



# PROVINCIAL GOVERNMENT OF SOUTH COTABATO

# CITIZEN'S CHARTER 2022 Edition



#### **Mandate**

The Provincial Government of South Cotabato is responsible in the delivery of social services like education, health and social development; economic functions like agriculture and roads; and provincial governance and administration which include legislative, provincial treasury, local government and human settlement.

#### I. Vision

A Caring, Resilient, functionally Integrated and Equitably Growing Settlement Highly Responsive to the Socio-Economic and Environmental Concerns of Every Self-reliant South Cotabateňo.

#### II. Mission

Promote participatory, transparent and accountable governance in building livable and safe human settlements and in transforming the province into a premier agro-industrial and tourism hub in the region.

#### III. Service Pledge

We commit to:

- Support and encourage growth in component LGUs like a caring mother to its children;
- ➤ Be with people, economies and communities that are resilient to economic, socio-cultural, and disaster hazards;
- Reduce disparity of socio-economic growth as supported by infrastructure that physically and functionally integrates its urban and rural communities;
- ➤ Ensure reliable and prompt access of the people to public goods and services while respecting the distinctiveness and sensitivity of its natural environment;
- Promote the implementation of simplified requirements and procedures that will reduce red tape and expedite business and nonbusiness related transactions in the government;
- Advocate for the adoption of effective government practices for efficient government service delivery and prevention of graft and corruption.



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# Provincial Accountant's Office External Services



## 1. CERTIFICATION AND PRINTING OF SCANNED FINANCIAL TRANSACTIONS

Certified scanned copies of original documents are given to clients for any claims and/or any legal purposes

Office or				
Division:	Provincial Accountant's Office			
Classification:	Simple			
Type of	G2B – Government to Business Entity			
Transaction:	G2C – Government to Citizen			
	G2G – Government to Government			
Who may avail:	All			
	REQUIREMENTS	WH	HERE TO S	SECURE
Request Forr	n ( 1 original)	Provincial Acc	countant's	Office-Admin
2. Official Recei	pt ( 1 original)	Provincial Tre	asurer's O	ffice
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCE	PERSON
		BE PAID	SS-ING	RESPONSIBLE
			TIME	
				Administrative
1. Submit Filled-up	1.1 Receive filled-		10	Officer
Request Form	up request form	None	minutes	Admin Support
				Section
	1.2 Assess if the			Administrative
	requested		10	Officer
	documents is with	None	minutes	Admin Support
	PACCO or PTO			Section
	1.3 Forward			000
	request form to			Secretary to
	Provincial	None	30	Provincial
	Accountant for	110110	minutes	Accountant
	approval			riocodinant
	1.3 If approved,			
	locate documents			Administrative
	requested			Officer/Data
	If not	None	2 days	Encoder
	approved, forward	INOTIC	2 days	Admin Support
	clients to			Section
	concerned offices			Occilon
	1.4 For approved			
	requests, compute			
	corresponding fees			Administrative
	based on the	None	10	Officer
	number of	INUILE	minutes	Admin Support
	documents			Section
	requested			



2. Pay necessary fees to PTO	2.1 Present computation for fees	P100.00 + P30.00 = P130.00(Se cretary's Fee + Documentar y Stamp) Note: P5.00 per succeeding pages	1 day	Cashier Provincial Treasurer's Office
3. Present Official Receipt to PACCO	Print and certify scanned financial documents	None	20 minutes	Administrative Officer Admin Support Section
	TOTAL	As indicated	4 day s	

### 2. PROCESSING OF VOUCHERS

Financial Claims are checked for completeness of supporting documents and proper account charging.

Office or Division:	Provincial Accountant's Office			
Classification:	Complex			
Type of	G2B – Government to E	Business E	ntity	
Transaction:	G2C - Government to 0		·	
	G2G – Government to 0	Governmei	nt	
Who may avail:	All Offices of the Provin	cial Gover	nment of Sou	th Cotabato,
	Suppliers/Contractors,C	Clients		,
CHECKLIST OF	REQUIREMENTS		WHERE TO	SECURE
Checklist for processing of claims (1 original copy)				
Obligation Request and     Disbursement Voucher with     complete supporting documents (1     original copy)		Concerned Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
Forward     vouchers to the     Pre-Audit     Division	1.1 Receive vouchers	None	10 minutes	Data Encoder/Storeke eper Receiving Section



1.2 Forward vouchers to the Pre-audit personnel	None	15 minutes	Data Encoder/Storeke eper Receiving Section
1.3 Pre-audit voucher	rs None	3 days	Administrative officers/ Admin. Assistants/ Admin. Aides Audit Clerk Pre-Audit Division
1.4 Review pre-audite vouchers	ed None	10 minutes	Supervising Administrative Officer Pre-Audit Division
1.5 Forward pre- audited vouchers to the Accounting Division	None	15 minutes	Receiving Section to Accounting Division
1.6 Fund Control and classification of vouchers	None	1 day	Accountant III Administrative Officers Admin. Assistants Admin. Aides Accounting Clerk Accounting Division
1.7 Review of controlled vouchers	None	1 hour	Accountant IV Accounting Division
1.8 Approval of vouchers	None	1 hour	Provincial Accountant
1.9 Release of approved vouche to the Provincial Treasurer's Office	e	1 hour	Secretary/Utility Workers Releasing Section
TOTA	AL None	5 days	



# Provincial Accountant's Office Internal Services



## 1. ISSUANCE OF PACCO CLEARANCE

PACCO Clearance is issued to employees who are on retirement, resignation, maternity leave, sick leave, study leave or travel abroad (official or personal)

Office or Division:	Provincial Account	ant's Office	<del></del>	
Classification:	Complex			
Type of Transaction:	G2G – Governmen	t to Goverr	nment	
Who may avail:	Employees of the F	Provincial C	Sovernment of Sou	uth Cotabato
CHECKLIST OF R			WHERE TO SE	
PACCO Clearar	nce Form (4			
,original)	·			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for copies of PACCO Clearance Form	1.Provide copies of PACCO Clearance Form	None	5 minutes	Administrative Officer Admin Support Section Head
Submit to PACCO copies of the Clearance Form duly signed by servicing banks	2.1Receive copies of PACCO Clearance Form	None	5 minutes	Administrative Officer Admin Support Section
	2.2.Check for receivables/pay ables and unliquidated cash advances	None	20 minutes	Administrative Offcers/ Administrative Assistants/ Administrative Aides/ Admin. Clerks Pre-Audit Division
	2.3 Check for receivables/pay ables and/or disallowances	None	2 days	Accountant III Accountant IV Administrative Officers Administrative Assistants Admin. Aides Accounting Clerk Accounting Division
Return to the     PACCO for the     computation of	3.Provide Computation of fees for payment (if necessary)	Refer to the Table of Comput	1 day	Administrative Officer Admin Support Section



fees for payment (if necessary)		ation of PACCO		
4. Pay the fees at the Provincial Treasurer's Office based on the computation of fees for payment issued by the PACCO (if necessary)	4.Accept the payment based on the computation of fees issued by the PACCO ( If necessary)	Refer to the Table of Comput ation of PACCO	1 day	Cashier Provincial Treasurer's Office
5. Submit the Official Receipt to the PACCO(if necessary)	5.1.Receive and Check the Official Receipt (if necessary)	None	30 minutes	Administrative Officer Administrative Support Section
6.Return to the PACCO for the approval and release of the Clearance	6.1. Process and approve the Clearance 6.2. Release the Clearance to the concerned employee	None	30 minutes	Provincial Accountant  Administrative Officer Administrative Support Section
	TOTAL	Refer to the	5 days	
		Table of Comput ation of PACCO ( if necessa ry)		



### 2. PROCESSING OF PAYROLLS

Payroll of Employees are checked for completeness of supporting documents and proper account charging.

0.00	1			
Office or Division:	Provincial Accountant's Office			
Classification:	Complex			
Type of Transaction:	G2G – Government	to Governm	ent	
Who may avail:	All Offices of the Pro	vincial Gove	ernment of Sou	th Cotabato
CHECKLIST OF	REQUIREMENTS		WHERE TO S	ECURE
Checklist fo claims( 1 or		Data Center		
	ent Voucher with upporting documents	S Concerned Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS- ING TIME	PERSON RESPONSIBLE
Submit payroll     to the Pre- Audit Division	1.1 Receive payroll	None	10 minutes	Data Encoder/Storeke eper Receiving Section
	1.2 Forward payroll to Pre-audit personnel	None	15 minutes	Data Encoder/Storeke eper Receiving Section
	1.3 Pre-audit payroll	None	5 days	Admiinistrative Officer/ Administrative Assistant/ Admin. Aide/ Audit Clerk Pre-Audit Division
	1.4 Review pre- audited payroll		10 minutes	Supervising Administrative Officer Pre-Audit Division
	1.5 Forward pre- audited payroll to the Accounting Division	None	15 minutes	Receiving Section to Accounting Division



1.6 Fund Control and classification of payroll	None	1 day	Accountant III Administrative Officers Admin. Assistants Admin. Aides Accounting Clerk Accounting Division
1.7 Review of controlled payroll	None	1 hour	Accountant IV Accounting Division
1.8 Approval of payroll	None	1 hour	Provincial Accountant
1.9 Release of approved payroll to the Provincial Treasurer's Office	None	1 hour	Releasing Section
TOTAL	None	7 days	



# Provincial Administrator's Office External Services



# 1. ASSISTANCE TO PUBLIC EDUCATION (HIRING OF PSB, CDT, CLERK, UTILITY & WATCHMAN, AVAILMENT OF CONSTRUCTION MATERIALS, SCHOOL BUILDINGS)

Documents/letter requests and other pertinent papers for signature/information/appropriate action addressed to the Provincial Governor and Provincial Administrator are duly received and processed.

Office or Division:	Provincial Administrator's Office				
Classification:	Simple				
Type of Transaction:	G2G – Government to Government G2C – Government to Citizen G2B – Government to Business Entity				
Who may avail:	Students, Teachers, Residents of the Province of South Cotabato, People from all walks of life				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE	
Application le and other pertin original copy)	etter, letter requests ent papers (1	Client / Requesitioner			
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSING PERSON BE PAID TIME RESPONSI			
1. Submit application letter	1. Receive and record the application letters, for action or referral to the Provincial Administrator.	None	10 minutes	Admin. Staff Admin. Support Services	
2. <b>(Request for Materials)</b> Submit letter request	Replacement) Endorse to PHRMO for orientation and requirements  1. Receive and record the application letters, for action or referral to the Provincial Administrator.	None	10 minutes	Admin. Staff Admin. Support Services	



1.2 (If the materials is available) Prepare withdrawal slip then endorse to PGSO or Supplier			
TOTAL	None	20 minutes	

## 2. PROCESSING OF FINANCIAL DOCUMENTS FOR SIGNATURE/INITIAL

All financial documents/claims are received from clients and duly processed.

Office or Division:	1	Provincial Ad	ministrator's	Office	
Classification:		Simple			
Type of Transaction	on:	G2G – Gover	rnment to Go	overnment	
		G2C – Gover	nment to Ci	tizen	
				isiness Entity	
Who may avail:		Students, Teachers, Private and Government Employees,			
		Public Officials, Businessmen, Stakeholders, Residents and			
		Non-residents of the Province of South Cotabato, People			tabato, People
		from all walks			
CHECKLIST OF	REQU	IREMENTS		WHERE TO SEC	CURE
Financial Do			Client /Requisitioner/Concerned Office		
		original copy)			_
CLIENTS STEPS	AGEN	NCY ACTION	FEES TO	PROCESSING	PERSON
			BE PAID	TIME	RESPONSIBLE
1. Submit		eceive the	BE PAID	TIME	
financial	fir	nancial			Admin. Staff
financial documents in	fii de	nancial ocuments in	None	TIME  10 minutes	Admin. Staff Admin. Support
financial documents in the tracking	fii de th	nancial ocuments in ne tracking			Admin. Staff
financial documents in	fii de th sy	nancial ocuments in ne tracking ystem			Admin. Staff Admin. Support
financial documents in the tracking	fin de th sy 1.2. R	nancial ocuments in ne tracking ystem eview and			Admin. Staff Admin. Support
financial documents in the tracking	fir do th sy 1.2. R Eva	nancial ocuments in ne tracking ystem leview and aluation of			Admin. Staff Admin. Support Services
financial documents in the tracking	fii de th sy 1.2. R Eva Fin	nancial ocuments in ne tracking ystem eview and aluation of nancial	None	10 minutes	Admin. Staff Admin. Support Services
financial documents in the tracking	fii de th sy 1.2. R Eva Fin	nancial ocuments in ne tracking ystem leview and aluation of			Admin. Staff Admin. Support Services  Provincial Administrator
financial documents in the tracking	fii de th sy 1.2. R Eva Fin doe	nancial ocuments in ne tracking ystem eview and aluation of nancial cuments	None	10 minutes	Admin. Staff Admin. Support Services  Provincial Administrator Provincial
financial documents in the tracking	fii de th sy 1.2. R Eva Fin doo	nancial ocuments in ne tracking ystem eview and aluation of nancial cuments	None	10 minutes	Admin. Staff Admin. Support Services  Provincial Administrator Provincial Administrator's
financial documents in the tracking	find th sy 1.2. R Eva Findoo	nancial ocuments in ne tracking ystem eview and aluation of nancial cuments	None	10 minutes	Admin. Staff Admin. Support Services  Provincial Administrator Provincial



of the financial document			
3.Release of document to concerned office/Forward document to Office of the Provincial Governor for further action.	None	10 minutes	Admin. Staff Admin. Support Services
TOTAL	None	40 minutes	

## 3. PROCESSING OF NON- FINANCIAL DOCUMENTS FOR APPROPRIATE ACTION

Documents/letter requests and other pertinent papers for signature/information/appropriate action addressed to the Provincial Governor and Provincial Administrator are duly received and processed.

