



City Human Resources and Management Office Internal Services



1. Service Record Processing

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

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| 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 City Government | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| For incumbent employee: | | | | |
| 1. Request Form (1 Original Copy) | | City Human Resources and Management Office (CHRMO) | | |
| For separated employee: | | | | |
| 1. Appointment form (1 Photocopy) | | Requesting Pary | | |
| 2. Old Service Record | | Requesting Party | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
| 1. 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 (lcumbent) | 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.

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| 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 City Government | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| For incumbent employee: | | | | |
| 1. Request Form (1 Original Copy) | | City Human Resources and Management Office (CHRMO) | | |
| For separated employee: | | | | |
| 1. Appointment form (1 Photocopy) | | Requesting Pary | | |
| 2. Old Service Record | | Requesting Party | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
| 1. Secure and fill-out request form | 1. Receive and process request form. | None | 2 minutes | <i>Staff</i> CHRMO |
| | 1.1 Certificate of Employment forwarded to CHRMO Head for signature | None | 2 days 23 hours (Icumbent) | <i>Assistant Department Head</i> CHRMO |
| | 1.2 Review and sign request form | None | | <i>City Human Resources Management Officer</i> CHRMO |
| 2. Wait for the release of service record. | 2. Release service record. | None | 2 minutes | <i>Staff</i> 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 or Division: | City Human Resources and Management Office |
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| Classification: | Simple |
| Type of Transaction: | G2G – Government to Government |
| Who may avail: | Employees of the City Government |
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
| 1. Supporting papers of the Applicant as applicable: | |
| a) Vacation Leave | |
| i. Within the Philippines - n/a | Requesting Party |
| ii. Abroad - Travel Authority, Clearance from money and work accountability | SPJLAEH, RHU, GALIC |
| iii. 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) | |
| b) Sick Leave | SPJLAEH, RHU, GALIC |
| i. Medical Certificate signed by the City Health Officer (1 Original) | Requesting Party |
| ii. In case medical consultation was not availed - an affidavit should be executed by the applicant (1 Original) | |
| c) Maternity Leave | Government or Private Physician |
| i. Proof of pregnancy (ultrasound, doctor's certificate on the expected date of delivery) (1 Original) | Requesting Party |
| ii. Accomplished Notice of Allocation of Maternity Leave Credits (CS Form No. 6a) if needed (1 Original) | SPJLAEH, RHU, GALIC |
| iii. Leave exceeding 3 days shall be accompanied by a medical certificate that applicant is fit to work | PSA, Government or Private Physician |



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| signed by the City Health Officer (1 Original) | |
| d) Paternity Leave | |
| i. Proof of child's delivery (birth certificate, medical certificate and marriage contract) (1 Photocopy) | Requesting Party |
| e) Special Privilege Leave | |
| 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 applicant is fit to work signed by the City Health Officer (1 Original) | Requesting Party |
| f) Solo Parent Leave | |
| i. Copy of updated Solo Parent Identification Card (1 Photocopy) | Barangay Court |
| g) VAWC Leave | |
| i. Barangay Protection Order (1 Photocopy) | Barangay, Court |
| 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) | SPJLAEH, RHU, GALIC |
| 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) | Requesting Party Police Station |
| h) Rehabilitation Leave | Government or Private Physician |
| i. Letter Request (1 Original) | |
| ii. Police Report, if any (1 Photocopy) | |
| iii. Medical Certificate on the nature of injuries, course | Government Physician |



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| <p>of treatment involved and the need to undergo rest, recuperation and rehabilitation (1 Original)</p> <p>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)</p> <p>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)</p> <p>i) Special Leave Benefits for Women</p> <p>i. Medical Certificate reflecting the gynecological disorder which shall be addressed or was addressed by the surgery, Histopathological Report, Operative Technique used for the surgery, Duration of the surgery including the per-operative period and period of recuperation (1 Original)</p> <p>j) Adoption Leave</p> <p>i. Authenticated copy of the Pre-Adoptive Placement Authority (1 Original Authenticated Copy)</p> <p>k) Quarantine Requirements</p> <p>i. Certificate issued by government/ private physician that applicant has submitted himself/ herself for monitoring/ investigation (1 Original)</p> <p>ii. Completion of Quarantine Certificate issued by the local quarantine/ health official (1 Original)</p> | <p>SPJLAEH, RHU, GALIC</p> <p>Government or Private Physician</p> <p>DSWD</p> <p>Government or Private Physician</p> <p>BHERT</p> <p>SPJLAEH, RHU, GALIC</p> <p>Attending Physician</p> |
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| <ul style="list-style-type: none"> 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) | <p>RITM</p> <p>Requesting Party BHERT</p> |
| <p>3. Supporting papers of the Applicant as applicable:</p> <ul style="list-style-type: none"> a) Vacation Leave <ul style="list-style-type: none"> i. Within the Philippines - n/a ii. Abroad - Travel Authority, Clearance from money and work accountability iii. 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) b) Sick Leave <ul style="list-style-type: none"> i. Medical Certificate signed by the City Health Officer (1 Original) ii. In case medical consultation was not availed - an affidavit should be executed by the applicant (1 Original) c) Maternity Leave <ul style="list-style-type: none"> i. Proof of pregnancy (ultrasound, doctor's certificate on the expected date of delivery) (1 Original) ii. Accomplished Notice of | <p>Requesting Party</p> <p>SPJLAEH, RHU, GALIC</p> <p>SPJLAEH, RHU, GALIC</p> <p>Requesting Party</p> <p>Government or Private Physician</p> <p>Requesting Party</p> <p>SPJLAEH, RHU, GALIC</p> |



