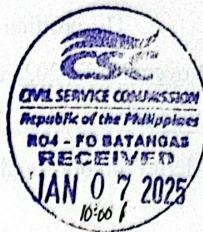


CS Form No. 33-B  
Revised 2018



(Stamp of Date of Receipt)

Republic of the Philippines  
Province of Batangas  
MUNICIPALITY OF MATAASNAKAHOY

Ms. SHERYL A. MANIGBAS

You are hereby appointed as Administrative Aide III (Clerk I) (SG-3)  
(Position Title)  
under Permanent status at the Office of the Municipal Agriculture  
(Permanent, Temporary, etc.)  
with a compensation rate of Eleven Thousand Four Hundred Forty Nine P 11,449.00  
pesos per month.  
The nature of this appointment is Original vice             
(Original, Promotion, etc.)  
Mr. CHRISTIAN JAMES C.  
HERNANDEZ, who Promoted with Plantilla Item No. 135  
(Transferred, Retired, etc.)  
Page 10.

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

Very truly yours,

JANET MAGPAMAY ILAGAN,  
Municipal Mayor

December 16, 2024  
Date of Signing

Subject to six (6) months  
Probationary period

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

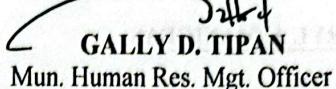
DRY SEAL

(Stamp of Date of Release)

### Certification

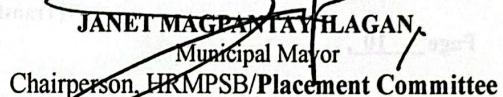
This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found to be in order.

The position was published at CSC Job Portal from November 12, 2024 to November 27, 2024 and posted in CSC-FO Batangas, Public Market, Office Lobby from November 12, 2024 to November 27, 2024 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on November 28, 2024.

  
GALLY D. TIPAN  
Mun. Human Res. Mgt. 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 December 10, 2024.

  
JANET MAGPANAY LAGAN  
Municipal Mayor  
Chairperson, HRMPSB/Placement Committee

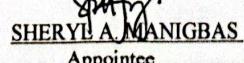
### CSC/HRMO Notation

ACTION ON APPOINTMENTS			Recorded by
<input type="checkbox"/> Validated per RAI for the month of _____			
<input type="checkbox"/> Invalidated per CSCRO/FO letter dated _____			
<input type="checkbox"/> Appeal	DATE FILED	STATUS	
<input type="checkbox"/> CSCRO/ CSC-Commission			
<input type="checkbox"/> Petition for Review			
<input type="checkbox"/> CSC-Commission			
<input type="checkbox"/> Court of Appeals			
<input type="checkbox"/> Supreme Court			

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

### Acknowledgement

Received original/photocopy of appointment on December 16, 2024

  
SHERYL A. MANIGBAS  
Appointee

**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.

[ ] CS ID No. [ ] (Do not fill up. For CSC use only)

**I. PERSONAL INFORMATION**

2. SURNAME	MANIGBAS		
FIRST NAME	SHERYL		
MIDDLE NAME	ARMSTRONG		
3. DATE OF BIRTH (mm/dd/yyyy)	February 08, 1979	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: ▼
4. PLACE OF BIRTH	PIODURAN, ALBAY		
5. SEX	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	
6. CIVIL STATUS	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married	
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	
	<input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.63		
8. WEIGHT (kg)	60		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	33-5900898-3		
14. TIN NO.	931-327-051		
15. AGENCY EMPLOYEE NO.	N/A		
17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village		CARMA ST. Street Barangay MATAASNAKAHOY BATANGAS Province
ZIP CODE			
18. PERMANENT ADDRESS	N/A House/Block/Lot No. N/A Subdivision/Village		CARMA ST. Street Barangay MATAASNAKAHOY BATANGAS Province
ZIP CODE			4223
19. TELEPHONE NO.			
20. MOBILE NO.	09217918635		
21. E-MAIL ADDRESS (if any)	sherylm321@gmail.com		

**II. FAMILY BACKGROUND**

22. SPOUSE'S SURNAME	MANIGBAS		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ENRICO	NAME EXTENSION (JR, SR) N/A	GWYNETH JANE A. MANIGBAS	12/27/2000
MIDDLE NAME	LIBREA		GERICKA JODY A. MANIGBAS	5/3/2005
OCCUPATION	OFW		GAYLE JEREMIE A. MANIGBAS	5/12/2006
EMPLOYER/BUSINESS NAME	MAGSAYSAY INC.		GRACELYN JOI A. MANIGBAS	01/17/2013
BUSINESS ADDRESS	T.M KALAW MALATE MANILA		"NOTHING FOLLOWS"	
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ARMSTRONG			
FIRST NAME	RICHARD	NAME EXTENSION (JR, SR) N/A		
MIDDLE NAME	HOWARD			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONZON			
FIRST NAME	JUANITA			
MIDDLE NAME	IBAÑEZ			
(Continue on separate sheet if necessary)				

**III. EDUCATIONAL BACKGROUND**

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	BUENAVENTURA ELEMENTARY SCHOOL	PRIMARY EDUCATION	6/6/1991	3/11/1992	GRADUATED	1992	WITH HONORS
SECONDARY	DONSOL NATIONAL COMPREHENSIVE HIGH SCHOOL	SECONDARY EDUCATION	7/6/1992	03/27/1996	GRADUATED	1996	WITH HONORS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	BICOL UNIVERSITY COLLEGE OF AGRICULTURE & FORESTRY	AGRICULTURAL EDUCATION	7/6/1996	03/27/1999	3RD YEAR COLLEGE	N/A	N/A
	KOLEHIYO NG LUNGSOD NG LIPA	BACHELOR OF SECONDARY EDUCATION	4/8/2017	07/20/2021	GRADUATED	2021	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	<i>Sheryl</i>	DATE	NOVEMBER 21, 2024
-----------	---------------	------	-------------------

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		
LICENSURE EXAMINATION FOR TEACHERS	75.0	MARCH 17, 2024	LUCENA	2203481	8/2/2027		
<i>*nothing follows*</i>							
(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 "00-0Y INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
08/20/22-021	PRESENT	CLERICAL AIDE	LGU MATAASNAKHOY	7,000.00	N/A	Job Order	NO
1999	2000	CASHIER	SM LAS PINAS	7,000.00	N/A	PROBATIONARY	NO
<i>*nothing follows*</i>							
(Continue on separate sheet if necessary)							
<b>SIGNATURE</b>	<i>[Signature]</i>		<b>DATE</b>	NOVEMBER 21, 2024			

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

*(Continue on separate sheet if necessary)*

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

17. [View comments about this process](#)

#### **VIII. OTHER INFORMATION**

*(Continue on separate sheet if necessary)*

SIGNATURE	<i>Gretay.</i>	DATE	NOVEMBER 21, 2024
-----------	----------------	------	-------------------