Office or Division:	Provincial Administrator's Office				
Classification:	Simple	Simple			
Type of	G2G – Government to Government				
Transaction:	G2C – Government to Citizen				
	G2B – Government	to Business	Entity		
Who may avail:	Students, Teachers,				
	Officials, Businessm				
	residents of the Prov	vince of Sou	th Cotabato, Peop	ole from all walks	
	of life	<u> </u>			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE	
	letter requests and ent papers (1 original	Client / Requesitioner			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit     letters/request/     document for     action	1. Receive and record the document for action or referral of the Provincial Administrator.	None	10 minutes	Admin. Staff Admin. Support Services	
	2.1.Review and acted or initial				



signature (Cause releadistribution circulation of the document or refer to the office of the Provincial Governor for further actions.)	or of of of ont onto one on one of on	20 minutes	Provincial Administrator Provincial Administrator's Office
3.Release the document to Records Section/Forw document to Office of the Provincial Governor	ard None	10 minutes	Admin. Staff Admin. Support Services
TO	TAL None	40 minutes	



# Provincial Agriculture Office External Services



## 1. AVAILMENT OF BIOCONTROL AGENTS (TRICHODERMA. METARRHIZIUM & TRICHOGRAMMA)

Bio control agents play a vital role in controlling plant pests. It helps in maintaining and balancing plant species along with their natural enemies. This government services is being availed by walk-in farmer buyers or MLGUs/BLGUs based on the Provincial Revenue Ordinance.

Office or	Provincial Agricu	Itura Offica			
Division:	Provincial Agriculture Office				
Classification:	Simple				
Type of	G2B – Governm	G2B – Government to Business Entity			
Transaction:	G2C – Government to Citizen				
	G2G – Government to Government				
Who may	All Farmers/LGU	S			
avail:					
	LIST OF	WHERE TO SECURE			
REQUIR	EMENTS				
1. Withdrawal S	lip (1 original	Provincial Agricult			
copy)		Provincial Treasure	er's Office		
2. Official Recei	pt (1 original				
copy)	_		1	T	
CLIENT	AGENCY	FEES TO BE	PROCESSI	PERSON	
STEPS	ACTION	PAID	NG TIME	RESPONSIBLE	
1.Letter	1.lssue		10 minutes	Laboratory-in-	
request	withdrawal slip			Charge	
2. Request for	with	Research			
Withdrawal slip	corresponding	NONE		Section/ FOD/	
	computation of			Public	
	fees to be paid			Assistance desk	
	to the			in-charge	
	Provincial				
	Treasurer's				
0.5	Office	4.84 4.11.1	00 : 1	0 1:	
2.Pay at the	2.1 Receive	1.Metarrhizium	30 minutes	Cashier	
Provincial	payment	Php 15.00/pack		Provincial	
treasurer's	2.2 Issue	2.Trichoderma-		Treasurer's	
office showing	Official Receipt	Php 15.00/pack		Office	
the withdrawal		3.Trichogramma-			
slip	0.4.4	Php 3.00/card	00 : 1		
3.Present the	3.1 Accept the	NI.	30 minutes	Laboratory-in-	
Official Receipt	Official Receipt	None		charge	
	3.2 Release of			Research	
	stocks	1.Metarrhizium	1 br 9 10	Section	
TO:	TAI		1 hr. & 10		
10	TAL	Php 15.00/pack	minutes		
		2.Trichoderma-			
		Php 15.00/pack			



3.Trichogramma- Php 3.00/card	
•	

### 2. AVAILMENT OF FARM MACHINERIES AND DRYING FACILITIES

Farm mechanization aims to increase the productivity and income of farmers and make their cost lesser.

Office or	Provincial Agricultur		ricultural Engineeri	ng and	
Division:	Infrastructure Section	on			
Classification:	Complex				
Type of	G2C – Government	to Citizen			
Transaction:	G2G- Government t	o Governme	nt		
Who may avail:	Cooperative, Irrigato	r's Associat			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Letter of Inte	nt/Board Resolution	1.Coopera	tive, irrigator's Ass	ociation, Peoples	
stating the need	I and capacity to	Organization			
manage the project	t (1 original copy)	2.SEC/NIA	/CDA/DOLE		
<ol><li>Certificate of</li></ol>	Registration (1	3.Municipa	I & Provincial Agric	ulture/MAFC	
photocopy)		4. Provincial Agriculture Office			
3. Endorsement (1	Original copy)	5. Provincial Agriculture Office			
4. Filled up validat	ion form (1 original	6. Cooperative, Irrigators Association, Peoples			
copy)		Organization			
5. Filled up progra		7. Cooperative, Irrigators Association, Peoples			
proposal (1 origina		Organization	n		
6. List of officers a		8. Banks			
areas (1 original co			tive, Irrigators Asso	ociation, Peoples	
7. Operational poli		Organization			
8. Machinery shed			ative, Irrigators As	sociation,	
9. Notarized deed		Peoples Or	•		
dryers at least 600sqm, 1000sqm for			ative, Irrigators As	sociation,	
rice processing co	•	Peoples Organization			
•	s for site preparation	12. SP or DA			
development (1 or					
10. For PO's (Pho	tocopy of				
accreditation)				_	
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit all the requirements addressed to the DA-RFO XII Director/ Provincial Governor	1.1 Receive and check all the requirements 1.2 Secure endorsement from the Provincial Agriculturist	None	2 days	Supervising Agriculturisrt,
	1.3 Forward the aligned	None	1 day	Senior Agriculturist,



	endorsement to DA-RFO XII for prioritization and funding 1.4 Notify the proponent of the status of the request depending on the procurement of the	None	1 day	Agriculturist II, Research & Support Services Division
	Department of Agriculture/ PLGU  1.5 Inform the proponent of the approval of the Grant to Release and Notice to Proceed.	None	1 day	
2.Claim the approved grant	2.1 Proceed to Tupi Seed Farm, Bololmala, Tupi/PNDF 2.2 Release of the Grant	None	15 minutes	Supervising Agriculturisrt, Senior Agriculturist, Agriculturist II, FS, Research & Support Services Division
TC	TAL	None	5 days & 15 minutes	



# 3. AVAILMENT OF ORGANIC INPUTS (VERMICASTS, AFRICAN NIGHT CRAWLER, CONCOCTIONS AND EXTRACTS)

Organic inputs are derived from processing of plan and animal products that the farmer brings to his crop in order for it to express its production potentials. The main role of organic input is to be used either as fertilizer for crops or for soil amendments.

Office or	Provincial Agriculture Office-Agricultural Research & Support				
Division:	Services Division				
Classification:	Simple	Simple			
Type of	G2C – Governmer	nt to Citizen			
Transaction:					
Who may avail:	Farmers of South	Cotabato			
CHECKLIST OF	F REQUIREMENTS WHERE TO SECURE			URE	
<ol> <li>Withdrawa</li> </ol>	l Slip (1 original	Provincial Agricult	ture Office		
copy)		Provincial Treasu	rer's Office		
2. Official Red	ceipt (1 original				
copy)	,		<del>,</del>	<del>,</del>	
CLIENT STEPS	AGENCY	FEES TO BE	PROCESS	PERSON	
	ACTION	PAID	ING TIME	RESPONSIBLE	
1. Inquire/Verify	1.lssue		15 minutes	Agriculturist 1	
the availability	withdrawal slip	NONE		Research	
of stocks	for payment to			Section/ FOD/	
	the Provincial			Public	
	Treasurer's			Assistance desk	
	Office			in-charge	
2.Pay at the Provincial treasurer's office showing the withdrawal slip	2.1 Receive payment 2.2 Issue Official Receipt	1.Permented Fruit (FFJ)- Php 95.22/L 2. Fermented Plant Juice(FPJ) Php 55.00/L 3.Fish Amino Acid (FAA)-Php 120.00/L 4. Oriental Herbal Nutrient (OHN) Php 80.00/L 5. Vermicast Php 160.00/sack @ 40kg/sack 6. African Night Cwarler Php 350.00/kg	30 minutes	Cashier Provincial Treasurer's Office	
3.Present the	3.1 Accept the			Farm	
Official Receipt	Official Receipt	None	30 minutes	Superintendent	



for the release of stocks	3.2 Release of stocks			Agricultural Research & Support Services Division
ТО	TAL	1.Permented Fruit (FFJ)- Php 95.22/L 2. Fermented Plant Juice(FPJ) Php 55.00/L 3.Fish Amino Acid (FAA)-Php 120.00/L 4. Oriental Herbal Nutrient (OHN) Php 80.00/L 5. Vermicast Php 160.00/sack @ 40kg/sack 6. African Night Cwarler Php 350.00/kg	1 hr. & 15 minutes	

### 4. AVAILMENT OF PESTICIDES/CHEMICALS

Pesticides are chemicals that are meant to kill pests. They most commonly used by farmers to kill insects, weeds, rodents, fungi, mould and mildew.

0.00					
Office or	Provincial Agriculture Office- Field Operations Division				
Division:					
Classification:	Simple	Simple			
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	Rice, Corn & High Value Crop Farmers				
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE				
1.Report of Infesta	ation (1 original Provincial Agriculture Office				
copy)		Provincial 7	Treasurer's Office		
2.Withdrawal Slip	(1 original copy)				
<b>CLIENT STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Submit Report	1.1 Accept the			Supervising	
of Infection	Report of Infection None 5 Minutes Agriculturist				
				Senior	
				agriculturist	



TC	DTAL	None	2 days 30 minutes	
4.Wait for the release of available pesticides	4.1 Release of required pesticides	None	20 minutes	Field operations division
3.Secure withdrawal slip	3.1 Provide withdrawal Slip	None	5 minutes	Supervising Agriculturist Senior Agriculturist
2.Wait for the request to be processed	1.2 Schedule visitation/ validation  2.1 Conduct field inspection and validation 2.2 Prepare validation Result 2.3 Inform farmer of the Validation Result 2.4 Prepare withdrawal Slip	None	2 days	Field Operations Division  Supervising Agriculturist Senior agriculturist Field Operations Division .

#### 5. AVAILMENT OF PESTICIDE RESIDUE ANALYSIS

Pesticide Residue analysis is a specialized field of analytical chemistry, where the role of the liquid chromatography-mass spectrometry (LCMS) is of great important. It determines not only the present compounds, but also their metabolites and degradation products.

Office or	Provincial Agricultures Office			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Vegetable Farmers, Vendors and Buyers			
CHECKLIST OF	REQUIREMENTS	QUIREMENTS WHERE TO SECURE		
1.Vegetable Samp	les (actual	Vegetable Farmers, Vendors, Buyers		
vegetable sample)			al Agriculture Offic	
2.Requisition Slip	(1 original copy)	3. Provincial Treasurer's Office		
3.Official Receipt (	1 original copy)			
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE



1. Submit vegetable samples	1.1 Receive samples 1.2 Issue Requisition slip with corresponding amount of fee/s to be paid to the Provincial Treasurer's Office	None	15 minutes	Lab aide Agri- Research and Laboratory Section
2. Pay to the Provincial Treasurer's Office showing the requisition slip	2.1 Receive Payment  2.2 Issue Official Receipt	Php 10.00/ Sample	15 minutes	Cashier Provincial Treasurer's Office
3. Present the Official Receipt and wait for the request to be processed.	3.1 Conducts Pesticide Residue Analysis 3.2 Prepare Pesticide Residue Analysis Result 3.3 Release of Pesticide Residue Analysis Result	None	1 Hour	Lab Aide Agri- Research and Laboratory Section
тс	DTAL	Php10.0 0/ Sample	1 hour & 30 minutes	

#### 6. AVAILMENT OF PLANTING MATERIALS AND COST

Availability of good quality seedlings or planting materials is one of the important elements of successful horticulture production. It determines potentially yield and performance of crop production. Further, the rate per planting materials is based on the approved Revenue Code of the Provincial Government of South Cotabato.

Office or	Provincial Agriculture Office- Agricultural Research and Support		
Division:	Services Division		
Classification:	Simple		
Type of	G2C – Governmer	nt to Citizen	
Transaction:			
Who may avail:	Walk-in Farmers		
CHECKLIST OF	CHECKLIST OF REQUIREMENTS WHERE TO SECURE		
1. Ensure Area to	be planted must	1. Farmers	
be within South Co	hin South Cotabato (1		
photocopy-title)	2. Farmer		
2. Withdrawal Slip			
1 Z. Williawai Siip	(1 original) 3.Provincial Agriculture Office 4.Provincial Treasurer's Office		



CLIENT STEPS	AGENCY	FEES TO	DDOCESSING	PERSON
CLIENT STEPS	ACTION	BE PAID	PROCESSING TIME	RESPONSIBLE
1. Inquire on the availability of planting materials	1.1 Verifies the availability of Planting Materials	None	15 minutes	In-charge Agricultural Research and Support Services Division, Public Assistance desk in-charge
	1.2 Prepare and process approval in the withdrawal slip		15 minutes	Supervising Agriculturist Agricultural Research and Support Services Division, Public Assistance Desk in-charge
2.Pay required fees at the Provincial Treasurer's Office by showing withdrawal slip	2.1 Receive payment of required fee/s 2.2 Issue Official Receipt	Asexually Propagate d(Per hill) Rambutan Php30.00 Lanzones Php30.00 Calamansi php20.00 Cacao Php25.00 Pomelo Php30.00 Sexually Propagate d (Per hill) Timber trees php10.00 Maran Php10.00 Jackfruit Php10.00 Avocado Php10.00 Coffee Php10.00	30 minutes	Cashier Provincial Treasure's Office



		Calamansi Php10.00 Pomelo Php10.00 Mangostee n(w/trifoliat e leaves)Php 25.00/50.0 0 Mangostee n (w/o trifoliate leaves)Php 50.00		
3.Claim for the planting materials paid by showing the Official Receipt and Withdrawal Slip	3.1 Receive the Official Receipt and Withdrawal Slip 3.2 Prepare for the planting materials indicated in the withdrawal slip 3.3 Release the planting materials.	None	20 minutes	Agricultural Technologist; Agriculturist I , FS, Demo Farm Nursery Section
TOTAL		Asexually Propagate d(Per hill) Rambutan Php30.00 Lanzones Php30.00 Durian Php30.00 Calamansi php20.00 Cacao Php25.00 Pomelo Php30.00 Sexually Propagate d (Per hill) Timber trees php10.00	1 hour & 15 minutes	



Maran	
Php10.00	
Jackfruit	
Php10.00.	
Avocado	
Php10.00	
Coffee	
Php10.00	
Calamansi	
Php10.00	
Pomelo	
Php10.00	
Mangostee	
n(w/trifoliat	
е	
leaves)Php	
25.00/50.0	
0	
Mangostee	
n (w/o	
trifoliate	
leaves)Php	
50.00	

## 7. AVAILMENT OF PLANTING MATERIALS UNDER PLANT NOW, PAY LATER (PNPL) SCHEME

Availability of good quality seedlings or planting materials is one of the important elements of successful horticulture. It determines potential yield and performance of crop production.

