

ANNEX – B

Summary of reports and sample forms to be generated.

◆ **Employee Management should Generate the following Reports:**

- Service Record
- Notice of Vacancy
- Personal Data Sheet
- Personnel Information Sheet
- Position Description Form
- Certificate of Employment
- Employee Master List
- Salary Adjustment Memo
- List of Employees with Job Competency
- Number of Personnel by Age and Gender
- Plantilla of Personnel
- Position Description Form (DBM- FORM 1)
- Special Order Grant of Salary Step Increment (SSI)
- List of Separated Employees
- Special Order Grant of Compensation Adjustments
- List of Department and Manager
- Custom Report
- Sex Disaggregated Data of the above

◆ **Attachment and viewing of original and important documents such as birth certificate, transcript of records etc.**

◆ **Customizable and user-definable reports.**

◆ **Generates the following Leave Reports:**

- Disapproved Leave Application
- Employee Leave Summary
- Force Leave Record
- Leave Credits
- Leave Monetization Claims
- Leave without Pay
- List of Employees with Prolonged Leaves
- List of Late Filing of Leave Application
- Other Leave
- Personnel Leave Computation Card

◆ **Payroll Management should Generate the following reports:**

- List of Employees With More Than 5 Days Leave Without Pay - Overpayment Employees
- Individual Payroll Ledger - from start of the year to date; all earnings and deductions per employee
- Below Minimum List
- Employees Entitled with Longevity Pay
- Summary of Loan Deductions List
- Payslip
- General Payroll Report
- General Payroll Summary
- Payroll Certification
- Monthly Variance Report
- Variance Report of Employees
- GSIS Remittance Report
- GSIS Loan Remittance List
- GSIS Premium Remittance List
- GSIS Summary of Payments List
- GSIS I.V (Individual Voucher) Loan List



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- GSIS I.V (Individual Voucher) Premium List
- GSIS Real Estate Loan List
- HDMF Premium Remittance Report
- HDMF Loan Remittance Report
- HDMF I.V (Individual Voucher) Loan List
- HDMF I.V (Individual Voucher) Premium List
- HDMF MP2 Remittance List
- HDMF Housing Loan Remittance List
- HDMF Summary of Payments List
- PhilHealth Premium Remittance Report
- PHIC Premium Remittance List
- PHIC IV (Individual Vouchers) Premium Remittance List
- PHIC Summary of Payments List
- GL Entries
- Custom Payroll Reports (Monthly)
- Alphalist (Terminated)
- Alphalist with Previous Employer
- Alphalist without Previous Employer
- Anniversary Gift Report
- BIR 2316
- Certificate of Loan Remittance
- Certificate of Remittance
- Collective Negotiation Agreement Incentive Report
- Custom Payroll Reports (Yearly)
- Educational Assistance Allowance Report
- Index of Payments to Employees
- Labor Management Relations Gift Report
- Loyalty Award
- Year-End Bonus and Cash Gift Report
- List of Active Employees
- Withholding Tax Remittance
- List Authority to Debit Report
- Bank Diskette

◆ **Time and attendance management should Generate the following reports:**

- Authorized Travel
- COC Availment and Non-Availment of Employees
- Compensatory Time Off Availment and Non availment of employees
- Custom Timekeeping report
- Daily Time correction form
- Daily time record
- Disapproved Leave applications
- Employees with less than the required number of punches
- Forced leave record
- Late filed leaves record
- Leave w/o pay
- List of AWOL employees
- List of employees w/ prolonged leaves
- Monetization claims
- Official business report
- Other leaves profile
- Perfect attendance (No absences, no Late, No under time, w/OB)
- Sick leave Profile
- Tardiness & Under time report
- Vacation leave profile

◆ **Training management should Generates the following reports:**

- Participants for the training
- List of trainings with participants
- PTR Report Tally
- TEAR Report Tally



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- Training Balance
- Report of Training Attended per Employee, Department, Group.
- Training summary report
- PDC resolution
- List of approved training
- Translation of Competencies to Training Program
- Certificate of Attendance
- Conducted training for the year
- Certificate of the training
- SO training Report

◆ **Recruitment management should Generates the following reports:**

- Letter of appointment
- BIR Form
- Character Reference check report
- Employment Examination
- Attendance sheet
- Forwarding PDS to the personnel
- Issuance of ID form
- Notification to the applicant for the reposted position
- Next-in Rank Waiver form
- Non-disclosure
- Notice of Meeting
- Notice of Probationary period
- Notice of vacancy
- Notify Appointee w/Approved
- Appointment w/receipt
- Personal Data Sheet (Applicants)
- Plantilla Form
- Philhealth Form
- Philhealth Member Registration Form
- Qualified Next-in-rank
- Referral of applicant for the vacant position
- Report on Appointment Issues (RAI)
- Report on previously Posted 2nd Level positions
- Submitting ATM applications form
- Transmittal of Appointee
- Transmittal of BIR form 2305
- Tracking of Positions

◆ **Should Generates the following 201 reports:**

- Custom report
- Employee Master list
- Personal Data Sheet (Employees)
- Service record
- Position Description form
- Certificate of Employment
- Salary Adjustment Memo
- Notice of Salary Adjustment (NOSA)
- Notice of Step Increment (NOSI)
- Notice of Change of Item Number

