
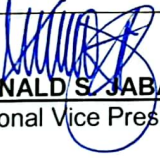


| | | |
|--|-------------------------------|----------|
|  PhilHealth Your Partner in Health | Information Management Sector | |
| Service Request Form | | SRF No.: |

| | |
|---|--|
| 1) Date of Request (mm/dd/yyyy): 07/12/2024 | |
| 2) Name: WENDELL C VELASCO | 3) Designation: OIC, HRU |
| 4) Office/Department: PRO VIII/ MSD-HRU | 5) Room: MSD |
| 6) Contact #: 5608 | 7) Email Address: pro8hru@gmail.com |
| 8) TYPE OF REQUEST: (Please refer to the back page for descriptions and required attachments.) | |
| <div style="display: flex; justify-content: space-between;"> <div> <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 <input type="checkbox"/> Hardware, Database, Network, Connectivity </div> <div> <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): <u>List of Applicants (HRD Memo no 2024-05-109: Clerk III (20-03-0091))</u> </div> </div> | |
| 9. APPROVED BY:  RONALD S. JABAY Regional Vice President | |

7/15/24

Date Signed

| (For Information Management Sector only) | | | | |
|--|-------------|---------------------|-----------------------|------------------|
| 10. Date Received (mm/dd/yyyy): ____ / ____ / ____ 11. Time Received (hh:mm) ____ : ____ ◯AM ◯PM | | | | |
| 12. ACTIONS TAKEN: (Use separate sheet if necessary) | | | | |
| 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: Clerk III/SG-SG-6/JG-5 (ITEM NO. 20-03-0091)
ORVP - Main, PRO VIII

Qualification Standards:

Education: Completion of two years studies in college
Training: None required
Experience: None required
Eligibility: Career Service (Subprofessional)/1st Level Eligibility

LIST OF APPLICANTS

| NO. | NAME |
|-----|------------------------|
| 1 | ARINGOY, DINA B. |
| 2 | BUSTALIÑO, MICHELLE D |
| 3 | LATOSA, FREDDIE S |
| 4 | ZACARIAS, CHEZKA MAE A |

Total Applicants= 4 (Permanent= 0; Co-terminous= 0; Casual= 1; Contractor= 1; External Applicant= 2)

PWD Applicant= 0; Male= 1; Female= 3

Prepared by:


ROSE ANN M CATENZA
HRMA

Reviewed by:


WENDELL C VELASCO
OIC-HRU