

# City Human Resources and Management Office Internal Services



## 1. Service Record Processing

Issued to employees to affirm their employment in the City Government.

Office or Division:	City Human Resources and Management Office					
Classification:	Simple (incumbent) Complex (separated)					
Type of Transaction:	G2G – Government to Government					
Who may avail:	Employees of the C	ity Governme	ent .			
CHECKLIST OF I		ity Governini	WHERE TO SE	CURE		
For incumbent em	<u> </u>		WIILKE TO BE	OUNL		
1. Request Form (1		City Human Office (CHF	Resources and	Management		
For separated emp	loyee:	•	·			
1. Appointment form		Requesting	Pary			
2. Old Service Reco		Requesting	·			
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON		
	ACTIONS	BE PAID	G TIME	RESPONSIBLE		
Secure and fill- out request form	1. Receive and process request form.	None	2 minutes	Staff CHRMO		
	1.1 Service Record forwarded to CHRMO Head for signature	None	2 days 23 hours (Icumbent)	Assistant Department Head CHRMO		
	1.2 Review and sign request form	None	4 working days 23 hours (separated)	City Human Resources Management Officer CHRMO		
2. Wait for the release of service record.	2. Release service record.	None	2 minutes	Staff CHRMO		
	TOTAL:	None	2 working days 23 hours 4 minutes (incumbent)  4 working days 23 hours 4 minutes (separated)			



## 2. Certificate of Employment

Employees who plan to separate from the City Government must secure a certificate of employment from the City Human Resources and Management Office, or as part of requirements for whatever purpose that it may serve.

Office or Division:	City Human Resources and Management Office					
Classification:	Simple (incumbent) Complex (separated)					
Type of Transaction:	G2G – Government	,	•			
Who may avail:	Employees of the C	ity Governme	ent			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE		
For incumbent emp	oloyee:					
1. Request Form (1	Original Copy)	City Human Office (CHF	Resources and RMO)	Management		
For separated emp	loyee:					
1. Appointment form	(1 Photocopy)	Requesting	Pary			
2. Old Service Reco		Requesting				
CLIENT STEPS	AGENCY	FEES TO	PROCESSIN	PERSON		
	ACTIONS	BE PAID	G TIME	RESPONSIBLE		
Secure and fill- out request form	1. Receive and process request form.  1.1 Certificate of Employment forwarded to CHRMO Head for signature  1.2 Review and sign request form	None None None	2 minutes  2 days 23 hours (Icumbent)	Staff CHRMO  Assistant Department Head CHRMO  City Human Resources Management Officer CHRMO		
2. Wait for the release of service record.	2. Release service record.	None	2 minutes	Staff CHRMO		
	TOTAL:	None	2 Days 23 Hours 4 Minutes			



## 3. Application for Leave Processing

Leave of Absence is generally defined as a right granted to officials and employees not to report to work with or without pay as may be provided by law.

Office		City I I I I I I I I I I I I I I I I I I I	was and Marsacant Office		
Office of Division		City Hurnan Resol	urces and Management Office		
		Simple			
Classification: Simple Type of Care Correspond		Simple			
Transa		G2G – Governme	nt to Government		
	ay avail:	Employees of the	City Government		
		EQUIREMENTS	WHERE TO SECURE		
		s of the Applicant	milita io ologita		
as appl	•				
	Vacation Lea	ave			
,		e Philippines -	Requesting Party		
	n/a				
	ii. Abroad -	Travel Authority,			
		ce from money			
		k accountability	SPJLAEH, RHU, GALIC		
		xceeding 3 days			
		accompanied by			
		al certificate that			
		t is fit to work y the City Health			
	•	y the City Health 1 Original)			
b)	Sick Leave	i Original)	SPJLAEH, RHU, GALIC		
		Certificate signed	or derient, rend, erterd		
		ity Health Officer			
	(1 Origin	-	Requesting Party		
	ii. În case r		, ,		
	consulta	tion was not			
	availed -	an affidavit			
		e executed by the			
		t (1 Original)			
c)	Maternity Le		Government or Private Physician		
		pregnancy			
		ind, doctor's e on the expected	Paguasting Party		
		lelivery) (1	Requesting Party		
	Original)	• / (			
		ished Notice of			
	•	n of Maternity	SPJLAEH, RHU, GALIC		
		redits (CS Form	, -, -		
		f needed (1			
	Original)	·			
	iii. Leave ex	xceeding 3 days			