◆ **Performance Management should Generate the following reports:**

- Office Performance Commitment & Review form (OPCR)
- Individual Performance Commitment & Review form (IPCR)
- Development Action Plans
- Employee's Awarded or Recognized
- Employee's Inventories
- Employees' Summary of ratings
- Employee's Termination or Promotion
- Employee's Training and Development Program
- Performance Review & Appraisal Proper



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- Progress Review and Performance Monitoring
- STAFF (Subordinates & Teams Appraisal Feedback Form)
- OFFICER Sheet (Observation, Feedback, Forethought, inputs, Comments, Evaluation, Review)

✓
✓

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HRODD EXTERNAL REPORTS and FORMS

A. External Reports

PHILGUARANTEE Philippine Guarantee Corporation			
EXTERNAL COMPLIANCE ACTIVITIES UNDERTAKEN/REPORTED BY CONCERNED DEPARTMENT - REGULAR			
Title of Report	Submitted to	Submitted by	Date Required (Target)
Withholding Tax on Compensation under BIR Form 1601-C	BIR	HRODD	Monthly (15th WD of the following month)
Withholding Tax on Compensation under BIR Form 1603	BIR	HRODD	Quarterly (15th WD of the following quarter)
Withholding Tax on Compensation under BIR Form 1604-CF	BIR	HRODD	Annually (31st day of January of the following year)
Report on Appointments Issued	CSC	HRODD	Monthly (on or before the 30th day from the preceding month)
Report on Accession & Separation	CSC	HRODD	Quarterly (within the following quarter)
SALN & Disclosure of Business Interests and Financial Connections	CSC	HRODD	Annually (on or before April 30); Within 30 days after assumption of office; Within 30 days after separation from the service
PAG-IBIG Remittances	HDMF	HRODD	Monthly (every 15th WD up to the last day of the following month)
PHILHEALTH Remittances	PhilHealth	HRODD	Monthly (every 15th WD of the following month, with grace period of one day)
Agency Remittance Advice (ARA) Philguarantee Remittance on ! Government Share ! Personal Share ! Unlimited Optional Life Insurance ! Employee Compensation ! Extra Hazard Premium, & Personal Loans	GSIS	HRODD	Monthly (every 10th WD of the following month)

B. Internal Reports


INTERNAL COMPLIANCE ACTIVITIES UNDERTAKEN/REPORTED BY CONCERNED DEPARTMENT - REGULAR		
Title of Report	Submitted to	Target Date of Submission
Statement of Assets, Liabilities & Networth (SALN pursuant to R.A. 6713)	HRODD	Annually (on or before 15 April of each year)

C. HRODD Forms

Number	Code	Form Name
1	ARO	Authority to Render Overtime Rev. 03 as of 31 July 2023
2	ENDA	Employee Non-Disclosure Agreement_updatedIAOForm
3	EIFPNP	Exit Interview Form PHILGUARANTEE Non Permanent
4	EIFPP	Exit Interview Form PHILGUARANTEE Permanent Final
5	FADF	FORM APPLICANT DISCLOSURE FORM Rev02 31July2023
6	FF	FORM FEEDBACK FORM
7	PTRF	FORM PTR FORM revised 15 August 2022
8	BCF	FORM BACKGROUND CHECK FORM Rev02 31July2023
9	CCOCE	FORM Certificate of COC Earned
10	COFAOTG	FORM CERTIFICATE OF FINAL ACTION ON THE GRIEVANCE
11	DPASAT	FORM Data Privacy and Security Agreement template_

12	DHSQ	FORM DHSQ Rev. 1as of 29 July 2021
13	EIS	FORM EMPLOYEE INFO SHEET
14	GAFEM	FORM General Assessment Form ExMan.
15	GAFRAF	FORM General Assessment Form Rank and File
16	GAF	FORM GRIEVANCE AGREEMENT FORM
17	GF	FORM Grievance Form
18	GA	FORM Group Assessment
19	HRRF	FORM HR Request Form Rev. 06 16 Oct 2020
20	IRS	FORM Interview Rating Sheet
21	MDAMAP	FORM NDA Manpower Agency Personnel NDA Rev. 03 as of 31 July 2023
22	PPF	PERMISSION SLIP FORM
23	PTAF	FORM PHILGUARANTEE Travel Authority Form 7192023
24	PAFEM	FORM PRELIM ASSESSMENT FORM EXMAN
25	PAFRAF	FORM PRELIM ASSESSMENT FORM RANK AND FILE
26	RDF	FORM Reassignment Designation Form
27	SFBTCH	FORM SHORTLISTING FORM BY THE CONCERNED HEAD
28	SAHSF	FORM SIGNATURE AND HANDWRITING SPECIMEN Rev. 02 as of 16 Oct. 2020
29	TEARF	FORM TEAR FORM
30	PNFACF	Privacy Notice for Applicants Candidates 9.20.2021
31	GCG	GCG Form PBB Form 3a PBB Form 3b
32	OPCR	Office Performance Commitment and Review
33	SPMS	Professional Development Plan Form Department Performance Commitment and Review (DPCR) Form Individual Performance Commitment and Review (IPCR) Form STRATEGIC PERFORMANCE MANAGEMENT SYSTEM (SPMS)

