

Republic of the Philippines)
Mataasnakahoy, Batangas) S.S

AFFIDAVIT OF UNDERTAKING

I, EMMANUEL ALFILER, of legal age, married, Filipino citizen, with residence and postal address at Brgy. Santol, Mataasnakahoy, Batangas after having been duly sworn to in accordance with law hereby depose and say that;

1. I am the Secretary to Sangguniang Bayan at the Municipal Government of Mataasnakahoy, Batangas;
2. I will be separated/retired from the government service effective 19 December 2029.
3. In connection with such end of term, I hereby authorize the Municipal Government of Mataasnakahoy to deduct from my terminal leave benefits whatever outstanding accounts and all financial obligations with the LGU;
4. I am executing this affidavit to attest to the truth to all the above facts.

IN WITNESS WHEREOF, I have hereunto affixed my signature this 27th day of July 2023 at Mataasnakahoy, Batangas.

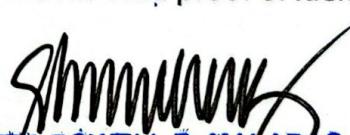
Affiant

Emmanuel A. ALFILER
LTO DRIVER'S LICENSE
No. N02-89-116845

ID

SUBSCRIBED AND SWORN TO before me this 27th day of July 2023 at _____, Batangas, by the affiant who is known to me and to me known to be the same person executing this foregoing instrument and further exhibited to me his valid proof of Identification.

Doc. No. 252;
Page No. 52;
Book No. XXXVIII;
Series of 2023.


ATTY. ROWELL B. MALABAG
NOTARY PUBLIC UNTIL DECEMBER 31, 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 Lub- St., Barangay II-A, Mataasnakahoy, Batangas

Republic of the Philippines)
Mataasnakahoy, Batangas) S.S

AFFIDAVIT OF UNDERTAKING

I, EMMANUEL ALFILER, of legal age, married, Filipino citizen, with residence and postal address at Brgy. Santo Niño, Mataasnakahoy, Batangas after having been duly sworn to in accordance with law hereby depose and say that;

1. I am the Secretary to Sangguniang Bayan at the Municipal Government of Mataasnakahoy, Batangas;
2. I will be separated/retired from the government service effective 19 December 2029.
3. In connection with such end of term, I hereby authorize the Municipal Government of Mataasnakahoy to deduct from my terminal leave benefits whatever outstanding accounts and all financial obligations with the LGU;
4. I am executing this affidavit to attest to the truth to all the above facts.

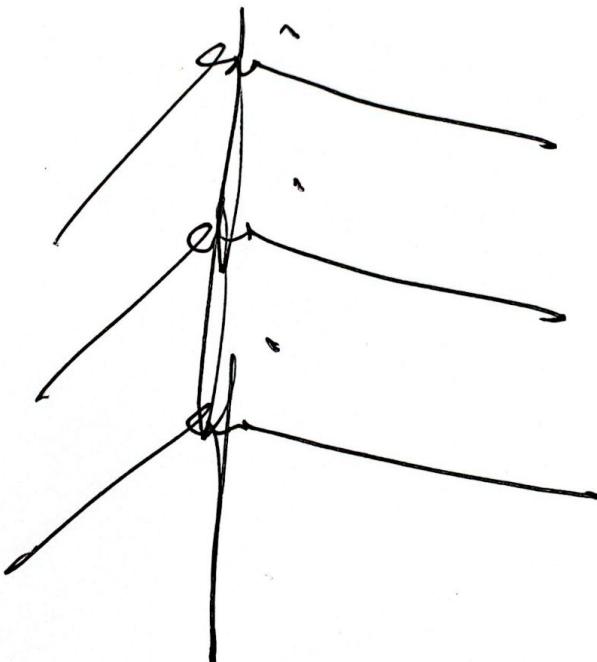
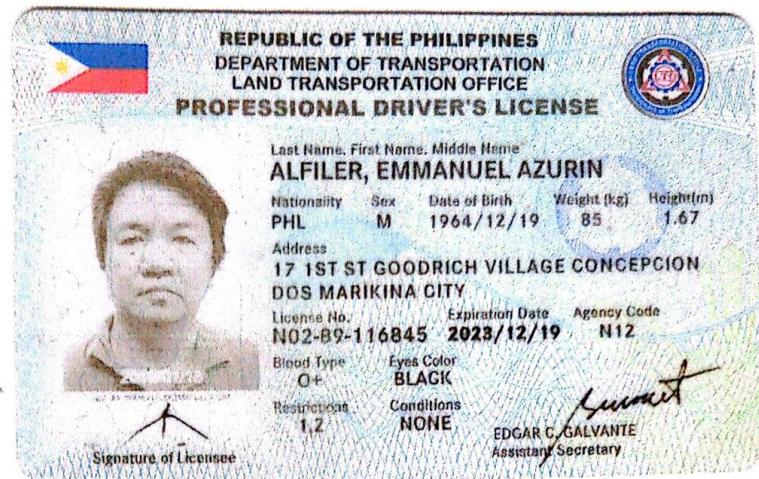
IN WITNESS WHEREOF, I have hereunto affixed my signature this 27th day of July 2023 at Mataasnakahoy, Batangas.

Affiant Emmanuel A. ALFILER
ID LTO ID/Driver's License
No. NDZ-89-116845

SUBSCRIBED AND SWORN TO before me this 27th day of July 2023 at _____, Batangas, by the affiant who is known to me and to me known to be the same person executing this foregoing instrument and further exhibited to me his valid proof of identification.


ATTY. ROWELL B. MALABAG
NOTARY PUBLIC UNTIL DECEMBER 31, 2024
COMMISSION NO. 2622-0059 / 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 Lubo St., Barangay II-A, Mataasnakahoy, Batangas

Doc. No. 252;
Page No. 52;
Book No. XXXVIII;
Series of 2023.





HR
Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 300-0590 / (043) 781-1813
Email Add: sboffice_mkahoy@yahoo.com.ph



OFFICE OF THE SANGGUNIANG BAYAN

06 November 2024

Hon. JUANITO VICTOR C. REMULLA
Secretary
Department of the Interior and Local Government
DILG-NAPOLCOM Center, EDSA Cor.
Quezon Ave., West Triangle, Quezon City

Dear **Secretary REMULLA**;

We write with the reference to our trip to South Korea for private/personal purposes from December 3-7, 2024

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

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

Thank you and best regards.

Very truly yours,

EMMANUEL A. ALFILER
Secretary to the Sangguniang Bayan

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, EMMANUEL A. ALFILER, of legal age, married, Filipino, and a resident of Barangay Santol, 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 Secretary to the Sangguniang Bayan.

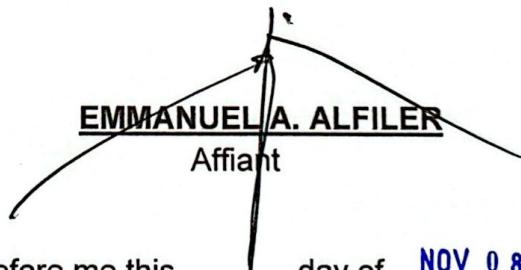
That, I will be on my personal/private travel to South Korea on December 3 - 7, 2024.

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 offence 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 purposes it may serve.

IN WITNESS WHEREOF, I hereunto set my hand this ____ day of NOV 08 2024, 2024 at Municipality of Mataasnakahoy, Batangas.


EMMANUEL A. ALFILER
Affiant

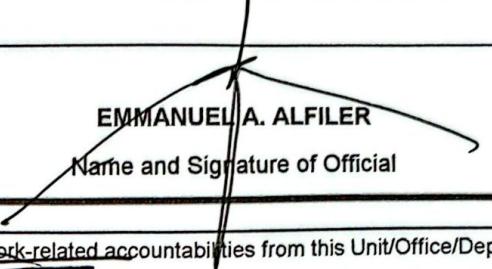
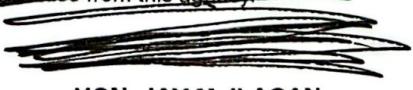
SUBSCRIBED AND SWORN to before me this ____ day of NOV 08 2024, 2024 at Mataasnakahoy, affiant exhibited to me his/her _____ issued on _____ at _____

Doc No. 101
Page No. 2A
Book No. LVII
Series No. WV


ATTY. ROWELL B. MALABAG
NOTARY PUBLIC UNTIL DECEMBER 31, 2024
COMMISSION NO. 2022-0050 / ROLL NO. 88570
IBP NO. J&I 322/ 01-01-24/ PASIG CITY
PTR NO. 33196663/ 01-02-24/ MATAASNAKAHOY, BATS.
MCLE COMPLIANCE NO. VII-0002112
423 Rafael Lubin Street, Barangay II-A, Mataasnakahoy, Batangas

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

(Instructions at the back)

I	PURPOSE			
	TRAVEL ABROAD -SOUTH KOREA			
	II- 06-24			
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 checked="" type="checkbox"/> Leave Please specify: _____ Date of Effectivity: December 3 to 7, 2024				
Office of Assignment: <u>Office of the Sangguniang Bayan</u> Position/SG/Step: <u>Secretary to the Sangguniang Bayan / 24 /2</u>				
 <u>EMMANUEL A. ALFILER</u> Name and Signature of Official				
II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES I hereby certify that this employee/official is cleared <input type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept.  <u>HON. JAY M. ILAGAN</u> Municipal Vice 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	✓		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.  <u>HON. JAY M. ILAGAN</u> Municipal Vice Mayor				



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. Nos. (043) 300-0590 / (043) 781-1813
Email Add: sboffice_mkahoy@yahoo.com.ph



OFFICE OF THE SANGGUNIANG BAYAN

06 November 2024

ENDORSEMENT

Hon. JUANITO VICTOR C. REMULLA

Secretary

Department of the Interior and Local Government

DILG-NAPOLCOM Center, EDSA Cor.

Quezon Ave., West Triangle, Quezon City

Dear Secretary REMULLA:

This is to endorse the travel abroad of Mr. Emmanuel A. Alfiler, Secretary to the Sangguniang Bayan, of the Office of the Sangguniang Bayan.

The said travel of Mr. Alfiler to South Korea, from December 3-7, 2024 will be on her personal capacity and will not entail any cost on part of the Municipal Government of Mataasnakahoy, Batangas.

For the Secretary's approval.

Thank you and best regards.

Very truly yours,

Hon. FDr. Dr. JAY MANALO ILAGAN, MPA, MPSA, FRIPAr, PhD
Municipal Vice Mayor

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL SANGGUNIANG BAYAN

06 November 2024

Hon. JAY M. ILAGAN
Municipal Vice Mayor
Mataasnakahoy, Batangas

Dear Vice Mayor ILAGAN:

This refers to a travel to South Korea scheduled on December 3, 4, 5 6, and 7, 2024 for the undersigned to attend to some important personal matters.

May I request that I be authorized and allowed to undertake said travel. May I assure the Vice Mayor 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 the Vice Mayor's favorable action on this request.

Thank you and best regards.

Very truly yours,

EMMANUEL A. ALFILER
Secretary to the Sangguniang Bayan

Approved: _____

Disapproved: _____

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

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL VICE MAYOR

TRAVEL AUTHORITY

This is to authorize **Mr. EMMANUEL A. ALFILER**, Secretary to the Sangguniang Bayan, this municipality to travel abroad (South Korea) as per approved Application for Leave for the period of December 3, 4, 5, 6, and 7, 2024 on personal account. No government fund will be utilized for the aforementioned travel abroad.

Issued this 06th day of November, 2024 at Mataasnakahoy, Batangas.



JAY MANALO ILAGAN
Municipal Vice Mayor

Cc:

Office of the Mayor
Office of the Sangguniang Bayan
HRMO
DILG

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) 784-1113 / (043) 461-0107
Email Address: mayorsoffice_mkahoy@yahoo.com



OFFICE OF THE MAYOR

AUTHORITY TO TRAVEL

This is to authorize **MR. EMMANUEL A. ALFILER**, Secretary to the Sangguniang Bayan of the Local Government of Mataasnakahoy, to travel to South Korea from December 3-7, 2024 for vacation on personal account.

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

Issued this 18th 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
Tel. Nos. (043) 300-0590 / (043) 781-1813
[Email Add: sboffice_mkahoy@yahoo.com.ph](mailto:sboffice_mkahoy@yahoo.com.ph)



OFFICE OF THE VICE MAYOR

MEMORANDUM

FOR : **HON. JAY M. ILAGAN**
Municipal Vice-Mayor

THRU : **MR. GALLY D. TIPAN** *Dkt*
Municipal Human Resource and Management Officer

SUBJECT : **REQUEST FOR A LEAVE OF ABSENCE**

DATE : **NOVEMBER 06, 2024**

1. This is to request the approval of my Vacation Leave for five (5) days on December 3, 4, 5, 6 and 7, 2024
2. Reason: Travel Abroad – South Korea

Further request consideration on the matter.

