

CS Form No. 33-B
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY



Mr. MICHAEL L. LUBI

You are hereby appointed as Administrative Aide I (Utility Worker I) (SG-1)
(Position Title)
under Permanent status at the Office of the Municipal Accounting
(Permanent, Temporary, etc.) (Office/Department/Unit)
with a compensation rate of Nine Thousand Seven Hundred Fifty P 9,750.00
pesos per month.
The nature of this appointment is Original vice
(Original, Promotion, etc.)
MYLENE B. AVEO, who Promoted with Plantilla Item No. 77
(Transferred, Retired, etc.)
Page 6.

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

December 18, 2023

Date of Signing

Subject to six (6) months
Probationary period

Accredited/Deregulated Pursuant to
CSC Resolution No. 2200778 s. 2022
dated December 29, 2022

DRY SEAL

(Stamp of Date of Release)



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. 043-7841113/ 4610107
Telefax 043-7841016



OFFICE OF THE MAYOR

OFFICE ORDER

No. 418-S-2024

TO : MR. MICHAEL L. LUBI
Administrative Aide I (Utility Worker I)

DATE : OCTOBER 01, 2024

SUBJECT : TRANSFER OF PLANTILLA POSITION FROM THE MUNICIPAL ACCOUNTING OFFICE TO THE MUNICIPAL AGRICULTURE OFFICE

In the exigency of service, your Plantilla Position with Item No. 86, page 7 of the Plantilla of Personnel under the Municipal Accounting Office has been transferred to the Municipal Agriculture Office Plantilla Position with Item No. 137, page 10, in accordance with Section 12 of the 2017 Omnibus Rules on Appointment and Other Human Resource Actions (ORA OHRA) (Revised July 2018) and Sangguniang Bayan (SB) Resolution No. 182-S-2024-Budget Ordinance No. 25-S-2024.

This Order shall take effect immediately.

For information and guidance.

HON. JANET M. ILAGAN
Municipal Mayor

cc:

Municipal Accounting Office

Municipal Agriculture Office

Municipal Human Resource Management Office

MICHAEL LUBI

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. 043-7841113/ 4610107
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OFFICE OF THE MAYOR

OFFICE ORDER

No. 19-S-2024

TO : MR. MICHAEL LUBI
Administrative Aide I

FROM : HON. JANET M. ILAGAN
Municipal Mayor

DATE : JANUARY 19, 2024

SUBJECT : REASSIGNMENT OF DUTY FROM THE MUNICIPAL ACCOUNTING OFFICE TO THE MUNICIPAL AGRICULTURE OFFICE

In the exigency of service, you are hereby reassigned from the Municipal Accounting Office to the Municipal Agriculture Office effective January 22, 2024.

As such, you are tasked to perform the following duties and responsibilities:

- Assist in the transportation and collection of solid waste in the municipality;
- Assist in maintaining the cleanliness of the Material Recovery Facilities;
- Assist in the operations of agricultural tractors; and
- Perform other related duties as assigned by the supervisor or department head.

For information and guidance.

HON. JANET M. ILAGAN,
Municipal Mayor

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

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use 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	LUBI			NAME EXTENSION (JR., SR)	N/A	
FIRST NAME	MICHAEL					
MIDDLE NAME	LUBI					
3. DATE OF BIRTH (mm/dd/yyyy)	09/29/1978			16. CITIZENSHIP		
4. PLACE OF BIRTH	NANGKAAN,MATAASNAKAHOY,BATS.			<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: ▼		
5. SEX	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female				
6 CIVIL STATUS	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married	17. RESIDENTIAL ADDRESS			
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	House/Block/Lot No. 109 Street N/A Subdivision/Village MATAASNAKAHOY City/Municipality PUROK 2			
7. HEIGHT (m)	1.60			ZIP CODE 4223		
8. WEIGHT (kg)	54			18. PERMANENT ADDRESS		
9. BLOOD TYPE	B+			House/Block/Lot No. 109 Street N/A Subdivision/Village MATAASNAKAHOY City/Municipality PUROK 2		
10. GSIS ID NO.	N/A			ZIP CODE		
11. PAG-IBIG ID NO.	N/A			19. TELEPHONE NO. N/A		
12. PHILHEALTH NO.	09-202327863-6			20. MOBILE NO. 09476212325		
13. SSS NO.	N/A			21. E-MAIL ADDRESS (if any) lubi9790@gmail.com		
14. TIN NO.	631402800					
15. AGENCY EMPLOYEE NO.	N/A					

