



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



OFFICE OF THE MAYOR

OFFICE ORDER

No. 417-S-2024

TO : MS. ANGELITA L. MANALO
Administrative Aide I (Utility Worker I)

DATE : OCTOBER 01, 2024

SUBJECT : TRANSFER OF PLANTILLA POSITION FROM THE MUNICIPAL DISASTER RISK REDUCTION AND MANAGEMENT OFFICE TO THE MUNICIPAL PLANNING AND DEVELOPMENT OFFICE

In the exigency of service, your Plantilla Position with Item No. 20, page 2 of the Plantilla of Personnel under the Municipal Disaster Risk Reduction and Management Office has been transferred to the Municipal Planning and Development Office Plantilla Position with Item No. 63, page 5, in accordance with Section 12 of the 2017 Omnibus Rules on Appointment and Other Human Resource Actions (ORA OHRA) (Revised July 2018) and Sangguniang Bayan (SB) Resolution No. 182-S-2024-Budget Ordinance No. 25-S-2024.

This Order shall take effect immediately.

For information and guidance.

HON. JANET M. ILAGAN
Municipal Mayor

cc:

Municipal Disaster Risk Reduction and Management Office
Municipal Planning and Development Office
Municipal Human Resource Management Office

Rec'd: Alvarado 10/8/24

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

ONE DIRECTION | ONE GOAL | ONE MATAASNAKAHOY

CS Form No. 33-A
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY



Ms. ANGELITA L. MANALO

You are hereby appointed as Administrative Aide I (Utility Worker I) SG-1 under
(Position Title)

Permanent status at the Mayor's Office- Office of the Municipal Disaster Risk Reduction and Management
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of Nine Thousand Three Hundred Eighty Eight Pesos (P 9,388.00)
per month.

The nature of this appointment is Original vice Newly Created
(Original, Promotion, etc.)

who was vacant with Plantilla Item No. 14 Page 1.
(Transferred, Retired, etc.)

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

Very truly yours,

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

JANET MAGPANTANAY ILAGAN
Municipal Mayor

February 21, 2022
Date of Signing

CSC ACTION: APPROVED



LILY BETH L. MAJOMOT
Director II

Authorized Official

MAR 16 2022
Date

APR 05 2022 / 11:24am
(Stamp of Date 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 January 27, 2022 to February 11, 2022 and posted in CSC-FO Batangas , Public Market, Office Lobby from January 27, 2022 to February 11, 2022 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on February 14, 2022.

[Signature] 4/15/07
GALLY D. TIPAN
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 February 16, 2022.

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 February 21, 2022
Almanalo
ANGELITA L. MANALO
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.

1. GSIS ID No. _____ (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2 SURNAME	MANALO		
FIRST NAME	ANGELITA		
MIDDLE NAME	LESCANO		
3 DATE OF BIRTH (mm/dd/yyyy)	12/28/1978	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: _____
4 PLACE OF BIRTH	MATAASNAKAHYO, BATANGAS		
5 SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: _____	17 RESIDENTIAL ADDRESS	BLOCK 2/LOT 2 <small>House/Block/Lot No.</small> STA. FE VILLAS <small>Subdivision/Village</small> MATAASNAKAHYO <small>City/Municipality</small> BATANGAS <small>Province</small>
7 HEIGHT (m)	5'5	ZIP CODE	PUROK 1 <small>Street</small>
8 WEIGHT (kg)	50 KG	18 PERMANENT ADDRESS	UPA <small>Subdivision/Village</small> MATAASNAKAHYO <small>City/Municipality</small> BATANGAS <small>Province</small>
9 BLOOD TYPE	O	ZIP CODE	PUROK 1 <small>Street</small>
10 GSIS ID NO.	N/A	19 TELEPHONE NO.	(043) 773-4032
11 PAG-IBIG ID NO	121292801967	20 MOBILE NO.	0929-760-9075
12 PHILHEALTH NO.	09-250692094-0	21 E-MAIL ADDRESS (if any)	angelitamanalo783@gmail.com
13 SSS NO	04-3411661-2		
14 TIN NO	471-606-229-000		
15 AGENCY EMPLOYEE NO.	PDC005		

II. FAMILY BACKGROUND

22 SPOUSE'S SURNAME	MANALO		23 NAME of CHILDREN (Write full name and last all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALLAN	NAME EXTENSION (JR., SR.) N/A	CHRISTINE MAE L. MANALO	10/30/2004
MIDDLE NAME	REYES			IRISH ANGEL L. MANALO
OCCUPATION	SELF-EMPLOYED			CARL STEVEN L. MANALO
EMPLOYER/BUSINESS NAME	N/A			- NOTHING FOLLOWS-
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24 FATHER'S SURNAME	LESCANO			
FIRST NAME	GUILLERMO	NAME EXTENSION (SR)		
MIDDLE NAME	VERGARA			
25 MOTHER'S MAIDEN NAME				
SURNAME	ARANDA			
FIRST NAME	NIEVES			
MIDDLE NAME	OCAMPO			

(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	SANTOL-MANGGAHAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1986	1992	GRADUATED	1992	N/A
SECONDARY	LA PURISIMA CONCEPCION ACADEMY	HIGH SCHOOL	1992	1996	GRADUATED	1996	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF BATANGAS	COMPUTER SECRETARIAL	1997	1999	GRADUATED	1999	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	Almanalo	DATE	February 2, 2022
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V. CIVIL SERVICE ELIGIBILITY

(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.

(Continue on separate sheet if necessary)

SIGNATURE DATE February 2, 2022

(Continue on separate sheet if necessary.)

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

(Continue on separate sheet if necessary)

VIII OTHER INFORMATION

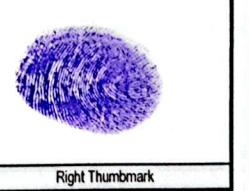
2-2 Draw an empty sheet if necessary.