Office or	Provincial Agriculture Office				
Division:					
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	Farmers				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
1.Deed of Undertaking between the		1.Provincial Agriculture's Office			
Governor and the Farmer (1 original					
copy)		2.Farmer			
2.Proof of ownership of area to be					
planted (1 photocopy-title)		3.Farmer			
3. Any valid ID (1 original)					
<b>CLIENT STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	



1.Submit application letter for the availment of PNPL addressed to the Governor for	1.1 Receives application letter 1.2 Indorse application letter for the approval of the Provincial Governor	None	1 day	Agriculturist II Agriculturist I Crop Development Section
approval	1.3 Receives copy of the application letter approved by the Provincial Governor	None	10 minutes	Agriculturist II Agriculturist I Crop Development Section
	1.4 Conducts site validation and report validation	None	1 day	Agriculturist II Agriculturist I Crop Development Section
	1.5 Submit to the Provincial Agriculturist for approval of the validation report	None	45 minutes	Agriculturist II Agriculturist I Crop Development Section
	1.6 Notify client of the approved application and submission of requirements	None	10 minutes	Agriculturist II Agriculturist I Crop Development Section
2.Submit requirements	2.1 Receive requirements 2.2 Issue withdrawal slip	None	15 minutes	Agriculturist II Agriculturist I Crop Development Section
3.Claim planting materials by showing the withdrawal slip	3.1 Receive withdrawal slip 3.2. Release of planting materials	None	1 hour	Agriculturist 1 Demo Farm and Nursery Section
ТС	DTAL	None	2 days, 1 hr and 20 mins.	

### 8. AVAILMENT OF SMALL SCALE IRRIGATION PROJECTS (SSIP)

Small scale irrigation projects helps to minimize the dependence and erratic by providing suitable supply of water by the system to increase food security for the communities.

Office or	Provincial Agriculture Office-Agricultural Engineering and
Division:	Infrastructure Section



				FICIA
Classification:	Highly Technical			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Irrigators Associatio	n & Peoples		
	REQUIREMENTS		WHERE TO SEC	CURE
	1.Letter of Intent for availment of SSIP			
(1 original copy)	<i>n</i>	_	Associations & Pe	eople's
* Request of Site \		Organization	on	
2.Certificate of Re	gistration (1			
photocopy) 3.Endorsement (1	original Conv)			
4. Filled up validat				
5. Filled up project				
6.List of officers &				
	of usufruct for ROW			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit	1.Receive			Supervising
letter/resolution	letter/resolution			Agriculturist;
requesting for	requesting for site	None	5 minutes	Agriculturist II;
site visit	visit for SSIP feasible site for			Agriculturist I
	possible funding			Agricultural Engineering and
	possible failuring			Infrastructure
				Projects
2.Wait for the	2.1 Conduct site		1 day	,
request to be	validation		-	
processed	2.2 Notify the			
	proponent if site is		1 day	Supervising
	feasible or not			Agriculturist;
	2.3 Prioritized	None		Agriculturist II;
	validated		1 day	Agriculturist I Agricultural
	sites/proponents			Engineering and
	2.4 Submit endorsement letter		1 day	Infrastructure
	to the Provincial		1 day	Projects
	Governor/funding			1 10,000
	agencies for			
	project			
	implementation			
	approval			
3.Receives small	3.Provide/impleme			Supervising
scale irrigation	nt small scale	None	22 days	Agriculturist;
project	irrigation project			Agriculturist II;
				Agriculturist I
				Agricultural
				Engineering and



			Infrastructure Projects
TOTAL	None	26 days & 5 minutes	

### 9. AVAILMENT OF SPECIALIZED TRAINING

Specialized training in agriculture is important to give both the field workers and farmers the opportunity to gain hands-on experience and inputs to further improve their technical expertise and knowledge in promoting agriculture in our place.

Office or Division:	Provincial Agriculture Office			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	MLGUs, Farmers			
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
1. Letter Reque		MLGU's, Farmers		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit letter request addressed to the Provincial Agriculturist indicating the kind of training	1.1 Receive letter request 1.2 Secure approval of the Provincial agriculturist 1.3 Verify the status of the conduct of requested (schedule and venue) 1.4 Prepare technical materials	None	10 days	Rice-Senior Agriculturist Corn-Senior Agriculturist HVCDP- Agriculturist II/Agriculturist I Crop Protection- Senior Agriculturist Food Processing- Agriculturist II Cooperative- Agriculturist I Agribusiness- Agriculturist I Organic Agriculture- Agriculturist I
2.Prepares the venue and target participants	Facilitate/conduct the requested technical training	None	2 days	Rice-Senior Agriculturist Corn-Senior Agriculturist



				HVCDP- Agriculturist II/Agriculturist I Crop Protection- Senior Agriculturist Food Processing- Agriculturist II Cooperative- Agriculturist I Agribusiness- Agriculturist I Organic Agriculture
TO	ΓAL	None	12 days	

#### 10. AVAILMENT OF SOIL ANALYSIS

Soil analysis is a valuable tool for farmers to determine the inputs required for efficient and economic production. It also helps to ensure the application of enough fertilizer to meet the requirements of the crop while taking advantage of the nutrients already present in the soil.

Office or Division:	Provincial Agriculture Office- Agri Research and Laboratory Section					
Classification:	Simple					
Type of	G2C – Government	to Citizen				
Transaction:						
Who may avail:	Farmers					
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE		
1.Soil Samples (a	ctual Soil sample)	1. Farmers				
2.Requisition Slip	(1 original copy)	1 original copy) 2. Provincial Agriculture Office				
3.Official Receipt (	3.Official Receipt (1 original copy)		al Treasurer's Offi	ce		
CLIENT STEPS	AGENCY ACTION	FEES TO		PERSON		
		BE PAID	TIME	RESPONSIBLE		
1. Submit soil	1.1 Receive			Lab aide,		
samples	samples	None	5 minutes	Agriculturist II,		
	1.2 Issue			Agri-Research		
	Requisition slip			and Laboratory		
	with corresponding	Section, Public				
	amount of fee/s to	Assistance Desk				
	be paid to the	in-charge				
	Provincial					
	Treasurer's Office					



2. Pay to the Provincial Treasurer's Office showing the requisition slip	2.1 Receive Payment 2.2 Issue Official Receipt	Php15.00 / Sample	10 minutes	Cashier Provincial Treasurer's Office
3. Present the Official Receipt and wait for the request to be processed.	<ul><li>3.1 Conducts Soil Analysis</li><li>3.2 Prepare Soil Analysis Result</li><li>3.3 Release of Soil Analysis Result</li></ul>	None	1 hour	Lab aide, Agriculturist II, Agri-Research and Laboratory Section
тс	TAL	Php15.0 0/ Sample	1 hour & 15 minutes	

### 11. DISTRIBUTION/DISPERSAL OF HITO, TILAPIA AND OTHER FRESHWATER FISHES FRY AND FINGERLINGS

Fish farming is one of the lucrative aquatic business one can indulge in. More so, Freshwater agriculture refers to raising and breeding aquatic animals for economic purposes by the use of ponds, reservoirs, lakes, rivers and inland water ways, which play an important role in the aquaculture industry.

Office or	Provincial Agricultur	Provincial Agriculture Office- Fishery and Aquaculture Management				
Division:	Section	Section				
Classification:	Complex					
Type of	G2C – Government	to Citizen				
Transaction:						
Who may avail:	Fisher folks/Fish fari	mers				
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE		
1. Letter Request	Letter Request (1 original copy)		s/Fish farmers			
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON		
		BE PAID	TIME	RESPONSIBLE		
1. Submit letter	1.1 Receive the			Public		
request	letter request	None	30 minutes	Assistance Desk		
	1.2 Schedule the			in-charge/		
	validation date			Receiving In-		
				Charge		
	2.1 Coordinate					
2. Wait for the	with concerned		2 days			
request to be	agencies	None		Agri. 2/AT		
processed	(BFARN/MLGUs)			Fishery and		



	2.2 Conducts site evaluation 2.3 Inform beneficiaries for final schedule of distribution		1 day	Aquatic Management Section
3. Claim the requested fingerlings	3. Distribute/ disburse fry/fingerlings	None	1 day	Agri. 2/AT Fishery and Aquatic Management Section
тс	TAL	None	5 days and 30 mins. Or depending on the availability of fry & fingerlings	

### 12. TECHNICAL ASSISTANCE ON FISHERY DEVELOPMENT

Technical assistance is mainly provided for fishery and aquaculture management and development to further improve technical skills on part of workers, production and income on the part of fish farmers.

Office or	Provincial Agriculture Office-fishery and Aquaculture Management				
Division:	Section				
Classification:	Simple				
Type of	G2C – Government	to Citizen			
Transaction:					
Who may avail:	MLGUs,/Fish Farme	ers			
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE	
	1. Letter Request (1 original)		Farmers		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit letter request	1.1 Receive letter request 1.2 secure approval of the Provincial	None	30 minutes	Aquaculturist II; Agricultural Technologist Fishery and Aquatic	



2.Wait for technical assistance	2.render/provide technical assistance	None	1 day	Aquaculturist II; Agricultural Technologist Fishery and Aquatic Management Section
TC	TAL	None	1 day & 30	
			minutes	

### 13. TRAINING ASSISTANCE ON FISHERIES

Technical/training assistance on fisheries is important to give fish farmers hands-on experience and inputs to further improve their knowledge in promoting aquaculture in our province.

Office or	Provincial Agriculture Office			
Division:				
Classification:	Complex			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Fish Farmers	<u> </u>		
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
	est (1 original)	FishFarme		
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Submit letter request addressed to the Provincial Agriculturist	1.1 Receive letter request 1.2 secure approval of the Provincial Agriculturist 1.3 Verify the status of the conduct of requested training (schedule and venue) 1.4 Prepare technical materials	None	4 days	Aquaculturist II; Agricultural Technologist Fishery and Aquatic Management Section
2. Prepares the venue and target participants	2.Facilitate/conduc t the requested technical training	None	3 days	Aquaculturist II; Agricultural Technologist Fishery and Aquatic Management Section
	TAL	None	7 days	



## Provincial Assessor's Office External Services



### 1. AVAILMENT OF ANNOTATION OF BAILBONDS AND MORTGAGES OF REAL PROPERTY TAX DECLARATIONS

This service is extended to real property owners whose real property/ies is/are used for bail bonds/mortgages. Such annotations will prevent the subject property for any further conveyance or transfer.

Office or	PASSO- Administrativ	e Support Ser	vices	
Division:	-Assessment Records Section			
Classification:	Simple			
Type of	G2C – Government to Citizens			
Transaction:				
Who May	ALL			
Avail:				
CHECKLIST O	F REQUIREMENTS	V	VHERE TO S	ECURE
1 Original and 2 2. Official Receipt 3. Tax Clear photocopy) 4. Loan Applicati certified photocopy	otocopy) Registry of Deeds lectronic copy and 2 certified			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
1. Submit required documents	1.1. Receive the documents and forward such to Assessment Records Section	None	10 minutes	Admin. Aide Admin Support Services
	1.2. Determine the corresponding bill/fees	(Amount x .01%)	5 minutes	Assessment Records Section
2. Pay the corresponding fees to Provincial Treasurers Office	<ul><li>2.1. Receive payments</li><li>2.2. Issue receipt</li></ul>	(Amount x.01%)	15 minutes	Cashier Provincial Treasurer's Office
3. Present the Official Receipt	3.1. Verify the payment  3.2.Forward the documents to OD	None	5 minutes	Assessment Records Section



	3.3. Process the requested documents	None	45 minutes	
4. Receive the requested documents	4.1. Release the requested documents	None	5 minutes	Admin. Aide Admin Support Services
	TOTAL	(Amount x.01%)	1 hour, 25 minutes	

## 2. AVAILMENT OF APPRAISAL AND ASSESSMENT OF REAL PROPERTIES (COMPLEX)

The service is given to real property owners for real property taxation. It determines the market and assesses value of a certain property as of specific date.