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LUBI		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CHERIELOU	NAME EXTENSION (JR., SR) N/A	ALTHEA MARTA V. LUBI	05/07/2006
MIDDLE NAME	VIDAL		JAMES BRYLLE V. LUBI	06/15/2007
OCCUPATION	N/A		VLADIMIR V. LUBI	05/21/2011
EMPLOYER/BUSINESS NAME	N/A		JOHN ERROSS V. LUBI	06/27/2012
BUSINESS ADDRESS	N/A		MCKALE V. LUBI	07/02/2017
TELEPHONE NO.	N/A		**NOTHING FOLLOWS	
24. FATHER'S SURNAME	LUBI			
FIRST NAME	EMETERIO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MANALO			
25. MOTHER'S MAIDEN NAME	MARTA ORENSE LUBI			
SURNAME	LUBI			
FIRST NAME	MARTA			
MIDDLE NAME	ORENSE		(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 graduated)	YEAR GRADUATED	SCHOLARSHIP/Academic Honors Received
			From	To			
ELEMENTARY	NANGKAAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1987	1993	GRADUATED	1992	N/A
SECONDARY	BAYORBOR NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	1996	2000	GRADUATED	2000	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE

DATE

NOVEMBER 21, 2023

IV. CIVIL SERVICE ELIGIBILITY

SIGNATURE

DATE

NOVEMBER 21, 2023

VOLUNTARY WORK OR INVOLVEMENT IN CIVIC

GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

(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

31. SPECIAL SKILLS and Hobbies	32. Non-Academic Distinctions / Recognition (Write in full)	33. Membership in Association/Organization (Write in full)
DRIVING	N/A	N/A
WELDING		
**NOTHING FOLLOWS		

(Continue on separate sheet if necessary)

(Continues on separate sheet if necessary)

SIGNATURE	<i>[Signature]</i>	DATE	NOVEMBER 21, 2023
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Resigned</p> <hr/>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p> <hr/>
<p>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 items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <hr/>

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
HON. MOISES LUBI	Nangkaan, Mataasnakahoy, Batangas	9162448599
HON. ELMER BAYBAY	Nangkaan, Mataasnakahoy, Batangas	9556881013
AILEEN L. ANDAL	Calingatan, Mataasnakahoy, Batangas	9171890486



MICHAEL LUBI

PHOTO

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 against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: DRIVER'S LICENSE	
ID/License/Passport No.: D01-99-143504	
Date/Place of Issuance: 09/30/2019	

Signature (Sign inside the box)	
NOVEMBER 31, 2023	
Date Accomplished	



SUBSCRIBED AND SWORN to before me this 21st day of Nov. 2023, affiant exhibiting his/her validly issued government ID as indicated above.

GALLY D. TIPAN
Municipal Human Resource Management Office



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 to certify that in connection with the appointment of Mr. MICHAEL L. LUBI as Administrative Aide I (Utility Worker I) in the Office of the Municipal Accounting of this municipality, all pertinent requirements contained in RA 7160 in Section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.

JANET MAGPANTAY ILAGAN
Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL ACCOUNTANT

CERTIFICATION

THIS IS TO CERTIFY that funds are available for the position of Administrative Aide I (Utility Worker I) in the Office of the Municipal Accounting of this municipality, with Salary Grade 1 amounting to ONE HUNDRED SEVENTEEN THOUSAND PESOS (P 117,000.00) per annum as per Annual Budget CY-2023 of this municipality.

Issued this 18th day of December , 2023 at Mataasnakahoy, Batangas.


