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

BAGONG PILIPINAS

OFFICE OF THE MAYOR

OFFICE ORDER
No. 32-B-S-2024

TO : **MS. KAREN U. KASILAG, RSW**
MGDH-MSWDO

DATE : **JANUARY 30, 2024**

SUBJECT : **DESIGNATION AS THE SPECIAL CASH DISBURSING OFFICER AT THE OFFICE OF THE MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT**

In the exigency of service, you are hereby designated as the Special Cash Disbursing Officer at the Office of the Municipal Social Welfare and Development effective January 30, 2024.

In view thereof, you shall be accountable and responsible for the local funds in your possession or custody and the safekeeping thereof in accordance with Sec. 305 (f) of Republic Act No. 7160.

Further, you are hereby directed to liquidate cash advances that you have made within the prescribed period.

For information and guidance.

HON. JANET M. ILAGAN
Municipal Mayor

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

BAGONG PILIPINAS

OFFICE OF THE MAYOR

OFFICE ORDER
No. 242-S-2024

TO : **MS. KAREN U. KASILAG**
MGDH-MSWDO

DATE : **JUNE 25, 2024**

SUBJECT : **DESIGNATION AS THE OFFICER-IN-CHARGE (OIC) IN THE OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT**

In view of the ongoing investigation of the administrative complaint against you, you are hereby re-assigned to the Office of the Municipal Human Resource Management as the Officer-in-Charge effective July 01, 2024.

In view thereof, you shall exercise the duties and responsibilities of the Office necessary for the regular and usual operations thereof, including the signing of documents such as Daily Time Record, Travel Order, application for Leave of Absence, Office Order for the request of overtime and additional services, memorandum transmittal, training design, obligation request, voucher, and certification.

This Order shall take effect immediately until revoked or amended.

For information and guidance.

HON. JANET M. ILAGAN
Municipal Mayor

KAREN U. KASILAG
06-28-2024
4:10 pm

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

BAGONG PILIPINAS

OFFICE OF THE MAYOR

OFFICE ORDER
No. 326-S-2024

TO	:	**MS. KAREN U. KASILAG** MGDH-MSWDO
DATE	:	**AUGUST 05, 2024**
SUBJECT	:	**REVOCATION OF OFFICE NO. 242-S-2024, TITLED "DESIGNATION AS THE OFFICER-IN-CHARGE (OIC) IN THE MUNICIPAL HUMAN RESOURCE MANAGEMENT OFFICE"**

In the exigency of service, **Office Order No.242-S-2024** re reassignment of duty of **Ms. Karen U. Kasilag,** Municipal Social Welfare and Development Officer, from the Municipal Social Welfare and Development Office to the Municipal Human Resource Management Office is hereby revoked.

As such, you are hereby directed to return to your original post at the Municipal Social Welfare and Development Office and perform duties and responsibilities inherent to your position.

This Order shall take effect immediately.

For information and guidance.

HON. JANET M. ILAGAN
Municipal Mayor

cc:

Municipal Human Resource Management Office
Municipal Social Welfare and Development Office

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

BAGONG PILIPINAS

OFFICE OF THE MAYOR

OFFICE ORDER
No. 243-S-2024

TO	:	**MR. GALLY D. TIPAN** MGDH-MHRMO
DATE	:	**JUNE 25, 2024**
SUBJECT	:	**DESIGNATION AS THE OFFICER-IN-CHARGE (OIC) IN THE OFFICE OF THE MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT**

In the exigency of service and in view of the ongoing investigation of the administrative complaint against Ms. Karen U. Kasilag, MGDH-MSWDO, you are hereby re-assigned to the Office of the Municipal Social Welfare and Development as the Officer-in-Charge effective July 01, 2024.

In view thereof, you shall exercise the duties and responsibilities of the Office necessary for the regular and usual operations thereof.

This Order shall take effect immediately until revoked or amended.

For information and guidance.

HON. JANET M. ILAGAN
Municipal Mayor

6/28/2024
4:12PM

Joining hands for Mataasnakahoy's interest

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY

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R04 - BAT - APPT - 202 | 108 19

For Regulated Agencies

(Office/Department/Unit)

CS Form No. 33-A
Revised 2018

CSC CIVIL SERVICE COMMISSION Republic of the Philippines RO4 - FO BATANGAS RECEIVED OCT 26 2021 2:15 pm DATE / TIME

KAREN R. ESTREBILLO
Admin. Aide VI

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Ms. KAREN U. KASILAG

You are hereby appointed as Municipal Government Department Head (Municipal Social Welfare and Development Officer) under Permanent status at the Office of the Municipal Social Welfare and Development with a compensation rate of Sixty Five Thousand Fifty Seven Pesos (P 65,057.00) per month.

(Position Title) (Permanent, Temporary, etc.) (Office/ Department/ Unit)

The nature of this appointment is Promotion vice ROSALINDA M. AGUILAR who Retired with Plantilla Item No. 85 Page 7.

(Original, Promotion, etc.) (Transferred, Retired, etc.)

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

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

October 01, 2021
Date of Signing

APPROVED (c)

CSC ACTION:

DRY SEAL
LILY BETH L. MAJOMOT
Director II
Authorized Official

NOV 15 2021
Date

of to pal

DEC 07 2021 / 2:28pm
(Stamp of Date Release)

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Certification

This is to certify that all requirements and supporting papers pursuant to **CSC MC No. 24, s. 2017, as amended**, have been complied with, reviewed and found to be in order.

The position was published at CSC Job Portal from August 23,2021 to September 7,2021 and posted in CSC Field Office Lobby , Public Market, and Office Lobby from August 23,2021 to September 7, 2021 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on September 9, 2021.

LADY IVY T. HIDALGO
OIC- Mun. Human Resource Management Officer

Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/**Placement Committee** during the deliberation held on September 14, 2021.

JANET MAGPANTAY- ILAGAN
Municipal Mayor

CSC Notation

c) case of transfer

ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY THE COMMISSION.

Original Copy - for the Appointee
Original Copy - for the Civil Service Commission
Original Copy - for the Agency

Acknowledgement

Received original/photocopy of appointment on Oct. 1, 2021

KAREN U. KASILAG
Appointee

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

Shall take charge of the Office of the Municipal Social Welfare and Development and be in the frontline in the delivery of basic social services to the most vulnerable sectors in the municipality.

21. QUALIFICATION STANDARDS

21a. Education	21b. Experience	21c. Training	21d. Eligibility
Bachelor's Degree preferably in Sociology or in any related course	3 years in position involving management and supervision	24 hours training in management and supervision in social work	RA 1080

21e. Core Competencies	Competency Level
None Yet	*None Yet*

21f. Leadership Competencies	Competency Level
None Yet	*None Yet*

22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)

Percentage of Working Time	*(State the duties and responsibilities here:)*	Competency Level
10%	Formulate measures for the approval of the sanggunian and provide technical assistance and support to the municipal mayor in carrying out measures to ensure the delivery of basic services and provision of adequate facilities relative to social welfare and development services as provided for under Section 17 of RA 7160;	*None Yet*
10%	Develop plans and strategies and upon approval thereof by the mayor, implement the same particularly those which have to do with social welfare programs and projects which the mayor is empowered to implement and which the sanggunian is empowered to provide for under RA 7160;	
40%	Identify the basic needs of the needy, the disadvantaged and the impoverished and develop and implement appropriate measures to alleviate their problems and improve their living conditions; Provide relief and appropriate crisis intervention for victims of abuse and exploitation and recommend appropriate measures to deter further abuse and exploitation; Assist the mayor in implemetng barangay level program for the total development and protection of children up to six (6) years of age; Facilitate the implementation of welfare programs for the dsabled, elderly, and victims of drug addiction, the rehabilitation of prisoners and parolees, the prevention of juvenile delinquency and such other activities which would eliminate or minimize the ill-effects of poverty; Initiate and support youth welfare programs that will enhance the role of the youth in nation-building; Coordinate with government agencies and non-governmental organizations which have for their purpose the promotion and the protection of all needy, disadvantaged, underprivileged or impoverished groups or individuals, particularly those identified to be vulnerable and high-risk to exploitation, abuse and neglect;	
20%	Be in the frontline of service delivery, particularly those which have to do with immediate relief during and asssitance in the aftermath of man-made and natural disasters and natural calamities;	
10%	Recommend to the sanggunian and advise the mayor on all other matters related to social welfare and development services which will improve the livelihood and living conditions of the inhabitants;	
10%	Exercise such other powers and perform such other duties and functions as may be prescribed by law or ordinance.	

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.

KAREN U. KASILAG 10/01/21	JANET M. LAGAN 10/01/21
Employee's Name, Date and Signature	Municipal Mayor, Date and Signature

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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 Municipal Government Department Head-Municipal Social Welfare and Development Officer
2. ITEM NUMBER 85	3. SALARY GRADE 24

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

☐ Province	☐ 1st Class	☐ 5th Class
☐ City	☐ 2nd Class	☐ 6th Class
☑ Municipality	☐ 3rd Class	☐ Special
	☑ 4th Class	

5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT	6. BUREAU OR OFFICE
Local Government Unit of Mataasnakahoy, Batangas	Office of the Municipal Social Welfare and Development
7. DEPARTMENT / BRANCH / DIVISION	**8. WORKSTATION / PLACE OF WORK**
Office of the Municipal Social Welfare and Development	Office of the Municipal Social Welfare and Development

9. PRESENT APPROP ACT	10. PREVIOUS APPROP ACT	11. SALARY AUTHORIZED	12. OTHER COMPENSATION	
SB Resolution No. 170-S-2020, Ordinance of Budget No. 47-S-2020	Resolusyon Blg. 274-S-2019, Ordinansa ng Badyet Blg. 69-S-2019	₱ 65,057.00	PERA	₱ 2,000.00
			RATA	11,250.00
			Clothing Allow.	6,000.00
			Subsistence/ Laundry/Quarter Allow.	1,500.00
			Hazard Pay	9,758.55
			Cash Gift	5,000.00
			Year End Bonus	65,057.00
			Mid-year Bonus	65,057.00
			PEI	5,000.00

13. POSITION TITLE OF IMMEDIATE SUPERVISOR	14. POSITION TITLE OF NEXT HIGHER SUPERVISOR
Municipal 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
Day Care Worker II	86
Social Welfare Aide	87
Administrative Aide I (Utility Worker I)	89

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

Computer/laptop, printer, logbook, telephone/cellphone, ballpen

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

Frontliner in the delivery of social services to the needy, disadvantaged, and impoverished members of the community and those which has to do with the immediate relief during and assistance in the aftermath of manmade and natural disasters and calamities.

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- Summary of Actual Duties:
  - Conduct interview to walk-in clients seeking for medical, financial, burial assistance.
  - Prepare Social Case Study Report (SCSR) and referral letters to other institutions.
  - Serve as focal person to Senior Citizens sector and Persons with Disabilities
  - Facilitate meetings, assist in planning, evaluation and other related activities
  - Facilitate recording and issuance PWD Identification Cards

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- Duration: March 8, 2005- June 30, 2005
- Position: Social Welfare Assistant (Casual)
- Name of Office/Unit: City Social Welfare and Development Office/Women Welfare Division
- Immediate Supervisor: Teresita T. Pesa
- Name of Agency/Organization and Location: Lipa City Government/CSWDO-Lipa

- Summary of Actual Duties:
  - Conduct Intake Interview to walk-in clients.
  - Conduct interview and counselling to Women in Especially Difficult Circumstances (WEDC)/victims of Violence Against Women and Children.
  - Prepare Social Case Study Report (SCSR) and referral letters to other institutions.
  - Responsible in organizing and empowering grassroots women sector.

- Duration: August 4, 2004- December 31, 2004
- Position: Social Welfare Assistant (Casual)
- Name of Office/Unit: City Social Welfare and Development Office/Women Welfare Division
- Immediate Supervisor: Teresita T. Pesa
- Name of Agency/Organization and Location: Lipa City Government/CSWDO-Lipa

- Summary of Actual Duties:
  - Conduct Intake Interview to walk-in clients.
  - Conduct interview and counselling to Women in Especially Difficult Circumstances (WEDC)/victims of Violence Against Women and Children.
  - Prepare Social Case Study Report (SCSR) and referral letters to other institutions.
  - Responsible in organizing and empowering grassroots women sector.

- Duration: January 21, 2004-June 30, 2004
- Position: Social Welfare Assistant (Casual)
- Name of Office/Unit: City Social Welfare and Development Office/Women Welfare Division
- Immediate Supervisor: Teresita T. Pesa
- Name of Agency/Organization and Location: Lipa City Government/CSWDO-Lipa

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WORK EXPERIENCE SHEET

- Duration: October 16, 2014-September 30, 2021
- Position: Social Welfare Officer II (Permanent)
- Name of Office/Unit: City Social Welfare and Development Office/Special Operation and Protection Division/Aruga Center
- Immediate Supervisor: Lerma M. Laylo
- Name of Agency/Organization and Location: Lipa City Government/CSWDO-Lipa

- Summary of Actual Duties:
  - Responsible in management of Children at Risk and Children in Conflict with the Law.
  - Facilitate counselling, intervention, diversion programs.
  - Prepare Comprehensive Social Case Study Report and referral letters to various institutions.
  - Facilitate case conference and family counselling.
  - Attend inquest procedure, preliminary investigation and court hearing.
  - Facilitate after-care service.
  - Conduct homevisit to clients.
  - Prepare Parental Capability Assessment Report, Progress Report, and Closing summary.

- Duration: March 20, 2007-October 15, 2014
- Position: Social Welfare Officer I (Permanent)
- Name of Office/Unit: City Social Welfare and Development Office/Community Welfare Division
- Immediate Supervisor: Teresita T. Pesa
- Name of Agency/Organization and Location: Lipa City Government/CSWDO-Lipa

- Summary of Actual Duties:
  - Responsible in organizing sectoral groups including Association of Fathers, Youth Organization, and other volunteer groups. Facilitates meetings, planning, evaluation, and other related activities.
  - Responsible in handling and management of abandoned, neglected, sexually abused and exploited women and children.
  - Facilitate counselling sessions to clients in need of social protection and victims of violence.
  - Facilitate rescue operation to women and children in need of protective custody.
  - Attend inquest procedure, preliminary investigation, and court hearings.