EMMANUEL A. ALFILER
Secretary to the Sangguniang Bayan

Approved: _____

Disapproved: _____

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



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Mat. No. _____

Date: _____

REF: _____

Stamp of Date of Receipt

11.6.24

4:00 PM

APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT	2. NAME : (Last)	(First)	(Middle)
OFFICE OF THE SANGGUNIANG BAYAN	ALFILER	EMMANUEL	AZURIN
3. DATE OF FILING: November 6, 2024	4. POSITION : Secretary to the Sangguniang Bayan	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 (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 (RA No. 8552)

Others:

6.B DETAILS OF LEAVE

In case of Vacation/Special Privilege Leave:

- Within the Philippines _____
- Abroad (Specify) SOUTH 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.C NUMBER OF WORKING DAYS APPLIED FOR

5 DAYS 4 Working Days, 1 Non-Working

INCLUSIVE DATES

DECEMBER 3, 4, 5, 6 and 7, 2024

6.D COMMUTATION

- Not Requested
- Requested

(Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.A CERTIFICATION OF LEAVE CREDITS

As of Aug. 31, 2021

	Vacation Leave	Sick Leave
Total Earned	<u>67.355</u>	<u>76.50</u>
Less this application	<u>- 4</u>	<u>-</u>
Balance	<u>67.355</u>	<u>76.50</u>

GALLY D. TIPAN

MHRMO

7.B RECOMMENDATION

- For approval
- For disapproval due to _____

JAY MANALO ILAGAN

Municipal Vice Mayor

7.C APPROVED FOR:

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

7.D DISAPPROVED DUE TO:

- _____
- _____
- _____

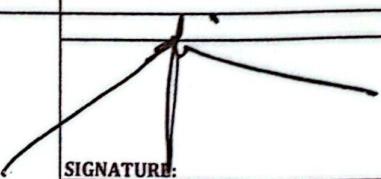
JAY MANALO ILAGAN
Municipal Vice Mayor



**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

SERVICE TITLE: ISSUANCE OF CERTIFICATE FOR FOREIGN TRAVEL AUTHORITY OF LOCAL GOVERNMENT OFFICIALS AND EMPLOYEES		REFERENCE NO.	FTA-RAA-MATAASNAKHOY-BATANGAS-2024-11-19-006
		DATE OF REQUEST	NOVEMBER 19, 2024
		Name of Applicant:	EMMANUEL A. ALFILER
ADMINISTRATIVE REQUIREMENTS		Compliance	Contact Details:
			0917-178-6179
Basic Documents on All Travel Categories		OTHER NEEDED INFORMATION, if any:	
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)		<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>	SECRETARY TO THE SANGGUNIANG BAYAN 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		<input checked="" type="checkbox"/>	MATAASNAKHOY SOUTH KOREA
4. Travel Authorization (or Travel Order or Endorsement) from the Local Chief Executive pursuant to Section 6, OP MC No. 35, Series of 2017		<input checked="" type="checkbox"/>	LGU: Destination:
Additional Documents Per Travel Category		Duration requested: DECEMBER 3-7, 2024 Category of travel: PRIVATE/PERSONAL	
OFFICIAL TRIPS		Duration requested: DECEMBER 3-7, 2024 Category of travel: PRIVATE/PERSONAL	
2. Invitation Letter from the host country or sponsoring agency;		 SIGNATURE: RECEIVED BY: GUILLERMO A. OCAMPO JR. <small>Receiving Officer</small>	
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		Duration requested: DECEMBER 3-7, 2024 Category of travel: PRIVATE/PERSONAL	
2. For Governors, Mayors of Highly Urbanized Cities and Independent Component Cities, Mayor of Pateros		ENDORSED TO RESPONSIBLE OFFICER:  GUILLERMO A. OCAMPO JR. <small>Name/Unit and Designation</small>	
(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		ENDORSED TO RESPONSIBLE OFFICER:  GUILLERMO A. OCAMPO JR. <small>Name/Unit and Designation</small>	
(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:		 Republic of the Philippines DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT	
REMARKS:			
		OFFICE ADDRESS:	



OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT

CERTIFICATE OF LAST PAYMENT

TO WHOM IT MAY CONCERN:

This is to certify that the last payment of the salary of MR. EMMANUEL A. ALFILER, SECRETARY TO THE SANGGUNIANG BAYAN, was last JANUARY 09, 2025, with details as follows:

PARTICULARS	GROSS	NET PAY (January 01-09, 2025)
Basic Monthly Salary	71,751.00	22,829.86
PERA	2,000.00	636.36
RATA	12,750.00	6,375.00
TOTAL		29,841.22
LESS: (Mandatory Deductions/Personal Share)		
GSIS Premium	1,874.78	1,874.78
PAG-IBIG	416.62	416.62
PhilHealth	1,793.77	1,793.77
ECC	0.00	0.00
TOTAL: Mandatory Deductions	4,085.17	4,085.17
LESS: GSIS Emergency Loan	655.56	655.56
GSIS MPL	13,834.28	13,834.28
PAG-IBIG Calamity Loan	5,551.22	5,551.22
TOTAL: Loan Deduction	20,041.06	20,041.06
NET PAY		5,714.99

Done this 26th day of February 2025, at the Municipality of Mataasnakahoy, Batangas.

GALLY D. TIPAN
MGDH-MHRMO



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY



DELMA H. ABADAY
HR Specialist II

Mr. EMMANUEL A. ALFILER

You are hereby appointed as Secretary to the Sangguniang Bayan SG - 24
(Position Title)
under Permanent status at the Office of the Sangguniang Bayan with a compensation
(Permanent, Temporary, etc.)
(Office/Department/Unit)
rate of Sixty Five Thousand Fifty Seven Pesos (P 65,057.00) per month.

The nature of this appointment is Reappointment vice Jorgen M. Landicho
who Retired with Plantilla Item No. 41 - 3 Page 3.
(Transferred, Retired, etc.)

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

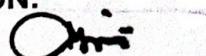
"Pursuant to Rule V of the 2017 ORA-OHRA, Revised
2018, the appointee shall be under probation for a
period of six (6) months reckoned from the date of
assumption to duty"

Very truly yours,


JAY MANALO ILAGAN
Municipal Vice-Mayor

Date of Signing
January 25, 2021

CSC ACTION: APPROVED


DRY SEAL
LILY BETH L. MAJOMOT

Director II

Authorized Official

FEB 26 2021

Date

MAR 02 2021
2:10pm
(Stamp of Date Release)

10 December 2024

Hon. JAY MANALO ILAGAN
Municipal Vice Mayor/Presiding Officer
Sangguniang Bayan
Mataasnakahoy, Batangas

Dear Vice Mayor ILAGAN:

May I please tender my resignation as Secretary to the Sangguniang Bayan of the Municipal Government of Mataasnakahoy, Batangas, effective 10 January 2025.

I had been accepted as Division Chief of the Planning Service of the Department of Agrarian Reform (DAR) Central Office, Diliman, Quezon City. I was informed by the Director of the Service that my appointment has just been by Secretary Conrado M. Estrella III.

This new opportunity for me and my family will impact us economically. Likewise, I will have an opportunity to complete my second PhD at the National College of Public Administration and Governance (NCPAG) at the University of the Philippines (UP), Diliman, Quezon City. The latter is also quite important for me.

The experience I had working with you and our beloved Mayor has taught me many pragmatic things that I believe will be useful in the coming years in my personal and professional life.

Hoping for the Vice Mayor's consideration on this resignation.

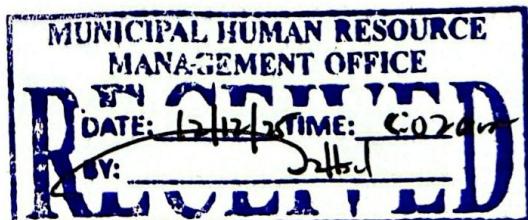
Thank you and best regards.

Very truly yours,

EMMANUEL A. ALFILER

cc. Hon. JANET MAGPANTAY ILAGAN
Municipal Mayor

OK



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	ALFILER		
FIRST NAME	EMMANUEL		
MIDDLE NAME	AZURIN		
3. DATE OF BIRTH (mm/dd/yyyy)	12/19/1964	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization If holder of dual citizenship, please indicate the details. Pls. indicate country.
4. PLACE OF BIRTH	QUEZON CITY		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Brgy. SANTOL House/Block/Lot No. N/A Subdivision/Village MATAASNAKAHOY City/Municipality BATANGAS Province
7. HEIGHT (m)	1.67	ZIP CODE	4223
8. WEIGHT (kg)	73	18. PERMANENT ADDRESS	18 House/Block/Lot No. N/A Subdivision/Village Marikina City City/Municipality Conception Uno Barangay
9. BLOOD TYPE	O	ZIP CODE	1800
10. GSIS ID NO.	2001866922	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1211-06621133	20. MOBILE NO.	(0917)178-6179 / (0915)146-4561
12. PHILHEALTH NO.	1900-00146580	21. E-MAIL ADDRESS (if any)	bunnyalfiler@yahoo.com / bunnyalfiler@gmail.com
13. SSS NO.	03-8317115-1		
14. TIN NO.	129-421-600		
15. AGENCY EMPLOYEE NO.	OMM033		

22. SPOUSE'S SURNAME	ALFILER		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CHERIE	NAME EXTENSION (JR., SR) N.A.	CHERIE AUDREY D. ALFILER	03/14/1993
MIDDLE NAME	DESIDERIO		EMMANUEL AMIEL D. ALFILER	7/15/1994
OCCUPATION	Self-Employed		EMMANUEL AARON D. ALFILER	12/18/2004
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A		NOTHING FOLLOWS	
TELEPHONE NO.	(0995) 147-0374 / (0919) 615-5893			
24. FATHER'S SURNAME	ALFILER			
FIRST NAME	EFREN	NAME EXTENSION (JR., SR) N.A.		
MIDDLE NAME	BOBILA			
25. MOTHER'S MAIDEN NAME				
SURNAME	AZURIN			
FIRST NAME	CRESCENCIA			
MIDDLE NAME	MARTINEZ		(Continue on separate sheet if necessary)	

II. 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	Cubao Elementary School	Elementary School	1/6/1971	3/31/77	GRADUATED	1977	N/A
SECONDARY	Quirino High School	High School	1/6/1977	1/3/1981	GRADUATED	1981	First Honorable Mention
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	GRADUATED	N/A	N/A
COLLEGE	University of the Philippines, Baguio City	B.S. Biology (Pre-Med)	1/6/1981	4/31/1985	GRADUATED	1985	N/A
GRADUATE STUDIES	College of Public Administration, University of the Philippines, Diliman	Master in Public Administration	1/6/1985	11/30/1991	GRADUATED	1991	N/A
	College of Public Administration, University of the Philippines, Diliman	Doctorate in Public Administration	6/30/2017	on-going	dissertation writing	N/A	N/A
	Philippine Christian University, Manila	PhD in Development Administration	1/6/2018	8-27-22	GRADUATED	N/A	N/A

(Continue on separate sheet if necessary)

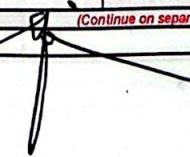
SIGNATURE		DATE	February 13, 2023
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IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/RA 1080 (BOARD / BAR) UNDER SPECIAL LAWS/CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
Career Service Executive Eligibility		March 14, 2000	Civil Service Commission (CSC)		
Career Executive Service Board Eligibility	Third stage of Validation Phase		CESB Manila		
Civil Service Professional Eligibility		11/1/1985	CSC		
NOTHING FOLLOWS					

(Continue on separate sheet if necessary)
V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/JOB PAY GRADE (If applicable) & STEP (Format "00-00") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
1/01/2023	present	Secretary to the Sangguniang Bayan	LGU of Mataasnakahoy, Batangas	P 67,559	SG24	permanent	Y
1/24/2021	12/31/2022	Secretary to the Sangguniang Bayan	LGU of Mataasnakahoy, Batangas	P63,000	SG24	permanent	Y
11/7/2019	1/24/2021	Senior Administrative Aide III	LGU of Mataasnakahoy, Batangas	P22,000	SG 15	co-terminus	Y
1/9/2018	1/2/2019	Consultant/Project Manager	Support Services Office, Department of Agrarian Reform (DAR)	P44,000		consultant/ contractual	Y
1/3/2017	1/9/2018	Climate Change Consultant	Support Services Office, DAR	P44,000		consultant	Y
1/6/1997	present	Part-Time Professor	Philippine Christian University (PCU)			Part-time	N
1/8/2013	03/30/2014	Project Development Officer V	Technical Assistance Unit, Department of Social Works and Development (DSWD)	P50,000		consultant	Y
1/2/2013	12/30/2013	Consultant	National Confederation of Cooperatives (NATCCO)	P25,000		consultant	N
1/3/2011	12/30/2011	Consultant	Policy and Strategic Research Service (PSRS), DAR	P24,000		consultant	Y
1/12/1998	05/14/2002	Chief Agrarian Reform Program Office (CARPO)	Policy and Strategic Research Service (PSRS), DAR	P21,877	SG22	permanent	Y
2/9/1996	11/30/1998	Supervising Project Development Officer / Planning Officer IV	Project Development and Management Service (PDMS-DAR)	P17,248	SG18	permanent	Y
2/1/1994	1/9/1996	Supervising Internal Auditor	Internal Audit Service (IAS), DAR	P17,248	SG18	permanent	Y
2/12/1991	1/1/1994	Planning Officer IV	Planning Service, DAR	P17,248	SG18	permanent	Y
9/5/1990	1/12/1991	Planning Officer III	Planning Service, DAR	P5,670	SG15	permanent	Y
1/7/1989	8/5/1990	Planning Officer II	Planning Service, DAR	P4,418		permanent	Y
1/7/1988	06/30/1989	Agrarian Reform Specialist	Planning Service, DAR	P2,279		permanent	Y
01/20/1987	6/30/1988	Research Assistant	Marine Science Institute, University of the Philippines (MSI-UP)	P1,989		contractual	Y
NOTHING FOLLOWS							

(Continue on separate sheet if necessary)
SIGNATURE  DATE February 13, 2023

VI. VOLUNTARY WORK OR INVOLVEMENT IN NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/Body					
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	KA-ENTREP (Micro and Small Entrepreneurs Organization of the Philippines) Unit 101 G/F Pelbel Bldg. 1, 2019 Shaw Blvd., Brgy. Obando, Pasig	1/1/2016	12/30/2019		Election Committee Chairman
		1/1/2018	12/30/2019		President, Ka-Entrep Council, Marikina City
NOTHING FOLLOWS					

(Continue on separate sheet if necessary)