SIGNATURE

[Continued]

DATE

February 2, 2022

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <ol style="list-style-type: none"> within the third degree? within the fourth degree (for Local Government Unit - Career Employees)? 	<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
<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: _____ <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"> Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? 	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No.: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No.: _____												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33%;">NAME</th> <th style="text-align: center; width: 33%;">ADDRESS</th> <th style="text-align: center; width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">MICHAEL R. OLARTE</td> <td style="text-align: center;">BARANGAY UPA, MATAASNAKAHYOY, BATANGAS</td> <td style="text-align: center;">0917-189-0536</td> </tr> <tr> <td style="text-align: center;">GALLY D. TIPAN</td> <td style="text-align: center;">BARANGAY NANGKAAN, MATAASNAKAHYOY, BATANGAS</td> <td style="text-align: center;">(043) 784-1088</td> </tr> <tr> <td style="text-align: center;">GENES A. BRUCAL</td> <td style="text-align: center;">BARANGAY UPA, MATAASNAKAHYOY, BATANGAS</td> <td style="text-align: center;">0967-314-1631</td> </tr> </tbody> </table> 		NAME	ADDRESS	TEL. NO.	MICHAEL R. OLARTE	BARANGAY UPA, MATAASNAKAHYOY, BATANGAS	0917-189-0536	GALLY D. TIPAN	BARANGAY NANGKAAN, MATAASNAKAHYOY, BATANGAS	(043) 784-1088	GENES A. BRUCAL	BARANGAY UPA, MATAASNAKAHYOY, BATANGAS	0967-314-1631
NAME	ADDRESS	TEL. NO.											
MICHAEL R. OLARTE	BARANGAY UPA, MATAASNAKAHYOY, BATANGAS	0917-189-0536											
GALLY D. TIPAN	BARANGAY NANGKAAN, MATAASNAKAHYOY, BATANGAS	(043) 784-1088											
GENES A. BRUCAL	BARANGAY UPA, MATAASNAKAHYOY, BATANGAS	0967-314-1631											
<p>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.</p>													
<p>Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PHILHEALTH</p> <p>ID/License/Passport No.: 09-250692094-0</p> <p>Date/Place of Issuance: N/A</p>	<p><i>Almanalo</i></p> <p>Signature (Sign inside the box)</p> <p>02-02-2022</p> <p>Date Accomplished</p>	 <p>Right Thumbmark</p>											
<p>SUBSCRIBED AND SWORN to before me this <u>2nd day of Feb , 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">  GALLY D. TIPAN OIC-Municipal Human Resource and Management Officer </div>													

APPOINTMENT PROCESSING CHECKLIST

Name	ANGELITA L. MANALO		
Position Title	Administrative Aide I (Utility Worker I)	SG/Step:	1-1
Monthly Compensation	P 9,388.00	Daily Compensation (Casual)	
Agency	LGU- Mataasnakahoy	Sector :	LGU GOCC NGA SUC
AREA	CRITERIA (Q.S. of the Position)	YES	NO
Qualification Standards <i>Does the appointee meet the minimum qualification requirements of the position at the time of issuance of appointment?</i>	1 Education: Must be able to read and write		
	2 Experience: None Required		
Common Requirements for Regular Appointments <i>Are the following requirements provided?</i>	3 Training: None Required		
	4 Eligibility: None Required (MC 11-S. 1996, CAT III)		
	5 Other Requirements (e.g. Age/Residency for LGU Dept. Heads; Term of Office for SUC President)		
	Senior HS - Track/Strand Subjects (for DepEd appointments)		
Requirements for Specific Cases <i>Are the following cases applicable?</i>	6 Original Copy/ies of Appointment (3 copies)		
	i. CS Form No. 33-A Revised 2018 Appointment Form (Regulated)		
	ii. CS Form No. 33-B Revised 2018 Appointment Form (Accredited)		
	iii. CS Form No. 34-A Plantilla of Casual Appointment (Regulated)		
	iv. CS Form No. 34-B Plantilla of Casual Appointment (Accredited)		
	v. CS Form No. 34-C Plantilla of Casual Appointment (LGU - Regulated)		
	vi. CS Form No. 34-D Plantilla of Casual Appointment (LGU - Accredited)		
	vii. CS Form No. 34-E Plantilla of Casual Appointment (NGA-GOCC-SUC)		
	viii. CS Form No. 34-F Plantilla of Casual Appointment (LGU)		
	7 Employment Status		
	i. Provisional Appointment notation for DepEd		
	ii. Is the appointee subject for Probation?		
A notation that the appointee is under probation for a specified period shall be indicated on the face of the appointment issued			
8 Nature of Appointment			
9 Signature of Appointing Authority			
10 Date of Signing			
11 Certification of Publication/Posting of VACANT Position <i>(should be duly signed by the authorized HRMO)</i>			
12 Certification by Chairperson of the HRMPSB or the Placement Committee <i>(at the back of appointment)</i>			
13 Acknowledgement			
14 Original/photocopy of appointment received by the appointee? <i>Date of receipt indicated?</i>			
15 Submission and Effectivity of Appointment	Is the agency accredited?		
i. If accredited, was RAI (CS Form No. 2, Revised 2018) with original copy of appointment (CSC copy) and supporting documents submitted to the CSC on or before the 30th day of the succeeding month?			
ii. If NOT accredited, was the appointment (3 copies) submitted to the CSC with supporting documents in the prescribed Appointment Transmittal Form (CS Form No. 1, Revised 2018) within 30 calendar days from the date of issuance?			
16 Additional Requirements in Specific Cases	16 Erasures or alterations on the appointments		
* Certification of Erasures/Alteration on appointment Form (CS Form No. 3, s. 2017) signed by the Appointing Officer /Authority or Any Authorized Official			
17 With decided administrative/criminal case			
* Certified true copy of decision issued by the office/court/tribunal			
18 Discrepancy in name, date/place of birth			
* Resolution/Order issued by the Commission / CSC Regional Office (CSCRO) concerned correcting the discrepancy			
19 Change of Civil Status on account of:			
i. Marriage - Original Marriage Contract/Certificate duly authenticated by the Philippine Statistics Authority or the Local Civil Registrar of the municipality/city where the marriage was registered or recorded			
ii. Annulment or Declaration of Nullity of the same - Authenticated copy of the Court Order and Marriage Certificate/Contract with annotation			
20 Appointments issued by the SUCs under National Budget Circular (NBC) No. 461			
* Copy of DBM-approved NOSCA on the reclassification of position based on NBC NO. 461 and SUC Board Resolution approving the same			
21 Appointment issued for faculty positions/ranks in fields/courses/colleges in SUCs and LUCs where there is dearth of holders of Master's degree in specific fields			
* Certification issued by CHED that there is dearth of holders of Master's degree in specific fields			