- Duration: June 5, 2006-December 18, 2006
- Position: Social Welfare Officer I (Substitute)
- Name of Office/Unit: City Social Welfare and Development Office/Family Welfare Division
- Immediate Supervisor: Teresita T. Pesa
- Name of Agency/Organization and Location: Lipa City Government/CSWDO-Lipa

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- Summary of Actual Duties:
  - Conduct Intake Interview to walk-in clients.
  - Conduct interview and counselling to Women in Especially Difficult Circumstances (WEDC)/victims of Violence Against Women and Children.
  - Prepare Social Case Study Report (SCSR) and referral letters to other institutions.
  - Responsible in organizing and empowering grassroots women sector.

KAREN U. KASILAG, RSW
(Signature over Printed Name of Employee/Applicant)

Date: August 31, 2021

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Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE HONORABLE SANGGUNIANG BAYAN OF MATAASNAKAHOY, BATANGAS ON 11 OCTOBER 2021.

PRESENT:

HON. JAY MANALO ILAGAN	-Municipal Vice Mayor/Presiding Officer
HON. JOSEPH D. CALINISAN	-SB Member
HON. CARMELITA V. ACERIMO	-SB Member
HON. HERWIN D. DEL MUNDO	-SB Member
HON. MERLYN CARAAN- LAQUI	-SB Member
HON. KAREN JOY A. LAQUI	-SB Member
HON. LEMUEL V. DE OCAMPO	-SB Member
HON. ANGELITO L. SUBOL	-SB Member
HON. JERRY M. REYES	-SB Member
HON. NOVILITO M. MANALO	-SB Member/LNB President
HON. MELVEN M. LUCERO	-SB Member/SK Fed. President

ABSENT:

NONE

RESOLUTION NO. 183-S-2021

RESOLUTION CONCURRING THE APPOINTMENT OF MS. KAREN U. KASILAG AS MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICER OF THIS MUNICIPALITY

WHEREAS, the need to have a Municipal Social Welfare and Development Officer in Mataasnakahoy is a necessity and exigent;

WHEREAS, Republic Act (RA) 7160 Chapter 2 Sec. 443 (d) provides that "unless otherwise provided herein, heads of departments and offices shall be appointed by the municipal mayor with the concurrence of the majority of all the Sangguniang Bayan members, subject to civil service law, rules and regulations";

WHEREAS, Ms. Karen U. Kasilag possesses all the required qualifications and upon evaluation by the Sangguniang Bayan members, is equipped with the needed skills of as a Municipal Social Welfare and Development Officer; and

WHEREAS, the appointment of Ms. Karen U. Kasilag as a Municipal Social Welfare and Development Officer is in order having met the minimum requirements provided for by law.

NOW THEREFORE, on motion of Hon. Merlyn Caraan-Laqui, Chairman, Committee on Good Governance and Legal Matters and duly seconded by all the Sangguniang Bayan members BE IT RESOLVED by the Sangguniang Bayan session assembled to confirm and concur the appointment of Ms. Karen U. Kasilag to the position of Municipal Social Welfare and Development Officer of the municipality of Mataasnakahoy, Batangas.

APPROVED: 11 October 2021.

RESOLVED FURTHER, that a copy of this resolution be forwarded to Hon. Janet Magpantay ILagan, Municipal Mayor, Ms. Lady Ivy T. Hidalgo, OIC-MHRMO for their information and guidance. Likewise, copies shall be provided to all concerned departments for their information.

I HEREBY CERTIFY, that the foregoing resolution was approved by the Sangguniang Bayan of Mataasnakahoy, Batangas during its regular session held on 11 October 2021.

EMMANUEL A. ALFILER
Secretary to the Sangguniang Bayan

ATTESTED:

JAY MANALO ILAGAN
Municipal Vice Mayor/Presiding Officer

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CS Form No. 212
Revised 2017

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	KASILAG		
FIRST NAME	KAREN	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	UMALI		
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/1980	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☑ by naturalization
4. PLACE OF BIRTH	LIPA CITY	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☐ Male ☑ Female		
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No: PUROK 2; Street:
7. HEIGHT (m)	1.55 m		Subdivision/Village: IMMACULATE CONCEPCION VILLAGE; Barangay: UPA
8. WEIGHT (kg)	63 kilos		City/Municipality: MATAASNAKAHOY; Province: BATANGAS
9. BLOOD TYPE	"O"	ZIP CODE	4223
10. GSIS ID NO.	BP-2002085362	18. PERMANENT ADDRESS	House/Block/Lot No: PUROK 2; Street:
11. PAG-IBIG ID NO.	149060243158		Subdivision/Village: IMMACULATE CONCEPCION VILLAGE; Barangay: UPA
12. PHILHEALTH NO.	19-089821472		City/Municipality: MATAASNAKAHOY; Province: BATANGAS
13. SSS NO.	N/A	ZIP CODE	4223
14. TIN NO.	220-398-890	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	0935-908-6441
		21. E-MAIL ADDRESS (if any)	karen08kasilag@gmail.com

II. FAMILY BACKGROUND

			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
22. SPOUSE'S SURNAME	KASIILAG		REN YESHUA UMALI KASILAG	12/11/2009
FIRST NAME	RENAN	NAME EXTENSION (JR., S R) N/A	REN YSHAH UMALI KASILAG	02/05/2016
MIDDLE NAME	MAGMANLAC		REN YSABELLA UMALI KASILAG	02/18/2020
OCCUPATION	TEACHER		Nothing follows	
EMPLOYER/BUSINESS NAME	DE LA SALLE LIPA			
BUSINESS ADDRESS	J.P LAUREL NAT'L. HIGHWAY, LIPA CITY			
TELEPHONE NO.	(043) 756-5555			
24. FATHER'S SURNAME	UMALI			
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CASUMBAL (DECEASED)			
25. MOTHER'S MAIDEN NAME				
SURNAME	DE CHAVEZ			
FIRST NAME	LIBRADA			
MIDDLE NAME	KALAW		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PLARIDEL ELEMENTARY SCHOOL	PRIMARY EDUCATION	1987	1993	N/A	1993	NONE
SECONDARY	THE MABINI ACADEMY	HIGH SCHOOL	1994	1997	N/A	1997	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	ST. BRIDGET COLLEGE	BACHELOR OF SCIENCE IN SOCIAL WORK	1998	2001	N/A	2001	NONE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 31, 2021

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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
R.A. 1080-SOCIAL WORKER'S LICENSURE BOARD EXAMINATION	72.7	June 25-26, 2002	MANUEL L. QUEZON UNIVERSITY, MANILA	0013169	11/8/2024
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 "00-0"/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
10/06/2014	PRESENT	SOCIAL WELFARE OFFICER II	LIPA CITY GOVERNMENT/CSWDO	34,336	15-3	PERMANENT	YES
03/20/2007	10/05/2014	SOCIAL WELFARE OFFICER I	LIPA CITY GOVERNMENT/CSWDO	24,887	11-2	PERMANENT	YES
06/05/2005	02/15/2006	SOCIAL WELFARE OFFICER I	LIPA CITY GOVERNMENT/CSWDO	10,535	N/A	SUBSTITUTE	YES
07/01/2005	02/15/2006	PROJECT DEVELOPMENT OFFICER	ST. SCHOLASTICA'S COLLEGE PRIORY MANILA	8,000	N/A	CONTRACTUAL	NO
03/08/2005	06/30/2005	SOCIAL WELFARE ASSISTANT	LIPA CITY GOVERNMENT/CSWDO	3,146	N/A	CASUAL	YES
01/21/2004	06/30/2004	SOCIAL WELFARE ASSISTANT	LIPA CITY GOVERNMENT/CSWDO	3,146	N/A	CASUAL	YES
		Nothing follows					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 31, 2021

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / SOCIAL / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Outcome-Based Education Training for Judges, Court Personnel and Duty Bearers on Juvenile Justice (PHILJA 2524 SF OBET JJ (2) '19)	03/12/19	03/15/19	32 hrs.		Supreme Court of the Philippines, Phil. Judicial Academy, Committee on Family Courts and Juvenile Concerns, Juvenile Justice Welfare Council and United Nations Children's Fund
Roll-out Training on National Juvenile Justice and Welfare Management Information System-Integrated Case Management Module	07/02/19	07/04/19	24 hrs.		Juvenile Justice and Welfare Council
23rd LSWDO's National Social Welfare and Development Forum and General Assembly	04/23/19	04/26/19	32 hrs.		Association of Local Social Welfare and Development Officers of the Philippines (ALSWDOPI), Inc.
Forum amd Annual Assembly of Philippine Association of Social Workers Inc. (PASWI)	02/15/19	02/15/19	8 hrs.		Philippine Association of Social Workers Inc. Batangas Chapter
Training on the Formulation of Comprehensive Local Juvenile Intervention Intervention Program	09/24/18	09/26/18	24 hrs.		Regional Juvenile Justice and Welfare Committee 4-CALABARZON/DSWD RO 4A
Learning and Development Intervention (LDI) on Managing LGU-Run Centers	07/10/18	07/13/18	24 hrs.		DSWD RO-4A
22nd LSWDO's National Social Welfare and Development Forum and General Asssembly	04/17/18	04/20/18	32 hrs.		Association of Local Social Welfare and Development Officers of the Philippines (ALSWDOPI), Inc./ Phil. Association of Social Workers , Inc. (PASWI)
Training on Basic Counseling and Interviewing for CCA and LGU Social Workers Handling Adoption and Foster Care	11/15/17	11/17/17	24 hrs.		DSWD RO-4A
Orientation on the Registry for Children-at-Risk (CAR) and Children in Conflict with the Law (CICL)	07/20/17	07/22/17	24 hrs.		Juvenile Justice and Welfare Council
PASWI General Assembly	02/23/18	02/23/18	8 hrs.		Philippine Association of Social Workers Inc. Batangas Chapter
Ethical Decision Making in Handling Children in Conflict with the Law (CICL)	12/10/17	12/12/17	24 hrs.		Provincial Social Welfare and Development Office
Absnet Advocacy Forum on Community-Based Approach in Addressing Drug Addiction and Proposed HB Lowering the Minimum Age of Criminal Liability and General Assembly	07/07/17	07/07/17	8 hrs.		Area-Based Standard Network, Batangas Chapter
Forum on Counseling Strategies Cum General Assembly	01/06/17	01/06/17	8 hrs.		PASWI Batangas Chapter
N/A	N/A	N/A	N/A		N/A

(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)
Counseling and Special Cases Management	N/A	ASSN. OF LOCAL SOCIAL SOCIAL WELFARE AND DEVELOPMENT OFFICERS OF THE PHILIPPINES INC. (ALSWDOPI)
Reading/Writing		PHILIPPINE ASSOCIATION OF SOCIAL WORKERS IN THE PHILIPPINES INCORPORTED (PASWI)
Nothing follows		Nothing follows

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 31, 2021

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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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
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?	☐ YES ☑ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
VIRGILIO NESTOR M. MENDOZA	PLARIDEL, LIPA CITY	043-756-2038
RAFAELA LUCY M. MANGUIAT	SAMPAGUITA, LIPA CITY	0917 878 7077
RONA T. MENDEZ	M.H. DEL PILAR ST. BATS. CITY	0949 735 4305

KASILAG, KAREN U.

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:	00684
ID/License/Passport No.:	PRC LIC. NO. 0013169
Date/Place of Issuance:	07/12/2002/MANILA

Signature (Sign inside the box)

August 31, 2021
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 22 SEP 2021, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. MICHAEL M. ARADA
Public Attorney II
Public Attorney's Office
(Pursuant to R.A. 9406)
Person Administering Oath

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Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of KAREN U. KASILAG as Municipal Government Department Head (Municipal Social Welfare and Development Officer) in the Office of the Municipal Social Welafre and Development this municipality, all pertinent requirements contained in RA 7160 in section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.

JANET MAGPANTAY- ILAGAN
Municipal Mayor

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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 Municipal Government Department Head (Municipal Social Welfare and Development Officer) in the Office of the Municipal Social Welfare and Development of this municipality, with Salary Grade 24 amounting to SEVEN HUNDRED EIGHTY THOUSAND SIX HUNDRED EIGHTY FOUR PESOS (P 780,684.00) per annum as per Annual Budget CY-2021 of this municipality.,

Issued this 1st day of October , 2021 at Mataasnakahoy, Batangas.

LENILYN C.CARAAN
Municipal Accountant

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Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
PROFESSIONAL IDENTIFICATION CARD

LAST NAME	▶ KASILAG
FIRST NAME	▶ KAREN
MIDDLE NAME	▶ UMALI
REGISTRATION NO.	▶ 0013169
REGISTRATION DATE	▶ 07/12/2002
VALID UNTIL	▶ 11/08/2024

SOCIAL WORKER

20-385283

Professional Regulation Commission
www.prc.gov.ph

CERTIFICATION

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

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

Signature of Professional

TEOFILO S. PILANDO, JR.
Chairman

DST-OWWS
DSK2019
03721974
30 30

Republic of the Philippines
Professional Regulation Commission
Regional Office IV-A

CERTIFIED TRUE COPY

RAUL H. MARQUEZ
Supervising Professional Regulations Officer
P75.00 OR No. 0205984234
Verified by: _____ Date: OCT 04 2021

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CS Form No. 32
Revised 2018

Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

I, KAREN U. KASILAG of Brgy. Upa, Mataasnakahoy, Batangas having been appointed to the position of Municipal Government Department Head (Municipal Social Welfare and Development Officer) 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.

KAREN U. KASILAG
(Signature over Printed Name of the Appointee)

Government ID: PRC License
ID Number : 0013169
Date Issued : 07/12/2002

Subscribed and sworn to before me this 01st day of October, 2021 in Mataasnakahoy Batangas, Philippines.

JANET MAGPANTAY- ILAGAN
Municipal Mayor

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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 Ms. KAREN U. KASILAG has assumed the duties and responsibilities as Municipal Government Department Head (Municipal Social Welfare and Development Officer) in the Office of the Municipal Social Welfare and Development. effective October 1, 2021.

This certification is issued in connection with the issuance of the appointment of Ms. KAREN U. KASILAG as Municipal Government Department Head (Municipal Social Welfare & Development Officer) .

Done this 1st day of October 2021 in Mataasnakahoy, Batangas.

