*Republic of the Philippines*

**EULOGIO “AMANG” RODRIGUEZ INSTITUTE OF SCIENCE AND TECHNOLOGY**

*Nagtahan***,** *Sampaloc, Manila*

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| **office performance commitment review** | | | | | | | | | | | | | | |
| I, JESUS S. PAGUIGAN, Director, Office Management Information System of the EARIST commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period **January to December 2020**.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | | | | | | | | | | |
| **Approved by:** | | | | | | | | | | | | | | |
| **Dr. GRANT B. CORNELL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VPREIA Date | | | | | | | | | | | | | | |
| Legend:  **Q** – Quality  **T** – Timeliness  **E** – Efficiency | Rating Scale 5 – Outstanding (Exceeds expectation in all targets)  4 – Very Satisfactory (Exceeds expectations in some targets)  3 – Satisfactory (Meets expectation/Acceptable)  2 – Unsatisfactory (Needs Mentoring/Coaching)  1 – Poor (Needs Improvement/Close Monitoring | | | | | | | | | | | | | |
| **Statement Functions** | **Success Indicators**  **(Targets + Measures)** | | | **Actual Accomplishments** | | | **Rating** | | | | | | | **Remarks** |
| **Q** | | **T** | | **E** | | **Ave** |
| **Core &Strategic Functions (90%)** |  | | |  | | |  | |  | |  | |  |  |
| **A. Leadership and Organizational Ability.**  **(30%)** | **Strategic Plan/Action Plan**  Annual action plan submit within the prescribed time frame (every 30th of January of the year)  **(1) Deadline** | | | * 1 day before the deadline * Accurate | | | **3** | | **5** | | **4** | | **4.50** |  |
| Work and financial plan for every identified P/P/As in the Action Plan.  **(1) Deadline** | | | * 3 days before the deadline * Accurate | | | **3** | | **5** | | **4** | | **4.50** |  |
| % of accomplishments of funded and implemented P/P/As.  **(80%)** | | | * 100% Accomplished | | | **5** | | **4** | | **4** | | **4.50** |  |
| Annual Report submitted within the prescribed time frame (every 30th of January of the year).  **(1) Deadline** | | | * 1 day before the deadline * Accurate | | | **3** | | **5** | | **5** | | **4.50** |  |
| **B. Network Infrastructure and Database Administration**  **(30%)** | **Secure Network Connectivity Across the Institution**  (7 Colleges)  (1 Graduate School)  (4 Offices) | | | * 7 Colleges (CAFA, CEN, CIT, CAS, CED, CBA, and CHM) * 1 Graduate School * 5 NSTP, FMS, VPAA, Instruction, Procurement and OP) | | | **3** | | **4** | | **4** | | **4.50** |  |
| **Provide Maintenance and Support**  (Quarterly- Every last week of the quarter) | | | * 2 Times in every three months | | | **5** | | **4** | | **4** | | **4.50** |  |
| **Monitor Network Security**  (Quarterly-Every last week of the quarter) | | | * 2 Times in every three months | | | **5** | | **4** | | **4** | | **4.50** |  |
| **Review of Data Design and Management Security Back up and Access**  (Semi Annual – Every June and December) | | | * 2 Times in Semi Annual | | | **5** | | **4** | | **4** | | **4.50** |  |
| **C. User, System Support and Information Security**  **(30%)** | **Orientation for New Users**  (Semi Annual – Every June and December) | | | * 2 Times in Semi Annual | | | **5** | | **4** | | **4** | | **4.50** |  |
| **Provide Training for User/Employee.**  (Semi Annual - Every June and December) | | | * 2 Times in Semi Annual | | | **5** | | **4** | | **4** | | **4.50** |  |
| **Administration of Installation, Configuration and Maintenance of Network Application**  (Quarterly – Every last week of the quarter) | | | * 2 Times in Semi Annual | | | **5** | | **4** | | **4** | | **4.50** |  |
| **Monitor of Information**  **(Quarterly)** | | | * 2 Times in every three months | | | **5** | | **4** | | **4** | | **4.50** |  |
| **2. Support Functions (10%)** | | | | | | | | | | | | | | |
| **A. Support to Operations (5%)**  Provide technical and substantive support to the operations & project of the agency | **QMS Certification/QMS Documentation**  Submission of Required Documents/Reports | | | * on time | | | **3** | **5** | | **4** | | **4** | |  |
| **ISO**  Submission of Required Documents | | | * on time | | | **3** | **5** | | **4** | | **4** | |  |
| **Institutional Commemorative Activities**  Amang’s Death Anniversary  EARIST Foundation Celebration  Program Accreditation | | | * 100% participation | | | **3** | **5** | | **4** | |  | |  |
| **B. General Administration   and Support (5%)**  Provide overall administrative management support to the entire agency operation | **Budget Utilization Request**  Submitted Request for Utilization of Approved Budget  **(80%)** | | | * 100% Utilized | | | **5** | **4** | | **4** | | **4.50** | |  |
| **Report on Ageing Cash**  Liquidation of Cash Advances within the reglementary period ( 0 aging cash) | | | * 0 | | | **3** | **5** | | **4** | |  | |  |
| **Submission of APP**  Active Participation in the Preparation of APP of the Office. | | | * 2 days before the deadline | | | **3** | **5** | | **4** | | **4.0** | |  |
| **Updating of Personnel Records**  Submission of Updated Personnel Records  (PDS, SALN, etc.) | | | * 5 days before the deadline | | | **5** | **4** | | **4** | | **4.50** | |  |
|  | | | | | | | | | | | | | | |
| **Summary of Ratings** | | | | | | | **Average** | | | **Percent** | | | | **Score** |
| 1. Core and Strategic Function | | | | | | |  | | |  | | | |  |
| 1. Leadership and Organizational Effectiveness | | | | | | |  | | | **30%** | | | | **1.25** |
| 1. Network Infrastructure and Database Administration | | | | | | |  | | | **30%** | | | | **1.25** |
| 1. User, System Support and Information Security | | | | | | |  | | | **30%** | | | | **1.30** |
| 2. Support Function (STO and GAS) | | | | | | |  | | | **10%** | | | | **0.25** |
| **Final Average Rating** | | | | | | | | | | **100%** | | | | **4.05** |
| **Adjectival Rating** | | | | | | | | | | **Verbal Rating** | | | | |
| **Comments and Recommendations** | | | | | | | | | | **VERY SATISFACTORY** | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Planning/HRMS | | Date | **Assessed by:**  I certify that I discussed the assessment of the performance of the employee | | Date | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  PMT | | | | Date | | | | |
| **Dr. GRANT B. CORNELL**  VPREIA | | Date | **Dr. EDITHA V. PILLO**  President | | | | Date | | | | |