		shall be accompanied by a medical certificate that	
		applicant is fit to work	PSA, Government or Private Physician
		signed by the City Health	, and a second control of the second control
		Officer (1 Original)	
d)	Pat	ernity Leave	
•	i.	Proof of child's delivery	Requesting Party
		(birth certificate, medical	
		certificate and marriage	
,	_	contract) (1 Photocopy)	
e)		ecial Privilege Leave	CD II AELL DUIL CALIC
	i.	Within the Philippines - n/a	SPJLAEH, RHU, GALIC
	ii.	Abroad - Travel Authority,	
	""	Clearance from money	
		and work accountability	
	iii.	Leave exceeding 3 days	
		shall be accompanied by	
		a medical certificate that	Requesting Party
		applicant is fit to work	
		signed by the City Health	
f)	Sol	Officer (1 Original) o Parent Leave	Barangay
'/	i.	Copy of updated Solo	Court
	•	Parent Identification Card	- Count
		(1 Photocopy)	
g)	VA	WC Leave	
	i.	Barangay Protection	Barangay, Court
		Order (1 Photocopy)	
	ii.	Temporary/Permanent	
		Protection Order (1 Photocopy)	
	iii.	If BPO, TPO or PPO is not	
		yet issued, a Certification	
		issued by the Punong	
		Barangay/Kagawad or	
		Prosecutor or the Clerk of	SPJLAEH, RHU, GALIC
		Court that the application	
		for the BPO, TPO or PPO	
		has been filed shall be	
	iv/	sufficient (1 Photocopy) Leave exceeding 3 days	
	IV.	shall be accompanied by	
		a medical certificate that	Requesting Party
		applicant is fit to work	Police Station
		signed by the City Health	
		Officer (1 Original)	Government or Private Physician



h)	Rehabilitation Leave	
,	i. Letter Request (1 Original)	
	ii. Police Report, if any (1	
	Photocopy)	
	iii. Medical Certificate on the	
	nature of injuries, course	Government Physician
	of treatment involved and	·
	the need to undergo rest,	
	recuperation and	
	rehabilitation (1 Original)	
	iv. Written concurrence of a	
	government physician to	
	the recommendation for	
	rehabilitation if the	SPJLAEH, RHU, GALIC
	attending physician is a	
	private practitioner,	
	particularly on the duration	
	of the period of	
	rehabilitation (1 Original) v. Leave exceeding 3 days	
	v. Leave exceeding 3 days shall be accompanied by	
	a medical certificate that	Government or Private Physician
	applicant is fit to work	Government of Frivate Frigsician
	signed by the City Health	
	Officer (1 Original)	
i)	Special Leave Benefits for	
,	Women	
	i. Medical Certificate	
	reflecting the	
	gynecological disorder	
	which shall be addressed	
	or was addressed by the	
	surgery, Histopathological	
	Report, Operative	DSWD
	Technique used for the	
	surgery, Duration of the	
	surgery including the per-	
	operative period and	Covernment or Private Physician
	period of recuperation (1 Original)	Government or Private Physician
j)	Adoption Leave	
J <i>)</i>	i. Authenticated copy of the	
	Pre-Adoptive Placement	
	Authority (1 Original	
	Authenticated Copy)	BHERT
k)	Quarantine Requirements	
	i. Certificate issued by	



		government/ private	
		physician that applicant	SPJLAEH, RHU, GALIC
		has submitted himself/	
		herself for monitoring/	
		investigation (1 Original)	
	ii.	Completion of Quarantine	
		Certificate issued by the	Attending Physician
		local quarantine/ health	
		official (1 Original)	
	iii.	Medical Certificate that	
		applicant is cleared to	
		report back to work signed	RITM
		by the City Health Officer	
		(1 Original)	Requesting Party
	iv.	Medical Records showing	BHERT
		that applicant was treated	
		with Covid-19 signed by	
		the attending physician (1	
		Original)	
	٧.	Copy of RT-PCR Test	
		Result (1 Photocopy)	
	۷İ.	Copy of Vaccination Card	
		(1 Photocopy)	
	Vİİ.	Copy of Barangay Contact	
		Tracing form for identified	
		close contacts with a	
		suspect, probable and/or	
		confirmed cases of Covid-	
0.0		19 (1 Photocopy)	
		ng papers of the Applicant	
as app			
a)		cation Leave	
	I.	Within the Philippines -	De succetive a Deuts
	::	n/a	Requesting Party
	ii.	Abroad - Travel Authority,	
		Clearance from money	SDILAEH DHU CALIC
	;;;	and work accountability Leave exceeding 3 days	SPJLAEH, RHU, GALIC
	III <b>.</b>	9	
		shall be accompanied by a medical certificate that	
		applicant is fit to work	
		signed by the City Health	
		Officer (1 Original)	SPJLAEH, RHU, GALIC
b)	Sic	k Leave	OF JEALT, KITO, GALIO
0)	j.	Medical Certificate signed	Requesting Party
	1.	by the City Health Officer	Trequesting Faity
		(1 Original)	
L		( i Original)	