JANET MAGPANTAY- ILAGAN
Municipal Mayor

Date: October 1, 2021

Attested by:

LADY IVY T. HIDALGO
OIC- Mun. Human Res. Mgt. Officer

201 file
Admin
COA
CSC

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Republic of the Philippines
City of Lipa
OFFICE OF THE CITY PERSONNEL OFFICER

CERTIFICATION

This is to certify that Ms. **Karen U. Kasilag**, Social Welfare Officer II at the City Social Welfare's Office, got **Very Satisfactory Ratings** in her Individual Performance Commitment Report (IPCR) Form for the rating period January to June 2021, with the Numerical Rating of **4.8214**.

Issued this 7th day of September 2021 for whatever legal purpose it may serve.

RONALDO V. DE CASTRO
City Personnel Officer

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Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

BARANGAY UPA
OFFICE OF THE SANGGUNIANG BARANGAY

CERTIFICATE OF RESIDENCY

SANGGUNIANG BARANGAY

HON. GENES A. BRUCAL
Barangay Captain

HON. JOSELITO R. ATIENZA
Barangay Councilor

HON. DIONISIO M. CAIDIC
Barangay Councilor

HON. GLENN O. METRILLO
Barangay Councilor

HON. JORDAN J. LESCANO
Barangay Councilor

HON. OSCAR M. ATIENZA
Barangay Councilor

HON. ANTONINA A. TIBAYAN
Barangay Councilor

HON. ADZIE L. CALAPATIA
Barangay Councilor

HON. IVY JOYCE S. PORTINTO
SK Chairman

LOLITA B. DE GALA
Brgy Secretary

REGINA C. TIBAYAN
Brgy Treasurer

TO WHOM IT MAY CONCERN:

The undersigned, Barangay Captain of this locality hereby certifies that I personally know

Karen Umali Kasilog

one of my constituents at Purok 2 herein.

Further certifies that he/she is a bonafide resident of this Barangay and still residing hereat until this present date.

DONE and ISSUED to the requesting individual, for whatever legal purpose this may serve best.

This 18th day of October 2021 at Barangay Upa, Mataasnakahoy,

HON. GENES ATIENZA BRUCAL
Barangay Captain

NOTE: Not valid without official seal.

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ST. BRIDGET'S COLLEGE
COLLEGE DEPARTMENT
Batangas City

OFFICE OF THE COLLEGE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

Name: UMALI, KAREN DE C.
Student No. 4632 Sex: Female

ENTRANCE DATA

Basis of Admission: Form 138 Date of Admission: 1st Semester 1997-98
School: The Mabini Academy

SPECIAL ORDER (B)(R-IV)NO. 60-893202-4-0109 Series 2001
Date Issued: May 30, 2001 Issued by: CHED, HERO IV

RECORD OF CANDIDATE FOR GRADUATION

Degree: BACHELOR OF SCIENCE IN SOCIAL WORK
Major:
Date of Graduation: *MAY 17, 2001

PERSONAL RECORDS

Date of Birth: *November 8, 1980
Place of Birth: Plaridel, Lipa City
Parent/Guardian: Gregorio Umali/Librada de Chavez
Address: Plaridel, Lipa City

PRELIMINARY EDUCATION

Primary: Plaridel Elementary School 1990-91
Intermediate: Plaridel Elementary School 1992-93
High School: The Mabini Academy 1996-97

COURSE NUMBER	DESCRIPTIVE TITLE	RATING FINAL	RATING RE-EX	UNIT	CREDITS BY GROUPS 1	2	3	4	5	6	7	8	9	10	11
FIRST YEAR:															
FIRST SEMESTER, 1997-98															
E.L. page 27 # 18 , BSSW , Female															
Rel St 1	Synthesis of Christian Doctrine (Creed)	2.50		*(3)											
English 1	Developmental Reading	2.25		3											
English 1a	Communication Arts/Skills	2.50		3											
Math 1	Basic Mathematics	3.00		3											
Soc Sc 1	General Psychology	2.75		3											
Soc Sc 2	Philippine History	2.75		3											
Filipino 1	Sining ng Pakikipagtalastasan	2.50		3											
P.E. 1	Self-Testing Activities	2.00		2											
SECOND SEMESTER, 1997-98															
E.L. page 25 # 11 , BSSW , Female															
Rel St 2	Synthesis of Christian Doctrine (Creed)	2.75		*(3)											
English 1b	Writing in the Discipline	3.00		3											
Math 2	Modern College Algebra	3.00		3											
Philosophy	Introduction to Philosophy and Ethics	3.00		3											
Soc Sc 3	Politics and Governance (w/ Phil. Constitution)	2.75		3											
Nat Sc 2	Earth Science	2.75		3											
Filipino 2	Pagbasa at Pagsulat sa Iba't Ibang Disiplina	2.25		3											
Educ 1	Human Growth, Development and Learning	2.50		3											
P.E. 2	Fundamentals in Rhythmic Activities	2.50		2											
SECOND YEAR:															
FIRST SEMESTER, 1998-99															
E.L. page 31 # 16 , BSSW , Female															
Rel St 3	History of Salvation (Old Testament)	2.50		*(3)											
English 2	Speech Communication	3.00		3											
Literature 1	The Literature of the Philippines	2.75		3											
Nat Sc 3	Biological Science	3.00		3											
Soc Sc 4	Basic Economics and Taxation and Land Reform	2.75		3											
S.W. 121	The Filipino Personality	2.50		3											
S.W. 141	Introduction to Social Work	2.50		3											
P.E. 3	Fundamentals in Games & Sports	2.00		2											
SECOND SEMESTER, 1998-99															
E.L. page 26 # 14 , BSSW , Female															
Rel St 4	Christology	3.00		*(3)											
Filipino 3	Retorika	2.75		3											
Literature 2	The Literature of the World	2.75		3											
Nat Sc 8	Ecology	3.00		3											
					TOTAL CREDITS FOR GRADUATION										

CERTIFIED TRUE AND CORRECT

EUGENIA MARITES D. QUINIO
REGISTRAR

DATE: Sept. 21, 2021

GRADING SYSTEM:

1.00 - Excellent
1.25-1.50 - Very Good
1.75-2.00 - Good
2.25-2.50 - Above Average
3.00 - Average
5.00 - Failure

INC.-Incomplete - lacking work to complete the requirements of the course or no exam.

CREDITS: One hour class for one semester of eighteen weeks is equivalent to one credit unit. Two and a half to three hours of laboratory work is equivalent to one hour class.

REMARKS: ISSUED UPON REQUEST.

NOT VALID WITHOUT SBC SEAL

MISS ZENAIDA L. CELLO
Registrar

OCT 23 2001

SUMMARY OF CREDITS

1. English		7. Bus Ed/Prof Ed	
2. Filipino		8. Other Courses	
3. Literature		9. Elective	
4. Math/NS		10. PE/ROTC	
5. Hum, SS, Rizal		11. Rel St	
6. Major		TOTAL	

CERTIFICATION:

I hereby certify that the foregoing records of _____ a candidate for graduation, have been verified by me and that true copies substantiating the same are kept on file in this College.

Date

MISS ZENAIDA L. CELLO
Registrar

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ST. BRIDGET'S COLLEGE
COLLEGE DEPARTMENT
Batangas City

OFFICE OF THE COLLEGE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

Name: UMALI, KAREN DE C.
Student No. 4632 Sex: Female

RECORD OF CANDIDATE FOR GRADUATION

Degree: BACHELOR OF SCIENCE IN SOCIAL WORK
Major: *-
Date of Graduation: *MAY 17, 2001

PERSONAL RECORDS

Date of Birth:
Place of Birth:
Parent/Guardian:
Address:

PRELIMINARY EDUCATION

Primary:
Intermediate:
High School:

COURSE NUMBER	DESCRIPTIVE TITLE	RATING FINAL	RATING RE-EX	UNIT	CREDITS BY GROUPS 1	2	3	4	5	6	7	8	9	10	11
1ST SEMESTER, 1998-99 (Cont'd)															
Soc Sc 5	Society and Culture with Family Planning	2.50		3											
S.W. 122	Personal Growth Process	2.75		3											
S.W. 131	Social Welfare Perspectives	2.75		3											
P.E. 4	Recreational Activities	2.75		2											
SUMMER, 1999		2.00													
E.L. page 10 # 9 , BSSW , Female															
Rizal	Life and Works of Rizal	2.75		3											
Computer 1	Word Processing	2.00		3											
THIRD YEAR:															
FIRST SEMESTER, 1999-2000															
E.L. page 31 # 15 , BSSW , Female															
Rel St 5	Sacrament of Initiation	2.50		*(3)											
English 3	Communication Skills III	2.75		3											
Math 4a	Basic Statistics	2.25		3											
S.W. 132	Social Welfare, Policies, Programs and Services	3.00		3											
S.W. 142	Communication in Social Work	2.50		3											
S.W. 143	Social Casework	3.00		3											
F.I. I	Field Instruction I	2.00		3											
SECOND SEMESTER, 1999-2000															
E.L. page 29 # 14 , BSSW , Female															
Rel St 6	Sacrament of Commitment	2.75		*(3)											
S.W. 123	Group and Community Processes	5.00		0											
S.W. 133	Social Realities/Problems and Issues	2.00		3											
S.W. 144	Social Groupwork	3.00		3											
F.I. II	Field Instruction II	5.00		0											
Educ 8	Guidance and Counseling	2.50		3											
FOURTH YEAR;															
FIRST SEMESTER, 2000-2001															
E.L. page 27 # 15 , BSSW , Female															
Rel St 8	The Social Teachings	2.75		*(3)											
S.W. 123	Group and Community Processes	2.50		3											
S.W. 145	Community Organization in Social Work	2.50		3											
S.W. 147	Social Research	2.75		3											
F.I. II	Field Instruction II	2.25		3											
Computer 4	Excel	2.50		3											
SECOND SEMESTER, 2000-2001															
E.L. page 23 # 16 , BSSW, Female															
Rel St 7	Christian Morality	INC	3.00	*(3)											
Art 1	Art Appreciation	INC	3.00	3											
					TOTAL CREDITS FOR GRADUATION										

CERTIFIED TRUE AND CORRECT

EUGENIA MARITES D. QUINIO
REGISTRAR
DATE: Sept. 21, 2021

GRADING SYSTEM:

1.00 - Excellent
1.25-1.50 - Very Good
1.75-2.00 - Good
2.25-2.50 - Above Average
3.00 - Average
5.00 - Failure

INC.-Incomplete - lacking work to complete the requirements of the course or no exam.

CREDITS: One hour class for one semester of eighteen weeks is equivalent to one credit unit. Two and a half to three hours of laboratory work is equivalent to one hour class.

REMARKS: PAGE 2

NOT VALID WITHOUT SBC SEAL

MISS ZENAIDA L. CELLO
Registrar

SUMMARY OF CREDITS

1. English
2. Filipino
3. Literature
4. Math/NS
5. Hum, SS, Rizal
6. Major
7. Bus Ed/Prof Ed
8. Other Courses
9. Elective
10. PE/ROTC
11. Rel St

TOTAL

CERTIFICATION:

I hereby certify that the foregoing records of _____ a candidate for graduation, have been verified by me and that true copies substantiating the same are kept on file in this College.

Date:

MISS ZENAIDA L. CELLO
Registrar

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ST. BRIDGET'S COLLEGE
COLLEGE DEPARTMENT
Batangas City

OFFICE OF THE COLLEGE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

Name: UMALI, KAREN DE C.
Student No. 4632 Sex: Female

RECORD OF CANDIDATE FOR GRADUATION

Degree: BACHELOR OF SCIENCE IN SOCIAL WORK
Major:
Date of Graduation: *MAY 17, 2001

PERSONAL RECORDS

Date of Birth:
Place of Birth:
Parent/Guardian:
Address:

PRELIMINARY EDUCATION

Primary:
Intermediate:
High School:

COURSE NUMBER	DESCRIPTIVE TITLE	RATING FINAL	RATING RE-EX	UNIT	CREDITS BY GROUPS 1	2	3	4	5	6	7	8	9	10	11
2ND SEM., 2000-2001 (Cont'd)															
S.W. 148	Social Work Administration & Supervision	3.00		3											
S.W. 148	Seminar in Social Work Practice	2.75		3											
F.I. IV	Field Instruction IV	2.50		3											
S.W. 150	Adult Education (Non-Formal Education)	2.50		3											
SUMMER, 2001															
E.L. page 10 #7 , BSSW, Female															
F.I. IV	Field Instruction IV	2.25		3											
	ENTRY BELOW THIS LINE IS NOT VALID.														
					TOTAL CREDITS FOR GRADUATION										

CERTIFIED TRUE AND CORRECT

EUGENIA MARITES D. QUINIO
REGISTRAR

DATE: Sept. 21, 2021

GRADING SYSTEM:

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1.25-1.50 - Very Good
1.75-2.00 - Good
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5.00 - Failure

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REMARKS: PAGE 3

NOT VALID WITHOUT SBC SEAL

MISS ZENAIDA L. CELLO
Registrar

SUMMARY OF CREDITS

1. English
2. Filipino
3. Literature
4. Math/NS
5. Hum, SS, Rizal
6. Major
7. Bus Ed/Prof Ed
8. Other Courses
9. Elective
10. PE/ROTC
11. Rel St

TOTAL

CERTIFICATION:

I hereby certify that the foregoing records of _____ a candidate for graduation, have been verified by me and that true copies substantiating the same are kept on file in this College.

Date:

MISS ZENAIDA L. CELLO
Registrar

OCT 23 2001

Scanned with CamScanner

St. Bridget's College

Batangas City

Sa lahat ng Makakatunghay sa Kasulatang ito, Mapitagang Bati:

To All Persons To Whom These Presents May Come, GREETINGS:

Ipinabatid na ang Lupon ng mga Katiwala, sa paggamit ng kapangyarihang kaloob
Be it known, that the Board of Trustees, by authority

ng Republika ng Pilipinas at sa tagubilin ng Sanggunian ng Kolehiyo, ay naggawad kay
of the Republic of the Philippines, and recommendation of the College Council, has conferred upon

Karen de C. Umali

na nakatupad sa lahat ng kinakailangan ukol dito, ng titulong
who has fulfilled all the requirements therefor, the degree of

Batsilyer sa Agham ng Panlipunang Paglilingkod

BACHELOR OF SCIENCE IN SOCIAL WORK

kalakip ang lahat ng karapatan, karangalan, at mga pribilehiyo gayon din ang mga tungkulin
with all the rights, honors, and privileges as well as the obligations

at napapagutang doo'y naukol.
thereunto appertaining.

ng katunayan ay taglay nito ang tatak ng Kolehiyo at ang mga lagda ng Pangulo
mony whereof, are hereunto affixed the seal of the College and the signatures of the President

lehiyo at ng Dekano.
llege and the Dean.

a sa Lungsod ng Batangas, Pilipinas, ngayong ika- 18 ng Mayo,
at Batangas City, Philippines, this 18th day of May,

ng ating Panginoon, dalawang libo't isa
year of our Lord, two thousand one.