CS FORM 212 (Revised 2017), Page 3 of 4

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <ol style="list-style-type: none"> <li>within the third degree?</li> <li>within the fourth degree (for Local Government Unit - Career Employees)?</li> </ol>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>Resigned</u>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <ol style="list-style-type: none"> <li>Are you a member of any indigenous group?</li> <li>Are you a person with disability?</li> <li>Are you a solo parent?</li> </ol>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

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

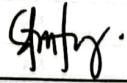
NAME	ADDRESS	TEL. NO.
VIOLETA C. GUEVARRA	II-A, MATAASNAKAHOY, BATS.	9358138059
NATHALIE A. REYES	CALINGATAN, MATAASNAKAHOY, BATS.	9273437959
WILMA MALALUAN	BANAY-BANAY, LIPA CITY	9368959067



MANIGBAS SHERIL A.  
PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: TIN ID	
ID/License/Passport No.: 931-327-051	
Date/Place of Issuance: 09/30/03 LIPA CITY	

 Signature (Sign inside the box)	
November 21, 2024	
Date Accomplished	



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

GALLY D.TIPAN  
Human Resource Management Officer

## WORK EXPERIENCE SHEET

- Instructions:**
1. Include only the work experiences relevant to the position being applied to.
  2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: August 20, 2021 – present
- Position: Clerical Aide
- Name of Office/Unit: Municipal Agriculture Office
- Immediate Supervisor: Aileen L. Andal
- Name of Agency/Organization and Location: LGU Mataasnakahoy/Mataasnakahoy, Batangas

- List of Accomplishments and Contributions (if any)

Attended training program for farmers.  
Assisted during the preparation for the Farmers and Fisherfolks Day  
Assisted representative farmers and fisherfolks to trainings and seminars  
Contributed to the overall operations in the office thru clientele assistance

- Summary of Actual Duties

Managing the day-to day tasks of an office to ensure smooth operations.  
Responsible for the processing of documents needed during the office purchases and events.  
Coordination with other offices to oversee the flow of pertinent documents to ensure efficient transactions.  
Ensure availability of seeds for distribution to clientele.

- Duration: February 5, 1999 – December 27, 2000
- Position: Cashier
- Name of Office/Unit: SM Las Pinas
- Immediate Supervisor: Florie Chavez
- Name of Agency/Organization and Location: SM Las Pinas

- List of Accomplishments and Contributions (if any)

Contributed to the increase in sales of the store.

- Summary of Actual Duties

Ensure the safekeeping of sales throughout the day and assist customers when available.

CHERYL A. MANIGAS

(Signature over Printed Name  
of Employee/Applicant)

Date: November 21, 2024



Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY** *BAGONG PILIPINAS*



## CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of Ms. Sheryl A. Manigbas as Administrative Aide III (Utility Foreman) in the Office of the Municipal Agriculture of this municipality, all pertinent requirements contained in RA 7160 in Section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.

JANET MAGPANTAY ILAGAN  
Municipal Mayor



Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**



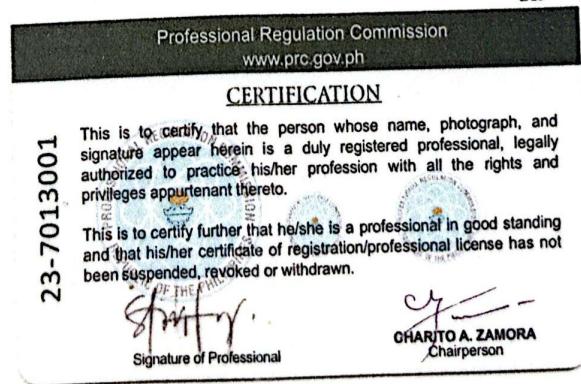
**OFFICE OF THE MUNICIPAL ACCOUNTANT**

**CERTIFICATION**

**THIS IS TO CERTIFY** that funds are available for the position of Administrative Aide III (Clerk I) in the Office of the Municipal Agriculture of this municipality, with Salary Grade 3 amounting to ONE HUNDRED THIRTY SEVEN THOUSAND THREE HUNDRED EIGHTY EIGHT PESOS (P 137,388.00) per annum as per Annual Budget CY-2024 of this municipality.

Issued this 16th day of December , 2024 at Mataasnakahoy, Batangas.

  
**LENILYN C. CARAAN**  
Municipal Accountant



Republic of the Philippines  
Professional Regulation Commission  
Lucena City, Philippines

CERTIFIED TRUE COPY

*[Signature]*  
**MARIA LILIBETH L. ESCLANDA**

Supervising Professional Regulations Officer

P75.00 O.R. No./Date: F2024-11-09914875 / 11/15/2024  
Verified by: CIARA DAY A. RUIZ Date: 11/20/2024



<b>Republic of the Philippines</b> <b>POSITION DESCRIPTION FORM</b> <b>DBM-CSC Form No. 1</b> (Revised Version No. 1, s. 2018)		<b>1. POSITION TITLE (as approved by authorized agency) with parenthetical title</b>  <b>Administrative Aide III</b> <b>(Clerk I)</b>			
<b>2. ITEM NUMBER</b>		<b>3. SALARY GRADE</b>			
135		3			
<b>4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS</b>					
<input type="checkbox"/> Province <input type="checkbox"/> City <input checked="" type="checkbox"/> Municipality		<input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input checked="" type="checkbox"/> 4th Class		<input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Special	
<b>5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT</b>		<b>6. BUREAU OR OFFICE</b>			
Local Government Unit of Mataasnakahoy, Batangas		Office of the Municipal Engineer			
<b>7. DEPARTMENT / BRANCH / DIVISION</b>		<b>8. WORKSTATION / PLACE OF WORK</b>			
		Office of the Municipal Agriculture			
<b>9. PRESENT APPROP ACT</b>	<b>10. PREVIOUS APPROP ACT</b>	<b>11. SALARY AUTHORIZED</b>		<b>12. OTHER COMPENSATION</b>	
SB Resolution No. 182-S-2024/ Ordinance of Budget No. 25-S-2024		P 11,449.00		PERA P 2,000.00 Clothing Allow. 7,000.00 Cash Gift 5,000.00 Year End Bonus 11,449.00 Mid-year Bonus 11,449.00 PEI 5,000.00	
<b>13. POSITION TITLE OF IMMEDIATE SUPERVISOR</b>		<b>14. POSITION TITLE OF NEXT HIGHER SUPERVISOR</b>			
Municipal Agriculturist		N/A			
<b>15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED</b> <i>(if more than seven (7) list only by their item numbers and titles)</i>					
<b>POSITION TITLE</b>		<b>ITEM NUMBER</b>			
N/A		N/A			
<b>16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK</b>					
Telephone, Computer, Laptop, Logbook					
<b>17. CONTACTS / CLIENTS / STAKEHOLDERS</b>					
<b>17a. Internal</b>	<b>Occasional</b>	<b>Frequent</b>	<b>17b. External</b>	<b>Occasional</b>	<b>Frequent</b>
Executive /			General Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Managerial	<input type="checkbox"/>	<input type="checkbox"/>			
Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (Please Specify):		
Staff	<input type="checkbox"/>	<input type="checkbox"/>			
<b>18. WORKING CONDITION</b>					
Office Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other/s (Please Specify)		
Field Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION</b>					
Provides technical assistance and support to ensure the delivery of basic services. Develops strategies related to agriculture programs and activities.					