LENILYN C. CARAAN
Municipal Accountant

Republic of the Philippines
POSITION DESCRIPTION FORM
DBM-CSC Form No. 1
(Revised Version No. 1, s. 2018)

1. POSITION TITLE (as approved by authorized agency) with
parenthetical title

Administrative Aide I
(Utility Worker I)

2. ITEM NUMBER

3. SALARY GRADE

77

1

4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS

Province
 City
 Municipality

1st Class
 2nd Class
 3rd Class
 4th Class

5th Class
 6th Class
 Special

5. DEPARTMENT, CORPORATION OR AGENCY/
LOCAL GOVERNMENT

6. BUREAU OR OFFICE

Local Government Unit of Mataasnakahoy, Batangas

Office of the Municipal Accounting

7. DEPARTMENT / BRANCH / DIVISION

8. WORKSTATION / PLACE OF WORK

Office of the Municipal Accounting

Office of the Municipal Accounting

9. PRESENT APPROP
ACT

10. PREVIOUS APPROP ACT

11. SALARY AUTHORIZED

12. OTHER COMPENSATION

SB Resolution No.
120-S-2023/
Ordinance of Budget
No. 07-S-2023

N/A

P 9,750.00	PERA	2,000.00
	Clothing Allow.	6,000.00
	Cash Gift	5,000.00
	Year End Bonus	9,750.00
	Mid-year Bonus	9,750.00
	PEI	5,000.00

13. POSITION TITLE OF IMMEDIATE SUPERVISOR

14. POSITION TITLE OF NEXT HIGHER SUPERVISOR

Municipal Accountant

N/A

15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED

(if more than seven (7) list only by their item numbers and titles)

POSITION TITLE

ITEM NUMBER

N/A

N/A

16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK

Broom, Dustpan, Telephone, Computer, Logbook

17. CONTACTS / CLIENTS / STAKEHOLDERS

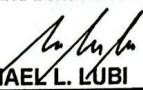
17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent
Executive /			General Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Managerial	<input type="checkbox"/>	<input type="checkbox"/>			
Supervisors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Supervisors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Others (Please Specify):		
Staff	<input type="checkbox"/>	<input type="checkbox"/>			

18. WORKING CONDITION

Office Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other/s (Please Specify)
Field Work	<input type="checkbox"/>	<input type="checkbox"/>	

19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION

Keeps and control books of account and shall take charge of both the accounting and internal audit services of the municipality.

21. QUALIFICATION STANDARDS			
21a. Education	21b. Experience	21c. Training	21d. Eligibility
Must be able to read and write	None Required	None Required	None Required (MC 11, s. 96-Cat III)
21e. Core Competencies			Competency Level
None Yet			None Yet
21f. Leadership Competencies			Competency Level
None Yet			None Yet
22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)			Competency Level
<i>Percentage of Working Time</i>	<i>(State the duties and responsibilities here.)</i>		
20%	Maintain the cleanliness and orderliness of the office;		
20%	Assigned in all Utility Work;		
15%	Assist in Filing of documents;		None Yet
20%	Record Incoming and Outgoing vouchers		
10%	Transmit signed vouchers to treasurer		
15%	Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time.		
23. ACKNOWLEDGMENT AND ACCEPTANCE:			
I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein.			
 MICHAEL L. LUBI 12/18/2023 Employee's Name, Date and Signature		 LENILYN C. CARAAN 12/18/2023 Municipal Accountant, Date and Signature	



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

I, Michael L. Lubi of Brgy. Nangkaan, Mataasnakahoy, Batangas having been appointed to the position of Administrative Aide I (Utility Worker I) hereby solemnly swear, that I will faithfully discharge to the best of my ability, the duties of my present position and of all others that I may hereafter hold under the Republic of the Philippines; that I will bear true faith and allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.


MICHAEL L. LUBI

(Signature over Printed Name of the Appointee)

Government ID: Drivers License

ID Number : DO1-99-143504

Date Issued : 09/30/2019

Subscribed and sworn to before me this 18th day of December, 2023 in Mataasnakahoy Batangas, Philippines.


JANET MAGPANTAY ILAGAN
Municipal Mayor



CS Form No. 4
Revised 2018

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Mr. MICHAEL L. LUBI has assumed the duties and responsibilities as Administrative Aide I (Utility Worker I) in the Office of the Municipal Accounting effective December 18, 2023.

This certification is issued in connection with the issuance of the appointment of Mr. Lubi as Administrative Aide I (Utility Worker I).

Done this 18th day of December 2023 in Mataasnakahoy, Batangas.

