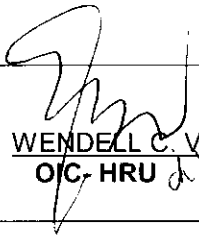
	Information Management Sector
<u>Service Request Form</u>	Document Reference Code:

1) Date of Request (mm/dd/yyyy): 3/15/2023			
2) Name: CHRISTINE BERNADETTE B. MONTEJO	3) Designation: HRMA		
4) Office/Department: PRO VIII-MSD-ASS-HRU	5) Room:		
6) Contact #:09173219099	7) Email Address:hr.pro8@philhealth.gov.ph		
8) TYPE OF REQUEST: <i>(Please refer to the back page for descriptions and required attachments.)</i>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> IT Project Proposal/TOR Development Assistance <input type="checkbox"/> System Re-engineering related Works <input type="checkbox"/> Software Development <input type="checkbox"/> Software Configuration/Enhancement (EPRS) <input checked="" type="checkbox"/> Hardware, Database, Network, Connectivity Communication Solutions Assistance </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Human Capital Development Evaluation <input type="checkbox"/> IT Literacy, Education and Training <input type="checkbox"/> IT Procurement Evaluation <input type="checkbox"/> Project Management <input type="checkbox"/> Others (please specify):PhilHealth website posting </td> </tr> </table>		<input type="checkbox"/> IT Project Proposal/TOR Development Assistance <input type="checkbox"/> System Re-engineering related Works <input type="checkbox"/> Software Development <input type="checkbox"/> Software Configuration/Enhancement (EPRS) <input checked="" type="checkbox"/> Hardware, Database, Network, Connectivity Communication Solutions Assistance	<input type="checkbox"/> Human Capital Development Evaluation <input type="checkbox"/> IT Literacy, Education and Training <input type="checkbox"/> IT Procurement Evaluation <input type="checkbox"/> Project Management <input type="checkbox"/> Others (please specify):PhilHealth website posting
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9. APPROVED BY:	 WENDELL C. VELASCO OIC, HRU		
	Date Signed		

(For Information Management Sector only)				
10. Date Received (mm/dd/yyyy): ___/___/___ 11. Time Received (hh:mm) _____ : _____ OAM OPM				
12. ACTIONS TAKEN: <i>(Use separate sheet if necessary)</i>				
DATE (a)	TIME (b)	ACTION TAKEN (c)	ACTION OFFICER (d)	SIGNATURE (e)
13. APPROVED BY:			14.	
Name and Signature SVP-Chief Information Officer, IMS			Date Signed	

**POSITION APPLIED: SOCIAL INSURANCE OFFICER III/SG-SG-15/JG-10 (I 48-03-0120
PhilHealth Regional Office VIII**

Qualification Standards:

Education: Bachelor's Degree relevant to the job
Training: 4 hours of relevant training
Experience: 1 year/s relevant experience
Eligibility: Career Service (Professional)/2nd Level Eligibility

LIST OF APPLICANTS

NO.	NAME
1	Aguilon, Maria Eva E.
2	Andoy, Cleofe B.
3	Didulo, Lawrence A.
4	Dy, Abegail A.
5	Gadaingan, Eufemia D.
6	Lubang, Humphrey S.
7	Quibranza, Mark Dane G.
8	Tomol, Farrah Marie Hope L.
9	Zabala, Joselito

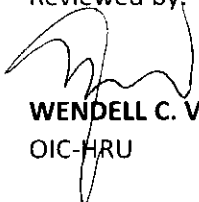
Total Applicants= 0 (Permanent= 7; Co-terminous= 0; Casual= 1; Contractor= 0; External Applicant= 1)

PWD Applicant= 0; Male= 4; Female= 5

Prepared by:


CHRISTINE BERNADETTE B. MONTEJO
HRMA

Reviewed by:


WENDELL C. VELASCO
OIC-HRU