1. Authority to Render Overtime Rev. 03 as of 31 July 2023

 <p>PHILGUARANTEE Philippine Guarantee Corporation</p>	<p>Group/Department / Office _____</p>	<p>Date _____</p>
<p>AUTHORITY TO RENDER OVERTIME WORK</p>		
<p>FOR : The Group/Office/Department Head _____</p>		
<p>May I request authority for Mr./Ms. _____ to render Overtime</p>		
<p>Service on _____, from _____ to _____ p.m. or for a total of _____ hours.</p>		
<p>a. Purpose of rendition of overtime: _____</p>		
<p>b. Justification of overtime: _____ <i>(Why work has to be extended beyond regular office hours; possible adverse affect on PHILGUARANTEE if the work is not completed on schedule)</i></p>		
<p>c. Overtime work rendered is to be <input type="checkbox"/> converted to Compensatory Overtime Credits <input type="checkbox"/> paid in cash</p>		
<p>RECOMMENDING APPROVAL:</p>		
<p>Name and Signature of Employee</p>	<p>Office/Department Head</p>	
<p>APPROVAL OF OVERTIME:</p>		<p>APPROVAL OF OVERTIME TO BE PAID IN CASH:</p>
<p>Group Head</p>	<p>President and CEO</p>	
<p>PGC-HRODD-QP-11</p>		<p>Rev. 03 as of 31 July 2023</p>

2. Employee Non-Disclosure Agreement_updatedIAOForm

EMPLOYEE NON-DISCLOSURE AGREEMENT

(in compliance with the Data Privacy Act/R.A. 10173)

This Non-Disclosure Agreement (Agreement), entered into this _____ at Makati City, between the **PHILIPPINE GUARANTEE CORPORATION (PHILGUARANTEE)**, a government corporate entity, approved per Executive Order No. 58, series of 2018, with office address at the _____, ~~represented~~ herein by its HR Head _____, hereinafter referred to as the "Employer";

-and-

_____, of legal age, Single/Married, with residential address at _____ and hereto referred as the "Employee";

-WITNESSETH-

WHEREAS, the Data Privacy Act of 2012 or Republic Act (R.A. 10173) and its Implementing Rules and Regulations (IRR) require that personal information (including sensitive and privileged information) maintained by a government agency or instrumentality be secured, as far as practicable, with the use of the most appropriate standard recognized by the information and communications technology industry, and as recommended by the Commission⁵⁷;

WHEREAS, PHILGUARANTEE, as part of its mandate, is engaged in the business of granting guarantee coverage where personal and sensitive information of the applicant/borrower, its Board of Directors and all such other person who has interest in the application are submitted for evaluation and processing⁵⁸; by certain PHILGUARANTEE employees;

NOW, THEREFORE, for and in consideration of the foregoing premises, the Employee hereby agree, as a condition of employment, to undertake the following:

1. Duration of Employment: _____

Status of Employment: Contractual/Job Order/Permanent/Consultant

2. I am fully aware that the Employer is engaged in the business where personal and sensitive information are processed;
3. I am fully aware and clearly understand that the processing of the personal and sensitive information (all hereinafter referred to as "information")⁵⁹ in the course of my function/s as employee of PHILGUARANTEE is limited to my need for the information in the performance of my duties and responsibilities;
4. By signing this Agreement, it is understood that I am authorized to process the information as defined herein, provided, that I will use such authority in the processing of the information only in the performance of the duties and responsibilities of my position.

⁵⁷ 4th WHEREAS Clause, National Privacy Commission (NPC) Circular No. 2016-01.

⁵⁸ "Processing" refers to any operation or any set of operations performed upon personal data including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure or destruction of data. Processing may be performed through automated means, or manual processing, if the personal data are contained or are intended to be contained in a filing system. (Section 3

(a) of the Implementing Rules and Regulations of R.A. 10173;

⁵⁹ For purposes of this NDA and compliance under R.A. 10173, whenever "data" or "information" is mentioned herein, the same is limited to personal information as defined under the law and its IRR. "Personal information" refers to any information, whether recorded in a material form or not, from which the identity of an individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify an individual (id., (1)).



5. Sensitive personal information⁶⁰, shall be strictly regulated thru the issuance of a security clearance⁶¹ to the appropriate employees. However, the following employees, by virtue of their position, duties and responsibilities are hereby automatically granted security clearance to access personal and sensitive information upon signing of this Agreement:

1. Officers and employees of the Corporation and applicants to vacancies - shall be limited to the PCEO/OIC, DPO, Human Resources and Organizational Development Department (or HRD) Head, and other authorized personnel/employee.
2. Resigned/Terminated Employees – A former employee shall fill up a request form to be approved by the DPO and HRD Head and by the PCEO/OIC, if needed. The data requested should be personally handed to the employee concerned, or if not possible, a written authorization letter shall be provided. Electronic request is allowed subject to filling up of the request form and stating therein that an e-copy is requested.
3. Board members – shall be limited to the PCEO/OIC, DPO, Corporate Secretary, Regulatory Agencies as mandated by law.
4. Clients - shall be limited to the PCEO/OIC, DPO, Head of concerned Corporate Operations/Business Group (COG), Head of Credit & Appraisal Management Department, Head of Legal Services Group, Board of Directors, Account Officers (AOs) and authorized staff of concerned department/units as specified in an office order shall have access to the same.