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

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc.)	CONDUCTED/SPONSORED BY (Write in full)
		From	To			
	CONDUCT OF NEWLY ELECTED OFFICER PROGRAM FOR RE-ELECTED AND COMEBACKING OFFICIALS	09/22/2022	09/23/2022	16 HOURS	SUPERVISORY	PHILIPPINE COUNCILORS LEAGUE
	EXECUTIVE-LEGISLATIVE AGENDA OF THE LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY	08/16/2022	08/18/2022	24 HOURS	SUPERVISORY	LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY
	BLESS CONDUCTING 3-DAY ENHANCEMENT TRAINING SEMINAR ON BARANGAY LEGISLATION INCLUDING BARANGAY CONCILIATION PROCEEDING RA 11313	05/25/2022	05/27/2022	24 HOURS	SUPERVISORY	Batangas League of Secretaries to the Sanggunian
	1ST REGIONAL ASSEMBLY CUM SEMINAR WITH THE THEME: THE ROLE OF PUBLIC SERVANT ON THE SAFE SPACE ACT (RA 11313)	04/27/2022	04/30/2022	24 HOURS	SUPERVISORY	Philippines League of Secretaries to the Sanggunian
	PLEASES SEMINAR WORKSHOP ON SCALING UP DEVOLVED SERVICES AND ITS IMPLICATIONS TO SOCIO-ECONOMIC PROGRAM SUSTAINABILITY CUM 2ND NATIONAL EXECUTIVE AND BOARD OF TRUSTEES CONFERENCE	04/18/2022	04/22/2022	32 HOURS	Managerial/ supervisory	Philippines League of Secretaries to the Sanggunian
	Seminar and Training on the Capacity Development on the Quasi-Judicial Functions of the Local Sangguniang Members and DILG Field Personnel	3/12/2021	3/12/2021	8.0	Managerial/ supervisory	Department of Interior and Local Government
	2018 Eastern Regional Organization for Public Administration (EROPA) Conference	09/16/2018	09/20/2018	40.0	Managerial/ supervisory	Eastern Regional Organization for Public Administration (EROPA)
	2018 Asian Group for Public administration (AGPA) Conference	11/25/2018	11/28/2018	32.0	Managerial/ supervisory	Asian Group for Public administration (AGPA)
	2019 Eastern Regional Organization for Public Administration (EROPA) Conference	09/24/2018	09/27/2018	32.0	Managerial/ supervisory	Eastern Regional Organization for Public Administration (EROPA)
	Workshop/Writeshop for the Formulation of the Agrarian Community Climate Change Resiliency Plan and Adaptations and Mitigation Project Proposals.	03/22/2017	03/24/2017	24.0	Managerial/ supervisory	Support Services Office, Department of Agrarian Reform
	Leadership Trajectory (LEATRA) Strengthening Leadership of Member-Based Organization: Module 8 – Member Empowerment	08/23/2016	08/25/2016	24.0	Managerial/ supervisory	Leadership Trajectory Coordination Team for TRIAS Southeast Asia
	Leadership Trajectory (LEATRA) Strengthening Leadership of Member-Based Organization: Module 4 – Values and Ethics	11/10/2016	10/13/2016	24.0	Managerial/ supervisory	Leadership Trajectory Coordination Team for TRIAS Southeast Asia
	A-PAD Philippines Disaster Risk Reduction and Management (DRRM) Orientation and Business Continuity Planning (BCP) Workshop for Micro, Small, and Medium Enterprise (MSMEs)	3/11/2016	5/11/2016	24.0	Managerial/ supervisory	Leadership Trajectory Coordination Team for TRIAS Southeast Asia
	Character and Leadership Formation	11/11/2016	12/11/2016	16.0	Managerial/ supervisory	Ka-Entrep Micro and Small Entrepreneurs Organization of the Philippines
	Leadership Trajectory (LEATRA) Conflict Management	11/15/2016	11/17/2016	24.0	Managerial/ supervisory	Leadership Trajectory Coordination Team for TRIAS Southeast Asia
	Training-Workshop on DRR and Business Contingency Plan Formulation	2/12/2016	3/12/2016	16.0	Managerial/ supervisory	Leadership Trajectory Coordination Team for TRIAS Southeast Asia
	Leadership Trajectory (LEATRA) Basic Module – The Leadership Concept	03/14/2017	03/16/2017	24.0	Managerial/ supervisory	Leadership Trajectory Coordination Team for TRIAS Southeast Asia
	Leadership Trajectory (LEATRA) Training of Learning Coaches	08/29/2018	08/31/2018	24.0	Managerial/ supervisory	Leadership Trajectory Coordination Team for TRIAS Southeast Asia
	Entrepreneurship and Management Training Program for Micro and Small Entrepreneurs	10/5/2019	10/5/2019	8.0	Managerial/ supervisory	Citi Microenterprise Development Center
	Post-Graduate Course on Integrated Rural Regional Development Planning	08/24/1994	03/20/1995	8 mos.	Managerial/ supervisory	Development Study Center, Rehovot, Israel
	Training on Cadastral and Land Information System, CARP Implementing Agencies	04/20/1998	8/5/1998	19 days	Managerial/ supervisory	Swedesurvey AB, Gavle, Sweden
	Study Tour on Comparative Development Administration	03/22/1999	03/26/1999	30.0	Managerial/ supervisory	University of the Philippines-National College of Public Administration and Governance (UP-NCPAG)
	Competencies Identification Workshop	5/4/2000	6/4/2000	16.0	Supervisory/ technical	Department of Agrarian Reform
	Risk Management Training-Workshop	09/14/2013	09/16/2013	16.0	Supervisory/ technical	Department of Social Welfare and Development

NOTHING FOLLOWS

(Continue on separate sheet if necessary)

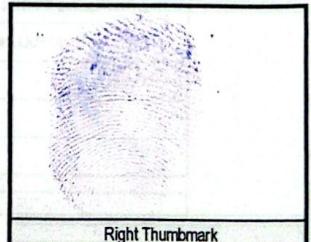
VIII. OTHER INFORMATION			
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Writing, Reading, Dog Breeding, Boneal Culture	N/A	UP Alumni Association	
NOTHING FOLLOWS		UP College of Public Administration Alumni Association	
		UP Scintilla Juris Fraternity	
		NOTHING FOLLOWS	
SIGNATURE		DATE	FEBRUARY 13, 2023

<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> <ol style="list-style-type: none"> within the third degree? within the fourth degree (for Local Government Unit - Career Employees)? 	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 If YES, give details: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ 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 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 If YES, give details: resignation, finished contract</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 If YES, give details: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <hr/> </p>
<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 If YES, give details (country): <hr/> </p>
<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> <ol style="list-style-type: none"> Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? 	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <hr/> </p>

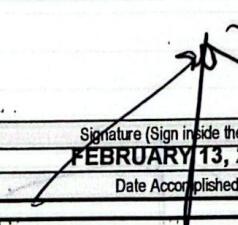
41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
Hon. Mayor JANET MAGPANTAY ILAGAN	LGU, Mataasnakahoy, Batangas	0917-6581717
Hon. Vice Mayor JAY MANALO ILAGAN	LGU, Mataasnakahoy, Batangas	0917-5177337
Dean ALEX BRILLANTES JR.	UP-College of Public Administration and Governance	0917-8905855

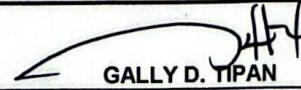
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate 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: LTO Driver's License	
ID/License/Passport No.: NO 89-116845	
Date/Place of Issuance: 12-19-2018/Marikina City	


Signature (Sign inside the box)
FEBRUARY 13, 2023
Date Accomplished

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.


GALLY D. TIPAN
Person Administering Oath



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL VICE MAYOR

TRAVEL AUTHORITY

This is to authorize Dr. EMMANUEL A. ALFILER, Secretary to the Sangguniang Bayan, this municipality to travel abroad (Singapore) as per approved Application for Leave for the period of November 19, 20, 21 and 22, 2022 on personal account. No government fund will be utilized for the aforementioned travel abroad.

Issued this 27th day of October, 2022 at Mataasnakahoy, Batangas.



Dr. JAY MANALO ILAGAN
Municipal Vice Mayor

Cc:

Office of the Sangguniang Bayan
HRMO
DILG

Joining hands for Mataasnakahoy Interest



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL VICE MAYOR

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Municipal Vice Mayor

Cc:

Office of the Sangguniang Bayan
HRMO
DILG

Joining hands for Mataasnakahoy Interest

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CLEARANCE FORM

I PURPOSE

Date of Application

TO: LOCAL GOVERNMENT UNIT, MATAASNAKAHOY

I hereby apply for clearance from money, property and work-related accountabilities for:

Purpose: Transfer Resignation Other Mode of Separation:

Retirement Leave

Please specify:

Effectivity/ Inclusive Period:

Office Assignment: Office of the Sangguniang Bayan

Position/SG/Step: Sec. to Sanggunian Bayan SG-24 Step 1

EMMANUEL A. ALFILER

Name and Signature of Official

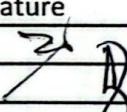
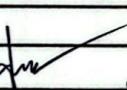
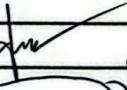
II CLEARANCE FROM WORK -RELATED ACCOUNTABILITIES

I hereby certify that this applicant is cleared of work-related accountabilities from the office of the Sangguniang Bayan

Hon. JAY MANALO ILAGAN

Municipal Vice Mayor

III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES

Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
a. Office of the Mayor- GSO Section	✓		EMILIA R. MALAWAN	
b. Office of the Municipal Treasury	✓		LADY IVY T. THOMAS	
* As to money Accountability				
c. Office of the Municipal Accountant			LENILYN C. CARAAN	
* As to cash advance	✓			
d. Office of the Mun. Human Res. Mgt.	✓		GARY D. TIPAN	

IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:

a. Office of the Municipal Mayor

with pending administrative case

with ongoing investigation (no formal charge yet)

V CERTIFICATION

THIS IS TO CERTIFY that EMMANUEL A. ALFILER has no account/ liabilities with the above named offices, and therefore he is cleared of any accountabilities.

JANET MAGPANTAY ILAGAN

Municipal Mayor

BP_NUMBER	LOAN_TYPE_SHORT	APPROVAL_DATE	TERM_START	TERM_END	MON_ARREARS	OUTSTANDING_BALANCE	AMORTIZATION
2001866922	PRG	20001002	20071001	20090701	0	52640.73	0

LOAN_TAG	NAME_LAST	NAME_FIRST	NAMEMIDDLE	MEMBER_STATUS	AGENCY	AGENCY_NAME
DND	ALFILER	EMMANUEL	AZURIN	A	1000033675	MUN GOVT OF MATAAS NA KAHOY

Outstanding Balance, subject to interests and/or penalties as applicable

Kindly note that the approval of the above loans by your Agency Authorized Officer (AAO) carries with it the latter's commitment to undertake the following action:

1. That the monthly amortization shall be deducted from the member-borrower's monthly salary and remitted to the GSIS; and
2. That in case the member-borrower is subsequently separated from the service, the agency shall make the final payment of benefits due the member-borrower fr the agency only after clearance is obtained from the GSIS.
- 3.) Coordinate with ERF handlers on the timely deduction of the monthly amortization due on the loans certified or approved.

ERF Handler

- 1.) Deduct from monthly salaries of employees in their agency the premiums and loan repayments due GSIS.
- 2.) Download billing files and Summary of Totals (SOT) through EBCS for uploading of remittance files and payment of remittance for premiums and loans.
- 3.) Ensure that the monthly remittance for premiums and loans is paid before the 10th of the month following the due month.

We therefore seek your assistance in ensuring that your AAOs and ERF officers act prudently in approving the loans and in remitting to the GSIS the required monthly amortizatio in accordance with the amortization schedules.

Kindly be reminded of the following provisions of the Revised Implementing Rules and Regulations (RIRR) of Republic Act No. 8291:

Section 14 Remittance of Contributions

xxx xxx xxx

14.2 The government agency shall also deduct from the fixed monthly compensation of the employee the loan amortizations (consolidated loans, policy loan, emergency loan, housing loan and other loans), premium payments (optional, pre-need and other non-life insurance) and other amounts due the GSIS.

14.3 The said amounts shall be remitted to the GSIS within the first ten (10) days of the calendar month following the month when the deductions were effected, accompanied by supporting lists in the form prescribed by the GSIS.

On the basis of the foregoing and in order to protect the interest of your GSIS Social Insurance Fund, we are requesting that you enjoin the above member-borrowers to update their accounts and/or fully settle their overdue/matured loans.

Should you have any clarification on the matter, please feel free to reply on this email.

We trust that you will give this matter your preferential attention.

Thank you.

This communication may contain confidential or privileged information, and is intended solely for the individual or entity to whom it is originally addressed. Any disclosure, copying, dissemination, or unauthorized action taken in reliance to it by others, other than the intended recipient, is strictly prohibited.

REPUBLIC OF THE PHILIPPINES
GOVERNMENT SERVICE INSURANCE SYSTEM
(PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN)

CERTIFICATE OF MEMBERSHIP

THIS IS TO CERTIFY THAT

EMMANUEL
(Given Name)

A.
(Middle Name)

ALFILER
(Surname)

OF
DAR, Q.C.

(Name and address of Office)

is a member of the System and shall be entitled to Automatic Life Insurance Benefit, Social Security Benefits and such other benefits and privileges granted or may hereafter be granted to the members, in accordance with the provisions of Presidential Decree No. 1146, otherwise known as the Revised Government Service Insurance Act of 1977, and its implementing Rules and Regulations outlined in the succeeding pages hereof.

Therefore, the GSIS hereby guarantees to pay to said member —

— Automatic Life Insurance Benefit with the following particulars:

Amount of Insurance	P26,495.00
Date of Effectivity	7-1-88
Age at Issue	24
Endowment Plan	E-45
Date of Maturity	7-1-2009

subject to the Schedule of Life Insurance Coverage which may hereafter be issued, if living on the maturity date or if he should die before the maturity date and during the continuance of this life insurance coverage, immediately upon receipt of due proof of his death, to the beneficiaries named in the "Information" which is attached hereto as an integral part of this Certificate or as may be designated by him in the manner herein provided.

— Plus Social Security Benefits as follows:

- Sickness Income Benefit
- Permanent Disability Benefit
- Funeral Benefit
- Old-Age (Retirement) Benefit
- Survivorship Benefit

in consideration of the integrated contributions payable by him and his employer.

In witness whereof, the GOVERNMENT SERVICE INSURANCE SYSTEM has caused this Certificate to be issued as of the date of effectivity mentioned above.


