



WITH REG. ATM CARDS

PAYROLL FOR JOB PERSONNEL  
DOH-RO7  
January 1-15, 2017

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	DEDUCTIONS								Total Amt.	REMARKS	
							Absences		W/Tax 10%	W/Tax 3%	W/Tax 2%	Coop	Disallow.	Pag-Ibig	PHIC	GSIS	Excess Mobile		
	NO SECTION																		
	Alai Mae	Pacres	Project Assistant III	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	-500.00	OYEAH
	Amelia Joy	Eamiguel	Nurse I	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
118-848-182	ANDRES	VILLARI N	Laboratory Aide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Andress	Villaren	Laboratory Aide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
930-319-012	ARNALY N	EPISTOL A	Admin. Aide III	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Bone Helberth	Obrero	Administrative Aide IV	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
262624567	Carl Cyril	Co	Administrative Aide IV	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	HERE IN HEAVEN
	Carl Cyril	CoF	Administrative Aide IV	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
								0.00											
	RA-123456																		
469298479000	Ameil Claire	Bacolod	NDP Nurse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	100.00	100.00	0.00	-400.00	
								0.00											
	FDA SECTION																		
429345444	BONE HELBERT	OBRERO	EDPMS-Tech Support	18,549.00	9,274.50	0.00	843.14	8,431.36	843.14	252.94	168.63	0.00	0.00	0.00	0.00	0.00	0.00	7,166.66	
								8,431.36											
	HEMS																		
	Arman	Amante	Administrative Aide IV	6,000.00	3,000.00	0.00	272.73	2,727.27	272.73	81.82	54.55	0.00	0.00	0.00	0.00	0.00	0.00	2,318.18	
								2,727.27											
			Page Total	24,549.00	12,274.50	0.00	1,115.86	11,158.64	1,115.86	334.76	223.17	200.00	200.00	0.00	200.00	200.00	100.00	8,584.84	



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TIN	Name		Position	MO. RATE	HALF MO.	Adjustment	Tardiness Absences	Net Amount	DEDUCTIONS								Total Amt.	REMARKS		
									W/Tax 10%	W/Tax 3%	W/Tax 2%	Coop	Disallow.	Pag-Ibig	PHIC	GSIS	Excess Mobile			
	Balance forwarded																	8,584.84		
	SA-123456																			
	ALEX	ALUETA	Carpenter	12,000.00	6,000.00	0.00	545.45	5,454.55	545.45	163.64	109.09	100.00	100.00	0.00	100.00	100.00	100.00	4,136.36	MY MUSIC SO LOUD!	
473605081	ALPHA MAE	LAGURA	Architect I	9,000.00	4,500.00	1,000.00	409.09	5,090.91	509.09	152.73	101.82	100.00	100.00	0.00	100.00	100.00	100.00	3,827.27	ROLLING!	
								10,545.45												
	NO SECTION																			
262-624-567	Carl Cyril	Co	Administrative Aide IV	10,080.00	5,040.00	0.00	458.18	4,581.82	458.18	137.45	91.64	0.00	0.00	0.00	0.00	0.00	0.00	3,894.55		
								4,581.82												
	RA-123456																			
462-887-972-000	AMELIA JOY	EAMIGUEL	Nurse II	24,887.00	12,443.50	0.00	1,131.23	11,312.27	1,131.23	339.37	226.25	0.00	0.00	0.00	0.00	0.00	0.00	9,615.43		
								11,312.27												
	RA-1235123																			
283898488000	ANGELIE BROOK	CEJUDO	Nurse II	9,000.00	4,500.00	0.00	409.09	4,090.91	409.09	122.73	81.82	0.00	0.00	0.00	0.00	0.00	0.00	3,477.27		
								4,090.91												
	PLANNING																			
455-373-923	BETHEL	PIELAGO	Statistician I	18,549.00	9,274.50	0.00	843.14	8,431.36	843.14	252.94	168.63	0.00	0.00	0.00	0.00	0.00	0.00	7,166.66		
								8,431.36												
		Page Total		83,516.00	41,758.00	1,000.00	3,796.18	38,961.82	3,896.18	1,168.85	779.24	200.00	200.00	0.00	200.00	200.00	200.00	32,117.55		
		Grand Total		108,065.00	54,032.50	1,000.00	4,912.05	50,120.45	5,012.05	1,503.61	1,002.41	400.00	400.00	0.00	400.00	400.00	300.00	40,702.39		
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>											