Additional Requirements In Specific Cases Are the following cases applicable	22 Appointments Requiring Board Resolution such as Head of Agency appointment by the Board, SUC President, Local Water District (LWD) General Manager * Copy of Board Resolution		
	23 Ban on Issuance of Appointment During Election Period * Resolution issued by the Commission on Elections (COMELEC) en banc, Chairman or Regional Election Director, granting exemption from the prohibition		
	24 LGU Appointment i. Certification issued by the appointing officer/authority that appointment is issued in accordance with the limitations provided for under Section 325, RA No. 7160; and ii. Certification issued by the Provincial/City/Municipal Accountant that funds are available iii. Appointment to head of department or office, such as Department Head, Administrator, Legal Officer, and Information Officer positions requiring concurrence by the Sanggunian * Concurred / Acted by Sanggunian - Sanggunian Resolution embodying the concurrence of the majority of all the members of the Sanggunian * Not Concurred / Acted by Sanggunian - Certification issued by the Sanggunian Secretary or HRMO confirming the non-action by the Sanggunian iv. Creation and reclassification of positions and appropriation of funds * Sangguniang Panlalawigan/Panlungsod/Bayan Ordinance		
	25 Appointment involving Demotion i. Non-Disciplinary in Nature * Certification issued by the agency head that the demotion is not the result of an administrative case; and * Written consent by the employee that he/she interposes no objection to his/her demotion		
	26 Temporary and Provisional Appointment * Certification issued by the appointing officer/ authority vouching the absence of an applicant who meets all the qualification requirements of the position (CS Form No. 5, Revised 2018)		
	27 Reclassification * NOSCA approved by the DBM/Memo Order issued by Governance Commission for GOCCs (GCG)		
	28 ORIGINAL COPY OF AUTHENTICATED CERTIFICATE OF ELIGIBILITY/ RATING/ LICENSE - Except if the eligibility has been previously authenticated in 2004 or onward and recorded by the CSC		
	29 Position Description Form (DBM-CSC Form No. 1, Revised 2017) 30 Oath of Office (CS Form No. 32, Revised 2018) 31 Certification of Assumption to Duty (CS Form No. 4, Revised 2018) 32 Performance Rating in the last period (Promotion or Transfer) 33 Justification (if the promotion is more than 3 SG) 34 Electronic file stored in CD/flash drive or sent thru email + 2 printed copies of: i. Appointment Transmittal and Action Form (ATAF) (CS Form No. 1 rev. 2018) or ii. Reports on Appointment Issued (RAI) (CS Form No. 2 rev. 2018) 35 Others:		

CSC FO Recommendation:

APPROVAL/VALIDATION

DISAPPROVAL/INVALIDATION

OTHERS, specify: _____

Remarks (Indicate the reasons for disapproval/validation)

Evaluated:	Verified:	Recommended:
Date:	Date:	Date:

APC Form - (Revised 2018)

Place of Assignment :	Mayors Office - Office of the Municipal Disaster Risk Reduction and Management
Position Title :	Administrative Aide I (Utility Worker I)
Plantilla Item No. :	14
Salary/Job/Pay Grade :	I
Monthly Salary :	Php 9,388.00
Eligibility :	None required (MC 11, s. 96 Cat III)
Education :	Must be able to read and write
Training :	None required
Work Experience :	None required
Competency :	None yet

Instructions/Remarks :

Interested and qualified applicants should signify their interest in writing. The LGU-Mataasnakahoy highly encourages all interested and qualified applications including persons with special needs (PWD), members of indigenous communities and those with diverse sexual orientation gender identity and expression (SOGIE) to apply. Attach the following documents to the application letter and send to the address below not later than February 11, 2022.

Documents:

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

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

GALLY D. TIPAN

OIC- Municipal Human Resource Mgt. Officer
LGU- Mataasnakahoy, Batangas
hrmo_lgumataasnakahoy@yahoo.com.ph

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

Posting Date : January 27, 2022

Closing Date : February 11, 2022

CS Form No. 33-A
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

Ms. ANGELITA L. MANALO

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~~JANET MAGPANTAY ILAGAN~~
~~Municipal Mayor~~

February 21, 2022
Date of Signing

CSC ACTION:

Authorized Official

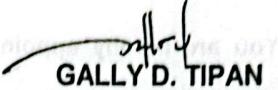
Date

(Stamp of Date Release)

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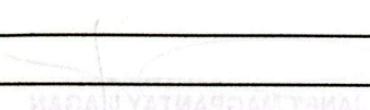

GALLY D. TIPAN
OIC- Mun. Human Resource Management Officer

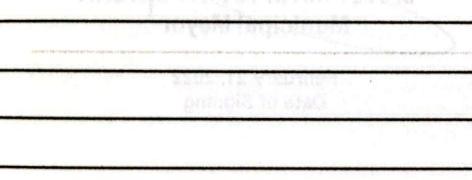
Certification

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JANET MAGPANTAY ILAGAN
Municipal Mayor

CSC Notation

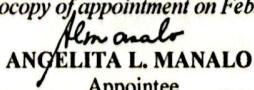

HAGADYATMARDANI THAL


**SESSITE ADDRESS
PO BOX NO. 0260**

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

Acknowledgement


Received original/photocopy of appointment on February 21, 2022
ANGELITA L. MANALO
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.

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Print legibly. Tick appropriate boxes (□) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2 SURNAME	MANALO		
FIRST NAME	ANGELITA		
MIDDLE NAME	LESCANO		
3 DATE OF BIRTH (mm/dd/yyyy)	12/28/1978	16 CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4 PLACE OF BIRTH	MATAASNAKAHOY, BATANGAS		
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:	If holder of dual citizenship, please indicate the details	
7 HEIGHT (m)	5'5	17 RESIDENTIAL ADDRESS	BLOCK 2/LOT 2 House/Block/Lot No. STA. FE VILLAS Subdivision/Village MATAASNAKAHOY City/Municipality ZIP CODE 4223
8 WEIGHT (kg)	50 KG		PUROK 1 Street UPA Barangay BATANGAS Province
9 BLOOD TYPE	O	18 PERMANENT ADDRESS	BLOCK 2/LOT 2 House/Block/Lot No. STA. FE VILLAS Subdivision/Village MATAASNAKAHOY City/Municipality ZIP CODE 4223
10 GSIS ID NO	N/A	19 TELEPHONE NO.	(043) 773-4032
11 PAG-IBIG ID NO	121292801967	20 MOBILE NO.	0929-760-9075
12 PHILHEALTH NO	09-250692094-0	21 E-MAIL ADDRESS (if any)	angelitamanalo783@gmail.com
13 SSS NO	04-3411661-2		
14 TIN NO	471-606-229-000		
15 AGENCY EMPLOYEE NO.	PDC005		