FELICIANO BELMONTE, JR.
President & General Manager
Issued By: ANGEL I. HERNANDO JR.
Branch Manager QCB II
Date: February 12, 1990

CLC
1/3/90

CM- 1057979

IMPORTANT

The information regarding the member appearing on the front page of this Certificate and the Schedule of Life Insurance Coverage must be updated at all times to assure prompt and accurate payment of benefits. It is therefore necessary that he should immediately notify and submit to the GSIS the pertinent documents in case of

- change in salary
 - transfer in official station in the same office
 - change in date of birth
 - additional dependents
 - change in name *8/1/94*
 - transfer to another office
 - separation from the service
 - change or designation of additional beneficiary/ies

immediately notify and
see [Section 10.1](#).

8/5/94 13,831.97

RECORD OF LOANS



MUN

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT

SERVICE RECORD

NAME: ALFILER EMMANUEL A.

(If married woman, give also maiden name)

BIRTHDATE: December 19, 1964

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

This is to certify that the municipal 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
01-20-87	12-31-87	Research Assistant	Contractual	1,894.00 /monthly	Department of Agrarian Reform	National	None		
01-01-88	06-30-88	Research Assistant	-do-	1,989.00 /monthly	-do-	-do-	None		
07-01-88	-	Agrarian Reform Specialist	Permanent	24,864.00	-do-	-do-	None		
07-01-88	06-30-89	Agrarian Reform Specialist	-do-	27,348.00	-do-	-do-	None		
07-01-89	05-08-90	Planning Officer II	-do-	53,016.00	-do-	-do-	None		
05-09-90	12-08-91	Planning Officer III	-do-	68,040.00	-do-	-do-	None		
12-09-91	12-31-93	Planning Officer IV	-do-	99,000.00	-do-	-do-	None		
01-01-94	-	Planning Officer IV	-do-	107,400.00	-do-	-do-	None		
01-01-94	11-28-94	-do-	-do-	109,392.00	-do-	-do-	None		
11-29-94	12-31-94	-do-	-do-	110,400.00	-do-	-do-	None		
01-01-95	12-31-95	-do-	-do-	119,400.00	-do-	-do-	None		
01-01-96	12-31-96	-do-	-do-	146,580.00	-do-	-do-	None		
01-01-97	11-28-97	-do-	-do-	180,984.00	-do-	-do-	None		
11-29-97	11-30-98	-do-	-do-	206,988.00	-do-	-do-	None		
12-01-98	12-31-99	CARPO	-do-	216,336.00	-do-	-do-	None		
01-01-00	06-30-01	-do-	-do-	243,924.00	-do-	-do-	None		
07-01-01	11-30-01	-do-	-do-	256,116.00	-do-	-do-	None		
12-01-01	05-14-02	-do-	-do-	262,524.00	-do-	-do-	None	5-15-02	RESIGNED
07-01-19	12-31-19	Senior Administrative Assistant III (Priv. Sec. II)	Co-terminus	274,776.00	Mayors Office	M-kahoy, Bats.	None		
01-01-20	12-31-20	-do-	-do-	288,480.00	Mayors Office	M-kahoy, Bats.	None		
01-01-21	01-24-21	-do-	-do-	302,172.00	Mayors Office	M-kahoy, Bats.	None		
01-25-21	To present	Secretary to the Sangguniang Bayan	Permanent	780,684.00	SB Office	M-kahoy, Bats.	None		

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 Government Department Head

Not valid without seal

Date: June 10, 2021

EMMANUEL ALFILER

BP No.: 2001866922 **Date of Birth:** 12/19/1964 **Email Address:**
ID No.: 64121900562 **CRN No.:** 021311752787 **Cellphone:** 09171786179

Employment Information

Agency	1000033675 - MUN GOVT OF MATAAS NA KAHOY	Agency Address	V TEMPLO AVE BRGY IV,MATAAS NA KAHOY BATANGAS
Remitting Agency	1000033675 - MUN GOVT OF MATAAS NA KAHOY	Remitting Agency Address	V TEMPLO AVE BRGY IV,MATAAS NA KAHOY BATANGAS
Position	SB SEC	Employment Status	Permanent
Total Length of Service	<u>1.90591000</u>	Annual Salary	Php 780,684.00
Periods with Paid Premium	<u>1.83333326</u>	Monthly Salary	Php 65,057.00
Leave Without Pay	0.00000000		

Service Record

From	To	Agency Code	Agency Name	Position	Employment Status	Annual Salary	Separation Date	Separation Cause
07/01/1988	06/30/1989	1000033675	MUN GOVT OF MATAAS NA KAHOY	A R SPEC	Permanent	27,348.00		
07/01/1989	05/08/1990	1000033675	MUN GOVT OF MATAAS NA KAHOY	A R SPEC	Permanent	53,016.00		
05/09/1990	12/08/1991	1000033675	MUN GOVT OF MATAAS NA KAHOY	A R SPEC	Permanent	68,040.00		
12/09/1991	12/31/1993	1000033675	MUN GOVT OF MATAAS NA KAHOY	PO IV	Permanent	99,000.00		
01/01/1994	11/28/1994	1000033675	MUN GOVT OF MATAAS NA KAHOY	PO IV	Permanent	109,392.00		
11/29/1994	12/31/1994	1000033675	MUN GOVT OF MATAAS NA KAHOY	PO IV	Permanent	110,400.00		
01/01/1995	12/31/1995	1000033675	MUN GOVT OF MATAAS NA KAHOY	PO IV	Permanent	119,400.00		
01/01/1996	12/31/1996	1000033675	MUN GOVT OF MATAAS NA KAHOY	PO IV	Permanent	146,580.00		
01/01/1997	11/28/1997	1000033675	MUN GOVT OF MATAAS NA KAHOY	PO IV	Permanent	180,984.00		
11/29/1997	11/30/1998	1000033675	MUN GOVT OF MATAAS NA KAHOY	PO IV	Permanent	206,988.00		
12/01/1998	12/31/1999	1000033675	MUN GOVT OF MATAAS NA KAHOY	CARPO	Permanent	216,336.00		
01/01/2000	06/30/2001	1000033675	MUN GOVT OF MATAAS NA KAHOY	CARPO	Permanent	243,924.00		
			MUN GOVT OF MATAAS NA KAHOY					

07/01/2001	11/30/2001	1000033675	KAHOY	CARPO	Permanent	250,116.00
12/01/2001	05/14/2002	1000033675	MUN GOVT OF MATAAS NA KAHOY	CARPO	Permanent	262,524.00
07/01/2019	12/31/2019	1000033675	MUN GOVT OF MATAAS NA KAHOY	PRIV SEC 2	Co-Terminus	274,776.00
01/01/2020	12/31/2020	1000033675	MUN GOVT OF MATAAS NA KAHOY	PRIV SEC 2	Co-Terminus	288,480.00
01/01/2021	01/24/2021	1000033675	MUN GOVT OF MATAAS NA KAHOY	PRIV SEC 2	Co-Terminus	302,172.00
01/25/2021	05/27/2021	1000033675	MUN GOVT OF MATAAS NA KAHOY	SB SEC	Permanent	780,684.00

6 RESIGNED

* MEMBERSHIP
DIVINA RIMORIN

* CHANGE OF TAGGING
FROM SEPARATED TO
RESIGNED

BP NUMBER	NAME LAST	NAME FIRST	LOAN TYPE LONG	UNPAID AMORTIZATION	SURCHARGI	OUTSTANDING BALANCE	LOAN_TAG	MEMBER STATUS	TERM_START	TERM_END	MEMBER BIRTHDATE	TLS	PPP	AGEN
2001866922	ALFILER	EMMANUEL	Member Salary Loan	1,001,101.45	391,336.84	1,392,438.29	DND	A	20071201	20071001	19641219	1.84409	1.74999993	10000
3	2001866922	ALFILER	EMMANUEL	Regular Policy Loan	-	52,640.73	DND	A	20071001	20090701	19641219	1.84409	1.74999993	10000



Republic of the Philippines
DEPARTMENT of AGRARIAN REFORM
S E R V I C E R E C O R D
(To Be Accomplished By Employer)

NAME **ALFILER** **EMMANUEL** **A.** **(if married woman, give also full maiden name)**
(Surname) (Given Name) (Middle Name)

BIRTH December 19, 1964 Quezon City, (Data herein should be checked from birth or baptismal certificate or some other reliable documents)
(Date) (Place)

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 appointed and other papers actually issued by this Office and approved by the authorities concerned;

Issued in compliance with Executive Order No. 54 dated August 10, 1954, and in accordance with Circular No.58, dated August 10, 1954 of the System.

CERTIFIED CORRECT

January 9, 2007

MA. ELIZABETH D. ESTEBAN
Chief, Personnel Division

Legend :

(a) - Salary Adjustment (b) - Merit Increase (c) - Longevity (d) - Standardization (e) - Reorganization

str\mra



GSIS Government Service Insurance System
Batangas Branch Office
Alangilan, Batangas City 4200

November 18, 2020

**THE CHIEF ACCOUNTANT
LOCAL WATER DIST OF TANAUAN
JP LAUREL HWY 4232 TANAUAN CITY BATANGAS**

BUSINESS PARTNER NO. _____

Dear Ma'am / Sir:

This refers to the request for certification of outstanding loan accounts of _____

Please be informed that _____ has no record of outstanding loan obligations with this office as of November 18, 2020 and therefore, may be granted clearance for payment of his/her terminal leave and/or retirement benefit.

Should you have further concerns, please visit the nearest GSIS office.

Thank you.

LEON MA. E. FAJARDO
Branch Manager

By:



November 18, 2020

**THE ADMINISTRATIVE OFFICER
CITY GOVERNMENT OF LIPA
LIPA CITY**

BUSINESS PARTNER NO. _____

Please be informed that _____ has outstanding loan obligations with this office as of November 18, 2020 as shown below:

Account Name	Outstanding Balance
Consolidated Loan (CNL)	P 106,087.62
GSIS Financial Assistance Loan (GFL)	P 338,621.61
Enhanced Salary Loan (ESL)	No record
Emergency/Calamity Loan (EML)	P 14,266.04
E-Cash Advance Plus (E-CARD)	No record
Regular Policy Loan (RPL)	FULLY PAID
Optional Policy Loan (OPL)	No record
Stock Purchase Loan (SPL)	No record
Study Now Pay Later Plan (SNPLP)	No record
Housing Loan (in default)	No record
Total	P 458,975.27

Please deduct and remit immediately to GSIS the amount of **FOUR HUNDRED FIFTY EIGHT THOUSAND NINE HUNDRED SEVENTY FIVE PESOS AND 27/100 (P458,975.27)**. Please remit the said amount on or before December 09, 2020, delay in remittance will entail additional interests and surcharges.

No clearance should be granted to him until the above obligations are settled and/or arrangement is made with the GSIS as to payment thereof.

LEON MA. E. FAJARDO
Branch Manager

By:

CHONA B. DALINA
Officer I

~~ROUTINE SLIP~~

DATE: 3-10

TO: _____

Mr. HR,

Attached are emails on
the status of my corrections
on personal info on CSEB
& on request for TOR/Dipla

The goj.

EMMANUEL A. ALFILER

...ie
...on which I filed on 21 January 2021

----- Forwarded message -----

From: "cscnrcr legal" <cscnrcrlegal@gmail.com>
To: "Bunny Alfiler" <bunnyalfiler@yahoo.com>
Cc:
Sent: Wed, 10 Mar 2021 at 14:29
Subject: Re: follow up on personal information correction
Good day!

Please be informed that the status of your request for Correction of Personal Information, is under evaluation of our action officer.

Thank you.

On Tue, 23 Feb 2021 at 16:49, Bunny Alfiler <bunnyalfiler@yahoo.com> wrote:
Dear Sir/madam,

May I please follow up om the status of the application for correction of personal information which I filed on 21 January 2021.

I am hoping for your prompt reply on this email.

Thank you and best regards.

EMMANUEL A. ALFILER

Mobile No.: 0915-1464561

"Program your life or life will program you!"

Bunny Alfiler <bunnyalfiler@yahoo.com>

To: sboffice_mkahoy@yahoo.com.ph

Tue, 9 Mar at 11:56 pm

Sent from Yahoo Mail on Android

----- Forwarded message -----

From: "Transcript Email" <torschief.ourdiliman@up.edu.ph>

To: "bunnyalfiler@yahoo.com" <bunnyalfiler@yahoo.com>

Cc:

Sent: Fri, 5 Mar 2021 at 17:37

Subject: Re: Request for TOR and Diploma

Dear Bunny Alfiler,

Kindly pay 895 pesos for your request and mailing fee. Please settle your enrollment

Breakdown:

TR: 7 pages X 50/page = x 2 = 700

COG: X 30/copy =

CD: X 30/page =

EMI: X 30/copy =

DT: 1 X 50/copy = 50

CAV: X 30/copy

Certified True Copy:

TR X 100/set =

COG X 15/copy =

CD X 15/page =

DT X 25/copy =

HSC: X 50/copy

Colored picture (For Board Exam) : (please send 2x2 picture or graduation picture **Note:** formal attire and without eyeglasses)

Mailing fee = 185 (kindly send your complete mailing address)

Here are ways on how to pay your bill:

A.) You can deposit your payment to any branch of the Land Bank of the Philippines with bank details as follows:

Branch : UP Diliman

Address : Diliman, Quezon City

Account Name : UPD Trust Fund

Account Number : 3072-1007-18

Account Type : Savings, Peso

Please write the mailing address and contact number of the depositor.

Indicate on the deposit slip this notation: FOR TOR TRUST FUND A

B.) You can pay via Linkbiz portal

1. Go to website <https://www.lbp-eservices.com> /egps/portal/Merchants.jsp
2. Select University of the Philippines Diliman as merchant
3. Select Transcript of Records as transaction type among the drop down menu
4. Select Landbank as payment gateway option among the drop down menu

A minimum transaction fee will be charged per successful transaction

Landbank ATM - 15.00 pesos

Convenience Fee – 30.00 pesos at any 7/11 convenience store

5. Fill-out

*Landbank Account No.: (Your account no.)