JANET MAGPANTAY ILAGAN
Municipal Mayor

Date: December 18, 2023

Attested by:

GALLY D. TIPAN
Mun. Human Res. Mgt. Officer

201 file
Admin
COA
CSC

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of November 21, 2023

(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.

Joint Filing

Separate Filing

Not Applicable

DECLARANT:	LUBI	MICHAEL	L.	POSITION:	JOB ORDER (DRIVER)
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	LGU MATAASNAKAHOY
ADDRESS:	BARANGAY NANGKAAN, MATAASNAKAHOY, BATANGAS			OFFICE ADDRESS:	BRGY. IV MATAASNAKAHOY, BATANGAS
SPOUSE:	LUBI	CHERIELOU	V.	POSITION:	HOUSEWIFE
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A
				OFFICE ADDRESS:	N/A

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
ALTHEA MARTA V. LUBI	MAY 7, 2006	17
JAMES BRYLLE V. LUBI	JUNE 15, 2007	16
VLADIMIR V. LUBI	MAY 21, 2011	12
JOHN ERROSS V. LUBI	JUNE 27, 2012	11
MCKALE V. LUBI	JULY 2, 2017	6

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: -0-

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Tricycle		60,000.00
Cellphone		4,000.00

Subtotal: P 64,000.00

TOTAL ASSETS (a+b): P 64,000.00

* Additional sheet/s may be used, if necessary.

DECLARANT: JESSE LUBI
TICKET NUMBER: 10000000000000000000
DATE ISSUED: 2023-11-21
TIME ISSUED: 10:00 AM
SIGNATURE: JESSE LUBI
Approved by: [Signature] Date: [Signature]

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A

TOTAL LIABILITIES: - 0 -

NET WORTH : Total Assets less Total Liabilities = P 64,000.00

* Additional sheet/s may be used, if necessary.

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant /Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A	N/A	N/A	N/A

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: December 18, 2023

MICHAEL L. LUBI
(Signature of Declarant)

Government Issued ID: Driver's License
ID No.: D01-99-143504
Date Issued:

Club

CHERIELOU V. LUBI
(Signature of Co-Declarant/Spouse)

Government Issued ID: PHILHEALTH ID
ID No.: 19-090443518-3
Date Issued:

DEC 18 2023

SUBSCRIBED AND SWORN to before me this _____ day of _____, affiant exhibiting to me the above-stated government issued identification card.

Page 2 of 2

ATTY. ROWELL B. MALABAG
(Person Authorized to Swear) DECEMBER 11, 2024
COMMISSION NO. 2022-0059 / ROLL NO. 68570
IBP NO. 258494/01-02-23/ PASIG CITY
PTR NO. 6256333/01-03-23/ LIPA CITY
MCLE COMPLIANCE NO. VII-0002112
423 Rafael Lubis St., Barangay II-A, Mataasnakahoy, Balangas

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

Blood Test
 Urinalysis
 Chest X-Ray
 Drug Test
 Psychological Test
 Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
LUBI, MICHAEL LUBI			LGU MATAASNAKATTOY, BATANGAS
ADDRESS			
Brgy. MANGKAAN MATAASNAKATTOY, BATANGAS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
45	MALE	MARRIED	DRIVER

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
DRA KYRKA M. CARAAN 113417			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED 12-20-23		



DEPARTMENT OF HEALTH
ST. JOSEPH HEALTHCARE, INC.

2F LIPA COM'L. CTR., A.MABINI ST. COR P.TORRES ST., LIPA CITY, BATANGAS

Phone Number (043) 757 4675

DRUG TEST REPORT

SM982978

36

CCF No: 202312150006

Transaction Date Time: 12/15/2023 11:39:00AM

Name: LUBI, MICHAEL LUBI

Report Date Time: 12/19/2023 3:21:47PM

Birthdate: 09/29/1978 Age: 45

Gender: M

Test Method TEST KIT

Purpose

Government Employment

Requesting Parties

LGU MATAAS NA KAHOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

44

IRIS LISETTE RIUS URIARTE

Analyst

Approved By

DR. SPENCER SITJAR WATANABE

74

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



MLT Psychological Evaluation Center

PNP Accreditation No. - 2000 - 0014
Main Office: 316 Quezon Avenue, Quezon City
Telephone No. 929-7261 / 410-6639