At no time should anyone be allowed access to the personal files, medical records⁶² and records containing confidential information of other employees. However, an employee cannot invoke his/her right to access his/her file under the law when the personal information is being processed for the purpose of investigation in relation to any criminal, administrative, or tax liabilities against him/her or disclosure of his/her medical records is necessary to avoid further injury and damage to the health of other employees.

At no time should any authorized employee bring gadgets or storage device (e.g. USB, etc.) of any form when accessing personal files of the Corporation's employee, members of the Board of Directors, applicants, and clients.

All authorized personnel who will access the stored personal data must fill out and register access details in a separate logbook specifically dedicated for the said purpose. They shall indicate the complete name, signature, date, time, duration and purpose of each access.

Access to personal data by employees not specifically mentioned above may be allowed, subject to the submission of a request and justification thereof to the DPO, endorsed by the latter to the DPC/DBRT for approval.

A security clearance Form is hereto attached as Annex "1".

⁶⁰ Section 3 (1) of the IRR:

Sensitive personal information refers to personal information:

1. About an individual's race, ethnic origin, marital status, age, color, and religious, philosophical or political affiliations;
2. About an individual's health, education, genetic or sexual life of a person, or to any proceeding for any offense committed or alleged to have been committed by such individual, the disposal of such proceedings, or the sentence of any court in such proceedings;
3. Issued by government agencies peculiar to an individual which includes, but is not limited to, social security numbers, previous or current health records, licenses or its denial, suspension or revocation, and tax returns; and
4. Specifically established by an executive order or an act of Congress to be kept classified.

⁶¹ Section 31, IRR of R.A. 10173 and Section 15, Rule III, National Privacy Commission Circular No. 2016-01
(Security of Personal Data in Government Agencies)

⁶² Please see NPC's Privacy Policy Office Advisory Opinion No. 2017-25 on when medical records of an employee can be accessed.



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A copy of each security clearance must be filed with PHILGUARANTEE's DPO⁶³.

6. I shall comply with all access control policy/ies established by PHILGUARANTEE regarding the processing of information.
7. I shall be guided by the applicable PHILGUARANTEE policy, manual and the National Privacy Commission rules, regulations and advisory and the provisions of RA 10173 and its Implementing Rules and Regulations, subsequent issuances thereof and any other applicable laws governing confidentiality of information. That I understand and agree that my obligation not to disclose information will continue even after I leave the employment with PHILGUARANTEE.
8. I will exercise due diligence⁶⁴ to protect the information under my custody against accidental or unauthorized access, modifications, disclosures, or destruction.
9. I understand that any violation of this undertaking or other PHILGUARANTEE policies and/or manual related to the release or disclosure of information may result in one or more sanctions including immediate termination of my access to data, revocation of security clearance to access information, disciplinary actions, criminal penalties, or civil liability under appropriate laws and under the Data Privacy Act.
10. I hereby affirm that I shall attend, as required by law, mandatory, agency-wide annual training on privacy and data protection policies while employed and attend a similar training during agency personnel orientations⁶⁵.
11. I affirm that I have been given the opportunity to review and understand PHILGUARANTEE's Data Privacy Manual and other policies referenced therein, and I further affirm that my questions about those policies have been answered to my satisfaction.
12. I HEREBY CERTIFY that I have read and have fully understood the foregoing terms and conditions and that I accept the same completely.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures this _____ day of _____, 20____, in the City of Makati.

PHILIPPINE GUARANTEE CORPORATION

TIN: _____

By:

President & CEO/OIC
TIN: _____

HR Head
TIN: _____

Data Privacy Officer
TIN: _____

Employee:

Position
TIN: _____

⁶³ Ibid.

⁶⁴ Article 1163 of the Civil Code of the Philippines: Every person obliged to give something is also obliged to take care of it with the proper diligence of a good father of a family, unless the law or the stipulation of the parties requires another standard of care.

⁶⁵ Section 4 (d), NPC Circular No. 2016-01



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3. Employee Non-Disclosure Agreement_updatedIAOForm

Signed in the presence of:

Printed Name & Signature

Printed Name & Signature

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF MAKATI) SS.

BEFORE ME, a Notary Public for and in the above jurisdiction, this _____, 2019, personally appeared the following:

<u>Name</u>	<u>ID Type & No.</u>	<u>ID Type & No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

known to me and to me known or through competent evidence of identity to be the same persons who executed the foregoing instrument and acknowledged that the same is their free act and voluntary deed and that of the corporation herein represented.

This instrument, consisting of five (5) pages including this page where the acknowledgment is written, refers to a NON-DISCLOSURE AGREEMENT signed by them and their witnesses on all pages, including the Annexes thereof.

WITNESS MY HAND AND NOTARIAL SEAL on the day and at the place first set forth above.