*Amount:

*Payor: (Your name)

*Account Code: 3072-1007-18 UPD TOR Trust Fund A

*Unit/College:

*E-mail Address:

- *Contact No.:
SOA/Billing No.:
Period covered:
*Required field
6. Input CAPTCHA code
 7. Review Transaction Details and Payment Summary
 8. Input One Time Password (OTP) sent thru e-mail/SMS and click your PIN on the PIN pad. Click Submit.
 9. Screenshot or Print Payment Confirmation Receipt which would serve as your Official Receipt

C.) Thru Online Transfer/Fund Transfer via PESONet

- 1. Select Bank Transfer/Fund Transfer
- 2. Select Partner Bank – Landbank
- 3. Account Name: UPD TOR Trust Fund A
- 4. Account Number: 3072-1007-18

Payments are NOT APPLICABLE through GCash, Paymaya, BDO transactions, Bank Transfer via INSTAPAY.

Send the screenshot or scanned copy of the cash deposit slip or successful fund transfer confirmation.

Your document will be printed to the security paper once paid, then for signature of the University Registrar.

Follow up on this thread only to properly monitor your request.

Thank you.

OUR Helpdesk Team
Office of the University Registrar
University of the Philippines, Diliman
VoIP : (02) 981.85.00
local 4551 (General Inquiry) 4560 (CRS Concerns) 4565 (Admission Concerns) 4563 (Records Concerns)
4561 (Transcript Concerns) 4554 (UC Secretariat Concerns)
Telefax: (02) 927.6084
Website: our.upd.edu.ph

We hope this response has sufficiently answered your questions. If not, please do not send another email. Instead, reply to this email or login to your account for a complete archive of all your support requests and responses.

This email may contain confidential and/or privileged information. If you have received this e-mail in error, please notify the sender and DELETE this email immediately. Any unauthorized use, copying, disclosure or distribution of this email or any attachment to it is STRICTLY prohibited.

Place of Assignment : Office of the Sangguniang Bayan

Position Title : Secretary to the Sangguniang Bayan

Plantilla Item No. : 41 - 3

Salary/Job/Pay Grade : 24

Monthly Salary : Php 63,806.00

Eligibility : Career Service Professional (Second Level Eligibility)

Education : Bachelors degree preferably in Law, Commerce or Public Administration

Training : None required

Work Experience : None Required

Competency : none

Instructions/Remarks :

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than August 26, 2020.

Documents:

1. Fully accomplished Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at www.csc.gov.ph;
2. Performance rating in the present position for one (1) year (if applicable);
3. Photocopy of certificate of eligibility/rating/license; and
4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

EVELYN R. OLARTE

Municipal Human Resource Management Officer

MGO MATAAS NA KAHOY, BATANGAS

Mataasnakahoy, Batangas

olarteevelyn_1956@yahoo.com

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

Posting Date : August 11, 2020
Closing Date : August 26, 2020



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 EMMANUEL A. ALFILER as Secretary to the Sangguniang Bayan in the Office of the Sangguniang Bayan 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.



JAY MANALO ILAGAN
Municipal Vice-Mayor



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

I, EMMANUEL A. ALFILER of Brgy. Santol, Mataasnakahoy, Batangas, having been appointed to the position of Secretary to the Sangguniang Bayan 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.

EMMANUEL A. ALFILER

(Signature over Printed Name of the Appointee)

Government ID: Driver's License
ID Number : NO2-89-116845
Date Issued : 12/19/2018

Subscribed and sworn to before me this 25th day of January, 2021 in Mataasnakahoy Batangas, Philippines.



JAY MANALO ILAGAN
Municipal Vice-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. EMMANUEL A. ALFILER has assumed the duties and responsibilities as Secretary to the Sangguniang Bayan in the Office of the Sangguniang Bayan effective January 25, 2021.

This certification is issued in connection with the issuance of the appointment of Mr. Alfiler as Secretary to the Sangguniang Bayan

Done this 25th day of January 2021 in Mataasnakahoy, Batangas.


JAY MANALO ILAGAN
Municipal Vice-Mayor

Date: January 25, 2021

Attested by:


EVELYN R. OLARTE
Mun. Human Res. Mgt. Officer

201 file
Admin
COA
CSC



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 Secretary to the Sangguniang Bayan in the Office of the Sangguniang Bayan of this municipality, with Salary Grade 24 amounting to SEVEN HUNDRED EIGHTY THOUSAND SIX HUNDRED EIGHTY FOUR PESOS (P780,684.00) per annum as per Annual Budget CY-2021 of this municipality.

Issued this 25th day of January, 2021 at Mataasnakahoy, Batangas.

A handwritten signature in black ink, appearing to read "Lyn C. CARAAN".

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

Secretary to the Sangguniang Bayan

2. ITEM NUMBER

41

3. SALARY GRADE

SG - 24

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

Local Government Unit of Mataasnakahoy, Batangas

6. BUREAU OR OFFICE

7. DEPARTMENT / BRANCH / DIVISION

Office of the Sangguniang Bayan

8. WORKSTATION / PLACE OF WORK

Office of the Sangguniang Bayan

9. PRESENT APPROP ACT

10. PREVIOUS APPROP ACT

11. SALARY AUTHORIZED

12. OTHER COMPENSATION

P 65,057.00

N/A

P 65,057.00

RATA P 11,250.00

PERA P 2,000.00

13. POSITION TITLE OF IMMEDIATE SUPERVISOR

14. POSITION TITLE OF NEXT HIGHER SUPERVISOR

Municipal Vice Mayor

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

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

Computer, Telephone, Ballpen, Log Book & Cellphone

17. CONTACTS / CLIENTS / STAKEHOLDERS

17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent
---------------	------------	----------	---------------	------------	----------

Executive / Managerial

General Public

Supervisors

Other Agencies

Non-Supervisors

Others (Please Specify): _____

Staff

18. WORKING CONDITION

Office Work

Other/s (Please Specify)

Field Work

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

Enact ordinances, approve resolutions, and appropriate funds for the general welfare of the municipality and its inhabitants

20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)

Under immediate supervision, take charge of all records pertaining to the sangguniang bayan resolutions and ordinances and other related work

21. QUALIFICATION STANDARDS

21a. Education	21b. Experience	21c. Training	21d. Eligibility
Bachelors degree preferably in Law, Commerce or in Public Administration	None required	None required	Career Service Professional (Second Level Eligibility)

21e. Core Competencies

None Yet	Competency Level
----------	------------------

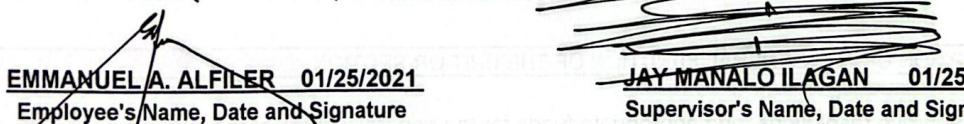
None Yet	Competency Level
----------	------------------

22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)

Percentage of Working Time	(State the duties and responsibilities here:)	
20%	Attend meetings of the Sanggunian and keep journal of its proceedings;	
10%	Keep the seal of the local government unit and affix the same with his signature to all ordinances, resolutions, and other official acts of the sanggunian and present the same to the presiding officer for his signature;	
10%	Forward to the mayor, for approval, copies of ordinances enacted by the sanggunian and duly certified by the presiding officer, in the manner provided in Section 54 under Book I of this Code;	
9%	Forward to the Sangguniang Bayan, copies of duly approved ordinances, in the manner provided in Sections 56 and 57 under Book I of this Code;	
10%	Furnish, upon request of any interested party, certified copies of records of public character in his custody, upon payment to the treasurer of such fees as maybe prescribed by ordinance;	None Yet
10%	Record in a book kept for the purpose, all ordinances and resolutions enacted or adopted by the sanggunian, with the dates of passage and publication thereof;	
8%	Keep his office and all non-confidential records therein open to the public during the usual business hours;	
5%	Translate into the dialect used by the majority of the inhabitants all ordinances and resolutions immediately after their approval, and cause the publication of the same together with the original version in the manner provided under this Code;	
8%	Take custody of the local archives and, where applicable, the local library and annually account for the same; and	
10%	Exercise such other powers and perform such other duties and functions as may be prescribed by law or ordinance relative to the position.	

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.


EMMANUEL A. ALFILER 01/25/2021
Employee's Name, Date and Signature


JAY MANALO ILAGAN 01/25/2021
Supervisor's Name, Date and Signature



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

PERFORMANCE CONTRACT

January 25, 2021, to April 25, 2021
July 26 to October 25, 2021

NAME OF EMPLOYEE	:	EMMANUEL A. ALFILER
POSITION	:	Secretary to the Sangguniang Bayan

1. Attend meetings of the Sanggunian and keep journal of its proceedings;
2. Keep the seal of the local government unit and affix the same with his signature to all ordinances, resolutions, and other official acts of the sanggunian and present the same to the presiding officer for his signature;
3. Forward to the mayor, for approval, copies of ordinances enacted by the sanggunian and duly certified by the presiding officer, in the manner provided in Section 54 under Book I of this Code;
4. Forward to the Sangguniang Bayan, copies of duly approved ordinances, in the manner provided in Sections 56 and 57 under Book I of this Code;
5. Furnish, upon request of any interested party, certified copies of records of public character in his custody, upon payment to the treasurer of such fees as maybe prescribed by ordinance;
6. Record in a book kept for the purpose, all ordinances and resolutions enacted or adopted by the sanggunian, with the dates of passage and publication thereof;
7. Keep his office and all non-confidential records therein open to the public during the usual business hours;
8. Translate into the dialect used by the majority of the inhabitants all ordinances and resolutions immediately after their approval, and cause the publication of the same together with the original version in the manner provided under this Code;
9. Take custody of the local archives and, where applicable, the local library and annually account for the same; and
10. Exercise such other powers and perform such other duties and functions as may be prescribed by law or ordinance relative to the position.

Prepared by:


EMMANUEL A. ALFILER
Secretary to the Sangguniang Bayan

Conforme: 
EVELYN R. OLARTE
Mun. Human Res. Mgt. Officer

Approved: 

JAY MANALO ILAGAN
Municipal Vice-Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

PERFORMANCE CONTRACT

January 25, 2021, to April 25, 2021
July 26 to October 25, 2021

NAME OF EMPLOYEE	:	EMMANUEL A. ALFILER
POSITION	:	Secretary to the Sangguniang Bayan

1. Attend meetings of the Sanggunian and keep journal of its proceedings;
2. Keep the seal of the local government unit and affix the same with his signature to all ordinances, resolutions, and other official acts of the sanggunian and present the same to the presiding officer for his signature;
3. Forward to the mayor, for approval, copies of ordinances enacted by the sanggunian and duly certified by the presiding officer, in the manner provided in Section 54 under Book I of this Code;
4. Forward to the Sangguniang Bayan, copies of duly approved ordinances, in the manner provided in Sections 56 and 57 under Book I of this Code;
5. Furnish, upon request of any interested party, certified copies of records of public character in his custody, upon payment to the treasurer of such fees as maybe prescribed by ordinance;
6. Record in a book kept for the purpose, all ordinances and resolutions enacted or adopted by the sanggunian, with the dates of passage and publication thereof;
7. Keep his office and all non-confidential records therein open to the public during the usual business hours;
8. Translate into the dialect used by the majority of the inhabitants all ordinances and resolutions immediately after their approval, and cause the publication of the same together with the original version in the manner provided under this Code;
9. Take custody of the local archives and, where applicable, the local library and annually account for the same; and
10. Exercise such other powers and perform such other duties and functions as may be prescribed by law or ordinance relative to the position.

Prepared by:

EMMANUEL A. ALFILER
Secretary to the Sangguniang Bayan

Conforme: *[Signature]*
EVELYN R. OLARTE
Mun. Human Res. Mgt. Officer

Approved:

[Signature]
JAY MANALO ILAGAN
Municipal Vice-Mayor

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attach this certificate to original appointments and reinstatements.

FOR THE PROPOSED APPOINTEE

NAME (Last, First, Middle, or if married woman, Maiden Name)			AGENCY/ADDRESS
ALFILER, EMMANUEL URBANO AIZURIN			LGU MATAASNAKAHAY
ADDRESS			
Brgy. SANTOL, MATAASNAKAHAY, BATANGAS			PROPOSED POSITION
AGE	SEX	CIVIL STATUS	SB SEC
56	M	M	

Pre-Employment Medical - Physical Tests

1. Blood Test
2. Urinalysis
3. Chest X-Ray
4. Drug Test
5. Neuro-Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM.

FOR THE PHYSICIAN

I hereby certify that I have personally examined the abovenamed individual and found her/him to be physically and medically fit/unfit for employment.			AFFIX Documentary Stamp Here
PRINTED NAME/ SIGNATURE OF PHYSICIAN	CERTIFICATE NUMBER	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
<i>J. Garcia</i>	113447		
OFFICIAL DESIGNATION	HEIGHT (Bare feet)	WEIGHT (Striped)	BLOOD Type
<i>MTH</i>			
AGENCY	DATE EXAMINED		
<i>Mataasnakahay PTH</i>	1/22/21		



MATAAS NA KAHOY COMMUNITY HOSPITAL

#49 Rafael Lubis St., Mataasnakahoy, Batangas

Tel. No. (043) 702-1588 / 0932 8561 089

NAME: ALFILER, EMMANUEL URBANO

CASE NO.: 21-0069

AGE: 56 SEX: MALE

DATE: JAN.18,2021

Attending Physician:

Chief complaint: CLEARANCE

Procedure: CXR PA

RADIOLOGIC REPORT

VISUALIZED LUNG FIELDS ARE CLEAR

HEART IS NOT ENLARGED

OTHER CHEST STRUCTURES ARE UNREMARKABLE

IMPRESSION:

NORMAL CHEST FINDINGS

JOHN MARK B. DIO, RRT
Radiologic Technologist

VILLAMOR L. TANGONAN JR, M.D, FPCR, FUSP
Radiologist

AE

Report ID: DTO-R03



TN011964
64

DEPARTMENT OF HEALTH
ST. ISABEL POLYCLINIC & LABORATORY
417 (361) J. P. RIZAL ST., STO. NIÑO, MARIKINA CITY

Phone Number 681-4701

DRUG TEST REPORT

CCF No: 202101210024
Name: ALFILER, EMMANUEL URBANO AZURIN
Birthdate: 12/19/1964 Age: 56 Gender: M