0.00	D				
Office or	PASSO – Administrative Support Services				
Division:	Real Property Appraisal and Assessment Audit Division				
	Taxmappin	g and Assessment Records Division			
Classification:	Complex				
Type of	G2G - Government t	o Government			
Transaction:	G2C – Government t	o Citizen			
Who May Avail:	Property owner or re	presentative with consent/authorization			
	REQUIREMENTS	WHERE TO SECURE			
1. Present the	following:				
1.1 Deed	of Conveyance(2	Notary Public			
Certified	d photocopy) (				
	, , , , , , , , , , , , , , , , , , ,				
1.2 Tax Cl	earance (2 Certified	Provincial/Municipal treasurer's Office			
photoco	•	Trovincia manicipal a cacaror o cinco			
priotoco	(P)/				
1.3 Transfer Tax Receipt (2		Provincial Treasurer's Office			
	d photocopy)	Trovincial Trodouror of Childs			
	a priotocopy)				
1.4 Certific	ate of Authorizing	Bureau of Internal Revenue			
Registra		Baroda of internal Nevertae			
	d photocopy)				
Continue	2 p. 101000py)				
1.5 Certific	ate of Title (2				
	d photocopy)	Registry of Deeds			
Contine	a priotocopy)	Trogistry of Doods			
Additional Requirements:					
(for Newly Decla					
	Plan Approved by				
	of DENR-( 1 original	Local Field Office- DENR			
` '	ertified photocopy)	LOCAL FIGIA OFFICE- DENIX			
anu i c	erimed priotocopy)				



1.7 Certification from CENRO (1 original and 1 photocopy)

Local Field Office- CENRO

1.8 Sworn Statement (2 original)

Declarant

1.9 Certification from the Brgy. Captain (1 original and 1 photocopy)

Office of the Barangay Captain

1.10 Ocular Inspection Report (issued by MASSO)( 2 original)

Municipal Assessor's Office

1.11 Certification from NCIP(for public domain occupied & possessed by NCC prior to July 04, 1955)(1 original and 1 photocopy)

Local Field Office- NCIP

Additional Requirements:

(for Subdivision or Consolidation)

1.12 Approved Subdivision
Plan of Approved
Consolidation Plan
( 2 blueprint copy)

Local Field Office- DENR

			,	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register name to the logbook and fill- up the request form (OD will guide you	1. Present the visitor's logbook to the client	None	5 minutes	Admin Aide Admin Support Services
to the person responsible)	1.1. Direct the client to person responsible			
	2.1 Receive the required documents for assessment	None	5 minutes	LAOO I, LAOO II Appraisal and Assessment Section
	2.2Verifies/Evalu ate the submitted documents	None	3 days	LAOO I, LAOO II Appraisal and Assessment Section



2. Submit th				
complete require	•			
Appraisal an Assessment				
Section	valuation, location			
Section	and existing			
	improvements of			
	the real Property) 2.3	None	2.5 days	Records,
	Appraise/Assess	None	2.5 days	Appraisal &
	request (including			Appraisal & Assessment and
	assigning of ARP			Tax Mapping
	number, updating			Sections
	tax map and			Sections
	TMCR)			
	2.4 Evaluate the	None	30 minutes	LAOO I,
	prepared FAAS	110110	00 1111110100	LAOO II and
	and recommend			LAOO III
	its approval			Assessment Audit
	no approvai			Section
	2.5 Approve the	None	10 minutes	Provincial
	encoded FAAS			Assessor.
3. Claim the Re-	I 2.7 Release copy	None	5 minutes	Admin Aide
Property Ta				Admin Support
Declaration	Tax Declaration			Services
	Total	None	5days,4hours	
			and 55	
			minutes	

## 3. AVAILMENT OF APPRAISAL AND ASSESSMENT OF REAL PROPERTIES (SIMPLE)

The service is given to real property owners for real property taxation. It determines the market and assesses value of a certain property as of specific date.

Office or	PASSO – Administrative Support Services		
Division:	Real Prope	erty Appraisal and Assessment Audit Division	
	Tax Mappi	ng and Assessment Records Division	
Classification:	Simple		
Type of	G2G – Government to Government		
Transaction:	G2C – Government to Citizen		
Who May Avail:	Property owner or representative with consent/authorization		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE	
Present the following:     1.1 Deed of Conveyance(2		Notary Public	



1.2 Tax Clea photocopy	rance (2 Certified y)	Provincial/Municipal Treasurer's Office		
	Tax Receipt (2 ohotocopy)	Provincial T	reasurer's Office	
Registrati	e of Authorizing on (CAR) (2 ohotocopy)	Bureau of I	nternal Revenue	
1.5 Certificate Certified p	e of Title (2 ohotocopy)	Registry of	Deeds	
	ed Properties) Plan Approved by DENR-( 1 original	Local Field	Office- DENR	
	on from CENRO (1 nd 1 photocopy)	Local Field	Office- CENRO	
1.8 Sworn Sta	atement (2 original)	Declarant		
Captain	<ul><li>1.9 Certification from the Brgy.</li><li>Captain (1 original and 1 photocopy)</li></ul>		Office of the Barangay Captain	
1.10 Ocula Report (is 2 original)	ssued by MASSO)(	Municipal A	ssessor's Office	
,		Local Field	Office- NCIP	
NCC pri	public domain & possessed by ior to July 04, original and 1	) / ,		
Additional Requirements:  (for Subdivision or Consolidation)  1.12 Approved Subdivision  Plan of Approved  Consolidation Plan  ( 2 blueprint copy)			Office-DENR	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1. Register name to the logbook and fill-up the request form (OD will guide you to the person responsible)	<ul><li>1.1. Present the visitor's logbook to the client</li><li>1.2. Direct the client to person responsible</li></ul>	None	5 minutes	Admin Aide Admin Support Services
	2.1. Receive the required documents for assessment	None	5 minutes	LAOO I, LAOO II Appraisal and Assessment Section
2. Submit the	2.2. Verifies/Evaluate the submitted documents	None	25 Minutes	LAOO I, LAOO II Appraisal and Assessment Section
complete required documents to Appraisal and Assessment Section	2.3. Appraise /Assess request (including assigning of ARP number, updating tax map and TMCR)	None	2.5 days	Records, Appraisal & Assessment and Tax Mapping Sections
	2.4. Evaluate the prepared FAAS and recommend its approval	None	30 minutes	LAOO I, LAOO II and LAOO III Assessment Audit Section
	2.5 Approve the FAAS	None	15 minutes	Provincial Assessor.
3.Claim the Real Property Tax Declaration	3.1. Release copy of Real Property Tax Declaration	None	5 minutes	Admin Aide Admin Support Services
	Total	None	2 days, 5 hours and 25 minutes	



### 4. AVAILMENT OF CERTIFICATIONS ON (COMPLEX):

## 1. LANDHOLDING/IMPROVEMENTS A. WITH HISTORY/ESTATE TAX

**B. NO PROPERTY** 

### 2. TRUE COPIES OF ASSESSMENT RECORS

This service is given to the Real Property Owners as part of the requirements by other agencies.

Office or	PASSO- Administrat	ive Support S	Services	
Division:	Assessment Records Section			
Classification:	Complex			
Type of	G2G – Government		ent	
Transaction:	G2C – Government t			
Who May Avail:	Property owner or re	epresentative		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Tax Clearance ( 1 originald or photocopy)     Official Receipt ( 1 original)			Municipal Treasure	er's Office
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register name to the logbook and fill-out the reques form (OD will guide you to the person responsible)	1.1 Present the Log book to the client	None	5 minutes	Admin. Aide Admin Support Services
2. Forward the request form to OE	2.1. Receive the	None	2 minutes	Admin. Aide Admin Support Services
	2.2. Verifies, encode and print the requested documents	None	5 days	Assessment Clerk Assessment Records Section
	>forward to section/division chief for their recommendation			



	>forward to OD for approval of PA  (if request involve history of assessment)			
	2.3. Receive the documents for approval and determines the fees to be paid by client.	None	5 minutes	Admin. Aide Admin Support Services
3. Pay the corresponding fee to PTO	3.1. Receive Payments 3.2. Issue Official Receipt	Certificatio n Fee - P 130 True Copy - P 130 History - P 130 (+ 100 verificatio n fee) Quarry Fee - P 130	30 minutes	Cashier Provincial Treasurer's Office
4. Present the Official Receipt	4.1. Verify the payment	None	2 minutes	Admin. Aide III Admin Support Services
	4.2. Forward the documents to PA for approval	None	3 minutes	Admin. Aide Admin Support Services
	4.3. Sign the documents	None	5 minutes	Provincial Assessor
	4.4. Release the documents	None	5 minutes	Admin. Aide Admin Support Services
	TOTAL	Certificatio n Fee – P 130 True Copy – P 130 History – P 130 (+	5 days and 57 minutes	



100
verificatio
n fee)
Quarry
Quarry Fee - P
130

### 5. AVAILMENT OF CERTIFICATIONS ON (SIMPLE):

## 1. LANDHOLDING/IMPROVEMENTS A. WITH HISTORY/ESTATE TAX B. NO PROPERTY

### 2. TRUE COPIES OF ASSESSMENT RECORS

This service is given to the Real Property Owners as part of the requirements by other agencies.

Office or	PASSO- Administrative Support Services			
Division:	Assessme	ent Records S	Section	
Classification:	Simple			
Type of	G2G – Governmen		nent	
Transaction:	G2C – Government to Citizen			
Who May Avail:				
CHECKLIST OF I	REQUIREMENTS		WHERE TO SEC	URE
photocopy) 2. Official Rece	Tax Clearance ( 1 original or photocopy)     Official Receipt ( 1 original)  Provincial/Municipal treasurer's Office  Provincial treasurer's Office			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present documentary requirements and fill out the request form (Officer of the Day will guide you to the person responsible)	Issue request form to the client	None	10 minutes	Admin. Aide Admin Support Services
2. Forward the request form to Officer of the Day and wait for the Issuance of the charge slip	2.1. Receive and forward the request form to the Assessment Records Section for verification	None	15 minutes	Admin. Aide Admin Support Services Assessment Clerk



				Assessment
	2.2. Assessment Records Section in-charge			Records Section
	prepares the charge slip and secure the recommendation of the Section/Division Head and approval of the Provincial Assessor			Provincial Assessor
	2.3. Issue charge slip to the client for payment of necessary fees to the PTO			
	2.4. Prepare the requested Certification and secure approval of the Provincial Assessor			
3. Pay the corresponding fee to PTO	3.1. Receive Payments 3.2. Issue Official Receipt	- P 130 History - P 130 (+ 100 verificatio n fee) Quarry Fee - P 130	10 minutes	Cashier Provincial Treasurer's Office
4. Wait for the release of the Certification requested and register the name to the logbook	<ul><li>4.1. Receive and verify official receipt</li><li>4.2 Release of the approved certification to the client</li></ul>	None	20 minutes	Admin. Aide III Admin Support Services



TOTAL	Certificatio	55 minutes	
	n Fee – P		
	130		
	True Copy		
	– P 130		
	History -		
	P 130 (+		
	100		
	verificatio		
	n fee)		
	Quarry		
	Fee – P		
	130		

## 6. AVAILMENT OF TECHNICAL ASSISTANCE ON ASSESSMENT OF REAL PROPERTIES

This service is being extended to real property owners in order for them to be aware of the required documents and the process involved in appraisal and assessment of real properties.

Office or	Provincial Assessor	rs Office		
Division:				
Classification:	Simple			
Type of	G2G – Government to Government			
Transaction:	G2C – Government to Citizens			
Who May Avail:	ALL			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
as warra copy)	perty documents ( nted) ( 1 original		Client	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBL E
Register Name to the logbook	1.1. Present the Logbook to the client	None	5 minutes	Admin. Aide Admin Support Services
2. Present the documents for verification	2.1. Receive the documents	None	5 minutes	Admin. Aide Admin Support Services
	2.2. Forward to Appraisal and Assessment Section	None	5 minutes	

55



2.3. Determine the	None	5 minutes	LAOO I,
completeness of			LAOOII and
the documents			LAOO III
			Appraisal and
2.4. Provide	None	25 minutes	Assessment
needed technical			Section
assistance			
		3 minutes	
2.5. Return the			
documents to			
property owner			
TOTAL	None	48 minutes	



## Provincial Budget Office Internal Services



### 1. CERTIFIES TO THE EXISTENCE OF AVAILABLE APPROPRIATION

Certifies to the Existence of Available Appropriation according to budget appropriated to ensure that the financial transaction is in order.

Office or Division:	Provincial Budget Office			
Classification:	Simple			
Type of	G2G- government se	ervices whos	e client is a gover	nment employee
Transaction:	or another governme		3 · · · · · · · · · · · · · · · · · · ·	
Who may avail:	Offices within Provin	cial Governn	nent of South Cota	abato
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Obligation Request (1 original)  PGSC-Financial Management System (Data Center)				
2. Supporting I depending o transaction)	n the type of	Office conc	erned	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit Obligation Request (OBR) and supporting documents	1.1.Receives Obligation Request (OBR) and supporting documents	None	15 mins	Admin Assistant II; Admin Aide II Admin. Support Section
	1.2.Controls OBR with corresponding appropriation	None	30 mins	Administrative Officer Budget Execution Staff
	1.3.Signs OBR	None	1 day	Provincial Budget Officer Provincial Budget Office
	1.4.Releases OBR	None	15 mins	Administrative Aide II Admin. Support Section
ТО	TAL	None	1day,1hr.	



### 2. RELEASE OF ALLOTMENT

Release of Allotment according to office request.

Office or Division:	Provincial Budget Off	fice		
Classification:	Simple			
Type of	G2G- government se	rvices whos	e client is a gover	nment employee
Transaction:	or another governme		o onoritio a gover	innone omployee
Who may avail:	Offices within the Pro		ernment of South	Cotabato
	REQUIREMENTS WHERE TO SECURE			
	quest for release of ent (1 original)	Requesting Office		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit written request for release of allotment	1.1. Receives written request for release of allotment	None	10 mins.	Admin Aide Admin. Support Unit
	1.2.Evaluates request for allotment	None	1 hr.	Administrative Officer V Budget Execution Section
	1.3.Prepares Local Budget Matrix (LBM/Allotment Release Order (ARO)	None	30 mins.	Admin Aide IV Budget Execution Section
	1.4.signs LBM/ARO	None	1 day	Provincial Budget Officer Provincial Budget Office
	1.5.Release LBM/ARO to Provincial Governor's Office/Provincial Administrator's Office	None	10 mins.	Administrative Officer Budget Execution Section
	1.6.Approve LBM/ARO and return to Provincial Budget Office	None	1 day	Provincial Governor/Provin cial Administrator



1.7.Receive and Record approved LBM/AROs	None	15 mins.	Administrative Officer Budget Execution Section
Total	None	2 days, 1hour, 5mins.	



# Provincial Disaster Risk Reduction and Management Office External Services



### 1. PATIENT TRANSPORT SERVICES

Request of Patient Transport Services is given to those citizens with a need of immediate health care services.