II. FAMILY BACKGROUND

22 SPOUSE'S SURNAME	MANALO			23 NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALLAN	NAME EXTENSION (JR., SR)	N/A	CHRISTINE MAE L. MANALO	10/30/2004
MIDDLE NAME	REYES	IRISH ANGEL L. MANALO			06/24/2006
OCCUPATION	SELF-EMPLOYED	CARL STEVEN L. MANALO			07/10/2007
EMPLOYER/BUSINESS NAME	N/A	- NOTHING FOLLOWS-			
BUSINESS ADDRESS	N/A				
TELEPHONE NO	N/A				
24. FATHER'S SURNAME	LESCANO				
FIRST NAME	GUILLERMO	NAME EXTENSION (SR)			
MIDDLE NAME	VERGARA				
25. MOTHER'S MAIDEN NAME					
SURNAME	ARANDA				
FIRST NAME	NIEVES				
MIDDLE NAME	OCAMPO				

(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	SANTOL-MANGGAHAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	1986	1992	GRADUATED	1992	N/A
SECONDARY	LA PURISIMA CONCEPCION ACADEMY	HIGH SCHOOL	1992	1996	GRADUATED	1996	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF BATANGAS	COMPUTER SECRETARIAL	1997	1999	GRADUATED	1999	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	Angelito Manalo	DATE	February 2, 2022
-----------	-----------------	------	------------------

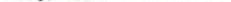
IV. CIVIL SERVICE ELIGIBILITY

(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.

(Continue on separate sheet if necessary)

SIGNATURE  **DATE** February 2, 2022

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

(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)
COMPUTER LITERATE	N/A	N/A
- NOTHING FOLLOWS-		

(Continue on separate sheet if necessary)

SIGNATURE

Almanato

DATE

February 2, 2022

<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p> <hr/>
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p>
<p>a. Are you a member of any indigenous group?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>
<p>b. Are you a person with disability?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>
<p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>

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

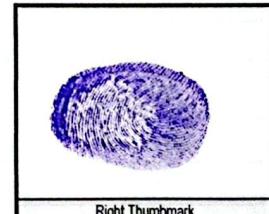
NAME	ADDRESS	TEL. NO.
MICHAEL R. OLARTE	BARANGAY UPA, MATAASNAKAHYO, BATANGAS	0917-189-0536
GALLY D. TIPAN	BARANGAY NANGKAAN, MATAASNAKAHYO, BATANGAS	(043) 784-1088
GENES A. BRUCAL	BARANGAY UPA, MATAASNAKAHYO, BATANGAS	0967-314-1631



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: PHILHEALTH	
ID/License/Passport No.: 09-250692094-0	
Date/Place of Issuance: N/A	

<i>Almanalo</i>
Signature (Sign inside the box)
02-02-2022
Date Accomplished



SUBSCRIBED AND SWORN to before me this 2nd day of Feb. 2022, affiant exhibiting his/her validly issued government ID as indicated above.

<i>[Signature]</i>
GALLY D. TIPAN
OIC-Municipal Human Resource and Management Officer



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 Ms. ANGELITA L. MANALO as Administrative Aide I (Utility Worker I) in the Mayor's Office- Office of the Municipal Disaster Risk Reduction and Management of this municipality, all pertinent requirements contained in RA 7160 in Section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.

JANET MAGPANTAY ILAGAN
Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL ACCOUNTANT

CERTIFICATION

THIS IS TO CERTIFY that funds are available for the position of Administrative Aide I (Utility Worker I) in the Mayor's Office- Office of the Municipal Disaster Risk Reduction and Management of this municipality, with Salary Grade 1 amounting to ONE HUNDRED TWELVE THOUSAND SIX HUNDRED FIFTY SIX PESOS (P 112,656.00) per annum as per Annual Budget CY-2022 of this municipality.

Issued this 21st day of February , 2022 at Mataasnakahoy, Batangas.



LENILYN C. CARAAN
Municipal Accountant

Republic of the Philippines POSITION DESCRIPTION FORM DBM-CSC Form No. 1 <small>(Revised Version No. 1, s. 2018)</small>		1. POSITION TITLE (as approved by authorized agency) with parenthetical title Administrative Aide I (Utility Worker I)															
2. ITEM NUMBER		3. SALARY GRADE															
14		1															
4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS																	
<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														
5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT		6. BUREAU OR OFFICE															
Local Government Unit of Mataasnakahoy, Batangas		Office of the Local Disaster Risk Reduction and Management															
7. DEPARTMENT / BRANCH / DIVISION		8. WORKSTATION / PLACE OF WORK															
Office of the Local Disaster Risk Reduction and Management		Office of the Local Disaster Risk Reduction and Management															
9. PRESENT APPROP ACT	10. PREVIOUS APPROP ACT	11. SALARY AUTHORIZED		12. OTHER COMPENSATION													
SB Res. Blg. 236-S-2021/Budget Ordinance Blg. 26-S-2021	SB Resolution No. 170-S-2020, Ordinance of Budget No. 47-S-2020	P 9,388.00		<table> <tr> <td>PERA</td> <td>P 2,000.00</td> </tr> <tr> <td>Clothing Allow.</td> <td>6,000.00</td> </tr> <tr> <td>Cash Gift</td> <td>5,000.00</td> </tr> <tr> <td>Year End Bonus</td> <td>9,388.00</td> </tr> <tr> <td>Mid-year Bonus</td> <td>9,388.00</td> </tr> <tr> <td>PEI</td> <td>5,000.00</td> </tr> </table>		PERA	P 2,000.00	Clothing Allow.	6,000.00	Cash Gift	5,000.00	Year End Bonus	9,388.00	Mid-year Bonus	9,388.00	PEI	5,000.00
PERA	P 2,000.00																
Clothing Allow.	6,000.00																
Cash Gift	5,000.00																
Year End Bonus	9,388.00																
Mid-year Bonus	9,388.00																
PEI	5,000.00																
13. POSITION TITLE OF IMMEDIATE SUPERVISOR		14. POSITION TITLE OF NEXT HIGHER SUPERVISOR															
Local Disaster Risk Reduction and Management Officer II		N/A															
15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED <i>(if more than seven (7) list only by their item numbers and titles)</i>																	
POSITION TITLE		ITEM NUMBER															
N/A																	
16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK																	
Broom, Dustpan, Telephone, Ballpen, Logbook,																	
17. CONTACTS / CLIENTS / STAKEHOLDERS																	
17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent												
Executive / Managerial			General														
Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Public														
Non-Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Other Agencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Others (Please Specify):														
18. WORKING CONDITION																	
Office Work	<input type="checkbox"/>	<input type="checkbox"/>	Other/s (Please Specify)														
Field Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>															
19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION																	
Sets direction, implementation and coordination of disaster management programs within the territorial directions and shall organize, train, and directly supervise the local emergency response team and the Accredited Community Disaster Volunteers (ACDVs).																	
20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)																	
Maintenance of cleanliness, orderliness of the office and does other related work and may assist the Local Disaster Risk Reduction and Management Officer II in the conduct of disaster monitoring and public raising awareness.																	