Transaction Date Time: 1/21/2021 3:24:00PM
Report Date Time: 1/21/2021 3:26:30PM

Test Method TEST KIT

Purpose

Requesting Parties

Others

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

67

JASPER A CRUZ

Analyst

Approved By

DR. TITO G. GARRIDO

56

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



MATAAS NA KAHOY COMMUNITY HOSPITAL

#49 Rafael Lubis St., Mataasnakahoy, Batangas

CONTACT # (043) 702-1588 / 0932-856-1089

No: 2021-0045

Name: Emmanuel Urbano Alfiler
Address: Santol Mataasnakahoy Batangas
Examination: CBC

Age: 56 Sex: M
Requested by: _____
Date Requested: Jan. 18, 2021
Date Reported: Jan. 18, 2021 TIME: 4: 25pm

HEMATOLOGY

COMPONENT	REF. VALUE	RESULT
Hemoglobin (M)	140 - 180	147 g/dl
(F)	120 - 160	g/dl
Erythrocyte (M)	0.40 - 0.54	0.45
(F)	0.38 - 0.47	
Leucocyte	4.55 - 11.0	5.7 g/L
Hematocrit (M)	42 - 48	41 vol%
(F)	37 - 47	vol%
DIFFERENTIAL COUNT		
Segmenters	0.56	0.44
Stabs	0.03	
Basophils	0.003	
Eosinophils	0.027	
Lymphocytes	0.34	0.56
Monocytes	0.04	

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	203,000
Others:		

Mario Dimaano, RMT

PRC Lic. # 9272

Medical Technologist

Azeus Silva, MD., DPSP

PRC Lic. # 94522

Pathologist



MATAAS NA KAHOY COMMUNITY HOSPITAL

#49 Rafael Lubis St., Mataasnakahoy, Batangas

Tel. No. (043) 702 1588

Name: Emmanuel Urbano Alfiler
Address: Santol Mataasnakahoy Batangas
Examination: UA

No.: 2021-0089
Age: 56 Sex: M
Requested by: _____
Date Requested: Jan 18, 2021
Date Reported: Jan. 18, 2021 TIME: 4: 30pm

URINALYSIS

PHYSICAL		MICROSCOPIC	
Color	Light yellow	Pus Cells	1-5/hpf
Transparency	clear	Red Blood Cells	0-1/hpf
Reaction	6.0	Squamous Epithelial Cells	few
Specific Gravity	1.020	Amorphous Urates	few
		Amorphous Phosphates	
CHEMICAL		Mucus Thread	
Sugar	Negative	Bacteria	
Albumin	Negative	Yeast Cells	
Pregnancy Test		Others:	

Mario Dimaano, RMT

PRC Lic. # 9272

Azeus Silva, MD., DPSP

PRC Lic. # 94522



MUNICIPAL FORM NO. 97 - FORM 13

REGISTER NO.

91-35859

MARRIAGE CONTRACT

City or Municipality of MANILA, Province of PHILIPPINES

	HUSBAND	WIFE
Contracting Parties	<u>EMMANUEL A. ALFILER</u>	<u>CHERIE A. DESIDERIO</u> 39/15
(a) Age (Date of Birth)	Cath. 26 yrs. & 11 mos. old	Cath. 28 yrs. & 4 mos. old
(b) Nationality	Filipino	Filipino
(c) Residence	10 Almociga, Proj. 3	20-A Roxas St., Blk. 5, Tdo.,
(d) Place of Birth	Quezon City	Bay-ang, Batan, Aklan
Single, widowed or divorced	Single	Single
Father	<u>EFREN B. ALFILER</u>	<u>LEODEGARIO P. DESIDERIO</u> 7/6/94
Nationality	Filipino	Filipino
Mother	<u>CRISTENIA A. ALFILER</u>	<u>HELEN A. DESIDERIO</u>
Nationality	Filipino	Filipino
Witnesses	MR. SEVERINO MADRONIO/MRS. JULIANA A. AFOS	28
Residence	Parang, Marikina	Rodriguez, Rizal
Persons who gave consent or advice		
(a) Residence		
(b) Relation to contracting party		39/16

Place of marriage

Office of the
House of
Barrio of
Church of

ST. PANCRIATIUS CHAPEL, PACO PARK

Date of marriage

December 19, 1991

Marriage solemnized by

MSGR. SABINO VENGCO

(a) Catholic Priest

(Position)

(b)

(Address)

19

THIS IS TO CERTIFY: That I, EMMANUEL A. ALFILER and CHERIE A. DESIDERIO, on the date and at the place above given, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the two witnesses named below, both of age, take each other as husband and wife.

And I, MSGR. SABINO VENGCO

Catholic Priest

(Position)

CERTIFY: That on the date and at the place above written the aforesaid Emmanuel A. Alfiler and Cherie A. Desiderio, were with their mutual consent lawfully joined together in holy matrimony by me in the presence of said witnesses, both of age; and I further certify that the Marriage License No. 034086, issued at Quezon City on Dec. 10, 1991 in favor of Native Manila, said parties, was exhibited to me or no marriage license was exhibited to me, this marriage being of an exceptional character performed under Art. X. X. X. of Rep. Act 386; and that consent or advise to such marriage was duly given, as required by law, by the person or persons above mentioned.

IN WITNESS WHEREOF, we signed, (or marked with our fingerprint) this certificate in triplicate this 19th day of December, 19 91.

EMMANUEL A. ALFILER

(Contracting Party)

CHERIE A. DESIDERIO

(Contracting Party)

44/16

MR. SEVERINO MADRONIOMR. EDGAR ALFALITOATTY. FAR LALINMR. FOLANDO SACROMR. GIL TUFAKANMSGR. SABINO VENGCO

(Judge, Justice of the Peace, Mayor, Priest, Minister, etc.)

Cath. Priest

My faculty expires on Dec. 1993

WITNESSES

MRS. JULIANA A. AFOSMRS. MINDA ALFALITOMRS. ALICE ANDAYAMRS. ANGELITA BARROSMRS. PEDING MADRONIO

(See back)

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





(TO BE ACCOMPLISHED IN DUPLICATED)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

A-1
357

Province: _____
City or Municipality: Quezon City _____

Register Number:

(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 502

1. PLACE OF BIRTH	
a. PROVINCE	
b. CITY OR MUNICIPALITY	Quezon City
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	
Victorias Memorial Hospital	
d. Is PLACE OF BIRTH INSIDE CITY LIMITS?	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE	
b. CITY OR MUNICIPALITY	Quezon City
c. NUMBER AND STREET	
J.F. Almazan St., Proj. 3	
d. Is RESIDENCE INSIDE CITY LIMITS?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
e. Is RESIDENCE ON A FARM?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FATHER CHILD	3. NAME (Type or print)		
	First	Middle	Last
Boy	Emiliano Alfiler		
4. Sex	5a. THIS BIRTH	5b. IF TWIN OR TRIPLETS, WAS CHILD	6. DATE OF BIRTH
Boy	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLETS <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Month Dec Day 19 Year 1964
7. NAME	First	Middle	Last
	Eugenio	Baldwin	Alflier
8. AGE (At time of this birth)	10. BIRTHPLACE	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
32 Years	La Paz, Alvar	Employer	

8. NATIONALITY	9. RACE			
Fil.	Fil.			
12. MAIDEN NAME	First Middle Last	RELIGION	13. NATIONALITY	13a. RACE
Crescencia Martinez Maurin		Catholic	Fil.	Fil.
14. AGE (At time of this birth)	15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)		
32 Years	La Paz, Alvar	a. How many children are now living?	b. How many other children were born alive but are now dead?	c. How many fetal deaths (fetuses born dead any time after conception)?
		2	None	None

17a. INFORMANT'S SIGNATURE	Crescencia A. Alfiler	
b. NAME IN PRINT	Crescencia Alfiler	
c. ADDRESS	J.F. Almazan St., Proj. 3, Quezon City	
18. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province)	J.F. Almazan St., Proj. 3, Quezon City	
19. ATTENDANT AT BIRTH		
I HEREBY CERTIFY that I attended the birth of this child who was born alive at 9:02 o'clock P.M. on the date above indicated.	d. DATE SIGNED BY ATTENDANT AT BIRTH	
a. SIGNATURE	1964-12-22, 1964	
b. NAME IN PRINT	Luzviminda Garcia	
c. ADDRESS	V.H.	

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT	b. DATE WHEN GIVEN NAME WAS SUPPLIED	
	December 22, 1964	
22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. LEGITIMATE
36-40 COMPLETED WEEKS	7 lbs. 7 oz.	□ Yes <input checked="" type="checkbox"/> □ No <input type="checkbox"/>

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
Q1960 (Date) 1960 (Year)
City or Municipality Quezon City Province

25. This CERTIFICATE IS PREPARED BY:
SIGNATURE: CLAIRE DENNIS S. MAPA, Ph.D.
NAME IN PRINT: CLAIRE DENNIS S. MAPA
TITLE OR POSITION: National Statistician and Civil Registrar General
DATE: December 19, 1964

18-229

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

187

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

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

A-1
357Province: _____
City or Municipality: Cuezon City

Register Number:

(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. 302

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE	b. CITY OR MUNICIPALITY	a. PROVINCE	b. CITY OR MUNICIPALITY
b. CITY OR MUNICIPALITY Cuezon City		Quizon City	
a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans Memorial Hospital	b. NUMBER AND STREET 1-E Almpcion St., Pobl. 3		
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?		4. IS RESIDENCE INSIDE CITY 5. IS RESIDENCE ON A FARM? LIMITS?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME (Type or print) First Middle Last		6. DATE OF BIRTH Month Day Year 1964	
Emiliano Alfiler		Month Day Year 1964	
4. Sex	5. TIME OF BIRTH	6. If TWIN OR TRIPLET, WAS CHILD	
Boy	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
7. NAME First Middle Last		8. NATIONALITY FIL	
Emiliano Alfiler		9. RACE FIL	
9. AGE (At time of this birth) 33 Years		10. BIRTHPLACE La Paz, Abra	
11. USUAL OCCUPATION EMPLOYER		12. KIND OF BUSINESS OR INDUSTRY	
Crescencia Alfiler		EMPLOYER	
12. MAIDEN NAME Crescencia Alfiler		13. NATIONALITY FIL	
14. AGE (At time of this birth) 32 Years		15. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) 1	
15. BIRTHPLACE La Paz, Abra		a. How many children are now living? 2	
16. ATTENDANT AT BIRTH		b. How many other children were born alive but are now dead? None	
I HEREBY CERTIFY that I attended the birth of this child who was born alive at 9:02 o'clock P.M. on the date above indicated.		c. How many fetal deaths (fetuses born dead) were born alive any time after conception? None	
a. SIGNATURE: Maria A. Agapito		d. DATE SIGNED BY ATTENDANT AT BIRTH December 22, 1964	
b. NAME IN PRINT: MARIA A. AGAPITO		e. TITLE OF ATTENDANT AT BIRTH: M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> Nurse <input type="checkbox"/> OTHERS (Specify)	
c. ADDRESS: 1-E Almpcion St., Pobl. 3, Cuezon City		f. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT	
18. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province)		b. DATE WHEN GIVEN NAME WAS SUPPLIED: December 22, 1964 3040	
19. ATTENDANT AT BIRTH		21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT	
I HEREBY CERTIFY that I attended the birth of this child who was born alive at 9:02 o'clock P.M. on the date above indicated.		b. DATE WHEN GIVEN NAME WAS SUPPLIED: December 22, 1964 3040	
a. SIGNATURE: Maria A. Agapito		23. LEGITIMATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
b. NAME IN PRINT: MARIA A. AGAPITO		25. THIS CERTIFICATE IS PREPARED BY: Lisa Grace S. Bersales	
c. TITLE OR POSITION: CUEZON CITY		SIGNATURE: Lisa Grace S. Bersales	
d. DATE: December 22, 1964		NAME IN PRINT: Lisa Grace S. Bersales	
22a. LENGTH OF PREGNANCY 39 weeks		22b. WEIGHT AT BIRTH 7 lbs. 7 oz.	
24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)		25. THIS CERTIFICATE IS PREPARED BY: Lisa Grace S. Bersales	
October 10, 1968, Cuezon City, Quizon Province		SIGNATURE: Lisa Grace S. Bersales	

18-229

SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

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Lisa Grace S. Bersales
 LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority

UNIVERSITY OF THE PHILIPPINES DILIMAN OFFICIAL TRANSCRIPT OF RECORDS
OFFICE OF THE UNIVERSITY REGISTRAR (Revised July 2010)

Entrance Data:		Name ALFILER, EMMANUEL URBANO AZURIN		
Date/Semester admitted	1st Semester, 1981-1982	Student No.	81-70018	Sex Male
Category	High School Graduate	Date & Place of Birth	December 19, 1964; Quezon City	
Diploma/Title/Degree		Father's Name	Efren Alfiler	
High School/College	Quirino High School	Mother's Name	Crescencia Azurin	
Date graduated/last attended	March 28, 1981	Degree/Title/Course	BACHELOR OF SCIENCE* and MASTER OF PUBLIC ADMINISTRATION	
NCEE Rating	97%	Year Taken	1980	Major *Biology
S.O. No.:	Date	Date Graduated	June 1, 1985 and November 3, 1991, respectively.	

