***For Accredited/Deregulated Agencies***

***CS Form No. 33~~-~~B***

***Revised 2018***

*(Stamp of Date of Receipt)*

### **Republic of the Philippines**

Department of Health

**LUIS HORA MEMORIAL REGIONAL HOSPITAL**

Abatan, Bauko, Mountain Province 2621

**${title}.: ${empName}**

**You are hereby appointed as ${position}. .**

**(Position Title)**

**(SG/JG/PG ${SG})** under PERMANENT status at the ${department}

**(Permanent, Temporary, etc.) (Office/Department/Unit)**

**with a compensation rate of ${salaryWord}( P ${salary}) pesos per month.**

**The nature of this appointment is ${nature} vice New Creation 2020 (Original, Promotion, etc.)**

**who not applicable with Plantilla Item No. ${itemNum}**

**(Transferred, Retired, etc.)**

**Record No. 48 - 59 of 190 Page 5 of 17 pages.**

**This appointment shall take effect on the date of signing by the appointing officer/authority.**

**\****Appointee shall undergo probationary period of 6 months from January 11, 2021 to July 10, 2021.*

**Very truly yours,**

**EDUARDO B. CALPITO, MD, MHA, FPSMS**

**Medical Center Chief I**

**Appointing Officer/Authority**

**January 11, 2021**

**Date of Signing**

**Accredited/ Deregulated Pursuant to**

**CSC Resolution No. 2000407**, s. **2020**

**Dated: February 28, 2020**

*DRY SEAL*

*(Stamp of Date of Release)*

**Certification**

This is to certify that all requirements and supporting papers pursuant to **CSC MC No. 24, s. 2017, as amended**, have been complied with, reviewed and found to be in order**.**

The position was published at **CSC Website Job Portal** from **${date-of-publication} to ${end-of-publication}** and posted in **CSC-FO, Luis Hora Memorial Regional Hospital Three (3) Bulletin Boards and Website** from **${date-of-publication} to ${end-of-publication}** in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on **January 6, 2021**.

**PAMELA C. PAKIPAC, RND, MPA**

Highest Ranking HRMO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HRMO**

**Certification**

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/ **Placement Committee** during the deliberation held on **January 6, 2021**.

**RACHEL A. BENITO, RN, MAN**

Chairperson, HRMPSB

**RACHEL A. BENITO, RN, MAN**

Chairperson, HRMPSB

**CSC/HRMO Notation**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTION ON APPOINTMENTS** | | | **Recorded by** |
| **□ Validated per RAI for the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
| **□ Invalidated per CSCRO/FO letter dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
| **□ Appeal** | **DATE FILED** | **STATUS** |  |
| **□** CSCRO/ CSC-Commission |  |  |  |
| **□ Petition for Review** |  |  |  |
| **□** CSC-Commission |  |  |  |
| **□** Court of Appeals |  |  |  |
| **□** Supreme Court |  |  |  |

**Acknowledgement**

*Received original/photocopy of appointment on* ***January 11, 2021***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointee

Original Copy - for the Appointee

Original Copy - for the Civil Service Commission

Original Copy - for the Agency

*CS Form No. 32*

*Revised 2018*



REPUBLIC OF THE PHILIPPINES

Department of Health

**LUIS HORA MEMORIAL REGIONAL HOSPITAL**

Abatan, Bauko, Mountain Province 2621

**OATH OF OFFICE**

I, **${empName}** of **${barangay}, ${municipality}, ${province}** having been appointed to the position of **${position}** hereby solemnly swear, that I will faithfully discharge to the best of my ability, the duties of my present position and of all others that I may hereafter hold under the Republic of the Philippines; that I will bear true faith and allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.

**${empName}**

(Signature over Printed Name

of the Appointee)

Government ID: \_\_\_\_\_\_\_\_\_\_\_

ID Number : \_\_\_\_\_\_\_\_\_\_\_

Date Issued : \_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this **${appointment-date}** in Abatan, Bauko, Mountain Province, Philippines.

**EDUARDO B. CALPITO, MD, MHA,FPSMS**

Medical Center Chief I

(Signature over Printed Name of Person

Administering the Oath)

***CS Form No. 4***

***Series of 2018***

**Republic of the Philippines**

Department of Health

**LUIS HORA MEMORIAL REGIONAL HOSPITAL**

Abatan, Bauko, Mountain Province 2621

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that **${title}. ${empName}** has assumed the duties and responsibilities as **${position}** of Luis Hora Memorial Regional Hospital effective ${appointment-date-2}.

This certification is issued in connection with the issuance of the appointment of ${title}. ${lastName} as ${position}.

Done this **${appointment-date}** in Abatan, Bauko, Mountain Province.

**EDUARDO B. CALPITO, MD, MHA, FPSMS**

**Medical Center Chief I**

Head of Office/Department/Unit

Date: ${appointment-date-2}

Attested by:

**­­­­­­­­­­­­­­­­­­­­­ PAMELA C. PAKIPAC, RND, MPA**

Highest Ranking HRMO

*201 file*

*Admin*

*COA*

*CSC*

***For submission to CSCFO***

***within 30 days from the***

***date of assumption of the appointee***

Republic of the Philippines

Department of Health

**LUIS HORA MEMORIAL REGIONAL HOSPITAL**

Abatan, Bauko, Mountain Province

**NO SMOKING POLICY CONTRACT**

In order to ensure a healthy and productive workforce, the use of all tobacco products, including chewing tobacco, is banned in the Luis Hora Memorial Regional Hospital workplace, except as designated in this policy.

Smoking is prohibited in all of the enclosed areas within the Luis Hora Memorial Regional Hospital worksites, without exception. This includes common work areas, conference and meeting rooms, private offices, hallways, the lunchrooms, stairs, restrooms, hospital vehicles, and all other enclosed facilities.

No one may smoke along any path way or walk way, nor at the picnic tables nor outdoors in any of the grassy areas or the parking lots. No additional breaks are allowed to any employee who smokes.

Failure to comply with all of the components of this policy will result in disciplinary action.

I, **${empName}, ${position}** acknowledge and understand the Hospital Smoke Free Workplace Policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee

*"STRICTLY NO SMOKING:*

*As per Memorandum Circular No. 17 series of 2009*

*Any violation of this Circular shall be considered a ground for disciplinary action pursuant to Rule XIV (Discipline) of the Omnibus Rules Implementing Book V of*

*Executive Order No. 292.*

*Report violations to the Office of the Medical Center Chief or Office of the Supervising Administrative Officer"*

HOPSD-HRM-011-0