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

An Office Clerk is a professional who performs various tasks around an office, such as typing documents, answering phone calls and filing records. The specific duties vary depending on the employer's needs for an individual position.

**21. QUALIFICATION STANDARDS**

<b>21a. Education</b>	<b>21b. Experience</b>	<b>21c. Training</b>	<b>21d. Eligibility</b>
Completion of two years studies in college	None Required	None Required	Career Service ( Subprofessional ) First Level Eligibility
<b>21e. Core Competencies</b>			<b>Competency Level</b>
None Yet			None Yet
<b>21f. Leadership Competencies</b>			<b>Competency Level</b>
None Yet			None Yet
<b>22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)</b>			<b>Competency Level</b>
Percentage of Working Time	(State the duties and responsibilities here:)		
25%	Assist in drafting and preparing office communication , reports, voucher and other related documents;		
15%	Receives records and releases incoming and outgoing communication and other documents;		
15%	Files and maintain offical communication and other documents;		
20%	Monitor stocks of office supplies and report when there are shortages;		
15%	Assist in office management and organization procedures		
10%	Perform other duties and responsibilities that may be assigned from time to time.		

**23. ACKNOWLEDGMENT AND ACCEPTANCE:**

I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein.

SHERYL A. MANIGBAS 12/16/2024  
Employee's Name, Date and Signature

AILEEN L. ANDAL 12/16/2024  
Municipal Agriculturist, Date and Signature



Republic of the Philippines  
Province of Batangas  
**Municipality of Mataasnakahoy**



## OATH OF OFFICE

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

SO HELP ME GOD.

  
SHERYL A. MANIGBAS  
(Signature over Printed Name of the Appointee)

Government ID: TIN ID  
ID Number : 931-327-051  
Date Issued : 09/30/03

Subscribed and sworn to before me this 16<sup>th</sup> day of December, 2024 in Mataasnakahoy Batangas, Philippines.

  
JANET MAGPANTAY ILAGAN  
Municipal Mayor



CS Form No. 4  
Revised 2018

Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that Ms. SHERYL A. MANIGBAS has assumed the duties and responsibilities as Administrative Aide III (Clerk I) in the Office of the Municipal Agriculture effective December 16, 2024.

This certification is issued in connection with the issuance of the appointment of Ms. Manigbas as Administrative Aide III (Clerk I).

Done this 16<sup>th</sup> day of December 2024 in Mataasnakahoy, Batangas.

A handwritten signature in black ink, appearing to read "JANET MAGPANTAY ILAGAN". Below the signature, the text "Municipal Mayor" is printed. To the right of the signature, the date "Date: December 16, 2024" is written.

Attested by:

A handwritten signature in black ink, appearing to read "GALLY D. TIPAN". Below the signature, the text "Mun. Human Res. Mgt. Officer" is printed.

201 file  
Admin  
COA  
CSC

## SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 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:	MANIGBAS	SHERYL	A.	POSITION:	ADMINISTRATIVE AIDE III (CLERK
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	LGU MATAASNAKAHOY
ADDRESS:	BARANGAY II, MATAASNAKAHOY, BATANGAS			OFFICE ADDRESS:	BRGY. IV
					MATAASNAKAHOY, BATANGAS
SPOUSE:	MANIGBAS	ENRICO	L.	POSITION:	N/A
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A
				OFFICE ADDRESS:	N/A

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

NAME	DATE OF BIRTH	AGE
GRACELYN JOI A. MANIGBAS	JANUARY 17, 2013	11

### ASSETS, LIABILITIES AND NETWORTH

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

#### 1. ASSETS

##### a. Real Properties\*

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

Subtotal: \_\_\_\_\_

##### b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
APPLIANCES/FURNITURE	2021	20,000.00
ELECTRIC BIKE	2023	35,000.00

Subtotal : P 55,000.00

TOTAL ASSETS (a+b): P 55,000.00

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

**2. LIABILITIES\***

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

**TOTAL LIABILITIES:**

**0.00**

**NET WORTH : Total Assets less Total Liabilities =**

**55,000.00**

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

**BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

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

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

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

**RELATIVES IN THE GOVERNMENT SERVICE**

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

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

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

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

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

Date: December 16, 2024

  
SHERYLA A. MANIGBAS

(Signature of Declarant)

Government Issued ID: PRC ID  
ID No.: 23-7013001  
Date Issued: 07-02-2024

  
ENRICO L. MANIGBAS

(Signature of Co-Declarant/Spouse)

Government Issued ID: DRIVERs LICENSE  
ID No.: 014-12-000702  
Date Issued: 01-17-2024

**SUBSCRIBED AND SWORN** to before me, this DEC 16 2024, affiant exhibiting to me the above-stated government issued identification card.

ATTY. RONALD B. MALABAG  
(Notary Public until DECEMBER 31, 2024)  
COMMISSION NO. 2022-0059/ROLL NO. 68570  
IBP NO. 384322/01-01-24/PASIG CITY  
PTR NO. 33198603/01-02-24/M. MAHOY, BATS.  
MCLE COMPLIANCE NO. VII-0002112  
423 Ralal Lubin Street, Barangay II-A, Malasnakanahoy, Balanga

Page 2 of 2



Republic of the Philippines  
**KOLEHIYO NG LUNGSOD NG LIPA**  
*(Formerly Lipa City Public College)*  
 Marawoy-Dagatan, Lipa City



MANIGBAS, SHERYL A.