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	GRADES		
		FINAL	Re-exam Completion	CREDITS
<u>U.P. COLLEGE BAGUIO</u>				
<u>1st Semester, 1981-1982</u>				
Botany 10	General Botany	2.25		5
Filipino 12	Pagbasa at Pagsulat	2.25		3
Math 11	College Algebra	2.5		3
P H I I	The Political, Social and Cultural Development of the Philippines	1.5		.3
Speech I	Fundamentals of Speech	2		3
Physical Education 1		1.5		(2)
Military Science 11		2.5		(1.5)
<u>2nd Semester, 1981-1982</u>				
Filipino 13	Pagbasa at Pagsulat	1.5		3
Humanities I	Introduction to the Humanities	2.75		3
Introduction to Asian Civilizations		1.25		3
Math 14	Plane Trigonometry	2.5		3
Zoology 11	Fundamentals of Zoology	2		5
Physical Education 2		2.75		(2)
Military Science 12		1.75		(1.5)
<u>Summer, 1982</u>				
English I	Freshman English	2.25		3
Philo 11	Logic	2		3
<u>1st Semester, 1982-1983</u>				
Biology 101	Statistical Methods in Biology	1.75		3
Botany 114	Plant Anatomy	2.25		5
Filipino 20	Panimula sa Literatura	2.25		3
Socio 11	Introductory Sociology	2.5		3
Zoology 102	Comparative Anatomy of Vertebrates	2		5
Military Science 21		2.25		(1.5)
<u>2nd Semester, 1982-1983</u>				
Chem 11	General and Inorganic Chemistry	3		5

Remarks _____ *continued on page 2*

Grading System: 1.0 - Excellent; 1.25*-1.5 - Very Good; 1.75*-2.0 - Good; 2.25*-2.5 - Satisfactory; 2.75*-3.0 - Pass; 4.0 Conditional;
 5.0 - Fail; Drp - Dropped; Inc - Incomplete.

*Only for colleges and units officially adopting these additional grades.

Credits: One university unit of credit is one hour lecture or recitation each week for the period of a complete semester of 16 to 17 weeks. In all courses, two and a half to three hours of laboratory work, and, in technical courses, three hours of drafting or shop work, are regarded as the equivalent of one hour of recitation or lecture.

Note: This copy is an exact reproduction of the transcript on file with the Office of the University Registrar and is considered as an

Name ALFILER, EMMANUEL URBANO AZURINStudent No. 81-70018

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	GRADES		CREDITS
		FINAL	Re-exam Completion	
<u>2nd Semester, 1982-1983</u>	(cont'n)			
Zoology 111	Invertebrate Zoology	2.75		5
Zoology 132	Vertebrate Embryology	2.25		5
Military Science 22		2.75		(1.5)
<u>1st Semester, 1983-1984</u>				
Biology 141	Elementary Genetics	5		-
Biology 199	Research Methodology	2		2
Botany 108	Taxonomy of Higher Plants	2.25		5
Geology 11	Principles of Geology	Inc		3
Spanish I	Elementary Course	1.75		3
Physical Education 2		1.75		(2)
<u>2nd Semester, 1983-1984</u>				
Botany 102	Phycology	2		4
Chem 31	Elementary Organic Chemistry	2.5		3
English II	Freshman English	2.75		3
Nat Sc 198	Seminar	2.75		2
P I 100	The Life and Works of Jose Rizal	1		3
Physics 31	General Physics I	Drp		-
Physics 31.1	General Physics I Laboratory	3		1
Spanish II	Elementary Course	2.25		3
Physical Education 2		5		-
<u>Summer, 1984</u>				
Physics 51	General Physics I	2.5		3
Spanish 3	Intermediate Spanish	2.5		3
<u>1st Semester, 1984-1985</u>				
Biology 141	Elementary Genetics	2.5		5
Biology 160	Ecology	4	3	4
Chem 26	Analytical Chemistry	3		3
Chem 31.1	Elementary Organic Chemistry Laboratory	Inc	3	2
Chem 40	Elementary Biochemistry	4	5	-
Chem 40.1	Elementary Biochemistry Laboratory	3		2
Physics 32	General Physics II	2.75		3
Physical Education 2		2		(2)
<u>2nd Semester, 1984-1985</u>				
Biology 150	Introduction to Molecular and Cell Biology	2.75		3
Biology 163	Terrestrial Communities	2.75		4
Chem 26.1	Analytical Chemistry Laboratory	4	3	2

Remarks*continued on page 3*

Grading System: 1.0 - Excellent; 1.25*-1.5 - Very Good; 1.75*-2.0 - Good; 2.25*-2.5 - Satisfactory; 2.75*-3.0 - Pass; 4.0 Conditional;
5.0 - Fail; Drp - Dropped; Inc - Incomplete.

*Only for colleges and units officially adopting these additional grades.

Credits: One university unit of credit is one hour lecture or recitation each week for the period of a complete semester of 16 to 17 weeks. In all courses, two and a half to three hours of laboratory work, and, in technical courses, three hours of drafting or shop work, are regarded as the equivalent of one hour of recitation or lecture.

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UNIVERSITY OF THE PHILIPPINES DILIMAN
OFFICE OF THE UNIVERSITY REGISTRAROFFICIAL TRANSCRIPT OF RECORDS
(Revised July 2010)Name ALFILER, EMMANUEL URBANO AZURINStudent No. 81-70018

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	GRADES		CREDITS
		FINAL	Re-exam Completion	
<u>2nd Semester, 1984-1985</u>	(cont'n) Physics 32.1 Spanish 20 Zoology 120	3 4 3	3	1 3 4
<u>Summer, 1985</u>	Chem 40 Elementary Biochemistry	2		3
	-Graduated with the degree of BACHELOR OF SCIENCE (Biology) on June 1, 1985.-			
	<u>MASTER'S PROGRAM</u>			
<u>2nd Semester, 1985-1986</u>	EDAD 200 EDAD 201 EDFD 252	2 1.5 1.5		3 3 3
	<u>COLLEGE OF PUBLIC ADMINISTRATION</u> (Master's Program)			
<u>1st Semester, 1986-1987</u>	PA 201 PA 231	Theory and Practice of Public Administration Public Fiscal Administration	1.75 Inc	3 ---
	<u>NON-DEGREE</u>			
<u>1st Semester, 1987-1988</u>	Zoology 221	Physiology of Invertebrates	Inc	---
	<u>COLLEGE OF PUBLIC ADMINISTRATION</u> (Master's Program)			
<u>1st Semester, 1990-1991</u>	PA 208 PA 231	The Philippine Administrative System Public Fiscal Administration	1.25 1.25	3 3
<u>2nd Semester, 1990-1991</u>	PA 210 PA 241 PA 254	Organization Studies Public Policy and Program Administration Local and Regional Finance	1.5 1.5 1.25	3 3 3

Remarkscontinued on page 4

Grading System: 1.0 - Excellent; 1.25*-1.5 - Very Good; 1.75*-2.0 - Good; 2.25*-2.5 - Satisfactory; 2.75*-3.0 - Pass; 4.0 Conditional;
5.0 - Fail; Drp - Dropped; Inc - Incomplete.

*Only for colleges and units officially adopting these additional grades.

Credits: One university unit of credit is one hour lecture or recitation each week for the period of a complete semester of 16 to 17 weeks. In all courses, two and a half to three hours of laboratory work, and, in technical courses, three hours of drafting or shop work, are regarded as the equivalent of one hour of recitation or lecture.

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UNIVERSITY OF THE PHILIPPINES DILIMAN
OFFICE OF THE UNIVERSITY REGISTRAROFFICIAL TRANSCRIPT OF RECORDS
(Revised July 2010)Name ALFILER, EMMANUEL URBANO AZURINStudent No. 81-70018

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	GRADES		CREDITS
		FINAL	Re-exam Completion	
<u>1st Semester, 1991-1992</u>				
PA 234	Government Auditing and Financial Control	1.5		3
PA 235	Fiscal Policy and National Development-	---		-
PA 242.2	Methods of Policy Analysis II	1.5		3
PA 298	Seminar In Governmental Management	1		3
PA 299.2	Research Methods In Public Administration	Inc	1.5	3
	-Graduated with the degree of MASTER OF PUBLIC ADMINISTRATION on November 3, 1991.-			
	<u>DOCTORAL PROGRAM</u>			
<u>2nd Semester, 1992-1993</u>				
PA 303	Seminar on the Administrative Implications of Developmental Models	Inc	---	-
PA 312	Seminar on the Administration of Political Development	1.25		3
PA 332	Special Issues on the Administration of Economic Development	Inc	---	-
<u>1st Semester, 1997-1998</u>				
PA 291	Special Problems in Public Administration	1.5		3
PA 359	Comparative Local Government Administration	1.5		3
<u>2nd Semester, 1997-1998</u>				
PA 302	History of Administrative Thought	1		3
PA 399	Advanced Methodology in Administrative Science	1.25		3
<u>1st Semester, 1998-1999</u>				
PA 323	Seminar on the Administration of Social Development	Inc	1.5	3
Planning 201	Fundamentals and Practice of Planning	1.5		3
	<u>NATIONAL COLLEGE OF PUBLIC ADMINISTRATION AND GOVERNANCE</u>			
<u>2nd Semester, 1998-1999</u>				
PA 327	Comparative Development Administration	1.25		3
Planning 220	Regional Planning	1.25		3
<u>1st Semester, 1999-2000</u>				
Planning 202	Human Settlements Development	1.5		3
Planning 203	Land Use Planning	1.75		3
<u>2nd Semester, 1999-2000</u>				
PA 400	Doctoral Dissertation	---		-

Remarks*continued on page 5*

Grading System: 1.0 - Excellent; 1.25*-1.5 - Very Good; 1.75*-2.0 - Good; 2.25*-2.5 - Satisfactory; 2.75*-3.0 - Pass; 4.0 Conditional;
5.0 - Fail; Drp - Dropped; Inc - Incomplete.

*Only for colleges and units officially adopting these additional grades.

Credits: One university unit of credit is one hour lecture or recitation each week for the period of a complete semester of 16 to 17 weeks. In all courses, two and a half to three hours of laboratory work, and, in technical courses, three hours of drafting or shop work, are regarded as the equivalent of one hour of recitation or lecture.

The transcript of records is issued by the Office of the University Registrar and is considered as an

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	GRADES		CREDITS
		FINAL	Re-exam Completion	
<u>1st Semester, 2000-2001</u> Residence				
<u>2nd Semester, 2000-2001</u> Residence				
<u>1st Semester, 2001-2002</u> Residence				
<u>2nd Semester, 2001-2002</u> Residence				
NO ENTRY FOLLOWS				

Remarks
Cleared: October 19, 2010

Grading System: 1.0 - Excellent; 1.25*-1.5 - Very Good; 1.75*-2.0 - Good; 2.25*-2.5 - Satisfactory; 2.75*-3.0 - Pass; 4.0 Conditional;
5.0 - Fail; Drp - Dropped; Inc - Incomplete.

*Only for colleges and units officially adopting these additional grades.

Credits: One university unit of credit is one hour lecture or recitation each week for the period of a complete semester of 16 to 17 weeks. In all courses, two and a half to three hours of laboratory work, and, in technical courses, three hours of drafting or shop work, are regarded as the equivalent of one hour of recitation or lecture.

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Encoded by mtAbella Date 10.27.10
 Checked by ECCabrer Date 10.28.10
 Updated by _____ Date _____
 Printed by jcadiz Date 11/3/2010
 Issued by _____ Date Feb 27 2013

St. Amor
 EVANGELINE C. AMOR, Ph.D.
 University Registrar

Unibersidad ng Pilipinas

Diliman

MABUHAY!

Alinsunod sa awtoridad na iginawad ng Republika ng Pilipinas at batay sa rekomendasyon ng Konseho ng Unibersidad, ipinagkaloob ng Lupon ng mga Rehente kay

Emmanuel Urbano Azurin Alfiler

na nakatupad sa mga pangangailangan ng itinakdang kurso, ang titulong

Master of Public Administration

Kasama ang lahat ng mga karapatan, karangalan at pribilehiyo, gayundin ang mga obligasyon at pananagutang kaugnay nito.

Bilang Pagpapatunay, naririto ang sagisag ng Unibersidad at ang mga lagda ng Pangulo, ng Chancellor, ng Dekano at ng Kalihim ng Unibersidad.

Ipinagkaloob sa Lungsod Quezon, Pilipinas, sa ika-3 ng Nobyembre ng taong labing-siyam siyamnapu't isa.

Certified Text of the Original:

signature
PAMELA C. CONSTANTINO, Ph.D.
University Registrar

(Sgd.) EMERLINDA R. ROMAN
Chancellor ng U.P. Diliman

(Sgd.) ROMEO B. OCAMPO
Dekano ng College of Public Administration

(Sgd.) JOSE V. ABUEVA
Pangulo ng Unibersidad

(Sgd.) RAUL C. PANGALANGAN
Kalihim ng Unibersidad

Authenticity of the University

To All Gentlemen & Honorable Persons Present & Day Come
GREETINGS -

Be it known that the Board of Regents by authority of the Republic of the Philippines and on recommendation of the University Council, has conferred upon

Emmanuel Urbano Azurin Alfiler

who has fulfilled all the requirements therefor, the degree of

Bachelor of Science

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

In testimony whereof, the seal of the University and the signatures of the President, the Chancellor of the University of the Philippines Diliman, the Dean of the U.P. College Baguio and the Secretary of the University are hereunto affixed.

Given at Quezon City, Philippines this 1st day of June in the year of our Lord one thousand nine hundred and eighty-five.

(Sgd.) ERNESTO G. TABUJARA
Chancellor of the University of the Philippines Diliman

(Sgd.) EDGARDO J. ANGARA
President of the University

(Sgd.) SOPHIE M. CATBAGAN
Dean of the U.P. College Baguio

(Sgd.) MARTIN V. GREGORIO
Secretary of the University

Certified Text of the Original:

P. Constantino
PAMELA C. CONSTANTINO, Ph.D.
University Registrar

072047



CO-140829-016

Republic of the Philippines
Civil Service Commission
Quezon City



Certification of Eligibility

This certificate is to certify that **EMMANUEL A. ALFILER** has been conferred Career Service Executive Eligibility pursuant to CSC Resolution No 000695 dated March 15, 2000.

Date of Examination: November 21, 1999
Place of Examination: Quezon City

Issued upon request of Mr. Alfiler this 29th day of August 2014.

Date of Birth	December 19, 1964
Place of Birth	Quezon City
Book Number	CO-CSEE (Nov. 21, 1999)
Page Number	3
SNLN	31
ENON	268346
Date Released	-

By Authority of the Commission

MARISSA C. BARBA
Chief Personnel Specialist
Integrated Records Management Office

WARNING :

Illegal use of this certification shall subject the owner and/or purveyor to administrative sanctions and/or criminal prosecution under RA 9166. Any alteration, change, or absence of the official dry seal of the Commission shall invalidate this certification.

