



Republic of the Philippines  
**DEPARTMENT OF HEALTH**  
*Davao Center for Health Development*



**CLEARANCE FORM**

|  |         |                    |  |           |
|--|---------|--------------------|--|-----------|
| <b>I. PURPOSE</b>  |         |                    |  |           |
| TO : DOH-Davao Center for Health Development   |         |                    | Date of Application _____  |           |
| I hereby request clearance from money, property and work-related accountabilities for :  |         |                    |  |           |
| Purpose : <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation :<br><input type="checkbox"/> Retirement <input type="checkbox"/> Leave      Please specify : _____ |         |                    |  |           |
| Date of Effectivity _____  |         |                    |  |           |
| Office of Assignment<br>_____  |         |                    | Name and Signature of Employee<br>_____  |           |
| Position/SG/Step :   |         |                    |  |           |
| <b>II. CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES</b>  |         |                    |  |           |
| We hereby certify that this applicant is cleared <input type="checkbox"/> /not cleared <input type="checkbox"/> work-related accountabilities from this Office.  |         |                    |  |           |
| _____<br>Immediate Supervisor  |         |                    | <b>DAVID A. MENDOZA, MD, PHSAE</b><br>Head of Division                                 |           |
| <b>III. CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES</b>   |         |                    |  |           |
| Name of Unit/Office/Department   | Cleared | Not<br>Clear<br>ed | Name of Clearing Officer/Official  | Signature |
| <b>1. Administration Services</b>  |         |                    |  |           |
| a) Supply and Property Procurement and Management Services   |         |                    | <b>ROSELMA CATHERINE G. CANTOS</b><br>Supervising Administrative Officer-Supply Office |           |
| b) Human Resource Welfare & Assistance   |         |                    | <b>AIVYROSE A. BARRIENTOS, RN,MAN</b><br>HRMO  |           |
| c) Agency—accredited Union/Cooperative   |         |                    |  |           |
| <b>2. Library</b> N/A  |         |                    |  |           |
| <b>3. Finance and Assets Management</b>  |         |                    |  |           |
| a. Financial Services  |         |                    | <b>JADE PAUL C. JAMERO, CPA, CTT</b><br>Acting Head, Accounting Section                |           |
| b. Transaction, Processing & Billing Services  |         |                    | <b>DEMETRIO M. LERIN III</b><br>Administrative Officer V                               |           |
| c. Payroll & Remittance Services   |         |                    |  |           |
| <b>4. Professional and Institutional Development</b>   |         |                    |  |           |
| a. Scholarship Services  |         |                    | <b>PADMA D. TERNIO, RN, MN</b><br>Training Specialist III                              |           |
| <b>IV. CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE :</b>   |         |                    |  |           |
| a. Internal Affairs Office/Legal Affairs Office  |         |                    | <b>ATTY. ROBEE CAMILLE E. DESABELLE-SUMATRA</b><br>Attorney III                        |           |
| <input type="checkbox"/> with pending administrative cases<br><input type="checkbox"/> with on-going investigation (no formal charge yet)  |         |                    |  |           |
| <b>V. CERTIFICATION</b>  |         |                    |  |           |
| I hereby certify that this employee is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency.                                     |         |                    |  |           |
| <b>ANNABELLE P. YUMANG, MD, MCH, CESO III</b><br>Regional Director   |         |                    |  |           |