OFFICE OF THE REGISTRAR  
 OFFICIAL TRANSCRIPT OF RECORDS

Name :	<b>MANIGBAS, SHERYL ARMSTRONG</b>		
Address:	Mataasnakahoy, Batangas	Sex:	Female
Date of Birth:	Feb. 8, 1979	Place of Birth:	Buenavista, Piordan, Albay
Parent/Guardian:	Enrico Manigbas	Address:	Mataasnakahoy, Batangas
<b>ENTRANCE DATA</b>			
Basis of Admission:	OTR	Year Admitted:	2017
High School/College:	College of Agriculture and Forestry		
<b>PRELIMINARY EDUCATION</b>			
Elementary:	Buenavista Elementary School	Year:	1992
High School:	Donsol National Comprehensive High School	Year:	1996
Senior High School:	xxxxx	Year:	xxxxx

Degree/Title: **BACHELOR OF SECONDARY EDUCATION**

Date of Graduation: July 30, 2021 Major: Social Studies

Honors/Distinction: xxxxxx

**COLLEGE RECORDS**

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	Grades		Credits		
		Final	Re-Exam			
<b>COLLEGE OF AGRICULTURE AND FORESTRY</b>						
<b>FIRST SEMESTER 1996-1997</b>						
Bio 1	General Biology 1	2.4		3		
Chem 1	General Chemistry	1.8		5		
Engl 1	Communication Skills 1	2.6		3		
Fil 1	Sining ng Pakikipagtalastasan	2.0		3		
Soc Sc 1	Pop. Education & Intro to Behavioral Science	2.0		3		
Math 1	College Algebra	2.6		3		
PE 1	Physical Fitness and Gymnastics	1.7		(2)		
Soc Or. 1	Social Orientation	2.0		(3)		
<b>SECOND SEMESTER 1996-1997</b>						
Bio 2	General Biology 2	2.2		3		
Engl 2	Communication Skills 2	2.2		3		
Fil 2	Pahayaw na Kasaysayan at mga Piling Katha ng Filipino	1.7		3		
Soc Sc 2	New constitution & Prin. of Gov't & Politics	2.5		3		
Math 2	Plane Trigonometry	2.2		3		
Ag. Ed. 1	General Psychology	2.7		3		
P.I. 2	Life and Works of Rizal	1.5		3		

<b>Grading System</b>					
98-100 = 1.00	89-91 = 1.75	80-82 = 2.50	74 & below = 5.00		
95-97 = 1.25	86-88 = 2.00	77-79 = 2.75	DRP = OFFICIALLY DROPPED		
92-94 = 1.50	83-85 = 2.25	75-76 = 3.00	UD = UNAUTHORIZED DROPPING		

Prepared by:

**MAURELIO V. SANDAGON**

Date: March 31, 2022

Verified by:

**MHERLA S. BOLEA**

Certified Correct:

**DELIA A. LIBREA**  
 Acting College Registrar

**CERTIFIED TRUE COPY**

SIG:   
**JINDEL H. LEYNES**  
 DATE: \_\_\_\_\_

20 NOV 2024

Page 1 of 4

*Not valid without dry seal and original signature of the College Registrar*



Republic of the Philippines  
**KOLEHIYO NG LUNGSOD NG LIPA**  
(Formerly Lipa City Public College)  
Marawoy-Dagatan, Lipa City

OFFICE OF THE REGISTRAR  
OFFICIAL TRANSCRIPT OF RECORDS

Name: **MANIGBAS, SHERYL ARMSTRONG**

**COLLEGE RECORDS**

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	Grades		Credits
		Final	Re-Exam	
<b><u>SECOND SEMESTER 1996-1997 (Continuation)</u></b>				
P.E. 2	Fundamentals of Rhythms and Dances	1.2		(2)
Soc Or. 2	Social Orientation	2.6		(3)
<b><u>FIRST SEMESTER 1997-1998</u></b>				
Ag. Ed. 2	Educational Psychology	2.7		3
Ag. Ed 3	Principles of Education	2.7		3
Ani. Sc 1	Introduction to Animal Science	1.7		3
Engl 3	Introduction to Literature	1.75		3
Crop Sc. 1	Fundamentals of Crop Science	1.7		3
Crop Prot. 1	Principles of Crop Protection	2.3		3
Phys 1	General Physics 1	2.1		3
Fil. 3	Balarila	1.3		3
P.E. 3	Fundamentals of Games and Sports	1.4		(2)
<b><u>SECOND SEMESTER 1997-1998</u></b>				
Ag. Econ. 1	General Economics	2.2		3
Ag. Ed. 4	Educational Sociology	2.6		3
Ani. Sc. 2	Intro to Livestock and Poultry Production	2.0		3
Crop Sc. 2	Fundamentals of Crop Production	2.3		3
Phys. 2	General Physics 2	2.5		3
Fil. 4	Simulain sa Pagsasaling Wika	1.6		3
Speech 1	Fundamentals of Speech	2.4		3
P.E. 4	Recreation and Youth Leadership	1.4		(3)
<b><u>FIRST SEMESTER 1998-1999</u></b>				
Ag. Ed. 5	Guidance and Counseling	2.5		3
Ag. Ed. 6	Audio Visual Education	2.1		3
Soil Sc. 1	Principles of Soil Science	2.7		3
Soc Sc. 3	Land Reform and Taxation	2.6		3
T.S. 1	Teaching Communication Arts in the Elem Grades	2.6		3
An Sc. 103	Principles of Animal Nutrition	1.5		3
Bio 3	Genetics	2.1		3
An Sc. 104	Sanitation and Disease Control	2.6		3
<b><u>KOLEHIYO NG LUNGSOD NG LIPA</u></b>				
<b><u>FIRST SEMESTER 2017-2018</u></b>				
Eng +	Grammar	1.50		(3)
Math 1	Basic Mathematics	2.00		3

Prepared by:

  
**MAURELIO V. SANDAGON**

Date:

March 31, 2022

Verified by:

  
**MHERLA S. BOLEA**

Certified Correct:

  
**DELIA A. LIBREA**

Acting College Registrar

**CERTIFIED TRUE COPY**

SIG: **JINGEL H. LEYNES**

DATE: \_\_\_\_\_ Page 2 of 4

*Not valid without dry seal and original signature of the College Registrar*



Republic of the Philippines  
**KOLEHIYO NG LUNGSOD NG LIPA**  
(Formerly Lipa City Public College)  
Marawoy-Dagatan, Lipa City