ACCOUNTABLE FORM No. 51
Revised January, 1992

(ORIGINAL)



**Official Receipt
of the
Republic of the Philippines**

OR Number : 07346984-1

Date January 21, 2021 (Thursday)

Agency CIVIL SERVICE COMMISSION Fund 02

Payor EMMANUEL URBANO A. ALFILER

**Amount
only** in Words Seven Hundred Sixty pesos and 0/100

<input checked="" type="checkbox"/> Cash	Drawee Bank	Number	Date
<input type="checkbox"/> Check			
<input type="checkbox"/> Money Order		/	

Received the amount stated above.

CLARISSE D. ARCEÑO

Collecting Officer

NOTE: Write the number and date of this receipt on the back of check or money order received

OFFICE OF THE UNIVERSITY REGISTRAR
University of the Philippines Diliman
Quezon City
(TOR Trust Fund A Code No. 9774700)

*NOTE: Additional (3) working days,
If with document/s requested
from other OUR-Sections



Note: Please PRINT your name
and address. Thank you.

2 X 2
or
grad
picture

Module Freeform/Manual

- 1st time
- Updating
- Recopy
- Recopy w/o TRG
- Re-encoding

Note: To be checked only by O.U.R. Staff

- To Apply University Clearance
- Currently Enrolled (need copy of F5/paid on CRS)

CLAIM STUB NO.: _____

DUE DATE*: _____

walk-in
1-21-21

Required only for bar/board applicants

IMPORTANT: For 1st time, Newly Graduate or Updating Application for Transcript of Records & other Documents must be accompanied by a University Clearance

APPLICATION FOR:

No. of Copies

Assessment/By: _____

(2)

Certificates/Documents:

Graduation (COG)
Course Descriptions (CD)
Eng. as a Medium of Instr. Cert.
No Objection Letter
English translation of Diploma (Pls. attach photocopy of diploma)
High School Card/F 137
(CAV) Certification, Authentication & Verification (DFA for Red Ribbon)
Certified True Copy:
Mailing Fee: 2GO/DHL/RM

1 NCPAG

Encoder & Checker _____

TORS-OUR 21 JAN 21 12:18

ana juan

RATES:	
Transcript of Records (with Additional mandatory two (2) pages for Transcript Guide)	Phs50.00/ex
Application from abroad	US\$30.00 (inclusive of mailing/Registered Mail only)
COG/NCL/CAV/F-137	Php30.00/copy
Course Description	Php30.00/page
English Translation of Diploma & HSC/F-137	Php50.00/ex
Proposed Course	Php10.00/ex
Certified True Copy of CTR	Php10.00/set
Certified True Copy of COG	Php15.00/copy
Certified True Copy of Course Description	Php15.00/copy
Certified True Copy of Diploma Translation	Php25.00/copy
Official Env - small Php10.00	-medium Php15.00
	-large Php20.00
Mailing Fees:	
Metro Manila	Php150.00 (Max of 500g)
Luzon	Php170.00 (Visayas/Mindanao - Php180.00)
	(Max of 500g & may vary on location)
Absurd (US & Canada)	
	(Couriers) Php1,800.00

Official Envelope:

DATE: _____

Small

AMT PAID: _____

Medium

O.R. NO.: _____

Large

OTHERS: _____

TOTAL AMOUNT TO PAY: _____

PURPOSE OF APPLICATION (Pls. check):

Employment Local Abroad

Bar Exam

Scholarship Local Abroad

PRC Licensure Exam: _____

Enrollment Local Abroad

LAE School: _____

CAV/Red Ribbon/DFA Yes No

MED School: _____

Transfer to other School

COPY FOR:

Others

(To sign an Agreement Form)

ALFILER EMMANUEL URBANO AZUREN

NAME OF STUDENT
(Please Print Legibly)

LAST FIRST MIDDLE MAIDEN

(Based on birth certificate; If married, encircle family name used during last enrollment in U.P.)

PERMANENT ADDRESS: #17 FIRST ST. GODDREICH VILL. CONCEPCION, MARIKINA

STUDENT NO.: _____

1981 70618

FATHER'S NAME: EFREN B. ALFILER

MOTHER'S MAIDEN NAME: CRESCENCIA M. AZUREN

DATE OF BIRTH (Student): DEC 19 1964

PLACE OF BIRTH (Student): QUEZON CITY

PLEASE CHECK:

To be picked up personally (unclaimed TORs/COGs within 6 months are shredded)

To be mailed to the following address (es)

(If more than one, attach mailing list)

CONTACT NO. OF THE RECIPIENT: _____

COLLEGE(S)/UNIT(S) ATTENDED IN UP	DEGREE/MAJOR	INCLUSIVE DATE/S	DATE OF GRADUATION
UP-BAGUIO BS. BIOLOGY 1 NCPAG	BS BIOLOGY M.P.A.	1981 - 1985 1991	JUNE 1985 NOV. 1991

VERY IMPORTANT: Please indicate name of last/previous school attended.

	NAME OF PREVIOUS SCHOOL	Inclusive Semester/	DATE OF GRADUATION
High Sch./Senior H.S.	QUEZON HIGH	1976-1981	1981
Undergraduate / Bachelor's	UP, BAGUIO	1981-P81	1985
Master's Program	UP - NCPAG	1981-1991	1991
Ph.D. / Doctoral Program	UP - NCPAG	1991- Current	
Cross-Enrolled/Exchange Stud.			

Signature of Student: _____

Tel/Mobile No.: 0917-1786179 EMAIL: bunnyalfiler@yahoo.com

If representative is filing the application for the student, please furnish the following information:

Name of Representative: _____ Signature: _____ Tel/Mobile No.: _____

Complete Address: _____ EMAIL: _____

NOTES: 1) After paying the application fee, submit your application and O.R. to the TS Counter. You will be issued a CLAIM STUB [together with the O.R.], to be presented in claiming your document/s.
2) In compliance with R.A. No. 10173 (DATA PRIVACY ACT OF 2012), representative must submit a signed authorization letter with original valid I.D. of both owner/student and representative upon claiming the requested documents.

REPUBLIC OF THE PHILIPPINES
CIVIL SERVICE COMMISSION
Integrated Records Management Office
Quezon City

**REQUEST FOR CORRECTION OF PERSONAL INFORMATION
OF CS ELIGIBLE**

PERSONAL INFORMATION (Please Print)

Examinee: _____
Surname _____ First Name _____ Maiden Name _____

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____

Fathers Name: _____ Mothers Name: _____

Presently Employed? (Yes or No) _____ If Yes, specify employer and address _____

EXAMINATION DATA (Please print)

Title of Examination: _____ Place of Exam: _____

Date of Examination: _____ Rating Obtained: _____

(Failure to fill up this portion shall mean denial of the request)

Reg. No. for PD1006/RA1080/Other special Laws _____ Registration Date _____

Requested by (Printed Name and Signature)

Examinee (Attached any valid I.D with photo)

Authorized Representative

(Attached authorization letter,
valid I.D/Document of the Examinee and
I.D of the representative)

EXAMINEE'S
PRESENT PHOTO
Size 1 1/2 x 2"

ACTION TAKEN: By Integrated Records Management Office

PER MASTER LIST

Title of Exam: _____ Rating: _____ Date of Birth: _____

Place of Exam: _____ School: _____ Place of Birth: _____

Date of Exam: _____ PER SERVICE CARD: _____

Page No. _____ Examination No.: _____

Line No. _____

VALIDATED BY:

1st Verifier

2nd Verifier

PER PSP

VALIDATED BY:

If PSP is available

1st Verifier

2nd Verifier

If there is no available PSP:
Reason/s: _____

REVIEWED BY:

FINAL ACTION BY THE CSC:

APPROVED: _____

DISAPPROVED: _____

DENIED : _____

REASON : _____

RESOLUTION: _____

DATE : _____

ORDER: _____

ENTERED CORRECTION IN MASTER LIST (ROE & Passed and Failed)

DATE: _____

REVIEWED BY: _____

NAME (Print & Sign)
Position

By: _____

NAME (Print & Sign)
Position

APPLICATION FOR CORRECTION OF PERSONAL INFORMATION

- I. Name : EMMANUEL URBANO A. ALFILE
II. Office : LGU MATAASNA-KATID, BATANGAS
III. Position : SAB SEC.
IV. Home Address: BRGY. SANTOL, MATAASNA FACTORY
V. Information which is requested to be corrected:

Given Name From EMMANUEL
To EMMANUEL URBANO
 Family Name From _____
To _____
 Middle Name From _____
To _____
 Date of Birth From _____
To _____
 Place of Birth From _____
To _____

VI. Reason for or cause of discrepancy:

INADVERTENTLY OMITTED

VII. Documents on file with the Commission where the information sought to be corrected is recorded

Examination Records:

Examination taken _____
Date taken _____
Place of Examination _____

Appointment Paper:

Position _____
Date Issued _____

PDS:

Date Accomplished _____

VIII. Supporting Documents:

Certificate of Live Birth

- Date the information was registered at the Municipal Civil Registrar

Others

I declare under the penalty of perjury that the information stated herein are true and correct.

Name (IN PRINT): EMMANUEL URBANO A. ALFILE
Signature : EMMANUEL URBANO A. ALFILE

Date Accomplished: _____

CIVIL SERVICE COMMISSION
REGION 4 - LSD
CHECKLIST OF REQUIREMENTS FOR
CORRECTION OF PERSONAL INFORMATION

NAME: EMMANUEL URGEDO A. ALFILER
AGENCY: LGU MATAASNAHAD
CONTACT # 0917-1786179

REQUIRED DOCUMENTS:

- Duly accomplished Request for Correction of Personal Information/s
- Original and Photocopy of two (2) valid IDs
- Original and Photocopy of PSA-issued Certificate of Live Birth
- Personal Affidavit of Discrepancy
- Photocopy of documents sought to be corrected
- Filing fee of Php760.00

IF DELAYED REGISTRATION:

- Original or duly authenticated Baptismal Certificate. (If not issued any baptismal certificate or was not baptized, an affidavit attesting to such fact must be submitted.)
- Other Employment, personal or school records which support the entry reflected in the belatedly registered birth certificate.

FOR MARRIED FEMALE

- Original and Photocopy of NSO/PSA-issued or authenticated Marriage Certificate

FILING IS THROUGH A REPRESENTATIVE:

- Authorization Letter or SPA
- One (1) valid ID of the Representative

AFFIDAVIT OF DISCREPANCY

I, EMMANUEL URBANO AZURIN ALFILER, of legal age, Filipino and resident of Brgy. Santol, Mataas Na Kahoy, Batangas, after having been duly sworn to in accordance with law do hereby depose and say:

1. That I was born on 19 December 1964 in Quezon City, Metro Manila and my parents are Efren B. Alfiler and Crescencia M. Azurin;
2. That I conferred CARRIER SERVICE EXECUTIVE ELIGIBILITY pursuant to CSC Resolution No. 000695 dated March 15, 2000, and I was then issued CERTIFICATE OF ELIGIBILITY by the Civil Service Commission regarding the same;
3. That there was an error or wrong entry appearing on the said CERTIFICATE OF ELIGIBILITY, my FIRST NAME appearing thereon was erroneously entered as "EMMANUEL", while my true, correct and complete FIRST NAME is "EMMANUEL URBANO" as appearing in my Philippine Passport and other documents;
4. That the said omission was unintentional and was overlooked due to excusable negligence;
5. That I hereby certify that my name EMMANUEL URBANO AZURIN ALFILER as appearing in my Philippine Passport and other documents and the name EMMANUEL A. ALFILER as appearing in my CERTIFICATE OF ELIGIBILITY issued by the Civil Service Commission, refer to one and the same person which is the undersigned;
6. That I am executing this affidavit to attest to the truth of the foregoing and for whatever legal intents and purposes this may serve.

JAN 15 2021 IN WITNESS WHEREOF, I have hereunto affixed my signature this JAN 15 2021 in Quezon City, Metro Manila, Philippines.

EMMANUEL URBANO AZURIN ALFILER
Affiant

SUBSCRIBED AND SWORN to before me this JAN 15 2021 at Quezon City, Metro Manila, Philippines. Affiant exhibited to me his Philippine Passport with number P6906504A issued on 24 April 2018 at DFA – Manila and valid until 23 April 2028.

Doc. No. 290;
Page No. 19;
Book No. 1;
Series of 2021.

ATTY. MANNY V. GRAGASIN
NOTARY PUBLIC
COMMISSION NO. 017 UNTIL DEC. 31, 2022, Q.C.
DPOS BLDG. GRD. FLR., QUEZON CITY HALL
ISP NO. 132907 / 11-18-20 QUEZON CITY
PTR NO. 0694712 / 01-04-21 QUEZON CITY
ROLL OF ATTORNEY'S NO. 56070
MCLE NO. VI-0023364 UNTIL APR. 14, 2022

20 January 2021

Ms JUDITH DONGALLO-CHICANO
Regional Director
Civil Service Commission-National Capital Region
Quezon City



Dear Director DONGALLO-CHICANO:

This refers to the my name written on my Career Service Executive Eligibility (CSEE) Certification issued to me by the Civil Service Commission (CSC) on 29 August 2014.

May I please request for the correction of personal information, specifically my name, on said certification, from EMMANUEL A. ALFILER to EMMANUEL URBANO A. ALFILER.

Attached herewith for your reference are:

1. Original Certificate of Live Birth issued by the Philippine Statistics Authority;
2. Personal Affidavit of Discrepancy executed by the undersigned;
3. Photocopy of the Certification of Eligibility;
4. Photocopies of Personal Data Sheet (PDS) and Service Record which are certified true copies by representative from CSC Provincial Office, Batangas; and
5. Photocopy of my passport.

I am hoping for the Regional Director's favorable consideration on this request.

Thank you and best regards.

Very truly yours,


EMMANUEL URBANO A. ALFILER
Senior Administrative Assistant III
Municipal Government of Mataasnakahoy
Batangas