checkbox"/> General Data	<input type="checkbox"/> Relationships	<input type="checkbox"/>																																							
<input type="checkbox"/> Business Partner <input type="text" value="2003625436"/> KARLA CARAAN / 1013 MANILA Display in BP role <input type="checkbox"/> Business Partner (Gen.) <input checked="" type="checkbox"/> Validity Period <input type="text" value="01/01/0001 - 12/31/9999"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>																																												
<input type="checkbox"/> Worklist <input type="checkbox"/> Find <input type="checkbox"/>																																												
<table border="1"> <tr> <td>Find</td> <td>Persons</td> <td><input type="checkbox"/></td> </tr> <tr> <td>By</td> <td>Name</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Last name</td> <td>caraan</td> <td></td> </tr> <tr> <td>First name</td> <td>karla</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"> <input type="button" value="Start"/> <input type="button" value="Print"/> </td> </tr> <tr> <td colspan="10"> </td> </tr> <tr> <td>Partner</td> <td>Description</td> <td colspan="8">2003625436 KARLA CARAAN / 1013 MANILA</td> </tr> </table>										Find	Persons	<input type="checkbox"/>	By	Name	<input type="checkbox"/>	Last name	caraan		First name	karla		<input type="button" value="Start"/> <input type="button" value="Print"/>													Partner	Description	2003625436 KARLA CARAAN / 1013 MANILA							
Find	Persons	<input type="checkbox"/>																																										
By	Name	<input type="checkbox"/>																																										
Last name	caraan																																											
First name	karla																																											
<input type="button" value="Start"/> <input type="button" value="Print"/>																																												
Partner	Description	2003625436 KARLA CARAAN / 1013 MANILA																																										

Control Address Address Overview Identification Latest Employment Details Pensioner data

Personal Data

Sex	<input type="radio"/> Unknown <input type="radio"/> Female <input type="radio"/> Male
Marital status	<input type="radio"/> 2 Married
Nationality	<input type="text"/>
Birth Date/Place	<input type="text" value="08/07/1979"/> <input type="text"/>
Claims Date of Birth	<input type="text"/>
Religion	<input type="text"/>

Identification Numbers

External BP number		<input type="text" value="02003625436"/>	Responsible Institution	Entry date	Valid from
IDType	Description	Identification number			
CRN	Common Reference Numt	006004424498		03/25/2018	

Change History Entry 1 of 1

Tax Numbers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Prints Window Contents

1. Use your permanent Pag-BIG Member's Identification (MID) Number when transacting business with the Fund. This will facilitate, among others, posting of your monthly contributions and loan payments.
2. This card may be used for the following transactions:
 - a. Verification of membership contribution payments
 - b. Updating of member's records
 - c. On-line filing of Short-Term Loan Applications
 - d. On-line filing of Provident Benefit Claims
 - e. Other purpose it may serve
3. In case you transfer to another company, please present your Pag-BIG MID Number to your new employer.
4. This card shall supersede all membership ID cards previously issued to you by the Pag-BIG Fund.
5. To complete your membership information and/or to update your records with the Pag-BIG Fund, please log on to www.pagbibigfund.gov.ph, or you may visit the nearest Pag-BIG office.



SERVICE RECORD

NAME : **CARAAN**
 (SURNAME) **KARLA**
 (GIVEN NAME) **MANALO**
 (MIDDLE NAME)

BIRTH : **August 07, 1979** **Mandaluyong City**

Date of Birth

Place of Birth

(Date herein should checked with the
birth or baptismal certificate or some
other reliable documents)

This is to certify that the employee name herein above actually rendered services in this office as shown by the service record below each line
of which is supported by appointment and other papers actually issued by this office and approved by the authorities concerned.

SERVICE (Inclusive Dates)		RECORD OF APPOINTMENT					LEAVE ABSENCES W/O PAY	SEPARATION	
		DESIGNATION	STATUS (1)	SALARY / ANNUM (2)	STATION / PLACE OF ASSIGNMENT	BRANCH (3)		DATE	CAUSE
FROM	TO								
01/05/09	06/30/09	Medical Officer III	T	230,016.00	NATIONAL CHILDREN'S		DID NOT		
07/01/09	01/04/10	Medical Officer III	T	320,052.00	HOSPITAL		INCUR		
01/05/10	6/23/10	Medical Officer III	T	320,052.00			LEAVE		
06/24/10	01/4/11	Medical Officer III	T	371,340.00			W/O PAY		
05/01/11	05/31/11	Medical Officer III	T	371,340.00					
06/01/11	1/4/12	Medical Officer III	T	422,628.00					
01/05/12	5/31/12	Medical Officer III	T	422,628.00					
06/01/12	1/4/13	Medical Officer III	T	473,916.00				NBC#540 s. 2012	
01/05/13		COMPLETED 4YR							
01/05/13		RESIDENCY TRNG							

Issued in compliance with Executive Order No. 54 dated August 10, 1954 and in accordance with Circular No. 60 dated August 10, 1954 of
the System.

CERTIFIED CORRECT :

For GSIS updating of record purposes.

September 17, 2013

[Signature]
REYNALDO C. SALAZAR, MPA
 Chief Administrative Officer

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

NOTICE OF SALARY ADJUSTMENT

Date: JAN 16 2017

Dra. Karla M. Garaan
Municipal Health Officer
(Mun. Gov't Dept. Head)

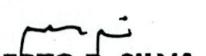
Dear Dra. Garaan :

Pursuant to Local Budget Circular No. 113 dated January 5, 2017, implementing Executive Order No. 201 dated February 19, 2016, your salary is hereby adjusted effective January 1, 2017, as follows:

1. Adjusted monthly basic salary effective January 1, 2017, under the new Salary Schedule
SG 24, Step 2 P 65,296.00
2. Actual monthly basic salary as of December 31, 2016 ;
SG 24, Step 2 57,308.00
3. Monthly salary adjustment effective January 1, 2017 (1-2) P 7,988.00

It is understood that this salary adjustment is subject to usual accounting and auditing rules and regulations, and to appropriate re- adjustment and refund if found not in order.

Very truly yours,


GUALBERTO R. SILVA,
Municipal Mayor

Position Title: MHO (MDH)
Salary Grade : 24-2
Item No., FY 2017 Plantilla of Personnel: 106-8