OFFICE OF THE REGISTRAR  
OFFICIAL TRANSCRIPT OF RECORDS

Name: **MANIGBAS, SHERYL ARMSTRONG**

COURSE NUMBER	DESCRIPTIVE TITLE OF THE COURSE	Grades		Credits
		Final	Re-Exam	
<b>FIRST SEMESTER 2017-2018 (Continuation)</b>				
Nat Sc 1	Earth Science	2.00		3
Hum 1	Art Education	2.25		3
Soc Sc 1	General Psychology w/ Drug Abuse Prevention	2.25		3
Soc Sc 2	Philippine History	2.25		3
CWTS	Civic Welfare Training Service	2.00		3
<b>SECOND SEMESTER 2017-2018</b>				
PT 1	Principles of Teaching 1	2.00		3
Educ Tech 2	Selection, Production and Utilization of Appropriate Technology Tools for Instruction	2.25		3
Nat Sc 2	Biological Science	2.00		3
FS 2	Field Study 2	2.00		1
Soc Sc 4	Principles of Economics, Geography with TLR	2.75		3
ICT	Information Communications Technology	2.00		3
CWTS	Civic Welfare Training Service	1.75		3
Cur Dev't	Curriculum Development	2.25		3
<b>FIRST SEMESTER 2018-2019</b>				
Engl 3	Scientific Report Writing	1.75		3
PT 2	Principles of Teaching 2	2.25		3
Geography 1	Basic Geography	2.25		3
WHC 1	World History and Civilizations 1	2.25		6
ASL 1	Assessment of Student Learning 1	2.50		3
FS 3	Field Study 3	1.50		1
FS 4	Field Study 4	2.25		1
Soc Sc 3	Society and Culture with Family Planning and Aids	2.00		3
STED 1	Special Topics in Education 1	1.75		1
<b>SECOND SEMESTER 2018-2019</b>				
Geography 2	Places and Landscapes in a Changing World	2.25		3
Geography 3	Geography and Natural Resources of the Philippines	1.75		3
WHC 2	World History and Civilization 2	2.25		6
Fac Learn	Facilitating Learning	2.00		3
STED 2	Special Topics in Education 2	2.00		1
Dev Read 1	Developmental Reading 1	2.00		3
PSSIM	Production of Social Studies Instructional Materials	2.50		3
ASL 2	Assessment of Student Learning 2	2.75		3
FS 5	Field Study 5	2.50		1

Prepared by:

**MAURELIO V. SANDAGON**

Verified by:

**MHERLA S. BOLEA**

Certified Correct:

**DELIA A. LIBREA**  
Acting College Registrar

Date:

March 31, 2022

**CERTIFIED TRUE COPY**

*Not valid without dry seal and original signature of the College Registrar*

SIG: JINGEL H. FYNES Page 3 of 4  
DATE: 20 NOV 2021



Republic of the Philippines

## KOLEHIYO NG LUNGSOD NG LIPA

*(Formerly Lipa City Public College)*

## **Marawoy-Dagatan, Lipa City**

**OFFICE OF THE REGISTRAR  
OFFICIAL TRANSCRIPT OF RECORDS**

Name: **MANIGBAS, SHERYL ARMSTRONG**

## **COLLEGE RECORDS**

Remarks: GRADUATED WITH THE DEGREE OF BACHELOR OF SECONDARY EDUCATION (BSED) MAJOR IN SOCIAL STUDIES

---

ON JULY 30, 2021 UNDER SPECIAL ORDER NO. 50-140102-0012 SERIES 2022 JANUARY 12, 2022.

Prepared by:

Verified by:

Certified Correct:

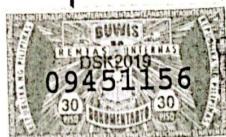
MAURELIO V. SANDAGON

MHERLA S. BOLEA

DELIA A. LIBREA  
LIBRARY

Date:

March 31, 2022



*Not valid without dry seal and  
original signature of the College Registrar*

20 NOV 2026 Page 4 of 4



# Colegio ng Lungsod ng Lipa

(Formerly Lipa City Public College)  
Lipa City, Philippines



To All Persons Whom These Presents May Come, Greetings!

SA LAHAT NG TAO NA MAKAKATUNGHAY SA KASULATANG ITO, MAPITAGANG PAGBATII

Be it known that the Board of Trustees by the authority of the  
IPINABABATID NA ANG LUPON NG KATIWALA SA KAPANGYARIHAN NG

Commission on Higher Education and on recommendation of the Faculty has conferred upon  
KOMISYON NG LALONG MATAAS NA PAARALAN AT SA TAGUBILIN NG MGA GURO AY NAGGAWAD KAY

## Sheryl A. Alaniqbas

who has fulfilled all the requirements of the course  
NA NAKATUPAD SA LAHAT NG HINIHINGI NG KURSO / TITULO

## Bachelor of Secondary Education

all the rights, honors and privileges as well as the obligations and responsibilities thereunto appertaining.  
LAHAT NG KARAPATAN, KARANGALAN AT PREBILEHIYO PATI NA ANG TUNGKULIN AT PANANAGUTAN DITO'y NAUUKOL.

In testimony whereof, the seal of the College and the signatures of the Registrar, Administrator and  
BILANG KATUNAYAN, ANG TATAK NG KOLEHIYO AT ANG MGA LAGDA NG TAGATALA, TAGAPAMAHALA AT  
the Chairman of the Board of Trustees are hereby affixed.  
TAGA-PANGULO NG LUPON NG MGA KATIWALA AY INILAGAY.

Given at Lipa City this 30<sup>th</sup> day of July in the Year of Our Lord  
IPINAGKALOOB SA LUNGSOD NG LIPA NGAYON IKA-30 NG HULYO TAON NG PANGINOON

Two Thousand and Twenty One  
DALAWANG LIBOT DALAWAMPUT' ISA.

CERTIFIED TRUE COPY

SIG. JINGEL L. LEYNES  
DATE: \_\_\_\_\_  
20 NOV 2024

my.

HON. ERIC B. AFRICA  
CHAIRMAN, BOARD OF TRUSTEES  
TAGA-PANGULO, LUPON NG KATIWALA

MARIO CARMELLO A. PESA  
COLLEGE ADMINISTRATOR  
TAGAPAMAHALA

BARBARA R. BITUIN  
ACTING COLLEGE REGISTRAR  
TAGATALA



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



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.

A652BSHL97-RA1644735

FAMILY NAME

ARMSTRONG

MIDDLE NAME

MONZON

ADDRESS

CARMA ST DISTRICT II MATAASNAKAHOY BATANGAS

DATE OF BIRTH

February 08, 1979

CITIZENSHIP

FILIPINO

PURPOSE

**MULTI-PURPOSE CLEARANCE**

REMARKS

NO RECORD ON FILE

VALID UNTIL

November 20, 2025

FIRST NAME

SHERYL

HUSBAND'S SURNAME

MANIGBAS

PLACE OF BIRTH

PIO DURAN ALBAY

CIVIL STATUS

MARRIED

GENDER

FEMALE

SIGNATURE



Date Printed: Wednesday, November 20, 2024 01:17 PM

Agency RA

DATID dampilm

CASID dampilm

BIOID dampilm

O.R. No. 0Q1IQSBW

RECID

O.R. Date 11/20/2024 1:14:54 PM

INTID

DST PAID

PRTID dampilm



*ERIC B. DISTOR*  
ERIC B. DISTOR  
Officer-in-Charge

A652BSHL97-RA1644735

## 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
MANIGBAS SHERYL ARMSTRONG			LGU MATAASNAICAHAY BATANGAS
ADDRESS			
CARMA ST. BRgy. II MATAASNAICAHAY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
45	F	MARRIED	ADMINISTRATIVE AIDE III

### 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 PH	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
103447			
OFFICIAL DESIGNATION	DATE EXAMINED		
	12/10/24		

TA



SM910879  
76

DEPARTMENT OF HEALTH  
SHALOM MEDICAL DIAGNOSTIC LABORATORY, INC.