21. QUALIFICATION STANDARDS			
21a. Education	21b. Experience	21c. Training	21d. Eligibility
Must be able to read and write	None required	None required	None Required (MC 11, s.96- Cat III)
21e. Core Competencies			Competency Level
None Yet			None Yet
21f. Leadership Competencies			Competency Level
None Yet			None Yet
22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)			
Percentage of Working Time		(State the duties and responsibilities here.)	
10%		Maintenance of the cleanliness and orderliness of the office;	
25%		Maintain the inventory of DRRM Equipment and Supplies	
25%		Assist in the conduct of disaster monitoring and public raising awareness.	
15%		Assist in the Coordination of DRRM Activities.	
15%		Assist in the management of the adverse effects of emergencies	
10%		Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time.	
23. ACKNOWLEDGMENT AND ACCEPTANCE:			
<p>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.</p> <p><i>[Signature]</i> <u>ANGELITA L. MANALO 02/21/22</u> Employee's Name, Date and Signature</p> <p><i>[Signature]</i> <u>GALLY D. TIPAN 02/21/22</u> LDRRMO II, Date and Signature</p>			



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

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

SO HELP ME GOD.

Manalo
ANGELITA L. MANALO
(Signature over Printed Name of the Appointee)

Government ID: Philhealth ID
ID Number : 09-250692094-0
Date Issued : N/A

Subscribed and sworn to before me this 21st day of February, 2022 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. ANGELITA L. MANALO has assumed the duties and responsibilities as Administrative Aide I (Utility Worker I) in the Mayor's Office- Office of the Municipal Disaster Risk Reduction and Management effective February 21, 2022.

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

Done this 21st day of February , 2022 in Mataasnakahoy, Batangas.



JANET MAGPANTAY ILAGAN
Municipal Mayor

Date: February 21, 2022

Attested by:


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

201 file
Admin
COA
CSC



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

PERFORMANCE CONTRACT

February 21, 2022 to May 21, 2022
May 23, 2022 to August 21, 2021

NAME OF EMPLOYEE : ANGELITA L. MANALO
POSITION : Administrative Aide I (Utility Worker I)

1. Maintain the cleanliness and orderliness of the office.
2. Maintain the inventory of DRRM Equipment and Supplies.
3. Assist in the conduct of disaster monitoring and public raising awareness.
4. Assist in the coordination of DRRM Activities.
5. Assist in the management of the adverse effects of emergencies.
6. Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time.

Prepared by:

Almanalo
ANGELITA L. MANALO
Administrative Aide I (Utility Worker I)

Conforme:

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

JANET MAGPANTAY ILAGAN
JANET MAGPANTAY ILAGAN
Municipal Mayor

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of FEBRUARY 21, 2022

(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:	MANALO	ANGELITA	LESCANO	POSITION:	ADMINISTRATIVE AIDE	I
	(Family Name)	(First Name)	(M.I.)		(UTILITY WORKER I)	
ADDRESS:	BRGY. UPA,	MATAASNAKAHOY	BATANGAS	AGENCY/OFFICE:	LGU-MATAASNAKAHOY	
				OFFICE ADDRESS:	BRGY. IV, MATAASNAKAHOY	
					BATANGAS	
SPOUSE:	MANALO	ALLAN	REYES	POSITION:	SELF EMPLOYED	
	(Family Name)	(First Name)	(M.I.)		N/A	
					N/A	

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

NAME	DATE OF BIRTH	AGE
CHRISTINE MAE L. MANALO	OCTOBER 30, 2004	17 YEARS OLD
IRISH ANGEL L. MANALO	JUNE 24, 2006	15 YEARS OLD
CARL STEVEN L. MANALO	JULY 10, 2007	14 YEARS OLD

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	2015-2020	20,000.00
LAPTOP	2020	19,500.00
CELLPHONE	2021	3,000.00
MOTORCYCLE	2021	8,000.00

Subtotal : 40,500.00

TOTAL ASSETS (a+b): 50,500.00

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

2. LIABILITIES*

NATURE	NAME OF CREDITOR	OUTSTANDING BALANCE
PERSONAL LOAN		15,000.00
TOTAL LIABILITIES:		15,000.00
NET WORTH : Total Assets less Total Liabilities =		35,500.00

* 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
MICHAEL R. OLARTE	COUSIN	MUNICIPAL PLANNING AND DEVELOPMENT COORDINATOR	LGU-MATAASNAKAHOY BARANGAY IV, MATAASNAKAHOY, BATANGAS

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: FEBRUARY 21, 2022

Alexander
(Signature of Declarant)

(Signature of Co-Declarant/Spouse)

Government Issued ID: PHILHEALTH
ID No.: 09-250692094-0
Date Issued: N/A

Government Issued ID: PHILSYS ID
ID No.: 2308-4278-0758-7290
Date Issued: N/A

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

Teodoro M. Hernandez
ATTY. TEODORO M. HERNANDEZ

NOTARY PUBLIC

UNTIL DECEMBER 31, 2024

Page 2 of 2
BTP No. 853981/1-06-2022/MAKATI
TBP No. 174851/1-15-2022/PASIG CITY
MCLE COMPLIANCE NO. 0025500/4-20-19
ROLL OF ATTORNEYS & NOTARIES



UNIVERSITY OF BATANGAS
(WESTERN PHILIPPINE COLLEGES)
BATANGAS CITY
PHILIPPINES

OFFICIAL TRANSCRIPT OF RECORDS

Page 1

NAME LESCANO, Angelita A.