Office or Division:	PDRRMO			
Classification:	Simple			
Type of	G2C – Government to Citizen			
Transaction:	O20 Government	to Onizen		
Who may avail:	All constituents of So	outh Cotabat	0	
	HECKLIST OF REQUIREMENTS WHERE TO SECURE			
1.Make a call by wa	·			
,	,			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Call Emergency Hotline of the PDRRMO at the following contact number:  Using mobile phone with sufficient load, dial Globe +639275426430/ Smart +639691915810	1.1 Accept the call and gather necessary information such as patient name, diagnosis, location, and destination.  1.2 Fill-out Ambulance Services Form  1.3 Assign a team to handle the request	None	10 minutes	Hotline In- Charge Operations and Warning Section
2.Wait for the team to arrive in the agreed location	2.1 Dispatch Ambulance and Transport the patient safe and sound	None	20 minutes average response time depending on availability and location	Personnel assigned to Patient Transport Services
	TOTAL		30 mins.	



## 2. PROVISION OF FOOD FOR WORK (FFW) AND CASH FOR WORK (CFW) PROGRAM (For Disaster Prevention and Mitigation)

Food for Work/Cash for Work Program is one of the services provided under the PDRRMO aimed to raise income and employment for the poor through the creation of incremental Assets and by means of work generation. This program wanted to lessen the impact of disaster in communities.

Office or	PDRRMO			
Division: Classification:	Complex			
Type of	Complex G2C – Government to Citizen			
Transaction:	G2C – Government to Citizen			
Who may avail:	All residents of South Cotabato			
	REQUIREMENTS		WHERE TO SEC	TIDE
1.Letter Request (		Concorno	I individual who wa	
1.Letter Nequest (	i diigiriai)		FW Program	ariled to avail of
2. FFW/CFW Proje	ect Proposal Form		Operations and W	Jarning Section
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
OLILINIO OILI O	AGENOT AGENOR	BE PAID	TIME	RESPONSIBLE
1.1 Make a letter request addressed to PDRRMO Head of Office and have its hard copy received  1.2 Submit request to PDRRMO in order to avail Food for Work/ Cash for Work Program.	1.Receive the request and validate information and services requested	None	10 minutes	In-Charge Operations and Warning Section
2.Wait for the request to be processed	2.1. Conduct assessment and ocular inspection of the area  2.2. Submit report along with recommendations to the PDRRMO Head of Office	None	3 days	In-Charge Operations and Warning Section
3.Secure FFW/CFW Project Proposal Form from Operations and Warning Section	3.1 Received the Project Proposal Form  3.2 Recommend for approval of the	None	2 days	In-Charge Operations and Warning Section



4.Avail the Food for Work /Cash for Work Program	Department Head and Provincial Governor  3.3 Discuss with client the confirmation of the program to be conducted with notification to Barangay Officials concerned  4.1 Secure a copy of withdrawal slip (receipt if CFW),	None	1 day	In-Charge Operations and Warning Section
	gate pass (FFW only), and attendance sheet indicating the name and signature of the client  4.2 Provide Food/Cash after the completion of the project			
	TOTAL		6 days, 10 mins.	



### 3. PROVISION OF RELIEF ASSISSTANCE

Relief Assistance is a cash provided to families whose houses are either totally or partially damaged due to fire, flashflood, earthquake, tornado or any other analogous occurrences.

Office or	PDRRMO			
Division:				
Classification:	Complex			
Type of	G2C –Government to Citizen			
Transaction:				
Who may avail:	Affected Individuals/ Municipality/ City/ Barangay/LGU			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	
1. C/MDRRMO	Report (1,original)	Concerned	I government agei	ncy
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit Report relative to the incident to PDRRMO, Operations and Warning Section	1.1 Receive the incident report documents submitted  1.2 Inform the client as when to receive the relief assistance	None	15 minutes	In-Charge Operations and Warning Section
2.Receive the relief assistance from the Operations and Warning Section	2.1 Assessment of the incident happened  2.2 Secure a copy of withdrawal slip, gate pass, and attendance sheet indicating the name and signature of the client  2.3 Release of Relief Assistance	None	5 days	In-Charge Operations and Warning Section
	TOTAL		5 days,15 minutes	



## Provincial Engineer's Office External Services



### 1. APPROVAL OF BARANGAY REQUEST FOR EQUIPMENT

Assistance to barangays of their needs of equipment for barangay roads repair.

Office or	Dravinaial Engineer's	Office (DEC	\\ Maintananaa Di	iolon
Division:	Provincial Engineer's	Office (PEC	)-Maintenance Di	VISION
Classification:	Compley			
	Complex			
Type of	G2G- for government services whose client is a government employee or another government agency			
Transaction:			<u> </u>	
Who may avail:	Barangay LGUs in So	buth Cotabat		NUDE
	REQUIREMENTS	F	WHERE TO SEC	
1. Letter request from	0,	Fro	om the requesting	barangay
original)	d" by the Governor (1			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
	710=1101	BE PAID	TIME	RESPONSIBLE
<ol> <li>Submit letter</li> </ol>	1.1.Receives letter			PEO-Admin
request	request			front desk in-
		None	1 day	charge, AO, PE
	1.2.Indorse to the			
	Provincial Engineer			
	for appropriate			
	action			
2.Wait for the	2.1 Conduct of			
request to be	validation of the			
processed	area or site in order			Project
	to determine the			Engineer /
	appropriate			Foreman-
	equipment to be	None	5 days	Maintenance
	used and informs			Division
	the Requesting			
	Barangay on the			
	status of their			
	request			
	2.2.Inform the			
	availability of			
	equipment for use			
3.Avail of the use	3.Lend equipment	None	1 day	Project
of equipment of	of the Provincial		<b>,</b>	Engineer /
the provincial	government			Foreman
government				Maintenance
				Division
	Total	None	7 Days	



### 2. APPROVAL OF CONTRACTOR/PRIVATE INDIVIDUAL REQUEST FOR EQUIPMENT RENTAL

Provision of equipment to contractor / private individual for a fee with on-going infrastructure projects with the Provincial Government of South Cotabato.

Office or Division:	Provincial Engineer's Office -Equipment Pool and Maintenance Division (EPMD)			
Classification:	G2B-for government services whose client is a business entity			
Type of	Complex			
Transaction:	Complex			
Who may avail:	Private individual or o	company / Co	ontractor	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Letter request. ( 1 original)		From the concerned contractor / private individual.		
original)	eipt for the rent (1	Provincial Treasurer's Office (PTO)		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request for equipment rental duly approved by the Provincial Governor.	1.1.Receive the approved letter request for equipment rental  1.2.Indorse to the Provincial Engineer for appropriate action  1.3. Indorse to the Equipment Operation and Maintenance Division for appropriate action	None	1 day	PEO-Admin front desk in- charge, AO, PE
2.Secure the Billing Statement	2.1.Check the availability of the equipment requested  2.2.Prepare Billing Statement  2.3.Provide Billing Statement with computation of required fees	Article 6.D.02 of the 2017 Revenue Ordinance of the PGSC	2 days	Receiving Clerk, Engineer IV- Equipment Pool and Maintenance Division



3.Pay required fees indicated in the billing statement	3.1.Receive Billing statement and payment  132.Issue Official Receipt on the amount received	Article 6.D.02 of the 2017 Revenue Ordinance of the PGSC	1 day	Cashier- Provincial Treasurer's Office
4.Return to the EOMD and submit the Official Receipt and billing statement	4.1.Receive the Official Receipt and billing statement 4.2.Schedule deployment of equipment 4.3.Prepare Trip Ticket	None	1 day	Receiving Clerk, Engineer IV- Equipment Pool and Maintenance Division
5.Wait for the request to be processed	5.1.Process approval of the Trip ticket/travel documents  5.2.Inform the contractor of the availability of equipment	None	1 day	PEO-Admin front desk in- charge, AO, PE -Admin Support Section
6.Return to receive the equipment	6 Release the equipment	None	1 day	Engineer IV- Equipment Pool and Maintenance Division
	Total	None	7 days	

### Rental Rates of Equipment (per approved 2017 Revenue Ordinance of the Provincial Government of South Cotabato)

EQUIPMENT TYPE	CAPACITY/AVAILABILITY	RATE
		Operated Per Hour
Dump Truck	Per cubic meter	P260.00
Wheel Loader	Per cubic meter	P850.00
Motor Grader	Per foot of blade length	P170.00
Backhoe Loader	Per cubic meter	P750.00
Excavator	Per cubic meter	P300.00
Steel Roller	Per ton compaction capacity	P125.00
Bulldozer	Per meter of blade length	P106.00
Prime Mover with Trailer	20-30 tons load capacity	P3,500.00
Stabilizer/Recycler	Per meter	P1,875.00
Water Tanker	Per cubic meter	P200.00
Boom Truck	Per kilogram lifting capacity	P4.0
Welding Machine (electric-driven)	Per Ampere capacity	P0.40
Welding Machine (engine-driven)	Per Ampere capacity	P1.25



Concrete Mixer ( one bagger)		P170.00
Chainsaw		P200.00
Chainblock with stand	Per ton capacity	P50.00

#### 3. CONDUCT OF JOINT AS STAKE SURVEY

This survey is conducted before the actual implementation of the project. This aims to determine the actual condition of the project site since the planning stage. Should there be no difference on the site since the planning stage to its actual implementation, the project proceeds. However, should there be a significant difference, it may result to suspension on project implementation, revision of plan, variation order or any appropriate act may be.

Office or Division:	Provincial Engineer's Office –Construction Division			
Classification:	Simple			
Type of	G2B- for government services whose client is a business entity			
Transaction:	G2B- for government services whose client is a business entity			
Who may avail:	Contractor			
	REQUIREMENTS		WHERE TO SEC	URE
Letter request for	as stake survey (1		Contractor	
oriç	ginal)			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submits letter request for Joint As Stake Survey.	1.1. Receive the letter request  1.2.Indorse to the Provincial Engineer for appropriate action  1.3.Forward the letter request with annotation to the Construction Division for appropriate action	None	1 day	PEO-Admin front desk in- charge, AO, PE -Admin Support Section
	1.4 Schedule the conduct of Joint as Stake Survey	None	1 day	Project Engineer- Construction Division
2. Attend in the conduct of joint As Stake Survey	2.Conduct of Joint Survey	None None	1 day	Project Engineer- Construction Division



### 4. CONDUCT OF MATERIALS AND FIELD TESTING AND ISSUANCE OF POURING PERMIT

In the course of project implementation, construction materials used and soil density are being tested prior to every concrete pouring activity. This is to ensure the strength and integrity of the infrastructure project as planned.

Division:       Control Division (MTQCD)         Classification:       Complex         Type of Transaction:       G2B-for government services whose client is a business entity         Who may avail:       Private contractor / individual         CHECKLIST OF REQUIREMENTS       WHERE TO SECURE	
Type of G2B-for government services whose client is a business entity Transaction:  Who may avail: Private contractor / individual	
Transaction: Who may avail: Private contractor / individual	
Who may avail: Private contractor / individual	
CHECKLIST OF REQUIREMENTS WHERE TO SECURE	
Letter Request (1 original) From the concerned contractor / private	<del></del>
individual EFFE TO PROCESSING PERSON	1
CLIENTS STEPS   AGENCY ACTION   FEES TO   PROCESSING   PERSON   BE PAID   TIME   RESPONSIE	3LE
1. Submit letter 1.1.Receive the	
request for letter request for	
Materials and Materials and Field	
Field Testing and Testing and	
Pouring Permit Pouring Permit	
PEO-Admi	
1.2.Indorse the None 1 day front desk i	
letter request to the charge, AO,	
Provincial Engineer -Admin Supp	port
for appropriate Section action.	
action.	
1.3. Indorse the	
letter request with	
annotation to the	
Material Testing	
and Quality Control	
Division copy	
furnished the	
Construction	
Division for	
appropriate action	
2.Wait for the 2.1. Schedule the	
request to be conduct of	
processed inspection of the Project	
project None 2 days Engineer-Construction	
2.2.Conduct Division	J11
inspection of the	
project	



	2.1. Conduct of Materials and Field TFDT  2.2. Prepare Report	None	1 day	Concerned area-assigned engineer and Laboratory Technician
	4.Process approval of the Pouring Permit	None	3 days	PEO-Admin front desk in- charge, AO, PE -Admin Support Section, Project Engineer
3. Secure copy of the Pouring Permit.	4.Release copy of the approved Pouring Permit	None	1 day	PEO-Admin front desk in- charge - Admin.Support Section
	Total	None	8 days	

### 5. CONDUCT OF PRE-CONSTRUCTION CONFERENCE

This conference is conducted before the project implementation. This is attended by the contractor and the technical persons of PEO. It is in this conference that the contractor is being brief of the flow, office policies and other significant acts and processes relative the project implementation. Contractor side is also heard in this conference.

Office or Division:	Provincial Engineer's Office (PEO)			
Classification:	Simple			
Type of	G2B- for government services whose client is a business entity			
Transaction:				
Who may avail:	Contractors			
<b>CHECKLIST OF R</b>	• -	WHERE TO	SECURE	
	Draft PERT/CPM (for review of the Project Engineer) ( 1 original)			
2. Letter reque Survey (1 o	st for Joint as Stake riginal)	2. Contractor		
3. Letter to Commence (1 original)		3. Contractor		
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSING PERSON BE PAID TIME RESPONSIBLE		
1. Submit letter to Commence	1.1.Receive Letter to Commence			
	1.2.Coordinate with technical divisions for the conduct of	None	2 days	PEO-Admin front desk in- charge, AO, PE



	Pre-Construction Conference with the contractor  1.3.Schedule the conduct of Pre- Construction Conference			-Admin Support Section
2.Attend Pre- Construction Conference	2.Faciliatate the Conduct of Pre- Construction Conference	None	1 day	Provincial Engineer, Technical persons from Construction/MT QCD/PDPD divisions Provincial Engineer's Office
	Total	None	3days	

## 6. PREPARATION OF FINANCIAL DOCUMENTS FOR CONTRACTOR'S CLAIM FOR MOBILIZATION FUND

This serves as a Cash Advance of the Contractor to start up the project implementation.