TO:

SUBJECT: PSYCHOLOGICAL EXAMINATION

NAME: MICHAEL L. LUBI

DATE OF EXAM: 15 Dec. 2023

AGE: 45

CIVIL STATUS: Married

HOME ADDRESS: Nangkaan, Mataasnakahoy, Batangas

EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	AVERAGE
Educational Attainment	DRIVER
Experience (relevance to position)	COL. LEVEL
Motivation: Financial Security	AVERAGE
Change in Assignment	NONE
Honesty/Integrity	AVERAGE
Social Adjustment	AVERAGE
Loyalty (Identifying with superiors)	AVERAGE
Hostility & Violent Tendencies	No trace of violence
Acceptance of Responsibility	AVERAGE
Energy and Initiative	AVERAGE
Independence (self-reliance)	AVERAGE
Self-Discipline	AVERAGE
Steadiness and Endurance Under Pressure	AVERAGE

SUMMARY

Intelligence Quotient: **90**

Classification: **AVERAGE**

Percentage Score: **36TH PERCENTILE**

Personality Evaluation: Subject has regrets over unattained goals and wasted opportunities, thus making the most out of every chance that come his way at present. He continuesly strive to attain stability.

REMARKS: Recommended

MA. CORAZON PAMINTUAN
Psychologist
(Accreditation No. 130)

Valid for (6) months from date of issue.



St. Joseph HealthCare, Inc.

2nd Floor LIPA CITY COMMERCIAL CENTER, A. MABINI St. Cor. P. Torres St. Lipa City, Batangas
Tel No. : (043) 757-4675 Mobile No. : 09171367258

Name:	LUBI, MICHAEL	Patient Pin:	SJHI94640
Age :	45	Sex :	MALE
		Company:	WALK IN

Sample Date: December 15, 2023

LABORATORY REPORT

HEMATOLOGY

DESCRIPTION	RESULT	REFERENCE VALUES
RBC	6.58	FEMALE : $4.0-5.4 \times 10^{12}/L$ MALE : $4.6-6.0 \times 10^{12}/L$
Hemoglobin	130	FEMALE : 120-160g/L MALE : 140-180g/L
Hematocrit	0.44	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	67.0	76-100 fL
MCH	19.8	27-32 pg
MCHC	29.5	32-36%
White blood cells	6.1	$5.0-10.0 \times 10^9/L$
Segmenters	0.41	0.55-0.68
Lymphocytes	0.49	0.25-0.39
Monocytes	0.10	0.02-0.08
Platelet count	375	$150-450 \times 10^9/L$
BLOOD TYPE	" B " RH POSITIVE	
REMARKS: ***NOT VALID WITHOUT A SEAL		

KRESTA XIÑA R. TUMBAGA, RMT
MEDICAL TECHNOLOGIST LIC# 55185

MYKEE D. REYES, RMT
CHIEF MEDICAL TECHNOLOGIST LIC# 83300

SPENCER S. WATANABE, MD, FPSP, MHA
PATHOLOGIST LIC# 0112723

St. Joseph HealthCare, Inc.

Floor LIPA CITY COMMERCIAL CENTER, A. MABINI St. Cor. P. Torres St. Lipa City, Batangas
Tel No. : (043) 757-4675 Mobile No. : 09171367258

Name:	LUBI, MICHAEL	Patient Pin:	SJHI94640
Age :	45	Sex :	MALE
		Company:	WALK IN

Sample Date: December 15, 2023

LABORATORY REPORT

CLINICAL MICROSCOPY

URINALYSIS

DESCRIPTION	RESULT	NORMAL VALUE
COLOR	LIGHT YELLOW	
TRANSPARENCY	SLIGHTLY TURBID	
PH	6.5	5.0-8.0
SPECIFIC GRAVITY	1.005	1.005-1.030
SUGAR	NEGATIVE	NEGATIVE
PROTEIN	NEGATIVE	NEGATIVE
WHITE BLOOD CELLS	0-2/HPF	
RED BLOOD CELLS	1-2/HPF	
A.URATES/PHOSPHATES		
EPITHELIAL CELLS	RARE	
BACTERIA	FEW	
MUCUS THREADS		
PREGNANCY TEST		
REMARKS: ***NOT VALID WITHOUT A SEAL		

