

Republic of the Philippines  
Department of Health  
Southern Philippines Medical Center  
J.P. Laurel Avenue, Davao City

## ONLINE POSTING FORM

Date/ Time \_\_\_\_\_

Requestor \_\_\_\_\_ Designation \_\_\_\_\_  
Office \_\_\_\_\_ Tel. No. \_\_\_\_\_

## DETAILS

|  |  |   |   |
|--|--|---|---|
| <b>Medium:</b><br>___ Website<br>___ Social Media (Facebook)                       | <b>Content Type:</b><br>___ Procurement and Bidding Documents<br>___ Job Vacancy<br>___ Press Release<br>___ Public Announcement<br>___ Services<br>___ Others: _____<br>_____ | <b>File Type:</b><br>___ Document (Text File, Excel, PPT)<br>___ PDF<br>___ Image<br>___ Video<br>___ Others: _____<br><br><b>Email subject:</b><br>_____<br>_____<br>_____ | <b>Publishing Date:</b><br>Start _____ End _____<br><br><b>Document Control No.</b><br>_____<br><br><b>Revision No.</b> _____ |
| <b>Approved by:</b><br><br>_____<br>Head of Requesting Office<br><br>_____<br>Date | <b>Content Clearance:</b><br><br>_____<br>Web Committee PHU Representative<br><br>_____<br>Date  |   | <b>Noted by:</b><br><br>_____<br>Web Committee PETD Representative<br><br>_____<br>Date                                       |
| _____<br>IHOMP Department Head<br><br>_____<br>Date                                |  |   |   |

**COURSES OF ACTIONS**(To be filled up by Web Administrator)

| Date     | Time | Actions Taken | Action Officer | Signature |
|----------|------|---------------|----------------|-----------|
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| REMARKS: |      |               |                |           |

Note:

- Kindly forward your soft copies to IHOMP's Microsoft 365 account ([ihomp@spmc.com.ph](mailto:ihomp@spmc.com.ph)). All scanned signatures will be watermarked upon posting in the website or social media account.
- Unless urgent, posting shall be done within 24 working hours.