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____

PGC-MS-OP-07
Rev. 00/March 3, 2020

4. Exit Interview Form PHILGUARANTEE Non Permanent

PHILIPPINE GUARANTEE CORPORATION <i>Human Resource and Organizational Development Department</i>					
EXIT INTERVIEW FORM					
NAME:		DATE HIRED:			
POSITION:		DATE OF RESIGNATION:			
DEPARTMENT:		RETIREMENT:			
INSTRUCTION: Please respond to each item objectively. <u>Rest assured that the purpose of this Exit Evaluation shall be treated with confidentiality</u> and shall be used to further improve the services of department/officer of Philguarantee.					
1. Your reasons for separation from Philguarantee.					
2. How do you feel about your stay in Philguarantee? Please check the appropriate answer.					
Satisfied		Unsatisfied			
Happy		Unhappy			
3. What part of your job gave you the greatest:					
SATISFACTION:					
DIFFICULTY:					
4. Did you have enough opportunity to develop your capabilities in your job? Yes. Please explain.					
5. Any suggested changes to further improve the operation/systems in your Dept./Unit?					
6. Kindly check the appropriate box which best represents your response. Feel free to write down your remarks, or necessary.					
AREA OF EVALUATION	BEST RATING	VERY GOOD	SATIS- FACTORY	POOR	REMARKS
Working conditions in your unit					
Your interaction with your supervisor					
Your interaction with your peers					
Your interaction with your subordinates (if applicable)					
OTHER MATTERS	FAIR	UNFAIR			REMARKS
Your workload					
Your salary					
Rules and regulations					
7. Other remarks you wish to make:					
INTERVIEWER:			DATE ACCOMPLISHED:		
INTERVIEWER'S COMMENTS:					
PGC-HR000-OP-26			Rev. 11/2011		

5. Exit Interview Form PHILGUARANTEE Permanent

PHILIPPINE GUARANTEE CORPORATION <i>Human Resource and Organizational Development Department</i>					
EXIT INTERVIEW FORM					
NAME: _____		DATE HIRED: _____			
POSITION: _____		DATE OF RESIGNATION/ TRANSFER: _____			
DEPARTMENT: _____		RETIREMENT: _____			
INSTRUCTION: Please respond to each item objectively. <u>Rest assured that the purpose of this Exit Evaluation shall be treated with confidentiality</u> and shall be used to further improve the services of departments/offices of Philguarantee.					
1. Your reasons for separation from Philguarantee. A. I am craving for change B. VERY UNPROFESSIONAL OFFICERS (NOT ALL)					
2. How do you feel about your stay in Philguarantee? Please check the appropriate answer. <div style="display: flex; justify-content: space-around;"> Satisfied Unsatisfied </div> <div style="display: flex; justify-content: space-around;"> Happy Unhappy </div>					
3. What part of your job gave you the greatest: SATISFACTION: _____ DIFFICULTY: _____					
4. Did you have enough opportunity to develop your capabilities in your job? Both Yes and No Please explain: _____					
5. Any suggested changes to further improve the operations/systems in your Dept./Unit? _____					
Page 1					
6. Kindly check the appropriate box which best represents your response. Feel free to write down your remarks, as necessary					
AREA OF EVALUATION	OUTSTANDING	VERY GOOD	AVERAGE	POOR	REMARKS
Training programs received					
Career progress					
Grievance procedure					
Working conditions in your unit					
Morale of personnel in your unit					
Your interaction with your supervisor					
Your interaction with your peers					
Your interaction with your subordinates <i>(if applicable)</i>					
OTHER MATTERS	FAIR	UNFAIR			REMARKS
Your workload					
Your salary					
Benefit programs & leave privileges					
Rules and regulations					
Performance Rating					
Promotion Policy					
7. Other remarks you wish to make: I am very thankful for everything that this Corporation has provided me, from experience to financial. Everything that I have right now, I owe it to this Corporation. It might be the hardest decision that I made so far, but I know that it will be worth it. I wish this Corporation more success, I hope that my fellow HGCEANs will get the recognition and the promotion they deserve.					
INTERVIEWER: _____			DATE ACCOMPLISHED: _____		
INTERVIEWER'S COMMENTS: _____ _____					
PGC-HRODD-PQ-25 Rev. 00-22 of 22 June 2021					

6. FORM APPLICANT DISCLOSURE FORM Rev02 31July2023

APPLICANT DISCLOSURE FORM

The information requested below are necessary to help PHILGUARANTEE assure that all hiring decisions are free from influence by relatives in PHILGUARANTEE and are consistent with applicable laws and policies.

I. Citizenship

☐ Filipino

☐ Dual Citizenship

If holder of dual citizenship, please indicate country: _____

Mode of Acquisition

☐ By birth

☐ By naturalization

II. Please identify relative/s within the third degree of consanguinity or affinity (including adoptive relationship) who work in PHILGUARANTEE, either as employee/s, officer/s or member/s of the PHILGUARANTEE Board of Directors.

These relatives include spouse, parent, grandparent, great grandparent, aunt/uncle, sister/brother, child, grandchild, great grandchild, and nephew/niece.

Name	Relationship

☐ I do not have any relative within the third degree of consanguinity or affinity who work in PHILGUARANTEE, either as an employee, officer or member of the PHILGUARANTEE Board of Directors.

