



ANNEX A

 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: SIA I (51-01-0192)</u> </div> </div>	
9. APPROVED BY:  <div style="display: flex; justify-content: space-between;"> <div> RONALD S. JABAY Regional Vice President </div> <div> <u>7/15/24</u> Date Signed </div> </div>	

(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: **Social Insurance Assistant I/SG-SG-8/JG-6 (ITEM NO. 51-01-0192)**
HCDMD - Benefit Administration Section, PRO VIII

Qualification Standards:

Education: Completion of two years studies in college
Training: 4 hours of relevant training
Experience: 1 year/s relevant experience
Eligibility: Career Service (Subprofessional)/1st Level Eligibility

LIST OF APPLICANTS

NO.	NAME
1	ABAH, LUCI-ANNE JOSEPHINE P.
2	Agner, Maila D.
3	ARINGOY, DINA B.
4	Carsido, Rachson M.
5	CERENA, DOLLY MAE S.
6	CORREGIDOR, AIREEN M
7	Fornillos, Mherllan S.
8	LATOSA, FREDDIE S
9	URIBE, KARRY ANNE N

Total Applicants= 9 (Permanent= 0; Co-terminous= 8; Casual= 0; Contractor= 0; External Applicant= 1)

PWD Applicant= 0; Male= 3; Female= 6

Prepared by:


ROSE ANN M CATENZA
HRMA

Reviewed by:


WENDELL C VELASCO
OIC-HRU