Student Number 9716561 Sex FEMALE

Permanent Address Santo Niño, Mataasnakahoy, Batangas

College of Secretarial Education

Entrance Data High school graduate from LA PURISIMA CONVENT ACADEMY, School Year 1995-96

NCEE Rating _____

Year Taken _____

S.O.(B) No. _____ Date Issued _____

CORD OF CANDIDATE FOR GRADUATION

College of Secretarial Education

Candidate for Title/Degree Associate in

Computer Secretarial Course

Major _____ Minor _____

Date of Graduation March 3095

PERSONAL RECORDS

Date/Place of Birth December 26, 1978

Banato, Mataasnakahoy, Batangas

Parent/Guardian Mistero Lester

PRELIMINARY EDUCATION

Name of School	Year
<u>Santo Niño School</u>	<u>1987-90</u>

Primary	Intermediate	Year
<u>-</u>	<u>-</u>	<u>1993-95</u>

High School	Year
<u>La Purisima Convent Academy</u>	<u>1995-96</u>

SUBJECTS (With Descriptive Titles)	GRADES		CREDITS	CREDITS BY GROUPS										
	FINAL	RE-EX/ COMPLN		1	2	3	4	5	6	7	8	9	10	11
FIRST SEMESTER 1997-98														
E.L.PAGE 46 # 382 COMPSEC-FEMALE														
Steno 101- Fundamentals of Stenography	2.5		3											
Type 101- Fundamentals of Typing	3		3											
PDPR- Personality Development & Public Relation	2.75		3											
Comp 101- Intro.to Computer Programming	2.75		3											
Eng.101 Grammar and Composition	2.75		3											
Soc Sc 105- Contemporary National Dev't	2.75		3											
PF 101- Physical Fitness/Testing	-		-											
SECOND SEMESTER 1997-98														
E.L.PAGE 41 # 325 COMPSEC-FEMALE														
Comp 102- Word Processing	3		3											
Type 102- Advanced Typewriting	2.25		3											
Steno 102- Introductory Transcription	2.5		3											
Soc Sc 102- Politics & Governance & Phil. Constitution	2.25		3											
English 102- Communication 2	3		3											
CT- Clerical Training w/ Office Training	2.75		3											
PE 102- Rhythmic Activities	2.5		3											
FIRST SEMESTER 1998-99														
E.L.PAGE 46 # 366 COMPSEC-FEMALE														
Steno 103- Transcription	2		3											
Acc 1&2C- Introductory Accounting	2.75		3											

Grading System: 1.00 - 99-100 2.25 - 84- 86
1.25 - 96- 98 2.5 - 81- 83
1.5 - 93- 95 2.75 - 78- 80

20 SEP 1999 1.75 - 90- 92 3.00 - 75- 77
2.00 - 87- 89 5.00 - Failure
* Inc. - Incomplete

* Incomplete - lacking work to complete the requirements of the course or no examination.

cont. on the next page.

REMARKS: _____

**University of
Batangas**

NOT VALID WITHOUT

UB DRY SEAL

CERTIFIED TRUE COPY OF THE
ORIGINAL (MRS.) *Dolores M. Solis*

Registrar

No. 10946 *Minister 01/18/2022*

DR. NENITA E. CUEVAS
University Registrar

Typed by: *cmilag* Checked by: *zeldesreyes*

TOTAL CREDITS FOR GRADUATION

SUMMARY OF UNITS

1. Eng.	7.
2. Span.	8.
3. Math	9.
4. Soc. Sc.	10. PE/ROTC
5.	11.
6.	Total _____

CERTIFICATION:

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

Registrar

Checked by: _____



CamScanner

University of Batangas

BATANGAS CITY

Sa Lahat ng Makatutunghay sa Kasulatang Ito

To All Persons To Whom These Presents May Come

MAPITAGANG BATI:

GREETINGS:

Ipinababatid na ang Lupon ng mga Katiwala, sa paggamit ng kapangyarihang kaloob ng
Be it known, that the Board of Trustees, by virtue of the authority granted by the
Republika ng Pilipinas at sa tagubilin ng Sanggunian ng Pamantasan, ay naggawad kay
Republic of the Philippines, and on recommendation of the University Faculty, has conferred upon

Angelita A. Lescano

*ng katibayan na nakatupad siya sa lahat ng kinakailangan ng
this certificate for completion of all requirements of the*

Associate in Computer Secretarial

THE BILL OF RIGHTS
kalakip ang lahat ng karapatan, karangalan at mga pribilehiyo gayon din ang mga tungkulin at pangangutang nauikol dito.

*Bilang katurayan ay taglay nito ang tatak ng Pamantasan at ang mga
ia testimony whereof hereunto are affixed the seal of the University and the
lagda ng Pangulo ng Pamantasan at ng Dekano.*

Iginawad sa Lungsod ng Batangas, Pilipinas ngayong ika 12
Given at Batangas City Philippines this 12
ng Mayo, taon ng ating Panginoon, isang libo siyam na raan at 99.
in the year of our Lord one thousand nine hundred and
forty two.

Dr. Alfonso Wong
PANGULO

PANGULO
President

Henryk L. Apuric
DEKANO
Dekan

DEKANO

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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	
MANALO, ANGELITA LESCANO		LGU- Mataasnakahoy Brgy. IV, Mataasnakahoy, Batangas	
ADDRESS			
BRGY. UPA, MATAASNAKAHOY, BATANGAS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
43	FEMALE	MARRIED	Administrative Aide (utility worker)

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		
KARLA M. CARAAN MD			
AGENCY/Affiliation of Licensed Government Physician:			
Mataasnakahoy RTH			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
13448			
OFFICIAL DESIGNATION	DATE EXAMINED		
MTH	2/18/22		

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
MANALO, ANGELITA LESCANO			LGU- MATAASNAKAHOY
ADDRESS			Brgy. IV, Mataasnakahoy, Batangas
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
43	FEMALE	MARRIED	Administrative Aide (Utility Worker)

FOR THE LICENSED GOVERNMENT PHYSICIAN

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SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PH	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
KARLA M. CARAAN MD.		
AGENCY/Affiliation of Licensed Government Physician:		
Mataasnakahoy RTH		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped
113447		
BLOOD TYPE		
OFFICIAL DESIGNATION	DATE EXAMINED	
MTD	2/18/22	



St. Joseph HealthCare, Inc.