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III. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES

If YES, please provide details: _____

☐ NO

I certify to the best of my knowledge that the above information is true, correct, and complete.

Signature over Printed Name of Applicant

Date: _____

PGC-HRODD-QP-13

Rev. 02 as of 28 July 2023



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7. FORM FEEDBACK FORM



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Human Resource and Organizational Development Department

FEEDBACK FORM

(Please return to HRODD)

Document/Record Requested: _____

1. The instruction/comments were communicated in a clear and polite manner

Strongly Agree

☐

Agree

☐

Neutral

☐

Disagree

☐

Please state reason: _____

2. Overall, I am satisfied with the service rendered by the Department

Strongly Agree

☐

Agree

☐

Neutral

☐

Disagree

☐

Please state reason: _____

Other comments/Suggestions: _____

Accomplished by: _____

Signature over Printed Name of Requesting Party

Date Accomplished _____

TO BE FILLED-UP BY HRD

Type of Request:

1. Copy of 201 (Owner)
2. Copy of HR Documents (Latest ~~Planilla~~ & 201 File)
3. Processing of HR Record
4. Others

☐☐☐☐

The Request was delivered:

Within the day

1 Day

2 Days

More than 2 Days

☐☐☐☐

Signature _____

Feedback Form
PGC-HRODD-QP-4

Rev. 02 as of 16 October 2020



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8. FORM PTR FORM revised 15 August 2022



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POST-TRAINING*REPORT (PTR)

Instructions:

1. The PTR shall be submitted by the employee to the Human Resources Organizational Development Department (HRODD) within fifteen (15) working days after the completion of the training. Certificates of attendance, certificates of recognition and other related documents must be attached to this Report.
2. Please use one PTR Form per speaker.

Name : _____
 Position/Dept./Group : _____
 Title of Training : _____
 Inclusive Date/s : _____
 Provider/Organizer : _____
 Name of Speaker : _____

Please rate using the following scale:

5 – Strongly Agree 4 – Agree 3 – Neutral 2 – Disagree 1 – Strongly Disagree

PROGRAM

1. The training met the stated objectives.
 5 4 3 2 1
2. The knowledge I acquired from the training will be useful to my present job.
 5 4 3 2 1
3. I have learned something new and useful from the training.
 5 4 3 2 1
4. I would recommend this training to my co-employees.
 5 4 3 2 1
5. Overall, I was satisfied with the training.
 5 4 3 2 1

SPEAKER

1. Showed mastery and expertise of the topic.
 5 4 3 2 1
2. Presented ideas in a clear and logical manner.
 5 4 3 2 1
3. Injected current developments relevant to the course.
 5 4 3 2 1
4. Was able to inspire and maintain interest and discipline of the participants
 5 4 3 2 1
5. Was open to suggestions and courteous, and extended help to the participants
 5 4 3 2 1
6. Followed the allotted time for the training.
 5 4 3 2 1

FACILITIES/LOGISTICS

1. The training facility (room/venue) was conducive for learning.
 5 4 3 2 1
2. The training materials were of good quality, useful and relevant to the topic.
 5 4 3 2 1

Other Comments:

Employee's Signature

*For this purpose, **training** shall refer to development courses in preparation for higher responsibilities or highly specialized, technical or scientific seminars or studies, including opportunities for capability building and/or skills development/enhancement.

PGC-HRODD-QP-6

Rev. 04 as of 15 August 2022



PHILGUARANTEE

Philippine Guarantee Corporation

9. FORM BACKGROUND CHECK FORM Rev02 31 July 2023

PHILIPPINE GUARANTEE CORPORATION
22nd, 23rd & 24th Floor BPI-Philam Life Building, 6811 Ayala Avenue, Makati City

Dear _____:

The Philippine Guarantee Corporation (PHILGUARANTEE) is conducting a verification on the personal and work background of _____ who was previously connected with your Office and is applying for the _____ position in the PHILGUARANTEE. This background check is a standard operating procedure so we can properly evaluate the qualifications and work-related behavior of our shortlisted applicants. As his/her present/previous Employer/Immediate Superior, may we request you to fill out the form below the soonest time possible. Rest assured that your response shall be treated with utmost confidentiality. We will appreciate it very much if you can send the duly accomplished form to us via fax at _____ or via e-mail at dmgviolago@philguarantee.gov.ph.

(Name)
Department Head
HRODD

BACKGROUND CHECK FORM

I. EMPLOYMENT HISTORY

Name of Employee: _____
Name of Company/Department: _____
Last Position held: _____ Rank in the Organization: _____
Number of staff directly supervised: (if applicable) _____ Basic Monthly Salary: _____
Allowances/Other income per month: _____
Date of Resignation: _____ Reason for separation: _____

1. Based on your company records and 201 file, has the subject employee been charged or found guilty of an administrative and/or criminal offense? [☐] Yes [☐] No

If yes, please give details of the offense and the date it was committed:

2. Has the subject employee been awarded, cited, commended, or promoted based on actual performance on the job? [☐] Yes [☐] No

If yes, please specify



PHILGUARANTEE

Philippine Guarantee Corporation

INSTRUCTIONS: For Part II and III, kindly encircle the number which corresponds to your answer.