Office or Division:	Provincial Engineer's Office (PEO)			
Classification:	Complex			
Type of	•	t services whose client is a business entity		
Transaction:	OZD for government	t services whose chefit is a business critity		
Who may avail:	Contractor			
CHECKLIST OF R		WHERE TO SECURE		
copy each)	(			
Letter request from	contractor for	Contractor		
advance payment of	duly approved by the			
LCE				
Certified Photocopy	of the original OBR	Contractor		
Certified photocopy		Contractor		
	redit / Security Bond			
/ Bank Guarantee				
Certified photocopy	of Purchase	Contractor		
Request				
Certified photocopy	of Notice to	Contractor		
Proceed / Commen				
Certified photocopy	of Notice of Award	Contractor		
Pictures before construction Contractor		Contractor		
Picture of Information	ve Sign Board	Contractor		
Certified photocopy	of the contract	Contractor		



E. DEO		1		
For PEO use only	of DEDT/CDM	0		
Approved copy		Contractor		
Copy of Quality Test Results with O.R		Contractor		
Certification (contra of equipment, labor	actor's mobilization , materials)	Construction	n Division	
Disbursement Vouc	cher	PEO-Admin		
Indorsement to PAG		PEO-Admin		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the     Letter request     for Mobilization     along with the     documentary     requirements	1.1.Receive the Letter request and check completeness of the documentary requirements  1.2.Indorse the Letter request along with the documentary requirements to the Construction Division for appropriate action	None	1 day	PEO-Admin front desk in- charge, AO, PE -Admin Support Section
2.Wait for the request to be processed	2.2.Conduct inspection and evaluation of the project  2.2.Issue required certification  2.3.Facilitate approval of PERT/CPM  2.4. Return to the Admin. Section the pertinent documents	None	5 days	Project Engineer- Construction Division
	<ul> <li>.3.1. Receive and verify completeness of documentary requirements</li> <li>3.2. Prepare voucher along with supporting documents</li> <li>3.3. Secure the signature of</li> </ul>	None	1 day	Administrative Assistant, AO, PE- Admin. Support Section



the Provincial Engineer on the DV, OBR and Indorsement			
4. Release of complete Financial Documents along with Supporting documents to the Provincial Governor's Office-Inspectorate Unit for appropriate action	None	1 day	PEO-Admin front desk in- charge, Liason- Admin. Support Section
	None	8 days	
Total		·	

## 7. PREPARATION OF FINANCIAL DOCUMENTS FOR CONTRACTOR'S CLAIM FOR FIRST PROGRESS BILLING, 30-80%

This is the first claim of the contractor of the project in progress.

Office or	Provincial Engineer's Office (PEO)				
Division:	3 ( )				
Classification:	Complex				
Type of	G2B-for government	services whose client is a business entity			
Transaction:					
Who may avail:	Contractor				
CHECKLIST OF R	,	WHERE TO SECURE			
original copy each)					
	uest from contractor	Contractor			
for billing and inspe					
	PERT/CPM network	Contractor			
diagram and detaile	ed				
certified photocopy		Contractor			
Voucher – 15% Mc	bilization Fee (if				
any)					
Pictures of Informa	Y	Contractor			
Properly labelled p		Contractor			
during the construc					
Construction Safety and Health		Contractor			
Program duly approved by the DOLE					
For PEO use only:					
Quality Test Re	esult with O.R	Contractor			
Detailed Quant	ity Calculation	Contractor			



Statement of Work Accomplished	Construction Division - PEO
Suspension Order and Resume Order	Construction Division - PEO
with transmittal to COA (if applicable)	
Approved request for Time Extension	Construction Division - PEO
(if applicable)	0 / / 7
Statement of Time Elapsed (if	Construction Division - PEO
applicable)	MTQCD - PEO
Result of Test Analysis by proper government agency (for items subject	MIQCD - PEO
to test)	
Disbursement Voucher	PEO-Admin
Letter of Information to COA of Work	PEO Admin
Accomplished (Indorsement)	
PEO use: Indorsement to PACCO &	PEO-Admin
COA	
Obligation Request	PEO-Admin (file of received project document
	from BAC)
Purchase Request	PEO-Admin (file of received project document
COA compliance	from BAC)
COA compliance	PEO-Admin (file of received project document from BAC)
Invitation to Bid	PEO-Admin (file of received project document
Invitation to bid	from BAC)
Bid forms	PEO-Admin (file of received project document
	from BAC)
Bid Security	PEO-Admin (file of received project document
	from BAC)
Abstract of Bids as Calculated and	PEO-Admin (file of received project document
Abstract of Bids as read	from BAC)
BAC resolution declaring winning	PEO-Admin (file of received project document
bidder and recommending award and	from BAC)
approval Contract of Agreement, General	PEO-Admin (file of received project document
Conditions of Contract and Special	from BAC)
Conditions of Contract	
Notice of Award	PEO-Admin (file of received project document
	from BAC)
Notice to Proceed indicating the date of	PEO-Admin (file of received project document
receipt by the contractor	from BAC)
Performance Bond	PEO-Admin (file of received project document
Dill (O cold)	from BAC)
Bill of Quantities	PEO-Admin (file of received project document
Individual Program of Morts and	from BAC)
Individual Program of Work and Detailed Estimates	PEO-Admin (file of received project document from BAC)
Newspaper clippings for contracts of 5	PEO-Admin (file of received project document
million and above	from BAC)
orr aria abovo	



publication – PHILGEPS		PEO-Admin (file of received project document from BAC)		
Contractor's Accreditation and		PEO-Admin (file of received project document		
Certificate of Registration		from BAC)		
Minimum Equipmen		,	(file of received i	project document
William Equipmon	nt roquirou	from BAC)	(me or received )	project accument
Plans and Specifica	ations		(file of received a	project document
Tians and opening	ations	from BAC)	(ille of feceived	project document
Project Inspection I	Poport		ctorate Section	
	<u> </u>			
certification issued	-	PGO-inspec	ctorate section	
PGO-Inspectorate Pictures (approved		DCO Inone	ntarata aantian	
inspectorate section	n)	PGO-inspec	ctorate section	
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Submits all of	1. Receives/logs,	none	1 day	
the above	verifies			
documents	completeness of			PEO-Admin front
required of him	the supporting			desk in-charge,
in the	documents			AO, PE -Admin
checklist.	2. Forwards the			Support Section
	request to			
	assigned Project			
	Engineer in			
	Construction			
	Division for			
	evaluation			
	and/or			
	recommendation			
2.Wait for the	3. Schedules &	none	7 days	
request to be	conducts			
processed	inspection.			
	4. Prepares			
	Statement of			Project
	Work			Engineer-
	Accomplished			Construction
	(SWA)			Division, PEO
				Inspectorate
	5. Secure			team
	signature /			
	approval for			
	Statement of			
	Work			
	Accomplished			
	(SWA) & Certificate of			
	Time Elapsed			
	Timo Elapsoa			
	6. Forwards the			
	complete set of			
	1	1	1	1



			TC/AL 3
	documents to PEO-Admin		
		1 day	
	7. Receives and verifies completeness of supporting documents and prepares the following:		Admin Asst., AO,
	a. Voucher b. Indorsement to COA c. Indorsement to PACCO d. Original documents submitted by BAC Office e. Checklist for processing of		PE- Admin Support Section
	8. Forwards all documents to the Provincial Engineer thru the AO, for appropriate action.		
	9. Releases and submits complete set of documents to the PGO-		PEO-Admin front desk in-charge, Liason- Admin Support Section
TOTAL	Inspectorate for appropriate action	9 days	
101/1		o dayo	



## 8. PREPARATION OF FINANCIAL DOCUMENTS FOR CONTRACTOR'S CLAIM FOR PROGRESS BILLING, 30-80%

This claim of the contractor aims to pay the cost of the project in progress.

Office or	Provincial Engineer's	office (PFO	)	
Division:	Provincial Engineer's Office (PEO)			
Classification:	Complex			
Type of	G2B-for government services whose client is a business entity			
Transaction:	GZD-IOI GOVERNINENI	Services with	ise cheffi is a bush	ness entity
	Contractor			
Who may avail: CHECKLIST OF R	Contractor	WHERE TO	SECURE	
	EQUIREINIEN 13 (1	WHERE IO	SECURE	
copy each)	wast from contractor	Contractor		
	uest from contractor	Contractor		
for billing and inspe		Contractor		
Certified photocopy	of Obligation	Contractor		
Request	. of Dunck and	Comtractor		
Certified photocopy	of Purchase	Contractor		
Request	of Diahumaanaan	Comtractor		
Certified photocopy		Contractor		
Voucher, Inspection				
-	eport of all previous			
payments.	aturna a alumba artha	Comtractor		
Properly labelled pi	ctures during the	Contractor		
construction				
For PEO use only:		0		
Quality Test Result with O.R		Contractor	DI III DEO	
Approved request for Time Extension (if		Construction	n Division - PEO	
applicable)	A	0	DI III DEO	
Statement of Work			n Division - PEO	
Suspension Order			n Division (original	copy for the first
Order with transmit	tal to COA (if	progress bill	ling)	
applicable)		0	.1 . (	
D: 1 ()/	ı		photocopy for suc	ceeding billing)
Disbursement Vouc		PEO-Admin		
Letter of Information		PEO Admin		
Accomplished (Indo		DEO 4 : :		
PEO use: Indorsem	nent to PACCO &	PEO-Admin		
COA		D00:		
Project Inspection Report		PGO-Inspectorate Section		
Certification issued	-	PGO-Inspec	ctorate section	
PGO-Inspectorate		D00:		
Pictures (approved	•	PGO-Inspec	ctorate section	
inspectorate section	n)			
AL IEN IEG 2				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



Submits all of the above documents required of him in the checklist.	1. Receives/logs, verifies completeness of the supporting documents  2. Forwards the request to assigned Project Engineer of the Construction Division (CD) for evaluation and/or recommendation	none	1 day	PEO-Admin front desk in- charge, AO, PE
2.Wait for the request to be processed	<ul> <li>3. Schedules &amp; conducts inspection.</li> <li>4. Prepares Statement of Work Accomplished (SWA)</li> </ul>	none	7 days	Project Engineer- Construction Division, PEO Inspectorate team
	5. Secure signature / approval for Statement of Work Accomplished (SWA) 6. Returns to PEO- Admin the complete set of documents			
	7. Receives and verifies completeness of supporting documents then prepares the following: a. Voucher b. Indorsement to COA c. Indorsement to PACCO d. Checklist for processing of claim	none	1 day	Admin Asst., AO, PE- Administrative Support Section
_	8. Forwards all documents to the Provincial Engineer thru the AO, for	none		



	appropriate action.			
	9. Releases and submits complete set of documents to the PGO-Inspectorate for appropriate action	none		PEO-Admin front desk in- charge, Liason
TOTAL			9 days	

#### 9. PREPARATION OF FINANCIAL DOCUMENTS FOR THE PROCESSING OF PRE-FINAL INSPECTION

This process determines the level of project implementation and workmanship of the contractor. It is done in view of the desire of the contractor to claim for 100% or final billing. Should there appears discrepancy in project implementation and/or workmanship, a Punchlist is issued to correct such discrepancy/ies.

Office or	Provincial Engineer'	s Office (PEC	O)			
Division:						
Classification:	Highly Technical					
Type of	G2B					
Transaction:						
Who may avail:	Contractor					
CHECKLIST OF RI		WHERE TO	SECURE			
<ol> <li>Letter reques</li> </ol>	st (1 original)	1. Cont	ractor			
<ol><li>Draft As-built</li></ol>	t Plan (1 original)	2. Cont	ractor			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON		
		BE PAID	TIME	RESPONSIBLE		
Submit documentary requirements	Receives the documentary requirements and check completeness      Indorses to the Construction Division for appropriate action	None	1 day	PEO-Admin front desk in- charge, Administrative Officer- Admin. Support Section		
2.Wait for the request to be processed	<ul><li>3. Schedules with the PEO Inspectorate Team conduct of inspection</li><li>3. Conducts Joint Inspection on the project</li></ul>	None	7 days	Project Engineer, Head- Planning Division, Head- MTQC, Head- Construction Division,		



	4. Prepares & furnishes contractor copy of Punchlist (if an			Provincial Engineer, PEO Inspectorate Team
	5. Submits punchlist to the PEO Admin. For the approval of the Provincial Engineer			Project Engineer
3.Return to the PEO Admin and receive punchlist (if any)	6. Releasing of approved punchlist to the contractor and the PGO Inspectorate Unit for appropriate action.	None	1 day	PEO-Admin front desk in- charge, Liason- Admin. Support Section
	TOTAL	None	9 days	

### 10. PREPARATION OF FINANCIAL DOCUMENTS FOR THE PROCESSING FOR FINAL BILLING

Claim of contractor for the 100% completion of the project.

