



WITH CASH CARDS

PAYROLL FOR JOB PERSONNEL
DOH-RO 7
Mar 1-15, 2019

We acknowledge receipt of the sum shown opposite our names as full remuneration for services rendered for the period started: *NO WORK NO PAY POLICY

TIN	Name		Position	MO. RATE	HALF MO.	Adjustment	Tardiness	Net Amount	Adjustment	DEDUCTIONS							Total Amt.	REMARKS
							Absences		Add:	5% EWT	3% Prof.	Coop	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	HEALTH EMERGENCY PREPAREDNESS AND RESPONSE (HEPR)																	
	AMPONG	MARK DIN	Nurse III	27,565.00	13,782.50	0.00	366.90	13,415.60	0.00	0.00	0.00	0.00	500.00	0.00	0.00	0.00	12,915.60	
								13,415.60										
	PUBLIC HEALTH MANAGEMENT (PHM)																	
	AMQUIN	ZOSIMO	Administrative Aide IV	12,155.00	6,077.50	0.00	2.81	6,074.69	0.00	0.00	0.00	1,612.51	0.00	0.00	0.00	0.00	4,462.18	
								6,074.69										
	REGULATION OF REGIONAL HEALTH FACILITIES AND SERVICES																	
	GOROSIN	GERWIN	Computer Maintenance Technologist II	27,565.00	13,782.50	0.00	6,563.10	7,219.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,219.40	
								7,219.40										
		Page Total		67,285.00	33,642.50	0.00	6,932.81	26,709.69	0.00	0.00	0.00	1,612.51	500.00	0.00	0.00	0.00	24,597.18	
		Grand Total		67,285.00	33,642.50	0.00	6,932.81	26,709.69	0.00	0.00	0.00	1,612.51	500.00	0.00	0.00	0.00	24,597.18	
A	CERTIFIED Services duly rendered as stated							C	APPROVED FOR PAYMENT:									
<div><div>THERESA Q. TRAGICO</div><div>Administrative Officer V</div><div>Signature over Printed Name of Authorized Official</div></div>								<div><div>SOPHIA M. MANCAO,MD,DPSP</div><div>OIC - Asst. Director</div><div>(Signature over Printed Name)</div><div>Head of Agency/Authorized Representative</div></div>										
B	CERTIFIED Supporting documents complete and proper; and cash available in the amount of P_____							D	CERTIFIED Each employee whose name appears on the payroll has been paid the amount as indicated opposite his/her name									
<div><div>ANGIELINE T. ADLAON,CPA,MBA</div><div>Accountant III</div><div>(Signature over Printed Name)</div><div>Head of Accounting Division/Unit</div></div>								<div><div>JOSEPHINE D. VERGARA</div><div>Administrative Office V</div><div>(Signature over Printed Name)</div><div>Disbursing Officer</div></div>										