ZENAIDA ARCADE M. H. DEL PILAR ST., BRGY. 2, BATANGAS CITY, BATANGAS

Phone Number 0437861798

### DRUG TEST REPORT

CCF No: R202410080132  
Name: MANIGBAS, SHERYL ARMSTRONG  
Birthdate: 02/08/1979 Age: 45 Gender: F

Transaction Date Time: 10/7/2024 12:00:00AM  
Report Date Time: 10/9/2024 3:50:15PM

Test Method TEST KIT

**Purpose**

Random - Government Employee

**Requesting Parties**

LGU MUNICIPALITY OF MATAASNAKAHOY

**Result**

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

98 CHERISH ANNE FLAVIANO CUETO

Analyst

Approved By

DR. ALPHA GRACE B CABIC

79

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



## Department of Radiology

### Medical Imaging Report

PIN: SJHI-24-4944  
Patient: MANIGBAS, SHERYL  
Referring Physician:  
Clinical HX/DX:  
Examination: CHEST PA  
Procedure: RADIOGRAPHY

Date: 12/7/2024  
Age: 45  
Sex: FEMALE  
Company: WALK IN

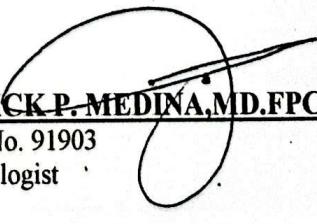
The lungs are clear

Heart is not enlarged

There is mild levo scoliosis of the thoracic spine

IMPRESSION: CLEAR LUNGS.

  
**RINA S. DE TORRES, RXT**  
Lic. No. 5285  
Radiologic Technologist

  
**JERICK P. MEDINA, MD, FPCR**  
Lic. No. 91903  
Radiologist



St. Joseph Healthcare, Inc.

2F Lipa Commercial Center, Along A. Mahini St., Corner P. Torres St., Lipa City

Patient ID

SJHI-24-4944

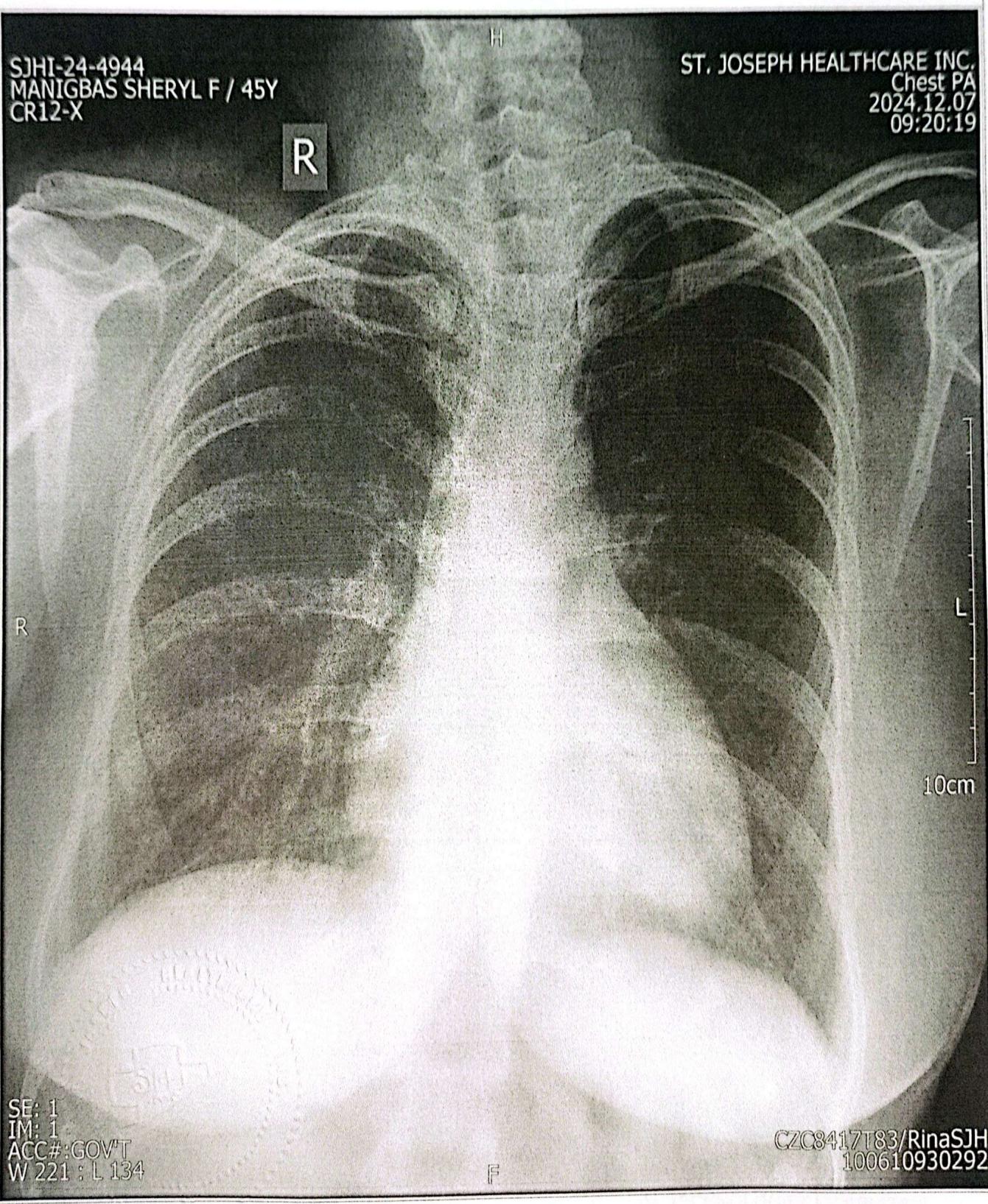
MANIGBAS SHERYL F/45 (1979/02/08)

Exam Date

2024/12/07

Exam Desc

Chest





**St. Joseph HealthCare, Inc.**

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

Name: **MANGIBAS, SHERYL**  
Age: **45** Sex: **FEMALE**

Patient Pin: **SJHI 100699**  
Company: **WALK IN**

Sample Date:

**December 7, 2024**

### **LABORATORY REPORT HEMATOLOGY**

DESCRIPTION	RESULT	REFERENCE VALUES
RED BLOOD CELLS	4.47	FEMALE : $4.0-5.4 \times 10^{12}/L$ MALE : $4.6-6.0 \times 10^{12}/L$
HEMOGLOBIN	106	FEMALE : 120-160g/L MALE : 140-180g/L
HEMATOCRIT	0.36	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	79.6	76-100 fL
MCH	23.7	27-32 pg
MCHC	29.8	32-36%
WHITE BLOOD CELLS	7.4	$5.0-10.0 \times 10^9/L$
Segmenters	0.58	0.55-0.68
Lymphocytes	0.33	0.25-0.39
Monocytes	0.09	0.02-0.08
PLATELET COUNT	488	$150-450 \times 10^9/L$
BLOOD TYPING	<b>"A" RH POSITIVE</b>	
HBSAg SCREENING		

### **CLINICAL MICROSCOPY**

DESCRIPTION	RESULT	NORMAL VALUE	DESCRIPTION	RESULT	NORMAL VALUE
COLOR	LIGHT YELLOW		WHITE BLOOD CELLS	1-3/HPF	
TRANSPARENCY	HAZY		RED BLOOD CELLS	0-1/HPF	
PH	6.0	5.0-8.0	A.URATES/PHOSPHATES		
SPECIFIC GRAVITY	1.005	1.005-1.030	EPITHELIAL CELLS	MODERATE	
SUGAR	NEGATIVE	NEGATIVE	BACTERIA	FEW	
PROTEIN	NEGATIVE	NEGATIVE	MUCUS THREADS	FEW	
PREGNANCY TEST					
REMARKS:					

ERIKA LOUISE N. LANTO, RMT  
MEDICAL TECHNOLOGIST LIC# 0117423

MARIAN ABEGAIL P. GELERA, RMT  
MEDICAL TECHNOLOGIST LIC# 0117420

SPENCER S. WATANABE MD FPSP MHA



# MLT Psychological Evaluation Center

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

TO:

SUBJECT: PSYCHOLOGICAL EXAMINATION

NAME: SHERYL A MANIGBAS

DATE OF EXAM: 07 Dec. 2024

AGE: 45

CIVIL STATUS: Married

HOME ADDRESS: Carma St. Brgy.II, Mataasnakahoy, Batangas

## EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	ABOVE AVERAGE
Educational Attainment	BSED
Experience (relevance to position)	CLERICAL AIDE/J.O.
Motivation: Financial Security	AVERAGE
Change in Assignment	CASHIER
Honesty/Integrity	AVERAGE
Social Adjustment	AVERAGE
Loyalty (Identifying with superiors)	AVERAGE
Hostility & Violent Tendencies	No trace of violence
Acceptance of Responsibility	AVERAGE
Energy and Initiative	AVERAGE
Independence (self-reliance)	AVERAGE
Self-Discipline	AVERAGE
Steadiness and Endurance Under Pressure	HIGH

## SUMMARY

Intelligence Quotient: **103**

Classification: ABOVE AVERAGE

Percentage Score: **37th PERCENTILE**

Personality Evaluation: Her determination and constant desire to support family push her to perform her best in work responsibilities. Being family centered makes her submissively obliged to devote time and effort for her loved ones, as she gives importance to her work. She relates well with people.

REMARKS: Recommended

MA. CORAZON P. PAMINTUAN  
Psychologist  
(Accreditation No. 130)

Valid for (6) months from date of issue.



(Revised) Form No. 87 (Form No. 13)  
(Revised January 1993)

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

Province LAS PINAS CITY  
City/Municipality

Registry No.  
2111-6859

## REMARKS/ANNOTATION

Name of Contracting Parties	(HUSBAND)			(WIFE)				
	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)		
	<u>ENRICO L. MANIGRAS</u>			<u>SHERYL M. ARMSTRONG</u>				
Date of Birth/Age	(day)	(month)	(year)	(age)	(day)	(month)	(year)	(age)
	<u>11</u>	<u>OCTOBER</u>	<u>1978</u>	<u>20</u>	<u>06</u>	<u>FEBRUARY</u>	<u>1979</u>	<u>21</u>
Place of Birth	Pob. Matamakanay, Batangas			Buenavista, Pinduran, Agoo				
Sex (Male or Female)	Male			Female				
Citizenship	Filipino			Filipino				
Residence	1505 Villanueva 5 Almanza, Las Piñas City							
Religion	Catholic			Catholic				
Civil Status	Single			Single				
Name of Father	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)		
	<u>PETRONIO</u>	<u>M.</u>	<u>MANIGRAS</u>	<u>RICHARD HOWARD</u>	<u>ARMSTRONG</u>			
Citizenship	FILIPINO			AMERICAN				
Name of Mother	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)		
	<u>TERESITA</u>	<u>L.</u>	<u>LIBREA</u>	<u>JUANITA</u>	<u>IBANEZ</u>	<u>MONZON</u>		
Citizenship	FILIPINO			FILIPINO				
Persons who gave consent or advice	(first)	(middle initial)	(last)	(first)	(middle initial)	(last)		
	<u>NOTE: THIS MARRIAGE WAS SOLEMNIZED UNDER ART.</u>							
Relationship	34 OF THE NEW FAMILY CODE OF THE PHILIPPINES.							
Residence								

Place of Marriage ..... HOUSE OF THE BOTH PARTIES  
(Office of the House of/Banquet Hall/Church of/Mosque of)  
1505 VILLANUEVA 5 ALMANZA, LAS PINAS CITY  
Address

Date: 23 NOVEMBER 2000 Time: 11:00 AM  
(day) (month) (year)

ENRICO L. MANIGRAS

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

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

23rd day of NOVEMBER 2000 signed/marked with our finger print, this certificate is quadruplicate this

ENRICO L. MANIGRAS

SHERYL M. ARMSTRONG

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. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_ in favor of said parties, was exhibited to me.  
 no marriage license was necessary, the marriage being solemnized under Art. 34... of Executive Order No. 209.  
 the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083

REV. ANTONIO M. PAZ

(Signature of Solemnizing Officer)

MINISTER

(Position/Designation)

98-1436-00 12/31/2000

(Religious Affiliation, if any, and Expiration Date, if applicable)

WITNESSES

(Full Name and Sig.)