Office or	Provincial Engineer's Office (PEO)				
Division:	3				
Classification:	Highly Technical				
Type of	G2B				
Transaction:					
Who may avail:	Contractor				
CHECKLIST OF RE	QUIREMENTS (1	WHERE TO SECURE			
copy each)					
Approved letter requ	est from contractor	contractor			
for billing and inspec	ction				
Certified photocopy of Obligation		Contractor			
Request					
Certified Photocopy of Disbursement		contractor			
Voucher, Inspection	Report, and				
Statement of Work A	Accomplished of all				
previous payments					
Certificate of Acceptance received by		contractor			
COA (COA memo n	o. 83-333)				
Acknowledgment of	Turn-over and	contractor			
Custody of complete	ed project				



contractor's office	it on novement of	contractor			
contractor's affidavit on payment of laborers and materials		contractor			
Properly labeled pictures before, during		contractor			
and after construction		Contractor			
Certified photocopy		contractor			
Request					
As-built Plans (app	roved- 1 original	contractor			
copy, 1 photocopy)	_				
Clearance from PT		contractor			
corresponding sand	d and gravel fees has				
been paid					
Result of Test Anal		contractor			
	y (if items are subject				
to test)					
PEO use:					
Logbook		contractor			
	mpletion Report	contractor			
Quality Test Re		contractor			
Statement of Work		Construction			
	or Time Extension (if	Construction	n Division		
applicable)	I/ D	0	. Division (suisino	1 f th ft	
Suspension Order		Construction Division (original copy for the first			
Order (if applicable	)	attachment requirement)			
		Contractor	(photocopy for suc	ceeding claim)	
Statement of Time	Flansed (if	Construction		becaming claim)	
applicable)	Liapsed (ii	Construction	III DIVISIOII		
Disbursement Vouc	cher	PEO-Admir	า		
Letter of Information		PEO-Admir			
Accomplished (Indo		20 / (0.11	•		
PEO use: Indorsem		PEO-Admir	า		
Project Inspection F	Report	PGO Inspe	PGO Inspectorate Unit		
Pictures (approved	•	PGO-Inspectorate Section			
PGO-Inspectorate					
Certification issued		PGO-Inspe	ctorate Section		
PGO-Inspectorate					
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Submits all of	11110001100,1090,				
the above documents	verifies				
required of him	completeness of			DEO A Lot	
in the checklist.	the supporting	Nama	4 4	PEO-Admin	
	documents	None	1 day	front desk in-	
	2. Forwards the			charge, AO, PE	
	request to				
	assigned Project				
	Engineer of the				
	Linginious of the	<u> </u>	l		



	1 _	1	T	
	Construction Division (CD) for evaluation and/or recommendation.			
2.Wait for the request to be processed and released.	3. Schedules & conducts Joint Inspection of the project by the PEO Inspectorate Team (Head, Planning, Programming & Designing Division/ Head, Material Testing & Quality Control Division/ Head, Construction Division  4. Prepares Statement of Work Accomplished (SWA).  5. Prepares certificate of Time Elapsed	None	7days	Project engineer- Construction Division, PEO Inspectorate team
	6. Returns complete set of documents to PEO-Admin			
	7. Receives and verifies completeness of supporting documents and prepares the following: a. Voucher b. Indorsement to COA c. Indorsement to PACCO d. Checklist for processing of claims  8. Forwards all	None	1 day	Admin Asst., AO, PE- Administrative Support Services
	documents for signature of the Provincial Engineer thru the AO.			
	Releases     complete set of     documents on	none		PEO-Admin front desk in- charge, Liason



	contractors claim for Final Billing to the PGO- Inspectorate for appropriate action		
TOTAL		9days	

# 11. PREPARATION OF FINANCIAL DOCUMENTS FOR THE PROCESSING OF RELEASE OF PAYMENT OF CONTRACTOR'S CLAIM FOR RETENTION (30 DAYS AFTER PROCESSING OF FINAL BILL)

This is the claim of contractor for the remaining 10% of the 50% total cost of the project after its completion.

Office or	Provincial Engineer's Office (PEO)				
Division:					
Classification:	Highly Technical				
Type of	G2B				
Transaction:					
Who may avail:	Contractor				
	REQUIREMENTS (1	WHERE TO SECURE			
	y each)				
	quest from contractor	Contractor			
for inspection and i					
Certified photocopy	of the Obligation	Contractor			
Request					
Surety Bond / Bank	•	Contractor			
original copy, 1 pho					
Certified photocopy		Contractor			
Vouchers of all pre					
Certification from End user that the		contractor			
project is complete					
Certified photocopy	/ of	contractor			
Acknowledgement					
custody of complet					
Certificate of comp	letion and final	contractor			
acceptance					
Certification from the		Construction Division			
(project is free from					
recommends release of retention					
money)					
PEO Use: Final Inspection Report for		Construction Division			
	gned by the PEO				
Inspection Team					
Disbursement Vou		PEO-Admin			
PEO use: Indorsen	nent to PACCO	PEO-Admin			



				CIAL SP	
Picture (Approved by the Head of PGO-Inspectorate Section)		PGO-Inspectorate Section			
	Certification issued by the Head, PGO-		PGO-Inspectorate Section)		
	Inspectorate Section		1 GO-mspectorate Section)		
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
Submits all of the above documents required of him in the checklist.	<ol> <li>Receives/logs, verifies completeness of the supporting documents</li> <li>Forwards the request to assigned Project Engineer of the Construction Division (CD) for appropriate action</li> </ol>	none	1 day	PEO-Admin front desk in- charge, AO, PE	
	3. Schedules and conducts evaluation to determine if there are deficiencies and/or defects.	none	5 days	Project Engineer- Construction Division	
	If the project has no deficiency:	none			
	4. Prepares certification that the project is free from defects and recommends release of retention money to the contractor	none			
	5. Receives and verifies completeness of supporting documents and then prepares the following:  a. Disbursement Voucher b. Indorsement	none		Admin. Asst., AO, PE	
	to PACCO 6. Forwards all	none	1 day		
	documents for signature of the Provincial Engineer thru the AO.				



	7. Releases & submits complete set of document on contractor's claim for Retention to the PGO-Inspectorate for appropriate action  If the project has	none		PEO-Admin front desk in- charge, Liason
	deficiency:			
	8. Prepares report on project's deficiency and forwards the same to PEO Admin for the approval of the P.E.	none	1 day	Project Engineer- Construction Division
	9. Receives/logs and forwards report project's deficiency to the P.E thru AO for approval	none		PEO-Admin front desk in- charge, AO, PE
2. Receives the project document for correction. Upon which, contractor resubmits the project document with complete attachments to PEO-Admin for the issuance of voucher.	the contractor the complete set of contract documents along with the approved report on project's deficiency for compliance.	none		PEO-Admin receiving clerk
TOTAL			7 days	

#### 12. Processing for One-Time 100% Payment of Contract

Contractor claims only once upon project completion.

Office or	Provincial Engineer's Office (PEO)
Division:	
Classification:	Complex
Type of	G2B
Transaction:	
Who may avail:	Contractor



CHECKLIST OF REQUIREMENTS (1	WHERE TO SECURE
original copy each)	
Approved letter request from contractor	Contractor
for billing and inspection	
Certificate of Acceptance received by	Contractor
COA (COA memo no. 83-333)	
Acknowledgment of Turn-over and	Contractor
Custody of Completed Project	
Copy of approved PERT/CPM network	Contractor
diagram and detailed Computations of	
Contract time	
Pictures of Informative Signboard	Contractor
Properly labelled pictures before, during	Contractor
and after the construction	Contractor
certified photocopy of Disbursement	Contractor
Voucher Mobilization Fee (if any)	Contractor
Contractor's Affidavit	Contractor
Construction Safety and Health	Contractor
Program duly approved by the DOLE	Contractor
Clearance from PTO that the	Contractor
corresponding Sand and Gravel Fees	
have been paid.	
For PEO use only:	
Quality Test Result with O.R	Contractor
Detailed Quantity Calculation	Contractor
Statement of Work Accomplished	Construction Division - PEO
Suspension Order and/or Resume	Construction Division - PEO
Order with transmittal to COA (if	
applicable)	
approved request for Time Extension (if	Construction Division - PEO
applicable)	
Statement of Time Elapsed (if	Construction Division - PEO
applicable)	
Result of Test Analysis by proper	MTQCD - PEO
government agency (for items subject to	
test)	
Disbursement Voucher	PEO-Admin
Letter of Information to COA of Work	PEO Admin
Accomplished (Indorsement)	
PEO use: Indorsement to PACCO &	PEO-Admin
COA	
Plans and Specifications and As-Built	PEO-Admin (Plans & specs - file of received
Plan	project document from BAC);
	, ·
	Contractor (as-built plan - 1 original & 1
	photocopy)
Obligation Request	PEO-Admin (file of received project document
	from BAC)



required of him in the checklist.	the supporting documents			
the above documents	verifies completeness of		,	front desk in- charge, AO, PE
1. Submits all of	1. Receives/logs,	None	1 day	PEO-Admin
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
inspectorate section)		PGO-Inspectorate section		
PGO-Inspectorate section Pictures (approved by the PGO-		PGO-Inspec	torate section	
Certification issued	•	PGO-Inspec	torate section	
Project Inspection I		PGO-Inspectorate Section		
Minimum Equipmen	ni requirea	PEO-Admin (file of received project document from BAC)		
Certificate of Regis	tration	from BAC)		
Contractor's Accred		PEO-Admin (file of received project document from BAC) PEO-Admin (file of received project document		
million and above publication – PHILO		from BAC)		•
	gs for contracts of 5	· · · · · · · · · · · · · · · · · · ·	(file of received p	project document
Program of Work a Estimates	na Detallea	from BAC)	(file of received p	project document
	nd Detailed	from BAC)		
Bill of Quantities		from BAC) PEO-Admin	(file of received r	project document
Performance Bond	40101	PEO-Admin	(file of received p	project document
Notice to Proceed i receipt by the contr	ndicating the date of	PEO-Admin from BAC)	(file of received p	project document
Notice of Award		from BAC)		project document
Conditions of Contr		,	(file of many invading	
Contract of Agreem Conditions of Contract		PEO-Admin from BAC)	(file of received p	project document
and recommending	award and approval	from BAC)		
Abstract of Bids as BAC resolution dec	read claring winning bidder	from BAC) PEO-Admin	(file of received r	project document
Abstract of Bids as		PEO-Admin	(file of received p	project document
Bid Security			(file of received p	project document
Bid forms		PEO-Admin from BAC)	(file of received p	project document
Invitation to Bid		PEO-Admin from BAC)	(file of received p	project document
COA compliance		PEO-Admin (file of received project document from BAC)		
Purchase Request		from BAC)	(file of received p	project document



				<u> </u>
2.Wait for the documents to be processed and paid.	2. Forwards the request to assigned Project Engineer of the Construction Division (CD) for evaluation and/or recommendation.  3. Schedules & conducts Joint Inspection of the project by the PEO Inspectorate Team (Head, Planning, Programming & Designing Division/ Head, Material Testing & Quality Control Division/ Head, Construction Division/ Provincial Engineer  4. Prepares Statement of Work Accomplished (SWA)  5. Prepares certificate of Time Elapsed  6. Secures signature / approval of the Statement of Work Accomplished (SWA)	None	7days	Project engineer- Construction Division, PEO Inspectorate team
	approval of the Statement of Work Accomplished (SWA) 7. Secure signature on Certificate of Time Elapsed 8. Returns to			
	PEO-Admin the complete set of documents  9. Receives and	Nana	4 400	Advaire Appt
	verifies completeness of supporting documents then prepares the following:	None	1 day	Admin Asst., AO, PE- Administrative Support Section



	a. Voucher b. Indorsement to COA c. Indorsement to PACCO d. Checklist for processing of claims			
	10. Forwards all documents for signature of the Provincial Engineer thru the AO.	None		
	11. Releases complete set of documents on contractors claim for one- time 100% Final Billing to the PGO- Inspectorate for appropriate action	none		PEO-Admin front desk in- charge, Liason
TOTAL			9 days	



## Provincial Engineer's Office Internal Services



#### 1. PREPARATION OF PLANS & PROGRAM OF WORKS (POW) FOR PROJECTS CHARGED TO AIP 20% LDF

Approved funded projects for the year has to undergo a thorough and detailed planning, designing and programming which end products are the Project Plans and Program of Works (POWs). These documents will be the basis for fund obligation and project implementation.

Office or	Provincial Engineer's Office (PEO)- Planning, Designing and			
Division:	Programming Division	on (PDPD)		
Classification:	Highly Technical			
Type of	G2G-for governmen			/ernment
Transaction:	employee or anothe			
Who may avail:	Concerned governm	ent office wit	th approved and fu	unded project/s in
	the AIP.	<b>,</b>		
CHECKLIST OF R	•	WHERE TO		
	Annual Investment	Provincial B	Budget Office (PBC	O)
Plan (AIP) showing				
	ded infra projects			
for the year. (Cert				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
( DDO ( )	4.5	BE PAID	TIME	RESPONSIBLE
1. PBO forwards	1. Receives/logs &	None	1 day	PEO-Admin
a copy of the	forwards Approved			receiving clerk,
approved AIP to	AIP to Planning			AO, Admin.
PEO.	Division for			Support Section
2. Wait for the	appropriate action 3. Conducts			Engineer II
Plans and	preliminary			Engineer II- Survey and
POWs to be	investigation &			Investigation
finished and	survey.			Unit
released for				Offic
signatures.	Note: No RROW			
oigi iatai ooi	Issue/Deed of Donation			
	Donation	None	30 days	
	No problem on		,	Engineer II,
	budgetary			Engineer IV-
	requiremen			Planning
	4			Division
	4. Prepares Plans and POWs			
	Fialls allu FOVVS			
	5. Presents			
	Plans and POWs			
	to the End User			
	for conformity			
	6. Submits			
	the signified			
	Plans and POWs			



to the Provincial Engineer			
7. Receives Plans and Program of Works on specific Infra Projects prepared & submitted by Planning, Programming & Designing Division for review and appropriate action of Provincial	None	3 days	PEO-Admin receiving clerk, AO, PE, Liason- Admin. Support Section
Engineer.  8. Reviews and submits the			
Plans and POWs to the Prov'l Governor			
for approval.			
TOTAL	None	34 days	



#### 2. PREPARATION AND APPROVAL FOR SUSPENSION OF WORK

This is an action by a contractor to temporary stop the project implementation to first settle the desired correction/s in the plan, the project site or from any project-related condition/s.