	ii.	In case medical consultation was not availed - an affidavit should be executed by the applicant (1 Original)	Government or Private Physician
c)	) Ma	aternity Leave	
<b>'</b>	i.	Proof of pregnancy	Requesting Party
		(ultrasound, doctor's	
		certificate on the expected	
		date of delivery) (1	
		Original)	SPJLAEH, RHU, GALIC
	ii.	Accomplished Notice of	
		Allocation of Maternity	
		Leave Credits (CS Form	
		No. 6a) if needed (1	
		Original)	
	iii.	Leave exceeding 3 days	PSA, Government or Private Physician
		shall be accompanied by	
		a medical certificate that	
		applicant is fit to work	Degreeting Dorty
		signed by the City Health Officer (1 Original)	Requesting Party
d	ر ا	ternity Leave	
"	) I a i.	Proof of child's delivery	
	'-	(birth certificate, medical	SPJLAEH, RHU, GALIC
		certificate and marriage	
		contract) (1 Photocopy)	
e	) Sp	ecial Privilège Leave	
	i.	Within the Philippines -	
		n/a	
	ii.	Abroad - Travel Authority,	Requesting Party
		Clearance from money	
		and work accountability	
	iii.	9	Barangay
		shall be accompanied by	Court
		a medical certificate that	Darranger, Court
		applicant is fit to work	Barangay, Court
		signed by the City Health Officer (1 Original)	
f)	So	lo Parent Leave	
''	i	Copy of updated Solo	
		Parent Identification Card	
		(1 Photocopy)	
g	) VA	WC Leave	
	i.	Barangay Protection	SPJLAEH, RHU, GALIC
		Order (1 Photocopy)	
	ii.	Temporary/Permanent	



Protection Order	(1
Photocopy)	

iii. If BPO, TPO or PPO is not yet issued, a Certification issued by the Punong Barangay/Kagawad or Prosecutor or the Clerk of Court that the application for the BPO, TPO or PPO has been filed shall be sufficient (1 Photocopy)

iv. Leave exceeding 3 days shall be accompanied by a medical certificate that applicant is fit to work signed by the City Health Officer (1 Original)

- h) Rehabilitation Leave
  - i. Letter Request (1 Original)
  - ii. Police Report, if any (1 Photocopy)
  - iii. Medical Certificate on the nature of injuries, course of treatment involved and the need to undergo rest, recuperation and rehabilitation (1 Original)
  - iv. Written concurrence of a government physician to the recommendation for rehabilitation if the attending physician is a private practitioner, particularly on the duration of the period of rehabilitation (1 Original)
  - v. Leave exceeding 3 days shall be accompanied by a medical certificate that applicant is fit to work signed by the City Health Officer (1 Original)
- i) Special Leave Benefits for Women
  - Medical Certificate reflecting the gynecological disorder

Requesting Party
Police Station
Government or Private Physician

Government Physician

SPJLAEH, RHU, GALIC

Government or Private Physician

**DSWD** 

Government or Private Physician



which shall be addressed or was addressed by the surgery, Histopathological Report, Operative Technique used for the surgery, Duration of the surgery including the peroperative period and period of recuperation (1 Original)

- j) Adoption Leave
  - Authenticated copy of the Pre-Adoptive Placement Authority (1 Original Authenticated Copy)
- k) Quarantine Requirements
  - i. Certificate issued by government/ private physician that applicant has submitted himself/ herself for monitoring/ investigation (1 Original)
  - ii. Completion of Quarantine Certificate issued by the local quarantine/ health official (1 Original)
  - iii. Medical Certificate that applicant is cleared to report back to work signed by the City Health Officer (1 Original)
  - iv. Medical Records showing that applicant was treated with Covid-19 signed by the attending physician (1 Original)
  - v. Copy of RT-PCR Test Result (1 Photocopy)
  - vi. Copy of Vaccination Card (1 Photocopy)
  - vii. Copy of Barangay Contact Tracing form for identified close contacts with a suspect, probable and/or confirmed cases of Covid-19 (1 Photocopy)