Sr. Ma. Catalina Tantoco, rgs
Pangulo ng Kolehiyo
(President of the College)

Sr. M. Anunciata Borbon, rgs
Dekano
(Dean)

CERTIFIED TRUE AND CORRECT

EUGENIA MARITES D. QUINIO
REGISTRAR

DATE: Sept. 21, 2021

Scanned with CamScanner

Republic of the Philippines
Department of Justice
National Bureau of Investigation

23827818

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

NBI ID NO.
U540KKHN08-LA979285

VALID UNTIL
September 16, 2022

FAMILY NAME
UMALI

FIRST NAME
KAREN

MIDDLE NAME
DE CHAVEZ

HUSBAND'S SURNAME
KASILAG

ADDRESS
PUROK 2 BARANGAY UPA MATAAS NA KAHOY BATANGAS

DATE OF BIRTH
November 08, 1980

PLACE OF BIRTH
LIPA CITY BATANGAS

SIGNATURE

CITIZENSHIP
FILIPINO

CIVIL STATUS
MARRIED

GENDER
FEMALE

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

Date Printed: Thursday, September 16, 2021 03:54 PM

Agency	LA	DATID	MILA
CASID	MILA	BIOID	MILA
O.R. No.	BSI2PL73	RECID	
O.R. Date	09/16/2021 3:54:31 PM	INTID	
DST PAID		PRTID	MILA

U540KKHN08-LA979285

ERIC B. DISTOR
Officer-in-Charge

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(COPY FOR OCRG)

NATIONAL STATISTICS OFFICE NSO

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

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF MARRIAGE

Province: BATANGAS
City/Municipality: LIPA CITY
Registry No. 2009 0431

	(HUSBAND) (first) (middle initial) (last)	(WIFE) (first) (middle initial) (last)
Name of Contracting Parties	RENAN M. KASILAG	KAREN DE CHAVEZ UMALI
Date of Birth/Age	(day) (month) (year) (age) 26 OCTOBER 1978 30/2MOS	(day) (month) (year) (age) 8 NOVEMBER 1980 28/2MOS
Place of Birth	BANABA, PADRE GARCIA, BATANGAS	PLARIDEL, LIPA CITY, BATANGAS
Sex (Male or Female)	MALE	FEMALE
Citizenship	FILIPINO	FILIPINO
Residence	BANABA, PADRE GARCIA, BATANGAS	PLARIDEL, LIPA CITY, BATS
Religion	ROMAN CATHOLIC	ROMAN CATHOLIC
Civil Status	SINGLE	SINGLE
Name of Father	(first) (middle initial) (last) SEVERINO KASILAG	(first) (middle initial) (last) GREGORIO C. UMALI
Citizenship	FILIPINO (DECEASED)	FILIPINO
Name of Mother	(first) (middle initial) (last) EMELY MAGMANLAC	(first) (middle initial) (last) LIBRADA K DE CHAVEZ
Citizenship	FILIPINO (DECEASED)	FILIPINO
Person who gave consent or advice	(first) (middle initial) (last) N/A	(first) (middle initial) (last) N/A
Relationship	N/A	N/A
Residence	N/A	N/A

Place of Marriage: SAN SEBASTIAN CATHEDRAL
(Office of the/House of/Barangay of/Church of/Mosque of)
LIPA CITY
Address

Date: 21 MARCH 2009 (day) (month) (year)
Time: 2:30 PM

THIS IS TO CERTIFY: That I RENAN M. KASILAG and I, KAREN DE C. UMALI, both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we:

- [x] have not entered into a marriage settlement.
- [ ] have entered into a marriage settlement, a copy of which is hereto attached.

IN WITNESS WHEREOF, we signed/marked with our finger print, this certificate in quadruplicate this 21ST day of MARCH 2009

RENAN M. KASILAG (Signature of Husband)
KAREN DE C. UMALI (Signature of Wife)

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

I CERTIFY FURTHER THAT:

- [ ] Marriage license No. 5603353 issued on February 25, 2009, at LIPA CITY, in favor of said parties, was exhibited to me.
- [ ] no marriage license was necessary, the marriage being solemnized under Art. ____ of Executive Order No. 209.
- [ ] the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083

REV. FR. ERWIN E. MENDOZA, OSJ
(Signature of Solemnizing Officer)
ROMAN CATHOLIC PRIEST
(Position/Designation)
2008-28YOUCVAC-2010
(Religious Affiliation, Registry No. and Expiration Date, if applicable)

WITNESSES (Print Name and Sign)

MR. NEMESIO GOZOS — MRS. ESTER GOZOS
MR. RUFINO ROXAS — MRS. AURORA ROXAS

REMARKS/ANNOTATION

FOR OCRG USE ONLY:
Population Reference No.
(Husband)
(Wife)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

80 B0900431
87 1
88 2 3
89 2 7
92 1
96 1
94 1
99
104
106
106
107
108
113 21 03 2009
119

RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature
AMALIA D. GARCIA
Name in Print
REGISTRATION OFFICER IV
Title or Position
MAR 25 2009
Date Received

03805-0D-105ECD-00712-MI001
BEST POSSIBLE IMAGE
T105038051050071206022010001
DG600478797

Documentary Stamp Tax Paid

CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

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PHILIPPINE STATISTICS AUTHORITY

Municipal Form No. 102 (Revised Dec. 1, 1933) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Province: ____

City or Municipality: Lian City

Register Number:
(a) Civil Registrar-General No. ____
(b) Local Civil Registrar No. 3732 K-80

1. PLACE OF BIRTH
a. PROVINCE: Batangas
b. CITY OR MUNICIPALITY: Lian City
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Florida
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes ☐ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. PROVINCE: Batangas 1014 J
b. CITY OR MUNICIPALITY: Lian City 1014 J
c. NUMBER AND STREET: Florida 2
d. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☐
e. IS RESIDENCE ON A FARM? Yes ☐ No ☐ 2

CHILD
3. NAME (Type or print): First: LUCKY KARISE; Middle: DE CHAVEZ; Last: UMALI 11
4. SEX: F
5a. THIS BIRTH: Single ☒ Twin ☐ Triplet ☐
5b. IF TWIN OR TRIPLET, WAS CHILD: 1st ☐ 2nd ☐ 3rd ☐
6. DATE OF BIRTH: Month: May; Day: 6; Year: 1980 80

FATHER
7. NAME: First: Gregorio; Middle: C.; Last: Umali
8. RELIGION: RC
9. NATIONALITY: Filipino
8a. RACE: Bicolano 80
9. AGE (At time of this birth): Years 27
10. BIRTHPLACE: Florida, Lian City
11a. USUAL OCCUPATION: Merchant
11b. KIND OF BUSINESS OR INDUSTRY: 1

MOTHER
12. MAIDEN NAME: First: Liberia; Middle: S.; Last: de Chavez
13. RELIGION: RC
13. NATIONALITY: Filipino
13a. RACE: Bicolano 27
14. AGE (At time of this birth): Years 25
15. BIRTHPLACE: Florida, Lian City
16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 1 4/25
a. How many children are now living? 1
b. How many other children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead any time after conception)? 0 20

17a. INFORMANT'S SIGNATURE: Gregorio Umali
b. NAME IN PRINT: Gregorio Umali
c. ADDRESS: 1 2

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) 2

19. ATTENDANT AT BIRTH
I HEREBY CERTIFY that I attended the birth of this child who was born alive at 8:00 o'clock A.M. on the date above indicated.
a. SIGNATURE:
b. NAME IN PRINT:
c. ADDRESS:
d. DATE SIGNED BY ATTENDANT AT BIRTH: 2
e. TITLE OF ATTENDANT AT BIRTH: ☐ M.D. ☐ Midwife ☐ Nurse ☐ Others (Specify): Hilot 4

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:
a. SIGNATURE:
b. NAME IN PRINT: [illegible]
c. TITLE OR POSITION: [illegible]
d. DATE: Nov. 11, 1980

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: 99
b. DATE WHEN GIVEN NAME WAS SUPPLIED: 06

22a. LENGTH OF PREGNANCY: Completed Weeks
22b. WEIGHT AT BIRTH: Lbs. ____ Oz. ____
23. LEGITIMATE: ☒ Yes ☐ No 1

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
(Month) Dec. (Day) 26, (Year) 1977
City or Municipality: Lian City Province: ____

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE:
NAME IN PRINT:
TITLE OR POSITION:
DATE:

26—SIG (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

07933-E8-105JIV-00162-BI001
BEST POSSIBLE IMAGE
T105079331050016209202021001
AP300975083

BReN
[01014-A80X804-8]

Documentary
Stamp Tax Paid

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

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CS Form No. 211
Revised 2018

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

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

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

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
KASILAG, KAREN UMALI			Municipal Social Welfare and Devt. Office, Nasugbu, Batangas
ADDRESS: Purok 2, Brgy. Lipa, Nasugbu, Batangas			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
40	F	Married	Municipal Social Welfare and Devt. Officer

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically ☐FIT / ☐UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
ALEX Z. SILANG MD, MHSA CITY HEALTH OFFICER			
AGENCY/Affiliation of Licensed Government Physician: Lipa City health office			
LICENSE NO. 74632	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION: City health officer	DATE EXAMINED		

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CITY PERSONNEL OFFICE
RECEIVED
DATE: SEP 17 2021
TIME: 11:20
BY:

September 17, 2021

HON. MAYOR ERIC B. AFRICA
City Mayor
Lipa City

Thru: **MR. RONALDO V. DE CASTRO**
City Personnel Officer

Sir:

I would like to request for an Authority to Transfer from City Social Welfare and Development Office, Lipa City to Municipal Social Welfare and Development Office, Municipal Government of Mataas na Kahoy, Batangas.

Anticipating for your favorable response to this request.

Thank you very much.

Sincerely,

KAREN U. KASILAG, RSW

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Republic of the Philippines
City of Lipa
OFFICE OF THE CITY MAYOR

September 17, 2021

MS. KAREN U. KASILAG
Social Welfare Officer II
City Social Welfare and Development Office
Lipa City

Dear Ms. Kasilag:

Please be informed that your request for permission to transfer from Lipa City Social Welfare and Development Office to Municipal Government of Mataas na Kahoy is hereby granted.

You are, therefore, given (30) days, from receipt of this letter, to inform this office of the exact date, position title, salary and other related data regarding your transfer.

Further, you are required to submit clearance as to property and money accountability prior to your actual transfer.

Very truly yours,

ERIC B. AFRICA
City Mayor

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For Regulated Agencies

(Office/Department/Unit)

CS Form No. 33-A
Revised 2018

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Ms. KAREN U. KASILAG

You are hereby appointed as Municipal Government Department Head (Municipal Social Welfare and Development Officer) under Permanent status at the Office of the Municipal Social Welfare and Development with a compensation rate of Sixty Five Thousand Fifty Seven Pesos (P 65,057.00) per month.

(Position Title)
(Permanent, Temporary, etc.)
(Office/ Department/ Unit)

The nature of this appointment is Promotion vice ROSALINDA M. AGUILAR who Retired with Plantilla Item No. 85 Page 7.

(Original, Promotion, etc.)
(Transferred, Retired, etc.)

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

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

October 01, 2021
Date of Signing

CSC ACTION:

DRY SEAL

Authorized Official

Date

(Stamp of Date Release)

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Certification

This is to certify that all requirements and supporting papers pursuant to **CSC MC No. 24, s. 2017, as amended**, have been complied with, reviewed and found to be in order.

The position was published at CSC Job Portal from August 23,2021 to September 7,2021 and posted in CSC Field Office Lobby , Public Market, and Office Lobby from August 23,2021 to September 7, 2021 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on September 9, 2021.

LADY IVY T. HIDALGO
OIC- Mun. Human Resource Management Officer

Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/**Placement Committee** during the deliberation held on September 14, 2021.

JANET MAGPANTAY- ILAGAN
Municipal Mayor

CSC Notation

ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY THE COMMISSION.

