



WITH REG. ATM CARDS

PAYROLL FOR JOB PERSONNEL
DOH-RO 7
Dec 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	D E D U C T I O N S							Total Amt.	REMARKS
							Absences		Add:	5% EWT	3% Prof.	Coop	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	NO SALARY CHARGE																	
	LORENA	ROMAINE	Computer Programmer I	20,179.00	10,089.50	0.00	2.34	10,087.16	0.00	0.00	0.00	250.00	250.00	250.00	100.00	0.00	9,237.16	
								10,087.16										
	PUBLIC HEALTH MANAGEMENT (PHM)																	
	Alesna	Romel	Data Encoder	16,986.00	8,493.00	0.00	0.00	8,493.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8,493.00	SAMPLE
	AMPONG	MIRASOL B.	Administrative Aide IV	12,155.00	6,077.50	0.00	0.00	6,077.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,077.50	SAMPLE
	ARRO	CARLITO	Administrative Aide VI	13,851.00	6,925.50	0.00	6,295.91	629.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	629.59	SAMPLE123
								15,200.09										
	SUPPORT TO OPERATIONS (STO)																	
	ALMENDRAS	ROSSANA	Administrative Assistant II	15,818.00	7,909.00	0.00	0.00	7,909.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,909.00	SAMPLE
								7,909.00										
		Page Total		78,989.00	39,494.50	0.00	6,298.25	33,196.25	0.00	0.00	0.00	250.00	250.00	250.00	100.00	0.00	32,346.25	
		Grand Total		78,989.00	39,494.50	0.00	6,298.25	33,196.25	0.00	0.00	0.00	250.00	250.00	250.00	100.00	0.00	32,346.25	

A

CERTIFIED

Services duly rendered as stated

THERESA Q. TRAGICO

Administrative Officer V

Signature over Printed Name of Authorized Official

Date

C

APPROVED FOR PAYMENT:

SOPHIA M. MANCAO,MD,DPSP

OIC - Asst. Director

(Signature over Printed Name)

Head of Agency/Authorized Representative

Date

B

CERTIFIED

Supporting documents complete and proper; and cash available in the amount of P_____

ANGIELINE T. ADLAON,CPA,MBA

Accountant III

(Signature over Printed Name)

Head of Accounting Division/Unit

Date

D

CERTIFIED

Each employee whose name appears on the payroll has been paid the amount as indicated opposite his/her name

JOSEPHINE D. VERGARA

Administrative Office V

(Signature over Printed Name)

Disbursing Officer

Date