II. INTERPERSONAL RELATIONS

	1 Very Poor	2 Poor	3 Good	4 Very Good	5 Excellent
1. Relationship with immediate superior	1	2	3	4	5
2. Relationship with peers	1	2	3	4	5
3. Relationship with subordinates (if applicable)	1	2	3	4	5

III. WORK ATTITUDE AND CAPABILITIES

1. Work efficiency level of the subject employee	1	2	3	4	5
2. Work effectiveness of the subject employee	1	2	3	4	5
3. Capabilities/potential of the subject employee to handle the position, he/she applied for	1	2	3	4	5
4. Honesty/integrity of the subject employee	1	2	3	4	5
5. Attendance and punctuality profile of the subject employee	1	2	3	4	5

IV. GENERAL INFORMATION

1. What type of work does he/she like to do? _____
2. What are his/her talents and hobbies? _____
3. Please give an overall assessment on the subject employee as a whole in terms of his/her job performance and work attitude? _____

4. Other Comments/Remarks: _____

V. PERFORMANCE RATING PRIOR TO SEPARATION (Resignation or Transfer)

Numerical Rating: _____
Adjectival Rating: _____

Printed Name over Signature

Date Accomplished

Designation

Office



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Philippine Guarantee Corporation

10. FORM Certificate of COC Earned



PHILGUARANTEE

Philippine Guarantee Corporation

Certificate of COC Earned

This certificate entitles Mr./Ms. _____ to _____ () hours
(Number of hours)
of Compensatory Overtime Credits.

IAN A. BRIONES
Senior Vice President, C-SG

Date Issued:

Valid Until : _____

No. of Hours of Earned COCs/Beginning Balance	Date of CTO	Used COCs	Remaining COCs	Remarks
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Approved by:

Department/Office Head

Group Head

Claimed:

HRO

Date:

PGC-HRODD-QF-32

Rev. 00 as of 31 July 2023



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Philippine Guarantee Corporation

11. FORM CERTIFICATE OF FINAL ACTION ON THE GRIEVANCE



PHILGUARANTEE

Philippine Guarantee Corporation

**CERTIFICATE OF FINAL ACTION ON THE
GRIEVANCE/S**

This certifies that the grievance/s filed by _____ on _____
(Aggrieved Party)

has been acted upon by this Committee on _____.

Final Action Taken:

**Chairperson
Grievance Committee**

Date: _____

4

h

12. FORM DHSQ Rev. 1as of 29 July 2021
DAILY HEALTH SYMPTOMS QUESTIONNAIRE

Body Temperature: _____ Date: _____
 Name: _____
 Residence: _____
 Nature of Visit: ☐ Official ☐ Personal (If Official, fill in company details)
 Company Name: _____
 Company Address: _____

		YES	NO
1. Are you experiencing: (Nakakaranas ka ba ngayon ng:)	a. Cough (uhap)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (pananakit ng katawan)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Sore throat (pananakit ng lalamunan/masakit lumunok)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Colds (paghula ng sipon/babadong ilong)	<input type="checkbox"/>	<input type="checkbox"/>
	e. Fever (lagnat)	<input type="checkbox"/>	<input type="checkbox"/>
	f. Difficulty of breathing (hirap na paghinga)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you travelled outside of the Philippines within the last 14 days? (Ikaw ba ay nagbabahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you travelled outside in the current city/municipality where you reside? (Ikaw ba ay nagbabahe sa labas ng imong lungsod/munisipalidad?) If yes, specify which city/municipality you went to (Sabihin kung saan): _____ Answer yes only if you travelled outside the NCR Plus (Metro Manila, Bulacan, Rizal, Laguna, Cavite) as identified and approved by the governing authorities		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you within the last 14 days: a. experienced ANY of the above symptoms after history of travel abroad OR after close contact with a COVID-19 positive/person who had close contact with a COVID-19 positive*; AND b. have NOT yet obtained the appropriate medical clearance for these symptoms? (Sa nakalipas na 14 na araw, ikaw ba ay: a. Nakaranas ng ALIN MAN sa mga naturang sintomas pagkatapos magbabahe sa labas ng bansa O pagkatapos makasalamuha ang isang COVID-19 positive*; AT b. Hindi pa nakakakuha ng kaukulang medical clearance para sa naturang sintomas?)		<input type="checkbox"/>	<input type="checkbox"/>
5. Have you within the last 14 days had close contact with a COVID-19 positive or person who had close contact with a COVID-19 positive? *; (May nakasalamuha ka ba sa nakalipas na 14 na araw na COVID-19 positive o taong may nakasalamuhang COVID-19 positive?)		<input type="checkbox"/>	<input type="checkbox"/>
6. Have you provided direct care for a patient with probable or confirmed COVID-19 case without using proper personal protective equipment for the past 14 days? (Nag-alaga ka ba ng probable o kumpromadong pasyente na may COVID-19 ng nakasuwat ng tamang personal protective equipment sa nakalipas na 14 araw?)		<input type="checkbox"/>	<input type="checkbox"/>

*Close contact (Nakasalamuha): Within one (1) meter distance in for more than fifteen (15) minutes (May distansyang di hihigit sa 1 metro nang higit sa 15 minuto).