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| Allocation of Maternity Leave Credits (CS Form No. 6a) if needed (1 Original) | |
| iii. 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) | PSA, Government or Private Physician |
| d) Paternity Leave | Requesting Party |
| i. Proof of child's delivery (birth certificate, medical certificate and marriage contract) (1 Photocopy) | SPJLAEH, RHU, GALIC |
| e) Special Privilege Leave | |
| i. Within the Philippines - n/a | |
| ii. Abroad - Travel Authority, Clearance from money and work accountability | Requesting Party |
| iii. 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) | Barangay Court Barangay, Court |
| f) Solo Parent Leave | |
| i. Copy of updated Solo Parent Identification Card (1 Photocopy) | |
| g) VAWC Leave | |
| i. Barangay Protection Order (1 Photocopy) | SPJLAEH, RHU, GALIC |
| 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) | Requesting Party Police Station Government or Private Physician |
| iv. Leave exceeding 3 days shall be accompanied by a medical certificate that applicant is fit to work | Government Physician |



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| signed by the City Health Officer (1 Original) | |
| h) Rehabilitation Leave | |
| i. Letter Request (1 Original) | SPJLAEH, RHU, GALIC |
| 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) | Government or Private Physician |
| 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) | DSWD |
| i) Special Leave Benefits for Women | Government or Private Physician |
| i. Medical Certificate reflecting the gynecological disorder which shall be addressed or was addressed by the surgery, Histopathological Report, Operative Technique used for the surgery, Duration of the surgery including the per-operative period and period of recuperation (1 Original) | BHERT |
| | SPJLAEH, RHU, GALIC |
| | Attending Physician |
| j) Adoption Leave | |
| i. Authenticated copy of the Pre-Adoptive Placement Authority (1 Original Authenticated Copy) | RITM Requesting Party BHERT |
| k) Quarantine Requirements | |
| i. Certificate issued by government/ private | |



| <p>physician that applicant has submitted himself/ herself for monitoring/ investigation (1 Original)</p> <p>ii. Completion of Quarantine Certificate issued by the local quarantine/ health official (1 Original)</p> <p>iii. Medical Certificate that applicant is cleared to report back to work signed by the City Health Officer (1 Original)</p> <p>iv. Medical Records showing that applicant was treated with Covid-19 signed by the attending physician (1 Original)</p> <p>v. Copy of RT-PCR Test Result (1 Photocopy)</p> <p>vi. Copy of Vaccination Card (1 Photocopy)</p> <p>vii. Copy of Barangay Contact Tracing form for identified close contacts with a suspect, probable and/or confirmed cases of Covid-19 (1 Photocopy)</p> | | | | |
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| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submission of filled-out Application for Leave form with necessary attachments, as applicable | 1. Receive application form | None | 3 minutes | Staff CHRMO |
| | 1.1 Process application | None | 5 minutes | Staff CHRMO |
| | 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 | None | 5 minutes | Staff |



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| | Leave | | | CHRMO |
| 2. Same documents will be forwarded to the Department Head for recommendation | 2. Approval/ Disapproval of Application for Leave from Department Head | None | - | <i>Department Head</i> Department Concerned |
| 3. Same documents will be submitted to HR for recording | 3. Receive Application for Leave with recommendation | None | 5 minutes | <i>Staff</i> CHRMO |
| | 3.1 Post on Leave Card | None | 5 minutes | |
| | 3.2 Record on system | None | 5 minutes | |
| | 3.3 Receive application form | None | | <i>Staff</i> Office of the Mayor |
| | 3.4 Sign Application for Leave form | None | | <i>City Mayor</i> |
| | 3.5 Receive signed application for leave. | None | 5 minutes | <i>Staff</i> CHRMO |
| 4. Receive Employee's Copy of the Application for Leave | 4. Release Application for Leave | None | 5 minutes | <i>Staff</i> 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

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| 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 Copy) | | City Human Resources and Management Office, 4/F | | |
| 2. Pertinent documents to support TO such as but not limited to invitation letters, mission orders, authority to conduct such activity and the like. (1 Original Copy, 1 Photocopy) | | Requesting party | | |
| 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 Copy) | | 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 |
| | 1.2 Travel Order forwarded to CHRMO Head for signature | 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 from the Administrator's Office | None | 1 minute | Staff CHRMO |



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| | 1.5 Review and Sign for approval. | None | 1 minute | <i>City Mayor</i> <i>City Mayor's Office</i> <i>Or</i> <i>City Vice-Mayor</i> <i>City Vice-Mayor's Office</i> |
| | 1.6 Receive the duly signed Travel Order from the City Mayor or City Vice-Mayor | None | 1 minute | <i>Staff</i> <i>CHROMO</i> |
| 2. Receive Travel Order Form | 2. Release Travel Order Form | None | 2 minutes | <i>CHROMO Staff</i> |
| | TOTAL: | None | 17 Minutes (excluding Action 1.3) | |

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



Issued when travel is within San Pedro area.

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