Original Copy - for the Appointee
Original Copy - for the Civil Service Commission
Original Copy - for the Agency

Acknowledgement

Received original/photocopy of appointment on Oct. 1, 2021

KAREN U. KASILAG
Appointee

Scanned with CamScanner

CS Form No. 212
Revised 2017

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	KASILAG		
FIRST NAME	KAREN	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	UMALI		
3. DATE OF BIRTH (mm/dd/yyyy)	11/8/1980	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☑ by naturalization
4. PLACE OF BIRTH	LIPA CITY	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☐ Male ☑ Female		
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No: PUROK 2; Street: UPA; Subdivision/Village: IMMACULATE CONCEPCION VILLAGE; Barangay: BATANGAS; City/Municipality: MATAASNAKAHOY; Province:
7. HEIGHT (m)	1.55 m		
8. WEIGHT (kg)	63 kilos	ZIP CODE	4223
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	House/Block/Lot No: PUROK 2; Street: UPA; Subdivision/Village: IMMACULATE CONCEPCION VILLAGE; Barangay: BATANGAS; City/Municipality: MATAASNAKAHOY; Province:
10. GSIS ID NO.	BP-2002085362		
11. PAG-IBIG ID NO.	149060243158		
12. PHILHEALTH NO.	19-089821472	ZIP CODE	4223
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	220-398-890	20. MOBILE NO.	0935-908-6441
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	karen08kasilag@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	KASIILAG		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RENAN	NAME EXTENSION (JR., S R) N/A	REN YESHUA UMALI KASILAG	12/11/2009
MIDDLE NAME	MAGMANLAC		REN YSHAH UMALI KASILAG	02/05/2016
OCCUPATION	TEACHER		REN YSABELLA UMALI KASILAG	02/18/2020
EMPLOYER/BUSINESS NAME	DE LA SALLE LIPA		Nothing follows	
BUSINESS ADDRESS	J.P LAUREL NAT'L. HIGHWAY, LIPA CITY			
TELEPHONE NO.	(043) 756-5555			
24. FATHER'S SURNAME	UMALI			
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CASUMBAL (DECEASED)			
25. MOTHER'S MAIDEN NAME				
SURNAME	DE CHAVEZ			
FIRST NAME	LIBRADA			
MIDDLE NAME	KALAW		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	PLARIDEL ELEMENTARY SCHOOL	PRIMARY EDUCATION	1987	1993	N/A	1993	NONE
SECONDARY	THE MABINI ACADEMY	HIGH SCHOOL	1994	1997	N/A	1997	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	ST. BRIDGET COLLEGE	BACHELOR OF SCIENCE IN SOCIAL WORK	1998	2001	N/A	2001	NONE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 31, 2021

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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	NUMBER	Date of Validity
R.A. 1080-SOCIAL WORKER'S LICENSURE BOARD EXAMINATION	72.7	June 25-26, 2002	MANUEL L. QUEZON UNIVERSITY, MANILA	0013169	11/8/2024
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) From	To	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 "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
10/06/2014	PRESENT	SOCIAL WELFARE OFFICER II	LIPA CITY GOVERNMENT/CSWDO	34,336	15-3	PERMANENT	YES
03/20/2007	10/05/2014	SOCIAL WELFARE OFFICER I	LIPA CITY GOVERNMENT/CSWDO	24,887	11-2	PERMANENT	YES
06/05/2005	02/15/2006	SOCIAL WELFARE OFFICER I	LIPA CITY GOVERNMENT/CSWDO	10,535	N/A	SUBSTITUTE	YES
07/01/2005	02/15/2006	PROJECT DEVELOPMENT OFFICER	ST. SCHOLASTICA'S COLLEGE PRIORY MANILA	8,000	N/A	CONTRACTUAL	NO
03/08/2005	06/30/2005	SOCIAL WELFARE ASSISTANT	LIPA CITY GOVERNMENT/CSWDO	3,146	N/A	CASUAL	YES
01/21/2004	06/30/2004	SOCIAL WELFARE ASSISTANT	LIPA CITY GOVERNMENT/CSWDO	3,146	N/A	CASUAL	YES
		Nothing follows					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 31, 2021

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VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Outcome-Based Education Training for Judges, Court Personnel and Duty Bearers on Juvenile Justice (PHILJA 2524 SF OBET JJ (2) '19)	03/12/19	03/15/19	32 hrs.		Supreme Court of the Philippines, Phil. Judicial Academy, Committee on Family Courts and Juvenile Concerns, Juvenile Justice Welfare Council and United Nations Children's Fund
Roll-out Training on National Juvenile Justice and Welfare Management Information System-Integrated Case Management Module	07/02/19	07/04/19	24 hrs.		Juvenile Justice and Welfare Council
23rd LSWDO's National Social Welfare and Development Forum and General Assembly	04/23/19	04/26/19	32 hrs.		Association of Local Social Welfare and Development Officers of the Philippines (ALSWDOPI), Inc.
Forum amd Annual Assembly of Philippine Association of Social Workers Inc. (PASWI)	02/15/19	02/15/19	8 hrs.		Philippine Association of Social Workers Inc. Batangas Chapter
Training on the Formulation of Comprehensive Local Juvenile Intervention Intervention Program	09/24/18	09/26/18	24 hrs.		Regional Juvenile Justice and Welfare Committee 4-CALABARZON/DSWD RO 4A
Learning and Development Intervention (LDI) on Managing LGU-Run Centers	07/10/18	07/13/18	24 hrs.		DSWD RO-4A
22nd LSWDO's National Social Welfare and Development Forum and General Asssembly	04/17/18	04/20/18	32 hrs.		Association of Local Social Welfare and Development Officers of the Philippines (ALSWDOPI), Inc./ Phil. Association of Social Workers , Inc. (PASWI)
Training on Basic Counseling and Interviewing for CCA and LGU Social Workers Handling Adoption and Foster Care	11/15/17	11/17/17	24 hrs.		DSWD RO-4A
Orientation on the Registry for Children-at-Risk (CAR) and Children in Conflict with the Law (CICL)	07/20/17	07/22/17	24 hrs.		Juvenile Justice and Welfare Council
PASWI General Assembly	02/23/18	02/23/18	8 hrs.		Philippine Association of Social Workers Inc. Batangas Chapter
Ethical Decision Making in Handling Children in Conflict with the Law (CICL)	12/10/17	12/12/17	24 hrs.		Provincial Social Welfare and Development Office
Absnet Advocacy Forum on Community-Based Approach in Addressing Drug Addiction and Proposed HB Lowering the Minimum Age of Criminal Liability and General Assembly	07/07/17	07/07/17	8 hrs.		Area-Based Standard Network, Batangas Chapter
Forum on Counseling Strategies Cum General Assembly	01/06/17	01/06/17	8 hrs.		PASWI Batangas Chapter
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)
Counseling and Special Cases Management	N//A	ASSN. OF LOCAL SOCIAL SOCIAL WELFARE AND DEVELOPMENT OFFICERS OF THE PHILIPPINES INC. (ALSWDOPI)
Reading/Writing		
Nothing follows		PHILIPPINE ASSOCIATION OF SOCIAL WORKERS IN THE PHILIPPINES INCORPORTED (PASWI)

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 31, 2021

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34. Are you related by consanguinity or affinity to the ap[illegible]ing 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 apppointed,	
a. within the third degree?	☐ YES ☑ NO
b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
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?	☐ YES ☑ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:	
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:
b. Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:
c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
VIRGILIO NESTOR M. MENDOZA	PLARIDEL, LIPA CITY	043-756-2038
RAFAELA LUCY M. MANGUIAT	SAMPAGUITA, LIPA CITY	0917 878 7077
RONA T. MENDEZ	M.H. DEL PILAR ST. BATS. CITY	0949 735 4305

KASILAG, KAREN U.

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:	00684
ID/License/Passport No.:	PRC LIC. NO. 0013169
Date/Place of Issuance:	07/12/2002/MANILA

Signature (Sign inside the box)

August 31, 2021

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this October 19, 2021 affiant exhibiting his/her validly issued government ID as indicated above.

TEODORO M. HERNANDEZ
Notary Public
Until December 31, 2022
PTR No. 6599743 [illegible]
Roll No. [illegible] IBP No. [illegible]
MCLE VI 0025901 [illegible]
MCLE III "Pending Renewal"

Person Administering Oath

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INDIVIDUAL PERFORMANCE COMMITMENT AND REVIEW FORM
January to June 2021

I, KAREN U. KASILAG, SWO II, Case Manager of Aruga Center, City Social Welfare and Development Office commit to deliver and agree to be rated on the following targets in accordance with the measures for the period January to June 2021.

KAREN U. KASILAG, RSW
Ratee

Date _____

Reviewed by:	Date:	Approved by:	Date:
MA. AMIELA DL. MAGPANTAY, RSW Acting Center Chief		**LERMA M. LAYLO, RSW** CSWDO	

Major Final Output	Success Indicators	Actual Accomplishments	Rating Q	Rating E	Rating T	Rating A	Date
CORE FUNCTIONS (100%)							
MFO1. Home Care and Community-Based Support to Children in Conflict with the Law (CICL) and Boy Children at Risk (CAR) in Aruga Center							
1. JJWA Form 1 / Certificate of Receipt	100 % of certificate of receipt properly and neatly filled up in thirty (30) minutes upon admission	100 % (13/13) of certificate of receipt properly and neatly filed up in fifteen (15) minutes upon admission	5	5	5	5.0000	
2 . Intake Sheet-JJWA Form 2-Initial Report	100% of initial report are neatly and properly filled up with two (2) errors in forty five (45) minutes upon interview with client	100% (33/33) of initial report are neatly and properly filled up with no error in thirty (30) minutes upon interview with client	5	5	5	5.0000	
3. Inter-Disciplinary Survivor Assessment / JJWA Form 3-Discernment Checklist	100% of discernment checklist prepared and accomplished with two (2) revisions and approved in thirty (30) days.	100% (13/13) of discernment checklist prepared and accomplished with no revision and approved revisions in twenty (25) days.	5	5	4	4.6667	
4. Prototype Social Case Study Report - Gender Violence Survivor Assessment (GVSA)	100% of SCSR accomplished each with two (2) revisions and approved in fifteen (15) days	100%(14/14) of SCSR accomplished each with one (1) revision and approved in seven (7) days	4	5	5	4.6667	
5.. JJWA Form 4a/4b Intervention/Prevention Program Contract and Diversion Contract	100% of diversion contract prepared and accomplished with two (2) revisions and approved in thirty (30) days	100% (4/4) of diversion contract prepared and accomplished with one (1) revision and approved in fifteen (15) days	4	5	5	4.6667	
6. Out on Pass Form	100% of out on pass form properly and neatly filled up three (3) days before the schedule	100% (20/20) of out on pass form properly and neatly filled up three (3) days before the schedule	5	5	5	5.0000	

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Major Final Output	Success Indicators	Actual Accomplishments	Rating				Date
			Q	E	T	A	
7. Discharge Form/Receipt of Residence	100% discharge form properly and neatly filled up three (3) days before the schedule release	100% (5/5) discharge form properly and neatly filled up one (1) day ahead of the target	5	5	4	4.6667	
8. *Referral Letters*	100% of CICL/CAR cases are accurately assessed and referred for further medical, legal and psycho-social interventions within one (1) hour	100% (10/10) cases are accurately assessed and referred to further medical, legal and psycho-social interventions within thirty (30) mins.	5	5	5	5.0000	
9. *Parental Capability Assessment Report (PCAR)/ Progress Report/After-Care Report*	100% of cases requiring PCAR/Progress Report/ After-care Report had been prepared and submitted with two (2) revisions within thirty (30) days	100% (8/8) of cases requiring PCAR/Progress Report/ After-care Report had been prepared and submitted with one (1) revision within fifteen (15) days	4	5	5	4.6667	
10. *Clossing Summary Report/JJWA Form 6- Termination Report*	100% of termination report prepared and accomplished with two (2) revisions and approved in ten (10) days	100% (3/3) of termination report prepared and accomplished with one (1) revision and approved in ten (5) days	4	5	5	4.6667	
11. *Paralegal Intervention*							
a. Attendance to Preliminary Investigation, Inquest Procedure	100% of preliminary investigations/inquest procedure which require client's appearance is complied within two (2) hours	100% (5/5) of preliminary investigations/inquest procedure which require client's appearance is complied within one (1) hour	5	5	5	5.0000	
b. . Attendance to Arraignment, Pre-Conference and Pre-Trial	100% of arraignment, pre-conference, and pre-trial which require client's apprearance in the court is complied in three (3) hours	100% (15/15) of arraignment, pre-conference, and pre-trial which require client's apprearance in the court is complied in one (1) hour	5	5	5	5.0000	
c. Attendance to Court Hearings, Diversion and Disposition Conference	100% of court hearings which require the client to testify is complied within four (4) hours	100% of (15/15) court hearings which require the client to testify is complied within three (3) hours	5	5	4	4.6667	
12. *Psycho-socio-spiritual Intervention*	six (6) meetings held in two (2) hours participated by stakeholders	six (6) meetings held in thirty (30) miniutes participated by stakeholders	5	5	5	5.0000	
					Average:	**4.8214**	
					Core Function:	**4.8214**	

Summary Rating		TOTAL	Final Numerical Rating	Final Adjectival Rating
Core Function		4.8214	4.8214	**Very Satisfactory**

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ments and recommendation for Development Purposes:

Discussed with: Date:	Assessed by: Date:	Reviewed by: Date:	Final Rating by: Date:
KAREN U. KASILAG Social Welfare Officer II	**LERMA M. LAYLO** Head of Office	Performance Management Team **MARK JOSEPH V. TRINOS** President LICGEU	**HON. ERIC B. AFRICA** City Mayor
		CONSUELO A. CABRERA Member, PMT **BUENAFLOR M. TITULAR** Member, PMT **LORNA M. AFRICA** Member, PMT **RONALDO V. DE CASTRO** Member, PMT	

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RECEIVED
CAREER DEVELOPMENT DIVISION
DATE: 8-16-2
TIME:
BY:

INDIVIDUAL PERFORMANCE COMMITMENT AND REVIEW FORM
January to June 2021

I, KAREN U. KASILAG, SWO II, Case Manager of Aruga Center, City Social Welfare and Development Office commit to deliver and agree to be rated on the following targets in accordance with the measures for the period January to June 2021.