I hereby authorize PHILGUARANTEE to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy ACT of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: _____



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Philippine Guarantee Corporation

13. FORM EMPLOYEE INFO SHEET



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Philippine Guarantee Corporation

EMPLOYEE INFORMATION SHEET

For Employee ID Production Purposes

(Please Print Legibly All Data)

ID NUMBER	<input type="text"/>
EMPLOYEE NUMBER	<input type="text"/>
LAST NAME	<input type="text"/>
FIRST NAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
GSIS NUMBER	<input type="text"/>
BIRTH DATE	<input type="text"/>
TIN NUMBER	<input type="text"/>
HOME ADDRESS	<input type="text"/>
TELEPHONE NUMBER	<input type="text"/>
BLOOD TYPE	<input type="text"/>

SIGNATURE OF EMPLOYEE

Date Issued _____

**2X2 COLORED
PICTURE WITH
WHITE
BACKGROUND**

PGC-HRODD-QP-10

Rev. 02 as of 16 October 2020

14. FORM General Assessment Form ExMan.

Name of Applicant:

GENERAL ASSESSMENT FORM (FOR EXECUTIVE/MANAGERIAL INTERNAL APPLICANTS)

This assessment is being conducted to provide feedback on the general ability and attributes demonstrated by the above-name applicant in the performance of his/her functions. The points given shall be included in the generation of the applicant's overall assessment result which will be presented on HRMPSB deliberation.

Instruction: Please provide your recommendation as objectively as possible. Please encircle the appropriate point score.

DIMENSION	POINT SCORE	RECOMMENDATION	REMARKS
GENERAL ABILITY			
Verbal Reasoning (ability for comprehension and judgment)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Analytical Abilities (ability in logical selection, reasoning and analogies)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Numerical Reasoning (ability to solve numerical problems and interpret data)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
ATTRIBUTES			
Conscientiousness (helpfulness, responsibility, self-discipline, orderliness)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Agreeableness (honesty, humility, understanding)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/	

		Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Emotional Stability (calmness, emotional maturity, capacity to withstand stress)			
	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Extraversion (alertness, cheerfulness, gregariousness, novelty-seeking)			
	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Openness to Experience (openness to creativity, aesthetics, ideas, and values)			
	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Leadership			
Thinking Strategically and Creatively ("Sees the big picture", reflects multi-dimensionally, crafts innovative solutions, identifies connections between situations or things, and comes up with new ideas)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	
Managing Performance and Coaching for Results (Creates an enabling environment that nurture and sustain performance based, coaching culture)			
	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	2	Minimally Recommended/ Recommended with Very Strong Reservations	

Leading Change (generates enthusiasm and momentum for organizational change; engages and enables groups to understand, accept and commit to the change agenda)	20	Highly Recommended/Recommended
	14	Moderately Recommended/ Recommended with Reservations
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations
	2	Minimally Recommended/ Recommended with Very Strong Reservations
Building Collaborative and Inclusive Working Relationships (ability to successfully leverage and maximize opportunities for strategic influencing within the organization and with external stakeholders)	20	Highly Recommended/Recommended
	14	Moderately Recommended/ Recommended with Reservations
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations
	2	Minimally Recommended/ Recommended with Very Strong Reservations
Creating and Nurturing High Performing Organization (Crafts a high performing organizational culture that is purpose driven, results based, client focused and team oriented)	20	Highly Recommended/Recommended
	14	Moderately Recommended/ Recommended with Reservations
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations
	2	Minimally Recommended/ Recommended with Very Strong Reservations
TOTAL		
Assessed by:		

Group Head		
Date: _____		

15. FORM General Assessment Form Rank and File.

Name of Applicant: _____

GENERAL ASSESSMENT FORM (FOR RANK-AND-FILE INTERNAL APPLICANTS)

This assessment is being conducted to provide feedback on the general ability and attributes demonstrated by the above-name applicant in the performance of his/her functions. The points given shall be included in the generation of the applicant's overall assessment result which will be presented on HRMPBS deliberation.

Instruction: Please provide your recommendation as objectively as possible. Please encircle the appropriate point score.

DIMENSION	POINT SCORE	RECOMMENDATION	REMARKS
GENERAL ABILITY			
Verbal Reasoning (ability for comprehension and judgment)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	
Analytical Abilities (ability in logical selection, reasoning and analogies)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	
Numerical Reasoning (ability to solve numerical problems and interpret data)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	
ATTRIBUTES			
Conscientiousness (helpfulness, responsibility, self-discipline, orderliness)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	

Agreeableness (honesty, humility, understanding)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	
Emotional Stability (calmness, emotional maturity, capacity to withstand stress)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	
Extraversion (alertness, cheerfulness, gregariousness, novelty-seeking)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	
Openness to Experience (openness to creativity, aesthetics, ideas, and values)	20	Highly Recommended/Recommended	
	14	Moderately Recommended/ Recommended with Reservations	
	8	Minimally to Moderately Recommended/ Recommended with Strong Reservations	
	0	Minimally Recommended/ Recommended with Very Strong Reservations	
TOTAL			
Assessed by: _____			
Division/Department Head _____			
Date: _____			