

<u>Service Request Form</u>	Document Reference Code:
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1) Date of Request: April 29, 2024			
2) Name:  WENDELL C. VELASCO	3) Designation: OIC, HRU		
4) Office/Department: PRO VIII	5) Room:		
6) Contact #: AVAYA NO. 5608	7) Email Address: pro8hru@gmail.com		
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%; border: none;"> <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 Communication Solutions Assistance </td> <td style="width:50%; border: none;"> <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 checked="" type="checkbox"/> Others (please specify): Website posting - Notice of Vacancies - List of Applicants HRD Memo 2024-03-075 SIA I (51-01-0196) </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 <input 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 checked="" type="checkbox"/> Others (please specify): Website posting - Notice of Vacancies - List of Applicants HRD Memo 2024-03-075 SIA I (51-01-0196)
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9. APPROVED BY:  RONALD S. JABAY Regional Vice-President			
Date: _____			

(For Information Management Sector only)				
10. Date Received (mm/dd/yyyy):		11. Time Received (hh:mm) : _____ ○AM ○PM		
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 Assistant I/SG-SG-8/JG-6 (ITEM NO. 51-01-0196)**
TACLOBAN LHIO - Member Management Team, 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	Bardillon, Sweet Sweet L.
3	Calicoy, Rechel S.
4	Daduya, Mark Joseph
5	Dumayhag, Crislyson D
6	Latosa, Freddie Sulteras
7	Lendio, Therese L
8	Petilla, Luzviminda
9	Redoña, Evary Jil M
10	Timosa, Loriebel L

Total Applicants= 10 (Permanent= 0; Co-terminous= 0; Casual= 0; Contractor= 0; External Applicant= 0)

PWD Applicant= 0; Male= 0; Female= 0

Prepared by:


ROSE ANN M CATENZA
HRMA

Reviewed by:


WENDELL C VELASCO
OIC-HRU