BESTRO MANIGRAS

CH. BRATULIC BRAVO

NOV 24 2000 ESTELA VILLANUEVA

ESTELA VILLANUEVA

08210-5F-105AVD-00394-MI001

BEST POSSIBLE IMAGE



T105082101050039406242022001  
PP900679284

Documentary  
Stamp Tax Paid

FOR OCRM USE ONLY:  
Population Reference No.  
(husband)

	(Wife)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

80	/	/	/	/	/
----	---	---	---	---	---

87	/	
----	---	--

88			
----	--	--	--

92	/		
----	---	--	--

94	/	/	/
----	---	---	---

99	/	/	/
----	---	---	---

104				
-----	--	--	--	--

106			
-----	--	--	--

108			
-----	--	--	--

113	/		
-----	---	--	--

119	311-24-00	
-----	-----------	--

RECEIVED AT THE OFFICE  
OF THE CIVIL REGISTRAR

GSEFINA S. VILLANUEVA  
REGISTRAR

Title or Position  
10V 24 2000

Date Received

0180

CLAIRED DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority

**OATH OF SOLEMNIZING OFFICER****REV. CARLITO T. PAE**

, solemnizing officer, do solemnly swear:

- That I have ascertained the qualifications of the contracting parties and have found no legal impediment for them to marry as required by Art. 34 of the Family Code;
- That this marriage was performed in articulo mortis;
- That the residence of one or both of the contracting parties: barangay/barrio/sitio \_\_\_\_\_ (and) \_\_\_\_\_, is so located that there is no means of transportation to enable the concerned party/parties to appear personally before the civil registrar;
- That the marriage was among Muslims or among members of the ethnic cultural communities, provided the marriage was solemnized in accordance with their customs or practices;

And that I took the necessary steps to ascertain the ages and relationships of the contracting parties and that neither of them are under any legal impediment to marry each other.

*Carlito T. Paé*  
REV. CARLITO T. PAE, Solemnizing Officer

SUBSCRIBED AND SWORN to before me this 23 day of July, 2009, issued on 0839947,  
 who exhibited to me his Community Tax No. 0839947 at Manila,  
July 23, 2009

Doc. No. 87  
 Page No. 1  
 Book No. 1  
 Series of 1

*Carlito T. Paé*  
 Signature over Printed Name of Administering Officer whose  
 Commission Expires on 10/1/2010

26

NOTE - In case of a marriage on the point of death, when the dying party, being physically unable, cannot sign the Instrument by signature or mark, it shall be sufficient for one of the witnesses to the marriage to sign in his name, which in fact shall be attested by the person solemnizing the marriage as follows:

I HEREBY CERTIFY that the contracting party .....  
 being on the point of death and physically unable to sign the foregoing marriage contract by signature or mark, one of the witnesses to the marriage signed for him or her by writing the dying party's name and beneath it, the witness' own signature preceded by the preposition 'By'.

.....  
 Signature and Printed Name of Solemnizing Officer

08210-5F-105AVD-00394-MI001

BEST POSSIBLE IMAGE



T105082101050039406242022001

PP100679283

Documentary  
Stamp Tax Paid

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



(Copy for OCGG)

Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

## CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 5a, 5b and 10a.)Province ALBAY Registry No. 94-1197  
City/Municipality PLOCURAN

1. NAME (First) <u>SHERYL</u> (Middle) <u></u> (Last) <u>MONZON</u>		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>08 February 1979</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>Buenavista, Plocuran, Albay</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3008</u> grams
6. MAIDEN NAME (First) <u>JUANITA</u> (Middle) <u>IBANEZ</u> (Last) <u>MONZON</u>		
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
9a. Total number of children born alive: <u>02</u>	b. No. of children still living including this birth: <u>02</u>	c. No. of children born alive but are now dead: <u>00</u>
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>25</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Buenavista, Plocuran, Albay</u>		
13. NAME (First) <u>RICHARD</u> (Middle) <u>HOWARD</u> (Last) <u>ARMSTRONG</u>		
14. CITIZENSHIP <u>American</u>		15. RELIGION <u>Protestant</u>
16. OCCUPATION <u>Marine Sergeant</u>		17. Age at the time of this birth: <u>25</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of  
Non-Cognition/Acknowledgment/Admission of Paternity at the back.)

Not Married

19a. ATTENDANT  
OF THE PHYSICIAN  
\* LOCAL GIVER (Traditional Midwife)  2 Nurse  3 Midwife  
 5 Others (Specify \_\_\_\_\_)

## 19b. CERTIFICATION OF BIRTH

(I hereby certify that I attended the birth of the child who was born alive at \_\_\_\_\_ o'clock  
on the date indicated above.)

Signature \_\_\_\_\_

Name in Print CONSEJO ANTONESTitle or Position RN MidwifeAddress Buenavista, PlocuranAlbayDate September 15, 1994

## 20. INFORMANT

Signature Juanita I. MonzonName in Print JUANITA I. MONZONRelationship to the child MotherAddress Buenavista, PlocuranAlbayDate September 15, 1994

## 21. PREPARED BY

Signature TName in Print ROBERTO O. DE LOS SANTOSTitle or Position Clerk IVDate September 15, 199422. RECEIVED AT THE OFFICE OF  
THE CIVIL REGISTRAR

Signature \_\_\_\_\_

Name in Print PRIMO P. REDTitle or Position Local Civil RegistrarDate September 15, 1994

06983-AA-105ACR-00983-BI003

BEST POSSIBLE IMAGE

BReN  
00513-A79D803-5Documentary  
Stamp Tax Paid

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



3 August 1988/on or after 3 August 1988

## AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

Richard Howard Armstrong and Juanita I. Monzon

I, parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.



(Signature of Father)

Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

Juanita I. Monzon

(Signature of Mother)

Community Tax No. 4176365  
Date Issued August 30, 1994  
Place Issued Miosdurian, Albay

SUBSCRIBED AND SWORN to before me this 15th day of September, 1994

, Philippines.

(Signature of Administering Officer)

RANIO R. ROD

(Name in Print)

Local Civil Registrar

(Title/Designation)

Miosdurian, Albay

(Address)

Not applicable for births before 27 February 1931

## AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, Juanita I. Monzon of legal age, single/married and with residence and postal address at Miosdurian, Albay after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of Energy Monzon
2. That I/he/she was born on February 8, 1979 at Buenavista, Miosdurian, Albay
3. That I/he/she was attended at birth by Consejo Antones who resides at Buenavista, Miosdurian, Albay
4. That I/he/she is a citizen of the Philippines
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but was acknowledged by my/his/her father whose name is Juanita I. Monzon
6. That the reason for the delay in registering my/his/her birth was due to negligence
7. That a copy of my/his/her birth certificate is needed for the purpose of reference
8.  (For the applicant only) That I am married to \_\_\_\_\_ mother \_\_\_\_\_ of the said person.



Juanita I. Monzon

(Signature of Affiant)

4176365

Community Tax No. \_\_\_\_\_  
Date Issued August 30, 1994  
Place Issued Miosdurian, Albay

SUBSCRIBED AND SWORN to before me this 15th day of September, 1994

, Philippines.

(Signature of Administering Officer)

RANIO R. ROD

(Name in Print)

Local Civil Registrar

(Title/Designation)

Miosdurian, Albay

(Address)

06983-AA-105ACR-00983-BI003

BEST POSSIBLE IMAGE

BReN  
00513-A79D803-5Documentary  
Stamp Tax Paid

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