KAREN U. KASILAG, RSW
Ratee

Date 12-28-2020

CITY PERSONNEL OFFICE
PERSONNEL RECORDS AND MANAGEMENT DIVISION
LIPA CITY
CERTIFIED PHOTO COPY
NEMESIO P. ROXAS
SUPERVISING ADMIN. OFFICER
SEP 10 2021
DATE

Reviewed by:	Date:	Approved by:	Date:
MA. AMIELA DL. MAGPANTAY, RSW Acting Center Chief	12-28-2020	LERMA M. LAYLO, RSW CSWDO	12-28-2020

Major Final Output	Success Indicators	Actual Accomplishments	Rating Q	Rating E	Rating T	Rating A	Date
CORE FUNCTIONS (100%)							
MFO1. Home Care and Community-Based Support to Children in Conflict with the Law (CICL) and Boy Children at Risk (CAR) in Aruga Center							
1. JJWA Form 1 / Certificate of Receipt	100 % of certificate of receipt properly and neatly filled up in thirty (30) minutes upon admission	100 % (13/13) of certificate of receipt properly and neatly filled up in fifteen (15) minutes upon admission	5	5	5	5.0000	
2 . *Intake Sheet-JJWA Form 2-Initial* Report	100% of initial report are neatly and properly filled up with two (2) errors in forty five (45) minutes upon interview with client	100% (13/13) of initial report are neatly and ~~properly filled up~~ with no error in thirty (30) minutes upon interview with client	5	5	~~4~~ 5	~~4.6667~~ 5	
3. Inter-Disciplinary Survivor Assessment / JJWA Form 3-Discernment Checklist	100% of discernment checklist prepared and accomplished with two (2) revisions and approved in thirty (30) days.	100% (13/13) of discernment checklist prepared and accomplished with no revision and approved revisions in twenty (25) days.	~~4~~ 5	5	4	~~4.3333~~ 4.6667	
4. Prototype Social Case Study Report - Gender Violence Survivor Assessment (GVSA)	100% of SCSR accomplished each with two (2) revisions and approved in fifteen (15) days	100%(14/14) of SCSR accomplished each with one (1) revision and approved in seven (7) days	~~5~~ 4	5	~~4~~ 5	4.6667	
5.. JJWA Form 4a/4b Intervention/Prevention Program Contract and Diversion Contract	100% of diversion contract prepared and accomplished with two (2) revisions and approved in thirty (30) days	100% (4/4) of diversion contract prepared and accomplished with one (1) revision and approved in fifteen (15) days	4	5	5	4.6667	
6. Out on Pass Form	100% of out on pass form properly and neatly filled up three (3) days before the schedule	100% (20/20) of out on pass form properly and neatly filled up three (3) days before the schedule	5	5	5	5.0000	

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Major Final Output	Success Indicators	Actual Accomplishments	Rating Q	Rating E	Rating T	Rating A	Date
7. Discharge Form/Receipt of Residence	100% discharge form properly and neatly filled up three (3) days before the schedule release	100% (5/5) discharge form properly and neatly filled up one (1) day ahead of the target	5	5	~~5~~ 4	~~5.0000~~ 4.66667	
8. Referral Letters	100% of CICL/CAR cases are accurately assessed and referred for further medical, legal and psycho-social interventions within one (1) hour	100% (10/10) cases are accurately assessed and referred to further medical, legal and psycho-social interventions within thirty (30) mins.	5	5	5	~~4.6667~~ 5	
9. Parental Capability Assessment Report (PCAR)/ Progress Report/After-Care Report	100% of cases requiring PCAR/Progress Report/ After-care Report had been prepared and submitted with two (2) revisions within thirty (30) days	100% (8/8) of cases requiring PCAR/Progress Report/ After-care Report had been prepared and submitted with one (1) revision within fifteen (15) days	4	5	5	~~3.3333~~ 4.6667	
10. Clossing Summary Report/JJWA Form 6- Termination Report	100% of termination report prepared and accomplished with two (2) revisions and approved in ten (10) days	100% (3/3) of termination report prepared and accomplished with one (1) revision and approved in ten (5) days	~~5~~ 4	5	5	~~5.0000~~ 4.6667	
11. Paralegal Intervention a. Attendance to Preliminary Investigation, Inquest Procedure	100% of preliminary investigations/inquest procedure which require client's appearance is complied within two (2) hours	100% (5/5) of preliminary investigations/inquest procedure which require client's appearance is complied within one (1) hour	~~5~~	~~4~~ 5	5	~~4.6667~~ 5	
b. . Attendance to Arraignment, Pre-Conference and Pre-Trial	100% of arraignment, pre-conference, and pre-trial which require client's apprearance in the court is complied in three (3) hours	100% (15/15) of arraignment, pre-conference, and pre-trial which require client's apprearance in the court is complied in one (1) hour	~~5~~	5	5	5.0000	
c. Attendance to Court Hearings, Diversion and Disposition Conference	100% of court hearings which require the client to testify is complied within four (4) hours	100% of (15/15) court hearings which require the client to testify is complied within three (3) hours	~~5~~	5	4	~~4.6667~~ 4.5	
12. Psycho-socio-spiritual Intervention	six (6) meetings held in two (2) hours participated by stakeholders	six (6) meetings held in thirty (30) miniutes participated by stakeholders (facilitated)	~~5~~	~~4~~ 5	5	~~4.6667~~ 5	
					Average:	~~4.7857~~	
					Core Function:	~~4.7857~~	

Summary Rating		TOTAL	Final Numerical Rating	Final Adjectival Rating
Core Function		4.7857	~~4.7857~~ 4.8214	Very Satisfactory

CITY PERSONNEL OFFICE
PERSONNEL RECORDS AND MANAGEMENT DIVISION
LIPA CITY
CERTIFIED PHOTO COPY
NEMESIO P. ROXAS
SUPERVISING ADMIN. OFFICER
SEP 10 2021
DATE

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Comments and recommendation for Development Purposes:

Discussed with: Date: 7-21-21	Assessed by: Date: 7-21-21	Reviewed by: Date: 9-7-21	Final Rating by: Date: 9-7-21
KAREN U. KASILAG Social Welfare Officer II	**LERMA M. LAYLO** Head of Office	Performance Management Team **MARK JOSEPH V. TRINOS** President LICGEU	**HON. ERIC B. AFRICA** City Mayor
		CONSUELO A. CABRERA Member, PMT **BUENAFLOR M. TITULAR** Member, PMT **LORNA M. AFRICA** Member, PMT **RONALDO V. DE CASTRO** Member, PMT	

CITY PERSONNEL OFFICE
PERSONNEL RECORDS AND MANAGEMENT DIVISION
LIPA CITY
CERTIFIED PHOTO COPY
NEMESIO P. ROXAS
SUPERVISING ADMIN. OFFICER
SEP 10 2021
DATE

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Republic of the Philippines
City of Lipa
LIPA CITY PERSONNEL OFFICE

SERVICE RECORD

NAME: **KASILAG,** **KAREN** **UMALI** (If married woman, write full maiden name)
(Surname) (Given Name) (M.I.)

BIRTH: November 08, 1980 Lipa City (Data herein should be checked from birth or baptismal certificate or some other reliable documents)
(Date) (Place)

In compliance with the Executive Order No. 54 dated August 10, 1954 and in accordance with the Circular No. 58 on the same date of the System, this office hereby certifies that the subject employee mentioned above actually rendered services, in the Lipa City Government as shown by the service record below, each line which is supported by the appointment and other pertinent papers issued by this office and approved by the authorities concerned.

SERVICE (Inclusive Dates) From	To	Record of Appointment Designation	Status	Salary	Station/Place of Assignment	L/V ABS Date	Separation Date/Cause
01/21/04	06/30/04	Social Welfare Assistant	C	143.00 /d	Lipa City Government/CSWDO	None	Laid Off: 06.30.04
08/04/04	12/31/04	Social Welfare Assistant	C	143.00 /d	Lipa City Government/CSWDO	None	Laid Off: 12.31.04
03/08/05	06/30/05	Social Welfare Assistant	C	143.00 /d	Lipa City Government/CSWDO	None	Laid Off: 06.30.05
06/05/06	12/18/06	Social Welfare Officer I	Subst	126,420.00 /a	Lipa City Government/CSWDO	None	
03/20/07	06/30/07	Social Welfare Officer I	P	126,420.00 /a	Lipa City Government/CSWDO	None	
07/01/07	06/30/08	Social Welfare Officer I	P	139,068.00 /a	Lipa City Government/CSWDO	None	
07/01/08	12/31/09	Social Welfare Officer I	P	152,976.00 /a	Lipa City Government/CSWDO	None	
01/01/10	03/19/10	Social Welfare Officer I	P	170,376.00 /a	Lipa City Government/CSWDO	None	ML: 12/11/09-2/8/10
03/20/10	12/31/10	Social Welfare Officer I	P	173,796.00 /a	Lipa City Government/CSWDO	None	
01/01/11	12/31/11	Social Welfare Officer I	P	190,800.00 /a	Lipa City Government/CSWDO	None	
01/01/12	12/31/12	Social Welfare Officer I	P	207,816.00 /a	Lipa City Government/CSWDO	None	ML: 12/26/11-2/25/12
01/01/13	03/19/13	Social Welfare Officer I	P	224,820.00 /a	Lipa City Government/CSWDO	None	
03/20/13	10/15/14	Social Welfare Officer I	P	227,064.00 /a	Lipa City Government/CSWDO	None	
10/16/14	12/31/15	Social Welfare Officer II	P	298,644.00 /a	Lipa City Government/CSWDO	None	
01/01/16	12/31/16	Social Welfare Officer II	P	314,304.00 /a	Lipa City Government/CSWDO	None	ML: 2/9/16-4/18/16
01/01/17	10/15/17	Social Welfare Officer II	P	330,780.00 /a	Lipa City Government/CSWDO	None	
10/16/17	12/31/17	Social Welfare Officer II	P	334,644.00 /a	Lipa City Government/CSWDO	None	
01/01/18	12/31/18	Social Welfare Officer II	P	352,308.00 /a	Lipa City Government/CSWDO	None	
01/01/19	12/31/19	Social Welfare Officer II	P	370,908.00 /a	Lipa City Government/CSWDO	None	
01/01/20	10/15/20	Social Welfare Officer II	P	389,172.00 /a	Lipa City Government/CSWDO	None	ML: 2/17/20-5/31/20
10/16/20	12/31/20	Social Welfare Officer II	P	393,768.00 /a	Lipa City Government/CSWDO	None	
01/01/21	09/30/21	Social Welfare Officer II	P	412,032.00 /a	Lipa City Government/CSWDO	None	**Transfered to Mun.of M-Kahoy 10/01/2021**

N O T H I N G F O L L O W S

Issued this 11th day of October, 2021 upon the request of **Ms. Kasilag** for whatever purpose it may legally serve.

Certified Correct by:

NEMESIO P. ROXAS
Assistant City Personnel Officer

Noted by:

RONALDO V. DE CASTRO
City Personnel Officer

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Republic of the Philippines
City of Lipa
LIPA CITY PERSONNEL OFFICE
Telephone Number (043) 702-6729

CERTIFICATION

This is to certify that **Ms. Karen U. Kasilag** was employed in the City Government of Lipa as Casual Social Welfare Assistant from January 21, 2004 to June 30, 2005 under Lipa City Social Welfare and Development Office and was reemployed to Social Welfare Officer I position with substitute status of appointment from June 05, 2006 to December 18, 2006. She was reemployed to the same position with permanent status of appointment on March 20, 2007 and was holding the position Social Welfare Officer II under the same office until her transfer to Municipality of Mataas na Kahoy on October 01,2021.

Issued this 11th day of October, 2021 upon the request of **Ms. Kasilag** for whatever purpose it may legally serve.

RONALDO V. DE CASTRO
City Personnel Officer

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MUNICIPAL FORM No. 102—(Revised Dec. 1, 1958) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Number: 10140 80X809-9

Province: Batangas

City or Municipality: Lipa City

(a) Civil Registrar-General No.

(b) Local Civil Registrar No: 37324-80

1. PLACE OF BIRTH

a. PROVINCE: Batangas

b. CITY OR MUNICIPALITY: Lipa City

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

d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☐ NO ☐

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

a. PROVINCE: Batangas 800 3732

b. CITY OR MUNICIPALITY: Lipa City 10140

c. NUMBER AND STREET: Plaridel 10140 NAME

d. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☐

e. IS RESIDENCE ON A FARM? YES ☐ NO ☐ 2-11-2

CHILD

3. NAME (Type or print): First KAREEN KAREN; Middle DE CHAVEZ; Last UMALI 11/08/80

4. SEX: F

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET, WAS CHILD: 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: Month Nov. Day 8 Year 1980 FATHER

FATHER

7. NAME: First Gregorio; Middle C.; Last Umali

RELIGION: RC

8. NATIONALITY: Fil

8a. RACE: Brown 1-1-27

9. AGE (At time of this birth) Years: 27

10. BIRTHPLACE: Plaridel, Lipa City

11a. USUAL OCCUPATION: Merchant

11b. KIND OF BUSINESS OR INDUSTRY: 425

MOTHER

12. MAIDEN NAME: First Librada; Middle K.; Last de Chavez

RELIGION: RC

13. NATIONALITY: Fil

13a. RACE: Brown MOTHER 1-1-25

14. AGE (At time of this birth) Years: 25

15. BIRTHPLACE: Plaridel, Lipa City

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 220

a. How many children are now living? 1

b. How many other children were born alive but are now dead? 0

c. How many fetal deaths (fetuses born dead any time after conception)? 0

17a. INFORMANT'S SIGNATURE: Gregorio Umali

b. NAME IN PRINT: Gregorio Umali

c. ADDRESS: 1-2-0

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) 4

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 8.00 o'clock P. M. on the date above indicated. 9999

a. SIGNATURE:

b. NAME IN PRINT:

c. ADDRESS:

d. DATE SIGNED BY ATTENDANT AT BIRTH:

e. TITLE OF ATTENDANT AT BIRTH: ☐ M. D. ☐ MIDWIFE ☐ NURSE ☐ OTHERS (Specify) Hilot

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE:

b. NAME IN PRINT: Ramon A. Tumambing

c. TITLE OR POSITION: ClerkLCR

d. DATE: Nov. 13, 1980

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: 12/26/77

b. DATE WHEN GIVEN NAME WAS SUPPLIED: 10140 11/13/80

22a. LENGTH OF PREGNANCY: _____ COMPLETED WEEKS.

22b. WEIGHT AT BIRTH: 7 LBS. _____ OZ.

23. LEGITIMATE? ☒ YES ☐ NO

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

Dec. 26, 1977 (Month) (Date) (Year)

City or Municipality: Lipa City Province:

25. THIS CERTIFICATE IS PREPARED BY:

SIGNATURE:

NAME IN PRINT:

TITLE OR POSITION:

DATE:

CIVIL REGISTRAR'S OFFICE LIPA CITY

18—239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

CERTIFIED PHOTO COPY OF THE ORIGINAL

ROLANDO JR. C. SARMIENTO

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SAN SEBASTIAN DIAGNOSTIC LABORATORY, INC.

Lipa Parish Commercial Center
C.M. Recto Ave., Lipa City
Tel. # 756-4384

CASE NO.: 21-4213
Date: 9-16-21

Name: Karen Kasilag Age: 40 Sex: _____
Company: _____ [ ] Pre-Employment
Parts to be Examined: CXR PA [ ] Annual Check-Up
Requesting Physician: _____
Purpose/History: clearance

RADIOLOGICAL REPORT

No active parenchymal infiltrates.
Heart is not enlarged.
Diaphragm and sulci are intact.
The rest of the visualized structures are unremarkable.

IMPRESSION:

NO SIGNIFICANT CHEST FINDINGS

M.R.Sarmiento
Radiologic Technologist, RXT

Raymund Glorioso MD DPBR
Radiologist, M.D. FPCR

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SAN SEBASTIAN DIAGNOSTIC LABORATORY, INC.