KRESTA XINA R. TUMBAGA, RMT
MEDICAL TECHNOLOGIST LIC# 55185

MYKEE D. RESABEA, RMT
CHIEF MEDICAL TECHNOLOGIST LIC# 83300

SPENCER S. WATANABE, MD, FPSP, MHA
PATHOLOGIST LIC# 0112723



2F, Lipa Commercial Center, A. Mabini Cor. E Mayo & P. Torres Sts., Brgy 5, Lipa City, Batangas

Department of Radiology

Medical Imaging Report

PIN: **SJHI-23-5153**

Date: **12/15/2023**

Patient: **LUBI, MICHAEL**

Age: **45** Sex: **MALE**

Referring Physician:

Company: **GOV'T**

Clinical HX/DX:

Examination: **CHEST PA**

Procedure: **RADIOGRAPHY**

Clear lungs

Heart is not enlarged

Old fracture deformity of the left mid clavicle

IMPRESSION: CLEAR LUNGS

RINA S. DE TORRES, RXT

Lic. No. 5285

Radiologic Technologist

JERICK P. MEDINA, MD, FPCR

Lic. No. 91903

Radiologist

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION



Republic of the Philippines
Department of Justice
National Bureau of Investigation



35197566

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO.
L100IM3L87-RA1265565

FAMILY NAME
LUBI

MIDDLE NAME
LUBI

ADDRESS
109 PRK 2 BRGY NANGKAAN MATAASNAKAHOY BATANGAS

DATE OF BIRTH
September 29, 1978

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO DEROGATORY RECORD

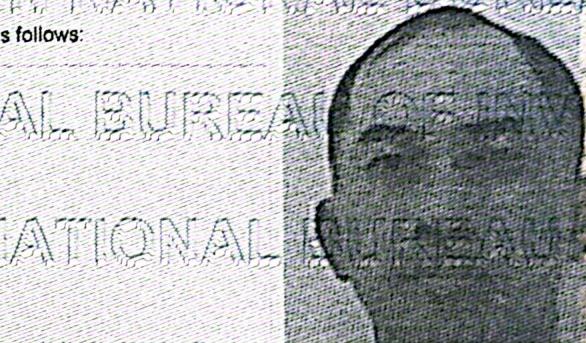
VALID UNTIL
November 20, 2024

FIRST NAME
MICHAEL

HUSBAND'S SURNAME

PLACE OF BIRTH
MATAASNAKAHOY BATANGAS

CIVIL STATUS
MARRIED



SIGNATURE



Date Printed: Tuesday, November 21, 2023 01:24 PM

Agency	RA	DATID	janet1
CASID	janet1	BIOID	janet1
O.R. No.	2AGXQCTB	RECID	ignatius2
O.R. Date	11/20/2023 2:57:25 PM	INTID	
DST PAID		PRTID	gonzagatv



L100IM3L87-RA1265565

Medardo G. de Leon
ATTY. MEDARDO G. DE LEMOS
Director



MUNICIPAL FORM NO. 102--(Married Dec. 1, 1948)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATED)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITING)

Register Number:

Province: BATAAN
City or Municipality: MANGUAN, BATAAN(a) Civil Registrar-General No. 366 (J. 78)
(b) Local Civil Registrar No.

1. PLACE OF BIRTH

d. PROVINCE

BATHUYAGS

e. CITY OR MUNICIPALITY

MANGUAN, BATAAN

f. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

MANGUAN

g. Is PLACE OF BIRTH INSIDE CITY LIMITS?

Yes No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

d. PROVINCE

BATAAN

e. CITY OR MUNICIPALITY

MANGUAN, BATAAN

f. NUMBER AND STREET

MANGUAN

g. Is RESIDENCE INSIDE CITY LIMITS?

h. Is RESIDENCE ON A FARM?