**BHERT** 

SPJLAEH, RHU, GALIC

Attending Physician

RITM Requesting Party BHERT



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBL E
Submission of filled-out     Application for	Receive application form	None	3 minutes	<i>Staff</i> CHRMO
Leave form with necessary attachments, as	1.1 Process application	None	5 minutes	<i>Staff</i> CHRMO
applicable	1.2 Forward application form to CHRMO Head for signature	None	2 minutes	Staff CHRMO
	1.3 Sign application form	None	5 minutes	City Human Resources Management Officer CHRMO
	1.4 Release application for Leave	None	5 minutes	<i>Staff</i> CHRMO
2. Same documents will be forwarded to the Department Head for recommendation	2. Approval/ Disapproval of Application for Leave from Department Head	None	-	Department Head  Department Concerned
3. Same documents will be submitted to HR for recording	3. Receive Application for Leave with recommendation	None	5 minutes	Staff CHRMO
	3.1 Post on Leave Card	None	5 minutes	
	3.2 Record on system	None	5 minutes	
	3.3 Receive application form	None		Staff Office of the Mayor
	3.4 Sign Application for Leave form	None		City Mayor



	3.5 Receive signed application for leave.	None	5 minutes	Staff CHRMO
4. Receive Employee's Copy of the Application for Leave	4. Release Application for Leave	None	5 minutes	Staff CHRMO
	TOTAL:	None	45 Minutes (excluding time for Client Step 2 and Agency Action steps 3.3 to 3.4)	

Note: Total number of minutes is summed up based on the steps and services provided only by CHRMO.



#### 4. Travel Order

Issued when travel is intended outside San Pedro

Office or Division:	City Human Resources and Management Office				
Classification:	Simple				
Type of Transaction:	G2G – Government to Government				
Who may avail:	Employees of the City	Governme	 ≏nt		
	REQUIREMENTS	Governin	WHERE TO SE	CURF	
1. Request Form properly accomplished, filled out, and duly approved by Department Head/authorized signatory (in case of the absence of the Department Head) (1 Original Copy)		City Human Resources and Management Office, 4/F			
2. Pertinent docume as but not limited mission orders, aut activity and the like Photocopy)	nts to support TO such to invitation letters, hority to conduct such e. (1 Original Copy, 1	Requesting party			
Request Form proper out, and duly approor City Administrate	For department heads: Request Form properly accomplished, filled out, and duly approved by the City Mayor or City Administrator and Vice-Mayor (for Sangguniang Panlungsod) (1 Original Capy)		City Human Resources and Management Office, 4/F		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Submit Request Form	1. Receive request form	None	2 minutes	Staff CHRMO	
	1.1 Process request form	None	8 minutes	Staff CHRMO	
	None	3 minutes	City Human Resources Management Officer CHRMO		
	1.3 Review and sign for recommending Approval.	None	None	City Administrator's Office	



	1.4 Receive the duly signed Travel Order	None	1 minute	Staff CHRMO
	from the Administrator's Office			
	1.5 Review and Sign for approval.	None	1 minute	City Mayor City Mayor's Office Or City Vice-Mayor City Vice- Mayor's Office
	1.6 Receive the duly signed Travel Order from the City Mayor or City Vice-Mayor	None	1 minute	Staff CHRMO
2. Receive Travel Order Form	2. Release Travel Order Form	None	2 minutes	CHRMO Staff
	TOTAL:	None	17 Minutes	

Note: Total number of minutes is summed up based on the steps and services provided only by CHRMO.



#### 5. Official Business

Issued when travel is within San Pedro area.

Office or Division:	City Human Resources and Management Office			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Employees of the City Government			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
1. Request Form properly accomplished, filled out, and duly approved by Department Head/authorized signatory (in case of the absence of the Department Head) (1 original)		City Human Resources and Management Office, 4/F		
2. For all department heads - Request Form properly accomplished, filled out, and duly approved by the City Mayor or City Administrator and Vice-Mayor (for Sangguniang Panlungsod) (1 original)  3. Pertinent documents to support OB such as but not limited to invitation letters, mission orders, authority to conduct such		Requesting party		
activity and the like. (1 photocopy/original)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Request Form	1. Receive request form	None	2 minutes	<i>Staff</i> CHRMO
	1.1 Process request form	None	8 minutes	CHRMO Staff
	1.2 Official Business slip forwarded to CHRMO Head for		3 minutes	City Human Resources

Management

Officer CHRMO

CHRMO Staff

2. Receive Official

**Business Slip** 

signature

2. Release

Business Slip

TOTAL:

Official

None

None

2 minutes

15 Minutes