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

Name : **MANALO, ANGELITA**

Patient Pin: **SJHI 83712**

Age: **43** Sex: **FEMALE**

Company:

Sample Date: February 12, 2022

LABORATORY REPORT

HEMATOLOGY

DESCRIPTION	RESULT	REFERENCE VALUES
RBC	4.74	FEMALE : $4.0-5.4 \times 10^{12}/L$ MALE : $4.6-6.0 \times 10^{12}/L$
Hemoglobin	131	FEMALE : 120-160g/L MALE : 140-180g/L
Hematocrit	0.39	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	82.5	76-100 fL
MCH	27.6	27-32 pg
MCHC	33.5	32-36%
White blood cells	4.4	$5.0-10.0 \times 10^9/L$
Segmenters	0.59	0.55-0.68
Lymphocytes	0.36	0.25-0.39
Monocytes	0.05	0.02-0.08
Eosinophils		0 -0.05
Platelet count	236	$150-450 \times 10^9/L$


ROBERTO ESTOLANO, RMT
MEDICAL TECHNOLOGIST LIC#26082


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



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Tel No. : (043) 757-4675

Name : **MANALO, ANGELITA**

Patient Pin: **SJHI 83712**

Age: **43** Sex: **FEMALE**

Company:

Sample Date: February 12, 2022

LABORATORY REPORT

CLINICAL MICROSCOPY

URINALYSIS

DESCRIPTION	RESULT	NORMAL VALUE
COLOR	LIGHT YELLOW	
TRANSPARENCY	SLIGHTLY TURBID	
PH	5.0	5.0-8.0
SPECIFIC GRAVITY	1.010	1.005-1.030
SUGAR	NEGATIVE	NEGATIVE
PROTEIN	NEGATIVE	NEGATIVE
WBC	0-2 /HPF	
RBC	0-2 /HPF	
A.URATES/PHOSPHATES	FEW	
EPITHELIAL CELLS	FEW	
BACTERIA	FEW	
MUCUS THREADS	FEW	
PREGNANCY TEST		


ROBERTO ESTOLANO, RMT
MEDICAL TECHNOLOGIST LIC#26082


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



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

Department of Radiology

Medical Imaging Report

PIN: **SJHI-22-0759**

Date: **2/12/2022**

Patient: **MANALO, ANGELITA**

Age: **43** Sex: **FEMALE**

Referring Physician:

Company: **WALK-IN**

Clinical HX/DX:

Examination: **CHEST PA**

Procedure: **RADIOGRAPHY**

The lungs are clear

Heart is not enlarged

Intact bony thorax

IMPRESSION: **NORMAL CHEST X-RAY**

RINA S. DE TORRES, RXT

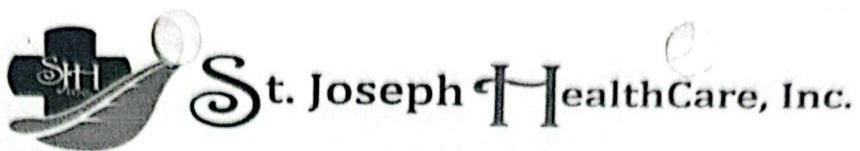
Lic. No. 5285

Radiologic Technologist

JERIC P. MEDINA, MD, FPCR

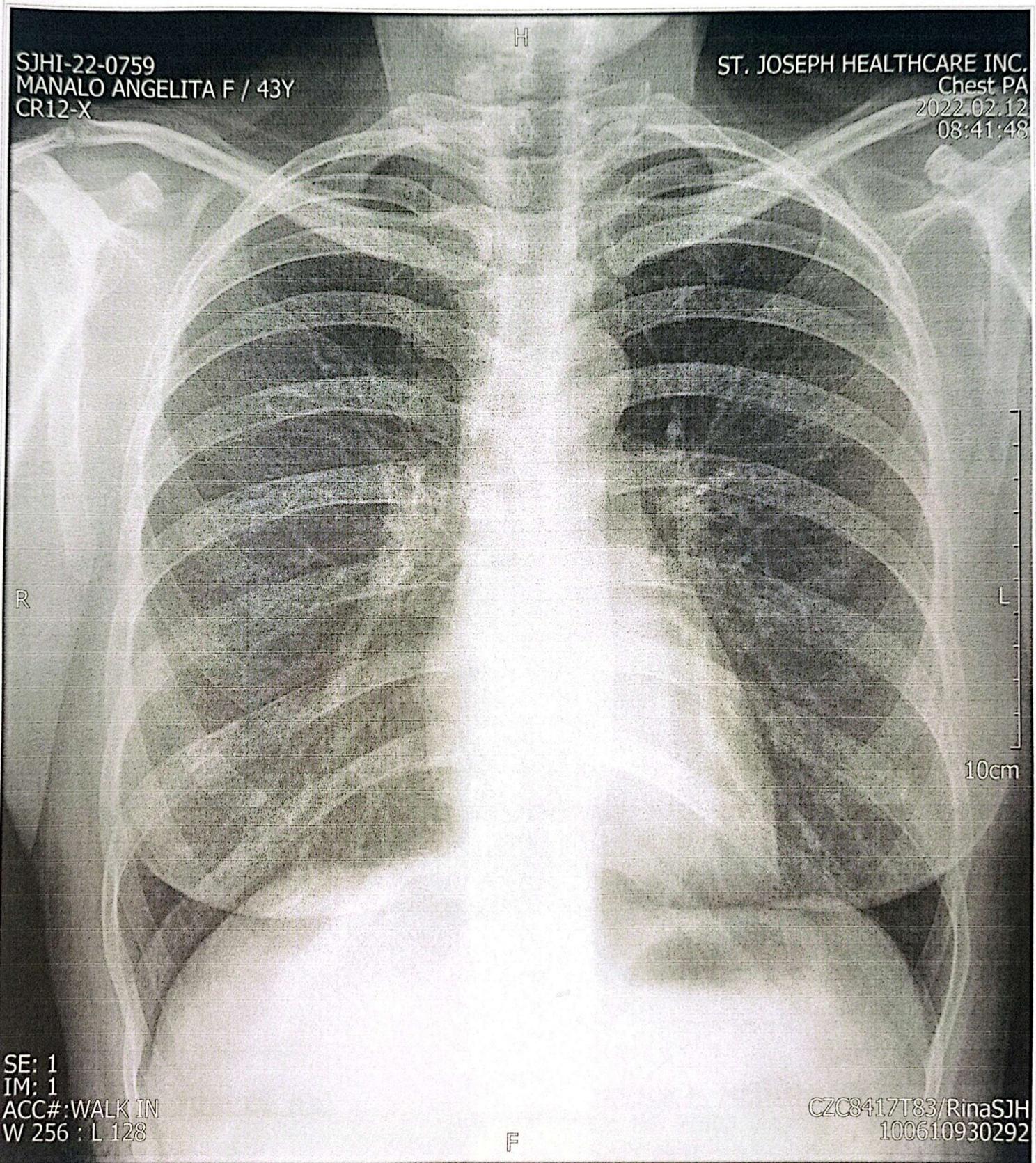
Lic. No. 91903

Radiologist



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

Patient ID	SJHI-22-0759	MANALO ANGELITA F/43 (1978/12/28)	
Exam Date	2022/02/12	Exam Desc	Chest



CZC8417T83/RinaSJH
100610930292

DEPARTMENT OF HEALTH
ST. JOSEPH HEALTHCARE, INC.