C.M. Recto Avenue, Lipa City, Batangas
Tel No:756-4384

Control Number: 21-09-13636

Patient Name: Kasilag, Karen
Address: Mataas na Kahoy, Bats.
Examination: Urinalysis

Age: 40 **Sex:** Female
Date: September 16, 2021

CLINICAL MICROSCOPY

Physical		Microscopic	
Color	Light yellow	Red Blood Cell	0-2/hpf
Transparency	Hazy	Pus Cell	2-5/hpf
Reaction	6.0	Squamous Epithelial Cell	Moderate
Specific Gravity	1.020	Amorphous Urates	
Chemical		Amorphous Phosphate	
Sugar	Negative	Mucus Thread	
Albumin	Negative	Bacteria	Occasional
Pregnancy Test			
Urine		Remarks	
Blood/Serum			

Manilyn J. Cale, RMT
Medical Technologist
PRC Lic. # 53417

Celso S. Ramos, MD, FPSP
Pathologist
PRC Lic. 46296

PATIENT REPORT

202109160014

Name: KASILAG, KAREN UMALI
Birthdate: 11/08/1980 Age: 40 Gender: F

Transaction Date Time: 9/16/2021 3:17:00PM
Report Date Time: 9/16/2021 3:24:47PM

Test Method TEST KIT

Purpose
Government Employment

Requesting Parties
LGU

Result

Drug/Metabolite	*Result*	*Remarks*
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

57 MRS. LINDA LASIN PANGANIBAN
Analyst

Approved By

DR. SPENCER SITJAR WATANABE 55
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

Scanned with CamScanner

SAN SEBASTIAN DIAGNOSTIC LABORATORY, INC.

C.M. Recto Avenue, Lipa City, Batangas
Tel No:756-4384

Control Number: 21-09-13636

Patient Name: Kasilag, Karen
Address: Mataas na Kahoy, Bats.
Examination: Urinalysis

Age: 40 **Sex:** Female
Date: September 16, 2021

CLINICAL MICROSCOPY

Physical		Microscopic	
Color	Light yellow	Red Blood Cell	0-2/hpf
Transparency	Hazy	Pus Cell	2-5/hpf
Reaction	6.0	Squamous Epithelial Cell	Moderate
Specific Gravity	1.020	Amorphous Urates	
Chemical		Amorphous Phosphate	
Sugar	Negative	Mucus Thread	
Albumin	Negative	Bacteria	Occasional
Pregnancy Test			
Urine		Remarks	
Blood/Serum			

Manilyn J. Cale, RMT
Medical Technologist
PRC Lic. # 53417

Celso S. Ramos, MD, FPSP
Pathologist
PRC Lic. 46296

PATIENT REPORT

Scanned with CamScanner

SAN SEBASTIAN DIAGNOSTIC LABORATORY, INC.

C.M. Recto Avenue, Lipa City, Batangas
Tel No:756-4384

Control Number: 21-09-13636

Patient Name: Kasilag, Karen U. **Age:** 40 **Sex:** Female
Address: Mataas na Kahoy, Bats. **Date:** September 16, 2021

COMPLETE BLOOD COUNT (CBC) REPORT

TESTS	RESULTS	NORMAL RANGE	TESTS	RESULTS	NORMAL RANGE
WBC Count	8.35	4.0 – 10.0 x 10^9/L	Platelet Count	359	150 – 400 x 10^9/L
RBC Count	4.72	M 4.5 – 6.2 x 10^{12}/L			
		F 4.0 – 5.4 x 10^{12}/L	Differential Count		
Hemoglobin	139	M 130 – 180 g/L	Neutrophils	56.8	55.0 – 65.0
		F 120 – 160 g/L	Lymphocytes	35.5	25.0 – 35.0
Hematocrit	41.2	M 40.0 – 54.0	Monocytes	5.1	0.00 – 4.00
		F 38.0 – 47.0	Eosinophils	2.6	0.00 – 3.00
MCV	87.3	80.0 – 100.0 fL	Basophils		0.00-1.00
MCH	29.5	27.0 – 32.0 pg			
MCHC	338	320.0 – 360.0 g/L			

Remarks:

Manilyn J. Cale, RMT
Medical Technologist
PRC Lic. # 53417

Celso S. Ramos, MD, FPSP
Pathologist
PRC Lic. # 46296

Scanned with CamScanner

PRINT Collector's Name (First, M.I., Last) | Date (Mo/Day/Yr) | SPECIMEN BOTTLE (S) | RECEIVED AT LAB: | STATUS OF THE SPECIMEN | ☑ Yes ☐ No

TJ

Report ID: DTO-R03

SH000880
64

DEPARTMENT OF HEALTH
OPTIMUM HEALTH DIAGNOSTIC AND MEDICAL SERVICES
147 ESTEBAN MAYO ST., BRGY. 6, LIPA CITY, BATANGAS
Phone Number (043) 784 - 4035

DRUG TEST REPORT

CCF No: 202109160014
Name: KASILAG, KAREN UMALI
Birthdate: 11/08/1980 Age: 40 Gender: F

Transaction Date Time: 9/16/2021 3:17:00PM
Report Date Time: 9/16/2021 3:24:47PM

Test Method TEST KIT

Purpose
Government Employment

Requesting Parties
LGU

Result

Drug/Metabolite	*Result*	*Remarks*
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

57 MRS. LINDA LASIN PANGANIBAN
Analyst

Approved By

DR. SPENCER SITJAR WATANABE 55
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

Scanned with CamScanner

OPTIMUM HEALTH DIAGNOSTIC AND MEDICAL SERVICES

147 ESTEBAN MAYO STREET BARANGAY 5, LIPA CITY, BATANGAS

(043)784-4035, 0912-623-4300

CUSTODY AND CONTROL FORM

(Form DT-002A – COPY FOR THE DONOR)

SPECIMEN ID NO.: 2252

LAB ACCESSION NO.: OH2021 2252

STEP 1 COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Client's/Donor's/Subject's Name: KAREN KASILAG B. Address: Mataas na kahoy, Batg. C. Age: 40 D. Sex: F

E. Employer Name and Address: LGU

F. Type of Specimen:
- ☐ Urine
- ☐ Blood
- ☐ Others (specify) _____

G. Reason for Test:
- ☐ Pre-employment
- ☐ Return-to-Duty
- ☐ Follow-up
- ☐ Random
- ☐ Mandatory
- ☐ Others (specify) _____
- ☐ Reasonable Suspicion/Cause
- ☐ Post-accident

H. Drug test to be Performed: ☐ THC, COC, POP, OPI, AMP ☐ THC & MET Only ☐ Others (specify)

STEP 2 COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 32°C and 38°C? ☐ Yes ☐ No

Specimen Collection: ☐ Observed ☐ Unobserved
Specimen Sampling: ☐ Single ☐ Split
Specimen Volume: 100 ml Physical Appearance: Color: yellow

Other Observation (Enter Remarks)

REMARKS

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

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

I certify that the specimen given to me by the identified in the certification section on Step 6 of this form was collected, sealed and released to the Delivery Service noted in accordance with applicable Department of Health requirements.

X _____ Signature of Collector

3:10 AM/PM Time of Collection

Wilmer Fajardo (PRINT) Collector's Name (First, M.I., Last)

9/16/21 Date (Mo/Day/Yr)

SPECIMEN BOTTLE (S) RELEASED TO:

_____ Name of delivery Service Transferring Specimen to Lab.

RECEIVED AT LAB:

_____ Signature of Accessioner's

3:10 AM/PM Time of Collection

Wilmer Fajardo (PRINT) Accessioner's Name (First, M.I., Last)

9/6/21 Date (Mo/Day/Yr)

STATUS OF THE SPECIMEN
(a) Seal intact: ☐ Yes ☐ No
(b) Transport device: _____
(c) Description: _____

SPECIMEN BOTTLE (S) RELEASED TO:

_____ Signature of Receiving Person

Printed Name (First, MI, Last) Date (Mo/Day/Yr)

STEP 5 COMPLETED BY THE DONOR

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

_____ Signature of Donor

KAREN G. KASILAG (PRINT) Donor's Name (First, MI, Last)

09/16/2021 Date (Mo/Day/Yr)

Contact No.: 09359086441

Date of Birth: 11/08/1980 Mo Day Yr

Additional information may be asked from you by the laboratory particularly on drug and medications.

STEP 6 COMPLETED BY HEAD OF SCREENING LABORATORY

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

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

REMARKS: THC and MET

LINDA L. PANGANIBAN, RMT
PRC Lic. No: 6008627

(PRINT) Signature & Name of Analyst (First, MI, Last)

MERCER S. WATANABE, MD, DPSP
(PRINT) Signature & Name of Head of Laboratory (First, MI, Last)

Date (Mo/Day/Yr)

STEP 7 COMPLETED BY CONFIRMATORY LABORATORY

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

☐ CONFIRMED FOR: ☐ THC ☐ MET ☐ OTHERS (specify) _____ ☐ CHALLENGE ☐ FAILED TO CONFIRM – REASON: _____

(PRINT) Signature & Name of Analyst (First, MI, Last) (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (Mo/Day/Yr)

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

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

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

(PRINT) Signature & Name of Analyst (First, MI, Last) (PRINT) Signature & Name of Head of Laboratory (First, MI, Last) Date (Mo/Day/Yr)

DT-002A – Copy for the Donor
DT-002B – Copy for the Collector
DT-002C – Copy for the Laboratory
DT-002D – Copy for the Confirmatory Laboratory (For Positive Sample)

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LPU

LYCEUM OF THE PHILIPPINES UNIVERSITY
MANILA • MAKATI • BATANGAS • LAGUNA • CAVITE

LPU Psychological Services
Psychological Screening Report

NEUROPSYCHIATRIC REPORT

DATE: September 20, 2021

NAME: Karen Kasilag
HOME ADDRESS: Mataas na Kahoy Batangas
Sex: Female
AGE: 40
CIVIL STATUS: Married
HIGHEST EDUCATIONAL ATTAINMENT: BS Social Work
NAME OF COMPANY: LGU- Mataas na Kahoy

TEST ADMINISTERED

☒ Intelligence Test (IQ): **Wonderlic** ☒ **Draw A Person Test**

☒ **Minnesota Multiphasic Personality Inventory**

RESULTS & PSYCHOLOGICAL IMPRESSION

I. BEHAVIORAL OBSERVATIONS and MENTAL STATUS

MENTAL STATUS EXAMINATION (MSE) Category	POOR	FAIR	SATISFACTORY	GOOD
Eye Contact	☐	☐	☐	☒
Motor Skills	☐	☐	☐	☒
Attention and Concentration	☐	☐	☐	☒
Verbal Expression	☐	☐	☐	☒
Compliance to Instructions	☐	☐	☐	☒
Judgment	☐	☐	☐	☒
Insight	☐	☐	☐	☒
Reliability	☐	☐	☐	☒
Mood and Affect	☐	☐	☐	☒
Thought Content and Process	☐	☐	☐	☒
Perceptual Disturbances	Delusions	Hallucinations	Fantasies	Nothing at all
	☐	☐	☐	☒

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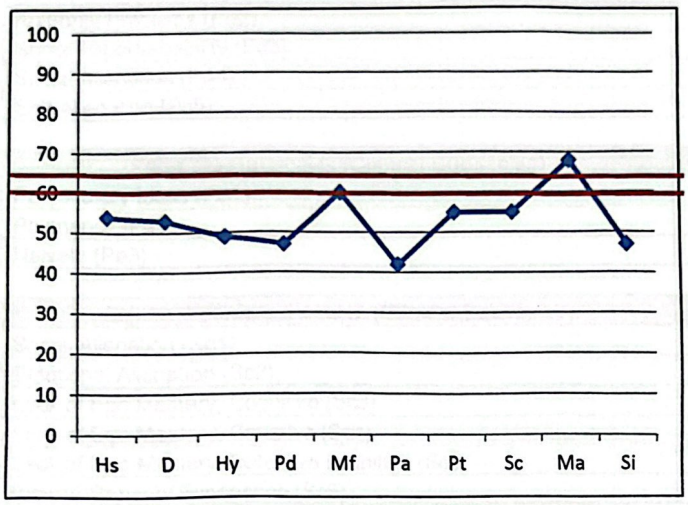
II. TEST RESULT and INTERPRETATION

DIMENSIONS	BORDERLINE	LOW	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	SUPERIOR
COGNITIVE FUNCTIONING • Level of Verbal Cognitive Functioning	☐	☐	☒	☐	☐	☐

PERSONALITY PROFILE

Minnesota Multiphasic Personality Inventory



PRIMARY SCALES

High Scores= T >65

	Raw Score	T Score
Hypochondriasis (Hs)	15	54
D (Depression)	22	53
Hy (Hysteria)	22	49
Pd (Psychopathic Deviate)	21	47
Mf (Masculinity - Femininity)	32	60
Pa (Paranoia)	8	42
Pt (Psychasthenia)	30	55
Sc (Schizophrenia)	29	55
Ma (Hypomania)	26	68
Si (Social Introversion)	24	47

SUPPLEMENTARY SCORE REPORT

	Raw Score	T Score
Anxiety (A)	8	45
Repression (R)	14	44
Ego Strength (Es)	39	59
Hostility (Ho)	14	46
Aggresiveness (AGGR)	8	53
Psychoticism (PSYC)	7	63
Disconstraint (DISC)	6	39
Negative Emotionality / Neuroticism (NEGE)	8	45
Introversion / Low Positive Emotionality (INTR)	8	44
Depression Subscales (Clinical Subscales)	**Raw Score**	**T Score**

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Subjective Depression (D1)	9	53
Psychomotor Retardation (D2)	7	57
Physical Malfunctioning (D3)	4	56
Mental Dullness (D4)	3	52
Brooding (D5)	3	53

Hysteria Subscales (Clinical Subscales)	Raw Score	T Score
Denial of Social Anxiety (Hy1)	6	61
Need for Affection (Hy2)	6	46
Lassitude-Malaise (Hy3)	1	43
Somatic Complaints (Hy4)	4	53
Inhibition of Aggression (Hy5)	3	46

Psychopathic Deviate Subscales (Clinical Subscales)	Raw Score	T Score
Familial Discord (Pd1)	1	44
Authority Problems (Pd2)	3	53
Social Imperturbability (Pd3)	5	58
Social Alienation (Pd4)	4	49
Self-Alienation (Pd5)	1	39

Paranoia Subscales (Clinical Subscales)	Raw Score	T Score
Persecutory Ideas (Pa1)	4	63
Poignancy (Pa2)	2	46
Naivete (Pa3)	2	36

Schizophrenia Subscales (Clinical Subscales)	Raw Score	T Score
Social Alienation (Sc1)	2	46
Emotional Alienation (Sc2)	1	49
Lack of Ego Mastery, Cognitive (Sc3)	1	49
Lack of Ego Mastery, Conative (Sc4)	2	49
Lack of Ego Mastery, Defective Inhibition (Sc5)	2	53
Bizarre Sensory Experience (Sc6)	0	41

Hypomania Subscales (Clinical Subscales)	Raw Score	T Score
Amorality (Ma1)	2	54
Psychomotor Acceleration (Ma2)	6	55
Imperturbability (Ma3)	6	69
Ego Inflation (Ma4)	5	62

Social Introversion Subscales (Clinical Subscales)	Raw Score	T Score
Shyness / Self-Consciousness (Si1)	3	44
Social Avoidance (Si2)	3	51
Alienation--Self and Others (Si3)	5	49

III. **CLINICAL IMPRESSION/S: Ms. Karen Kasilag** is moderately prone to experience negative emotions. She is outgoing and has wide range of interests. She is trusting and sincere in her relationship. Moreover, she is well- organized and can adapt with different situations.

