
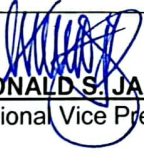


## ANNEX A

 <b>PhilHealth</b> Your Partner in Health	Information Management Sector	
<b>Service Request Form</b>		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: SSIO (48-05-0032))</u> </div> </div>	
9. APPROVED BY:  <div style="display: flex; justify-content: space-between;"> <div> <b>RONALD S. JABAY</b>            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) ____ : ____    OAM OPM				
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: **Senior Social Insurance Officer/SG-SG-18/JG-11 (ITEM NO. 48-05-0032)**  
**FOD - Membership Section, PRO VIII**

**Qualification Standards:**

Education: Bachelor's Degree relevant to the job  
Training: 8 hours of relevant training  
Experience: 2 year/s relevant experience  
Eligibility: Career Service (Professional)/2nd Level Eligibility

**LIST OF APPLICANTS**

NO.	NAME
1	Andoy, Cleofe
2	Agner, Maila D.
3	Didulo, Lawrence
4	DY, ABEGAIL A
5	GADAINGAN, EUFEMIA
6	GIDUCOS, QUENNIE ANN MAE F.
7	Lubang, Humphrey S
8	Patual, Floyd R
9	Quibranza, Mark Dane
10	MARAÑON, LYSANDRA G
11	AGUILON, MARIA EVA E

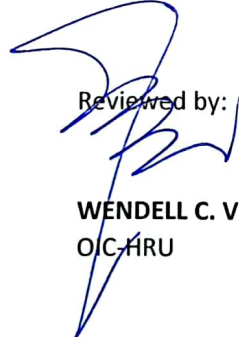
Total Applicants= 11 (Permanent= 10; Co-terminous= 0; Casual= 1; Contractor= 0; External Applicant= 0)

PWD Applicant= 0; Male= 4; Female= 7

Prepared by:

  
**ROSE ANN M CATENZA**  
HRMA

Reviewed by:

  
**WENDELL C. VELASCO**  
OIC-HRU