Yes No Yes No

CHILD

8. NAME (Type or print)

First

Middle

Last

MICHAEL LUBI LUBI 09

PARENT

4. SEX

5a. THIS BIRTH

5b. IF TWIN OR TRIPLETS, WAS CHILD

5c. DATE OF BIRTH

1st 2nd 3rd

Month SEP Day 29 Year 1978 29

SINGLE TWIN TRIPLETS

Year

Years

1

2

3

4

5

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Application Form No. 97 (Form No. 13)
(Revised January 1993)

(To be accomplished in quadruplicate)

(COPY FOR OCGO)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF MARRIAGE

Province	Batangas			Date	2006 0082		
City/Municipality	Lipa City						
Name of Contracting Parties	(first) MICHAEL L. LUBI	(middle initial)	(last)	(first) CHERIELOU B. VIDAL	(middle initial)	(last)	
Date of Birth/Age	(day) 29	(month) Sept.	(year) 1978	(age) 27	(day) 10	(month) Oct.	(year) 1982
Place of Birth	Matnog na Kaboy, Batangas			Lipa City			
Sex (Male or Female)	Male		Female				
Citizenship	Filipino			Filipino			
Residence	Matnog na Kaboy, Batangas			Bulaklakan, Lipa City, Batangas			
Religion	Roman Catholic			Roman Catholic			
Civil Status	Single			Single			
Name of Father	(first) Emeterio M. Lubi	(middle initial)	(last)	(first) Romeo M. Vidal	(middle initial)	(last)	
Citizenship	Filipino			Filipino			
Name of Mother	(first) Marta O. Lubi	(middle initial)	(last)	(first) Corazon Bongon	(middle initial)	(last)	
Citizenship	Filipino			Filipino			
Persons who gave consent or advice	(first) n/a	(middle initial)	(last)	(first) Romeo M. Vidal	(middle initial)	(last)	
Relationship	n/a			Parents			
Residence	n/a			Bulaklakan, Lipa City, Batangas			

Place of Marriage S.T.O. NINO PARISH CHURCH
Office of the House of Barangay or Church or Mosque or D
Pinagtongulen, Lipa City, Batangas
Address _____

Date: 15 January 2006 Time: 03:00 P.M.

(day) (month) (year)

THIS IS TO CERTIFY THAT Michael L. Lubi and I, CherieLou B. Vidal, both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we:

 have not entered into a marriage settlement. have entered into a marriage settlement, a copy of which is hereto attached.

IN WITNESS WHEREOF, we signed/mark with our finger print, this certificate in quadruplicate this 15th day of January 2006.

MICHAEL L. LUBI *[Signature]*

(Signature of Husband)

CherieLou B. Vidal

(Signature of Wife)

THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.

I CERTIFY FURTHER THAT:

 Marriage License No. 0000888 issued on Dec. 10, 2005, at Lipa City, Batangas in favor of said parties, was exhibited to me. no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 269. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083

REV. FR. ARIEL M. LUBI

(Signature of Solemnizing Officer)

Great Priest

(Festival/Designation)

QESWOTTOY until December 31, 2007

(Religious Affiliation, Registry No. and Expiration Date, if applicable)

WITNESSES

(Print Name and Sign) *Mary Ann* *MARY ANN AVENZA*

ROHUL M. VIDAL

[Signature]

FRANCISCO LUBI

[Signature]

ALICIA LUBI

08738-3F-105JRR-00573-MI004

BEST POSSIBLE IMAGE



T001087381050057312042023004



CLAIRE DENNIS S. MAPA, Ph. D
National Statistician and Civil Registrar General
Philippine Statistics Authority

CR400579820





REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION
REGION IV A-CALABARZON



Form 137-A
Secondary Student's Permanent Record

Form 137-A

Identification
on _____
Principal

SECONDARY STUDENT'S
PERMANENT RECORD

Copy of this record sent to
Principal of _____

Name: Lubi, Michael L. Date of Birth: Year 1978 Month: 09 Day: 29
 Place of Birth: Province Batangas Town: Mataasnakahoy Brgy: Nangkaan
 Parent or Guardian: Emeterio Lubi Occupation: Drayber
 Address of Parent or Guardian Nangkaan, Mataasnakahoy, Batangas
 Intermediate course completed(School) Nangkaan Elem. School Year: 1993-1994 Gen. Ave 78.00