No psychopathological disorders were manifested.

IV. **RECOMMENDATION**

(/) Recommended - No significant manifestation of personality and mental disturbance at the time of evaluation

Evaluated by:

Dr. LIDA C. LANDICHO,
Clinical Psychologist
PRC Lic#000266

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Republic of the Philippines
City of Lipa
OFFICE OF THE CITY PERSONNEL OFFICER
Telephone Number (043) 702-6729

CERTIFICATION

This is to certify that according to available records of this office, **Ms. Karen U. Kasilag**, Social Welfare Officer II at Lipa City Social Welfare and Development Office, has the following leave credits as of August 31, 2021.

Vacation	Sick	Total
70.328	82.108	152.436

In case of transfer, her total earned leave credits will be converted into money value and will be paid by the City Government of Lipa in form of Terminal Leave Benefit (TLB).

Issued this 17th day of September 2021 upon the request of Ms. Kasilag for whatever purpose it may legally serve.

RONALDO V. DE CASTRO
City Personnel Officer

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Republic of the Philippines
City of Lipa

CERTIFICATE OF CLEARANCE

HON. ERIC B. AFRICA
City Mayor
Lipa City

Thru : MS. LERNA M. LAYLO
(head of emanating agency)

Sir:

With all humility and respect, may I request for a clearance which shall be used purposely for my/his/her transfer of appointment.

I am very confident that this request will merit your utmost consideration and support.

Very truly yours,

KAREN G. KASILAG
NAME

SWO II
POSITION

220-398-890
TIN

(name of emanating office)
Lipa City

1st. Indorsement

Sept. 21, 2021
Date

Respectfully forwarded to the concerned agencies the herein request for transfer of appointment of Mr./ Ms. Karen Kasilag from this office with the information that this humble representation had a one on one dialogue with the applicant/representative of the applicant and found that his/her request is vitally necessary, recommending favorable action.

LERNA M. LAYLO
Head of Office

2nd. Indorsement
Office of the City General Services Officer

Sept. 22, 2021
Date

Respectfully referred to the Office of the City Treasurer, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that as per our records, the requisitioning party

- ☐ has property accountability
- ☒ has no property accountability

NOEL R. ROCAFORT
City Gen. Services Officer

Scanned with CamScanner

2021-09-463

3rd. Indorsement
Office of the City Treasurer
Sept. 22. 2021
Date

Respectfully referred to the Office of the City Accountant, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that as per our records, the requisitioning party

☐ has money accountability
☑ has no money accountability

DOROTEO P. ROSALES
City Treasurer

4th. Indorsement
Office of the City Accountant
Sept. 22, 2021
Date

Respectfully referred to the Office of the City Personnel Officer, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that as per our records, the requisitioning party

☐ has suspension / ☐ has no suspension
☐ has disallowances/ ☐ has no disallowances
☐ has cash advance / ☑ has no cash advance
others

MA. BELEN M. VILLANUEVA
City Accountant

5th. Indorsement
Office of the City Personnel Officer
Sept. 22, 2021
Date

Respectfully referred to the Office of the City Mayor, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that all pertinent documents relative to the application for _____ have been carefully reviewed, evaluated and found to have complied with all the requirements, and as per our records, the requisitioning party

☐ has pending administrative case
☑ has no pending administrative case
Recommending whatever action deemed proper .

RONALDO V. DE CASTRO
City Personnel Officer

6th. Indorsement
Office of the City Mayor
Sept. 22, 2021
Date

Respectfully returned to Mr./Ms. Karen Kasilag with the information that your request for clearance based on the agencies finding and recommendation is hereby denied/approved.

ERIC B. AFRICA
City Mayor

Scanned with CamScanner

MAR-09-463

3rd. Indorsement

Office of the City Treasurer

Sept. 22, 2021

Date

Respectfully referred to the Office of the City Accountant, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that as per our records, the requisitioning party

- ☐ has money accountability
- ☑ has no money accountability

DOROTEO P. ROSALES
City Treasurer

4th. Indorsement

Office of the City Accountant

Sept. 22, 2021

Date

Respectfully referred to the Office of the City Personnel Officer, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that as per our records, the requisitioning party

- ☐ has suspension / ☐ has no suspension
- ☐ has disallowances/ ☐ has no disallowances
- ☐ has cash advance / ☑ has no cash advance

others

MA. BELEN M. VILLANUEVA
City Accountant

5th. Indorsement

Office of the City Personnel Officer

Sept. 22, 2021

Date

Respectfully referred to the Office of the City Mayor, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that all pertinent documents relative to the application for _____ have been carefully reviewed, evaluated and found to have complied with all the requirements, and as per our records, the requisitioning party

- ☐ has pending administrative case
- ☑ has no pending administrative case

Recommending whatever action deemed proper.

RONALDO V. DE CASTRO
City Personnel Officer

6th. Indorsement

Office of the City Mayor

Sept. 22, 2021

Date

Respectfully returned to Mr./Ms. Karen Kasilag with the information that your request for clearance based on the agencies finding and recommendation is hereby denied/approved.

MU

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Republic of the Philippines
City of Lipa

CERTIFICATE OF CLEARANCE

HON. ERIC B. AFRICA
City Mayor
Lipa City

Thru : MS. LERNA M. LAYLO
(head of emanating agency)

Sir:

With all humility and respect, may I request for a clearance which shall be used purposely for my/his/her transfer of appointment.

I am very confident that this request will merit your utmost consideration and support.

Very truly yours,

KAREN U. KASILAG
NAME

SWO II
POSITION

220-398-890
TIN

(name of emanating office)
Lipa City

1st. Indorsement

Sept. 21, 2021
Date

Respectfully forwarded to the concerned agencies the herein request for transfer of appointment of Mr./ Ms. Karen Kasilag from this office with the information that this humble representation had a one on one dialogue with the applicant/representative of the applicant and found that his/her request is vitally necessary, recommending favorable action.

LERNA M. LAYLO
Head of Office

2nd. Indorsement
Office of the City General Services Officer

Sept. 22, 2021
Date

Respectfully referred to the Office of the City Treasurer, the herein request for clearance of Mr./Ms. Karen Kasilag with the information that as per our records, the requisitioning party
☐ has property accountability

KAREN KASILAG
10-22-2021

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SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

2021-09-463

3rd. Indorsement

Office of the City Treasurer

Sept. 22. 2021

Date

Respectfully referred to the Office of the City Accountant, the herein request for clearance of Mr./Ms. karen kasilag with the information that as per our records, the requisitioning party

☐ has money accountability
☑ has no money accountability

DOROTEO P. ROSALES
City Treasurer

4th. Indorsement

Office of the City Accountant

Sept. 22, 2021

Date

Respectfully referred to the Office of the City Personnel Officer, the herein request for clearance of Mr./Ms. karen kasilag with the information that as per our records, the requisitioning party

☐ has suspension / ☐ has no suspension
☐ has disallowances/ ☐ has no disallowances
☐ has cash advance / ☑ has no cash advance
others

MA. BELEN M. VILLANUEVA
City Accountant

5th. Indorsement

Office of the City Personnel Officer

Sept. 22, 2021

Date

Respectfully referred to the Office of the City Mayor, the herein request for clearance of Mr./Ms. karen kasilag with the information that all pertinent documents relative to the application for _____ have been carefully reviewed, evaluated and found to have complied with all the requirements, and as per our records, the requisitioning party

☐ has pending administrative case
☑ has no pending administrative case
Recommending whatever action deemed proper .

RONALDO V. DE CASTRO
City Personnel Officer

6th. Indorsement

Office of the City Mayor

Sept. 22, 2021

Date

Respectfully returned to Mr./Ms. karen kasilag with the information that your request for clearance based on the agencies finding and recommendation is hereby denied/approved.

MU

Scanned with CamScanner

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 31, 2020

(Required by R.A. 6713)

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

☐ *Joint Filing* ☐ *Separate Filing* ☑ *Not Applicable*

DECLARANT:	KASILAG (Family Name)	KAREN (First Name)	U. (M.I.)	**POSITION:**	SOCIAL WELFARE OFFICER II
				AGENCY/OFFICE:	CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE
ADDRESS:	PUROK 1, BRGY. PLARIDEL, LIPA CITY			**OFFICE ADDRESS:**	LIPA CITY GOVERNMENT BRGY. MARAWOY, LIPA CITY
SPOUSE:	KASILAG (Family Name)	RENAN (First Name)	M. (M.I.)	**POSITION:**	ASSISTANT PROFESSOR
				AGENCY/OFFICE:	DE LA SALLE LIPA
				OFFICE ADDRESS:	1962 J.P. LAUREL NAT'L. HI-WAY, MATAAS NA LUPA, LIPA CITY

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

NAME	DATE OF BIRTH	AGE
REN YESHUA U. KASILAG	DECEMBER 11, 2009	10 YEARS OLD
REN YSHAH U. KASILAG	FEBRUARY 05, 2016	4 YEARS OLD
REN YSABELLA U. KASILAG	FEBRUARY 18, 2020	10 MONTHS OLD
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

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

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE (As found in the Tax Declaration of Real Property)	ACQUISITION YEAR	ACQUISITION MODE	ACQUISITION COST
HOUSE	RESIDENTIAL(CONJUGAL)	PUROK 1, BRGY. PLARIDEL, LIPA CITY	15,000	350.000	2009	CONSTRUCTED	250,000.00
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
						Subtotal:	**250,000.00**

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
HOME APPLIANCES	VARIOUS DATES	50,000.00
CLOTHES/SHOES	VARIOUS DATES	30,000.00
GADGETS	2020	30,000.00
TOYOTA VIOS (2ND HAND)	2016	240,000.00
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
	Subtotal :	**350,000.00**
	TOTAL ASSETS (a+b):	**600,000.00**

CITY PERSONNEL OFFICE
RECEIVED
DATE: 1/28/21
TIME: 8:30
BY: [illegible]

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STATEMENT OF ASSETS, ... of October 1, 2021

LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
CONSOLIDATED LOAN	GSIS	273,000.00
EMERGENCY LOAN	GSIS	37,000.00
REGULAR POLICY LOAN	GSIS	26,000.00
MULTI-PURPOSE LOAN	PAG-IBIG	40,000.00
	TOTAL LIABILITIES:	**376,000.00**
	NET WORTH: Total Assets less Total Liabilities =	**224,000.00**

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

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

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

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

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

RELATIVES IN THE GOVERNMENT SERVICE

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

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

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
DHON JOSEPH UMALI	BROTHER	INTEL/DEU OPERATIVES	MATAAS NA KAHOY MUNICIPAL POLICE STATION
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

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

Date: January 11, 2021

(Signature of Declarant)

Government Issued ID: GSIS (UNIFIED MULTI-PURPOSE ID)
ID No.: 006-0022-4180-3
Date Issued:

(Signature of Co-Declarant/ Spouse)

Government Issued ID: N/A
ID No.: N/A
Date Issued: N/A

SUBSCRIBED AND SWORN to before me, JAN 26 2021 of January 2021, affiant exhibiting to me the above-stated government issued identification card.

LERMA MM. LAYLO
CITY GOVERNMENT DEPT. HEAD
CITY SOCIAL WELFARE & DEV'T. OFFICE
(Person Administering Oath)

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SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of October 1, 2021

(Required by R.A. 6713)

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

☐ *Joint Filing* ☐ *Separate Filing* ☑ *Not Applicable*

DECLARANT:	KASILAG	KAREN	U.	**POSITION:**	MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICER
	(Family Name)	(First Name)	(M.I.)	**AGENCY/OFFICE:**	MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICE
ADDRESS:	BRGY. UPA, MATAASNAKAHOY, BATANGAS			**OFFICE ADDRESS:**	V. TEMPLO AVENUE, BARANGAY 4, MATAASNAKAHOY, BATANGAS
SPOUSE:	KASILAG	RENAN	M.	**POSITION:**	ASSOCIATE PROFESSOR
	(Family Name)	(First Name)	(M.I.)	**AGENCY/OFFICE:**	DE LA SALLE LIPA
				OFFICE ADDRESS:	1962 J.P. LAUREL NAT'L. HI-WAY, MATAAS NA LUPA, LIPA CITY

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

NAME	DATE OF BIRTH	AGE
REN YESHUA U. KASILAG	DECEMBER 11, 2009	11 YEARS OLD
REN YSHAH U. KASILAG	FEBRUARY 05, 2016	5 YEARS OLD
REN YSABELLA U. KASILAG	FEBRUARY 18, 2020	1 YEAR OLD
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

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

1. ASSETS

a. Real Properties*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE (As found in the Tax Declaration of Real Property)	ACQUISITION YEAR	ACQUISITION MODE	ACQUISITION COST
HOUSE	RESIDENTIAL(CONJUGAL)	PUROK 1, BRGY. PLARIDEL, LIPA CITY	15,000	350.000	2009	CONSTRUCTED	400,000.00
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A	N/A	N/A
						Subtotal:	**400,000.00**

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMO
HOME APPLIANCES	VARIOUS DATES	70,000.00
CLOTHES/SHOES	VARIOUS DATES	45,000.00
GADGETS	2019-2020	51,000.00
MITSUBISHI XPANDER GLS	2021	1,128,000.00
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
	Subtotal :	**1,294,000.00**
	TOTAL ASSETS (a+b):	**1,694,000.00**

OCT 14 2021

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