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

Phone Number (043) 757 4675

DRUG TEST REPORT

SK012878

57

CCF No: 202202120004

Transaction Date Time: 2/12/2022 9:25:00AM

Name: MANALO, ANGELITA LESCANO

Report Date Time: 2/12/2022 10:23:44AM

Birthdate: 12/28/1978 Age: 43 Gender: F

Test Method TEST KIT

Purpose

Government Employment

Requesting Parties

LGU

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

76 MR. ROBERTO MACUHA ESTOLANO

Analyst

Approved By

DR. SPENCER SITJAR WATANABE

87

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



MLT Psychological Evaluation Center

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

TO:

SUBJECT: PSYCHOLOGICAL EXAMINATION

NAME: ANGELITA L. MANALO

DATE OF EXAM: 12 Feb. 2022

AGE: 43

CIVIL STATUS: Married

HOME ADDRESS: Brgy. Upa, Mataas na kahoy, Batangas

EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	AVERAGE
Educational Attainment	COLLEGE LEVEL
Experience (relevance to position)	3 Yrs. CLERICAL AIDE
Motivation: Financial Security	AVERAGE
Change in Assignment	NONE
Honesty/Integrity	AVERAGE
Social Adjustment	AVERAGE
Loyalty (Identifying with superiors)	AVERAGE
Hostility & Violent Tendencies	No trace of violence
Acceptance of Responsibility	AVERAGE
Energy and Initiative	AVERAGE
Independence (self-reliance)	AVERAGE
Self-Discipline	AVERAGE
Steadiness and Endurance Under Pressure	AVERAGE

SUMMARY

Intelligence Quotient: **96**

Classification: **AVERAGE**

Percentage Score: **36th PERCENTILE**

Personality Evaluation: A typical and conscientious mother to her children, she sacrifices own desires

to respond in attaining family obligations. Subject extraversion represents her accommodating attitude and interest in dealing with people, making her appropriate in her work designation. Putting order and coherence in her life. Attaining a stable job and financial assurance is her primary goal as of the moment.

REMARKS: Recommended

MA. CORAZON PAMINTUAN
Psychologist
(Accreditation No. 130)

Valid for (6) months from date of issue.



MUNICIPAL FORM NO. 102-(Revised Dec. 1, 1960)

(NOT TO BE ACCOMPLISHED IN DUPLICATES)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

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

Register Numbers:

(a) Civil Registrar-General No.

(b) Local Civil Registrar No. 472 (L-78)

Province: Batangas

City or Municipality: Matangas na Kahoy

1. PLACE OF BIRTH

a. PROVINCE Batangas

b. CITY OR MUNICIPALITY

Matangas na Kahoy

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

Santo

d. Is PLACE OF BIRTH INSIDE CITY LIMITS?

Yes No

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

a. AT HOME

Batangas

1018T

b. CITY OR MUNICIPALITY

Matangas na Kahoy

1018T

c. NUMBER AND STREET

Santo

d. Is RESIDENCE INSIDE CITY LIMITS?

Yes No

e. Is RESIDENCE ON A FARM?

Yes No

2. NAME (Type or print)

First AUGELITA

Middle ARALDA

Last LECANO

CHILD

4. SEX

5a. THIS BIRTH

F

5b. IF TWIN OR TRIPLET, WAS CHILD

1st 2nd 3rd

5c. DATE OF BIRTH

Month Dec Day 28 Year 1978

FATHER

7. NAME

First CHILITO

Middle ISLAZO

Last ARALDA

RELIGION

Catholic

8. NATIONALITY

Filipino

9. RACE

Brown

MOTHER

12. MAIDEN NAME

First NIETIES

Middle DEARDO

Last ARALDA

RELIGION

Catholic

13. NATIONALITY

Filipino

14. RACE

Brown

15. AGED (At time of this birth)

Years 53

16. BIRTHPLACE

Lumbang Lipa City

11a. USUAL OCCUPATION

Labover

11b. KIND OF BUSINESS OR INDUSTRY

17. AGED (At time of this birth)

Years 33

18. BIRTHPLACE

San Juan Batangas

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

7

a. How many children are now living? 8

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

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

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

g. SIGNATURE:

h. NAME IN PRINT: DELA CRUZ JESUS CARITO

i. TITLE OR POSITION:

j. DATE:

19-19-78

d. DATE SIGNED BY ATTENDANT AT BIRTH: 11-29-78

e. TITLE OF ATTENDANT AT BIRTH:

f. MIDWIFE

g. NURSE

h. OTHERS (Specify)

20. LENGTH OF PREGNANCY

21. WEIGHT AT BIRTH

22. LENGTH OF PREGNANCY

COMPLETED WEEKS.

23. WEIGHT AT BIRTH

LBS.

OZ.

g. YES

h. NO

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

September 21

1955

(Month) (Date) (Year)

Lipa City, Province

25. THIS CERTIFICATE IS PREPARED BY:

SIGNATURE: R. B. DENNIS S. MAPA

NAME IN PRINT: CLAIRE DENNIS S. MAPA

TITLE OR POSITION: NATIONAL STATISTICIAN AND CIVIL REGISTRAR GENERAL

DATE: Dec. 19, 1978

25. SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES

08061-5C-105KMM-00304-BI019

BEST POSSIBLE IMAGE

T105080611050030401262022019
HP300180915BReN
01018-A78ZU01-4Documentary
Stamp Tax PaidCLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

January 20, 2025

HON. JANET MAGPANTAY ILAGAN
Municipal Mayor
Mataasnakahoy, Batangas

Thru: Mr. GALLY D. TIPAN
Mun. Human Resource Mgt. Officer

Dear Hon. Mayor Ilagan:

Greetings of Peace!

I would like to request for the exemption of wearing agency-prescribed uniform for Wednesday (Red Polo Shirt) for the reason that I am still in mourn for the loss of my husband last October 23, 2024.

Rest assured that I will be complying the policy on wearing prescribed uniform soon after the "Babang Luksa".

Hoping for your favorable consideration on this matter.

Thank you and more power.

Respectfully yours,


ANGELITA L. MANALO

Approved: 

Disapproved: 