Total Number of years in school to complete elementary course : 6

CLASSIFIED AS		Total Number of years in school to date : <u>7</u>							
First Year	School:	Bayorbor National High School				School Year: <u>1994-1995</u>			
Curriculum	Year	SUBJECT	1	2	3	4	Grade	Action	Credits
	I	Filipino I					81	Pasa	1
	I	Araling Panlipunan I					80	Pasa	1
	I	PEHM I					79	Pasa	1
	I	Edukasyong Pagpapahalaga I					83	Pasa	1
	I	English I					76	Pasa	1
	I	Science and Technology Ia					75	Pasa	2
	I	Mathematics I					79	Pasa	1
	I	Technology & Home Economics I					77	Pasa	2
								Total	10

Promoted to	Second Year	Retained In	Gen. Average:
Lacks Unit in		Has advanced unit in	
Days of School	June July Aug Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. Total		
Days Present			200
			200

CLASSIFIED AS		Total Number of years in school to date <u>8</u>							
Second Year	School:	Bayorbor National High School				S.Y. <u>1995-1996</u>			
Curriculum	Year	SUBJECT	1	2	3	4	Final Grade	Action Taken	Credits Earned
	II	Filipino II					77	Pasa	1
	II	Araling Panlipunan II					75	Pasa	1
	II	PEHM II					76	Pasa	1
	II	Edukasyong Pagpapahalaga II					76	Pasa	1
	II	English II					75	Pasa	1
	II	Science and Technology II					75	Pasa	2
	II	Mathematics II					76	Pasa	1
	II	Technology & Home Economics II					75	Pasa	2
	II	Computer Education II					76	Pasa	0
								Total	10

Promoted to	Third Year	Retained In	Gen. Average:
Lacks Unit in		Has advanced unit in	

Days of School	June	July	Aug	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total
Days Present												205
												196

ADVISER'S SIGN

ADVISER'S SIGNATURE

Lubi, Michael L.

Student's Name in Full

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION
REGION IVA-CAGAYAN DE ORO

CLASSIFIED AS		Total Number of years in school to date				9		
Third	School:	Bayborbor National High School				School Year: 1996-1997		
Curriculum Year	SUBJECT	Grading Period				Final Grade	Action Taken	Credits Earned
		1	2	3	4			
III	Filipino III					76	Pasa	1
III	Araling Panlipunan III					77	Pasa	1
III	PEHM III					81	Pasa	1
III	Edukasyong Pagpapahalaga III					78	Pasa	1
III	English III					75	Pasa	1
III	Science and Technology III					75	Pasa	2
III	Mathematics III					75	Pasa	1
III	Technology & Home Economics III					80	Pasa	2
III	Computer Education					77	Pasa	0
								Total 10

Promoted to	Fourth Year	Retained In	Gen. Average:
Lacks Unit in		Has advanced unit in	
Days of School	June July Aug Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. Total		
Days Present			205
			201

CLASSIFIED AS		Total Number of years in school to date				10		
Fourth Year	School:	Bayborbor National High School				S.Y. 1997-1998		
Curriculum Year	SUBJECT	Grading Period				Final Grade	Action Taken	Credits Earned
		1	2	3	4			
IV	Filipino IV	77	75	74				
IV	Araling Panlipunan IV	74	74	74				
IV	PEHM IV	75	75	75				
IV	Edukasyong Pagpapahalaga IV	75	76	76		Naghanapbuhay		
IV	English IV	74	74	73		Tumigil - Pebrero 16, 1998		
IV	Science and Technology IV	76	74	74				
IV	Mathematics IV	74	74	73				
IV	Technology & Home Economics IV	77	73	75				
IV	Computer Education IV	79	75	75				
						Total		

Promoted to	Retained In	Gen. Average:
Lacks Unit in	Has advanced unit in	
Days of School	June July Aug Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. Total	
Days Present		204
		136

I certify that this is a true record of Michael L. Lubi This student, on this 22nd day of November, 2023 is eligible for admission to Fourth Year student, and has no property responsibility in this school.

This student, on this 22nd

Fourth Year

10A	10M	10P	10N	10D	10J	10F	10B	10G	10E
509									
199									

SIMEONA RECHIE C. OJALES EdD

Principal III

ADVISER'S SIGNATURE

ADVISER'S SIGNATURE