Office or Division:	Provincial Engineer'	s Office (PEC	D)	
Classification:	Complex			
Type of	G2B			
Transaction:	G2B			
Who may avail:	Contractor			
CHECKLIST OF R	EQUIREMENTS	WHERE TO	SECURE	
Letter request for s	uspension.	contractor		
·				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submits letter request for suspension.	<ol> <li>Receives/logs request for Suspension with attached supporting documents</li> <li>Forwards the letter request to the Provincial Engineer thru the Administrative Officer for appropriate action</li> </ol>	none	1 day	PEO-Admin front desk in- charge, AO, PE
2.Wait for the request to be processed and approved.	3. Forwards request for Suspension to the Construction Division for appropriate action	none		
	<ul> <li>4. Validates and evaluates request of contractor for suspension of work</li> <li>5. Prepares Suspension Order and</li> </ul>	none	3 days	Project Engineer- Construction Division



	<u></u>		T	
	forwards to PEO admin			
	6. Receives/logs and forwards Suspension Order to PE for his recommending approval 7. Submits the Suspension Order to the Provincial Administrators for review and approval of the Provincial Governor	none	1 day	PEO-Admin front desk in- charge, AO, PE, Liason
	8. Secure the approval of the Governor on the Suspension Order	none	No. of days dependent on the availability of the governor	Liason
	<ul> <li>9. Distributes the approved Suspension Order as follows:</li> <li>a. The original copy – office file.</li> <li>b. One photocopy to Construction Division</li> <li>c. Another</li> </ul>	none	1 day	PEO-Admin front desk in- charge, AO
TOTAL	photocopy to the contractor.		6 days	
			ı aayo	



#### 3. PREPARATION AND APPROVAL OF RESUME ORDER

This is an order issued to lift a suspension on project implementation.

Office or Division:	Construction Division (CD) - Provincial Engineer's Office (PEO)			
Classification:	Simple			
Type of	G2B			
Transaction:				
Who may avail:	Who may avail: Contractor			
CHECKLIST O	F REQUIREMENTS		WHERE TO SEC	CURE
ľ	None		None	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Wait for the preparation of Resume Order	<ol> <li>Prepares Resume Order after thorough evaluation of field condition</li> <li>Submits Resume Order to the PEO- Admin. For the signature/approval of the Provincial Engineer</li> </ol>	None	1 day	Project Engineer- Construction Division
	<ol> <li>Receives copy of the Resume Order</li> <li>Secure the approval of the PE on the Resume Order.</li> </ol>	None	1 day	PEO-Admin front desk in- charge, AO, PE- Admin.Support Section
2.Secure copy of the approved Resume Order	5. Release copy of the Approved Resume Order to the contractor.	None	1 day	PEO-Admin front desk in- charge- Admin.Support Section
	TOTAL	None	3 days	



#### 4. PREPARATION AND APPROVAL OF VARIATION ORDER

This order fills the gap on the data found on the project per plan and after the conduct of the As Stake survey. Issuance of this order is based on the appreciation of the contractor in conformity with the PEO Project Engineer.

Office or Division:	Provincial Engineer'	s Office (PE	(O)	
Classification:	Highly technical			
Type of	G2B			
Transaction:				
Who may avail:	Contractor			
	REQUIREMENTS		WHERE TO SEC	CURE
Letter request for va	riation.	Contractor		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<ol> <li>Submits letter</li> </ol>	1. Receives/logs	none	1 day	PEO-Admin
request for	request for			front desk in-
variation order	variation in the			charge, AO, PE
to PEO-Admin.	plan and			
	revised plan			
	with			
	computation			
	from the			
	contractor			
	2. Forwards the			
	copy to the			
	Provincial			
	Engineer thru			
	the			
	Administrative			
	Officer for			
	appropriate			
2.Wait for the	action 3. Provincial	nono		
		none		
request tobe processed and	Engineer makes notation and			
approved.	instructs admin			
approved.	in charge to			
	forward request			
	for variation on			
	the plan and			
	revised plan			
	from the			
	contractor to the			
	Construction			
	Division if			



variation cost is below 10% of the total project cost and to Planning Division if the total cost of variation is more than 10%.			
4. Construction Division thru assigned project engineer reviews and evaluates request for variation.  If cost of variation is less than 10% of	none	1 day	Project engineer, Area Supervisor, Division chief- Construction Division chief
contract cost			
5. Project engineer prepares a Variation Order to be conformed by the contractor, checked by the area supervisor and reviewed and signed by the Head of the Construction Division	none	25 days	
6. Project Engineer forwards copy of the Variation Order to PEO Admin 6.1. Forwards the same to PDPD for notation.	none	1 day	
7. Signs "Noted" on the variation order	none	1 day	PDPD chief



	Т		
7.1. PDP	none		
D forwards			
variation			
order to			
PEO Admin			
for approval			
of PE			
8. Receives/logs	none	1 day	PEO-Admin
and forwards			front desk in-
variation order			charge, AO, PE
to the PE for			
recommending			
approval			
9. Submits	none		PEO-Admin
variation order			front desk in-
to the Provincial			charge, Liason
Administrator			-
for review and			
approval of the			
Provincial			
Governor			
10. Secure	none	(Depending on	Liason
approval of the		the availability	
Governor on the		of the Governor	
variation order.			
11. Distributes	none	1 day	PEO-Admin
copy of the			front desk in-
approved			charge
variation order			· ·
a. original			
copy –			
office file			
b. photocopy –			
to			
contractor			
c. photocopy –			
to			
Constructio			
n Division			
If cost of variation			
is more than 10%			
of contract cost			
	2000	1 day	PEO-Admin
12. Forwards	none	l Luay	F LO-Aumin
	none	1 day	
request for	none	i day	front desk in-
request for variation on	none	i day	
request for variation on the plan and	none	T day	front desk in-
request for variation on the plan and revised plan to	none	T day	front desk in-
request for variation on the plan and	none	T day	front desk in-



13. PDPD prepares Variation Order/Revised Plan conformed by the section Chief, Contractor and checked, reviewed and submitted by the Head of PDPD	none	15 days	Project engineer, Area Supervisor, Division chief- Construction Division chief
14. Forwards Variation/Revi sed plan to PEO Admin for signature of Provincial Engineer	none	1 day	
15. Submits variation order to the Provincial Administrator for review and approval of the Provincial Governor	none	2 days	PEO-Admin front desk in- charge, AO, PE
16. Secure approval of Provincial Governor	none	(Depending on the availability	Liason
17. Distributes copy of the approved variation order a. original copy — office file b. photocopy— to contractor. c. photocopy— to Construction Division	none	1 day	PEO-Admin front desk in- charge, AO, PE
TOTAL		31 days / 22 days	



#### 5. PREPARATION AND APPROVAL OF REQUEST FOR TIME EXTENSION

This is an action where a contractor may opt to request should the period to accomplish or to complete the project may not come in due time for compelling reasons beyond contractor's control.

Office or	Dravinaial Enginaar'	o Office (DE	· O\	
Division:	Provincial Engineer'	s Office (PE	.0)	
Classification:	Compley			
	Complex G2B			
Type of	G2B			
Transaction:	0			
Who may avail:	Contractor	Τ	WILEDE TO OF	OUDE
	REQUIREMENTS	0	WHERE TO SEC	JURE
Letter request for Ti	me Extension	Contractor		
OLIENTO OTERO	AOFNOV AOTION	FFF0 TO	BBOOECOINO	DEDCON
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING TIME	PERSON
1 Cubmita lattar	1 Descives/legs	BE PAID		RESPONSIBLE
1. Submits letter	1. Receives/logs	none	2 days	PEO-Admin
request for	request for time			front desk in-
Time Extension	extension with			charge, AO, PE
with attached	attached			<ul><li>Administrative</li></ul>
document	documents			Support Section
which caused	2. Forwards to			
the request for	Provincial			
extension.	Engineer thru			
	the			
	Administrative			
	Officer for			
	appropriate			
	action			
	3. Forwards	none		
	request to the			
	Construction			
	Division for			
	appropriate			
	action			
	4. Validates and	none	3 days	Project
	evaluates		, -	Engineer,
	request of the			Division chief-
	contractor			Construction
	5. Prepares order	none		Division
	for Time	TIONE		214101011
	extension.			
	6. Forwards to the			PEO-Admin
	PEO admin for			front desk in-
	recommending			charge, AO, PE
	approval of PE			



TOTAL		7 days	
Construction Division.			
b. photocopy to			
<ul><li>office file</li></ul>			
<ul> <li>a. original copy</li> </ul>			
Extension:			charge
 9. Distributes copy of Time	none	1 day	PEO-Admin front desk in-
order by the governor		the availability of the Provincial Governor	
8. Approval of suspension	none	No. of days dependent on	
7. Submits the Time extension to the Provincial Administrators for review and approval of the Provincial Governor	none	1 day	Support Section Liason
			<ul> <li>Administrative</li> </ul>



## Provincial Environment Management and Development Office

**External Services** 



#### 1. APPLICATION OF ORE TRANSPORT PERMIT (OTP)

The Ore Transport Permit is issued to individuals who are given permission to travel ores extracted from legally operating Small Scale Mining tunnels. This document is being issued to Individuals with legal mining contracts and certifying that they have fulfilled payment of corresponding taxes and fees necessary to transport ores.

Office or	Provincial Environment Management Office-Mines and Geo-				
Division:	Sciences Management Division				
Classification:	Simple				
Type of	G2G- Government to Government				
Transaction:	G2B- Government to Business Entity				
Who may avail:	Small Scale Mining	License Hole	ders		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
Small Scale Mining License (1, original)		Provincial Mining Regulatory Board			
			<b>,</b>	·	
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1.Request for	1. Prepare billing	None			
billing	for payment		30 min	Billing In-	
0.0 (1.1.3)	0.4.5	D 5 000		Charge	
2.Pay the bill at	2.1. Process	P 5,000 –	00 !	PTO Cashier	
the Provincial	payment	registrati	30 min		
Treasurer's Office	2.2. Issue Official	on fee P 500 -			
(PTO)	Receipt				
		renewal			
3.Submit Official	3.1 Prepare the	None	2 days	Billing In-	
Receipt	permit		_ = 5.5.75	Charge	
,	3.2. Review the			Chief of Mines	
	permit			and Geo-	
				Sciences	
				Management	
				Division	
	3.3 Sign/ Affix			Provincial	
	initial on the permit			Environment	
				Management	
				Officer	
	3.4 Submit the			Liaison of the	
	permit to the			Provincial	
	Provincial			Environment	
	Governor's Office			Management	
	0.5.0:			Office	
	3.5 Sign the permit			Provincial	
	O C Delive = th-			Governor	
	3.6 Deliver the			Liaison of the	
	permit			Provincial	



				Administrator's Office
	3.7 Receive and Deliver the permit to Mines and Geo- Sciences Management Division 3.8 Receive the			Admin Clerk
	permit and file a copy			Billing In- Charge
4. Claim the permit	4.Release the permit	None	10 min	Billing In- Charge
End of the service	Total	P5,000 – Registrat ion Fee P500 - Renewal	2days,5hrs,10 mins	

## 2. APPLICATION OF QUARRY PERMIT (SPECIAL, GRATUITOUS, COMMERCIAL)

The quarry permit is issued to individuals needing this document that states that they have satisfactorily complied with all the requirements needed to obtain a quarry permit. Permits are issued to affirm validity of the applicant to legally operate within the applied quarry area. It also contains stipulations, conditions and guidelines needed to be observed in the operation

Office or	Provincial Environment Management Office- Mines and Geo-			
Division:	Sciences Management Division			
Classification:	Simple			
Type of	G2G – Government to Government			
Transaction:	G2B – Government	G2B – Government to Business Entiry		
Who may avail:	Interested Individua	ested Individual, Landowner, Landowner adjacent/parallel to		
	the River	he River		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Vicinity map or sketch plan		City/Municipal Planning Office or Private		
(1, Original)		Engineer		
Area Verification Report		PEMO		
(1, Original)				
3. Certification whether the area is		Provincial Assessor's Office		
public or private property (1,				
Original)				
4. Barangay Resolution interposing		Affected Barangay		
no objection				
(1,Original)				



5. Clearances f	rom other	City/MENR	O Clearance, Nat	tional Irrigation
Government Agencies			tion, Dept. of Publ	
concerned		Highways,	Provincial Engine	er's Office
(1, Original)				
Additional:				
Private Gratuitous:				
1. Land	Title/Land ownership			
(1, orig	ginal)			
Commercia	l:			
1. Area F	Plan (1, original)	Licensed Geodetic Engineer		
2. Projec	t Study/Work Plan/			
Rehab	oilitation Plan (1,	Licensed Mining Engineer		
origina	al)			
3. Enviro	nmental			
-	liance Certificate	DENR – EI	MB	
(ECC)				
(1, ori				T
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
10111	4 4 60 1 1	BE PAID	TIME	RESPONSIBLE
1.Submit the	1.1.Check the			Billing In-
Complete	submitted	None	30mins	Charge
Requirements	documents	-		PEMO
	4.0.0			Billing In-charge
	1.2 Prepare billing			PEMO
0.D. (L. 1.11)	for payment	0 1 - 11 -		0
2.Pay the bill at	2.1Process	Gratuitou	45	Cashier
the Provincial Treasurer's Office	payment	S:	45 min	PTO
(PTO)	2.2 Issue Official	P500- filing fee		
(F10)	Receipt	Private		
	Izeceibi	Gratuitou		
		S:		
		P250 –		
		filing fee		
		9		
		Special:		
		P100 –		
		filing fee		
		Commerc		
		ial:		
		P1,000 -		
		filing fee		
		Additiona		
		I payment		
		for		
		Special		
		and		



		1 _	I	
		Commerc		
		ial:		
		P500-		
		permit		
		fee		
		P300-		
		processin		
		•		
		g fee		
		P 50-		
		environm		
		ental fee		
3.Submit Official	3.1Photocopy the			Billing In-
Receipt to PEMO	Official Receipt,			Charge
·	Prepare the Permit	None	2 days, 6h, 10	PEMO
	and endorse to the		mins	
	Chief of Mines and			
	Geo-Sciences			
	Management			
	Division			
	3.2 Review the			Chief of Mines
	permit and affix			and Geo-
	initial			Sciences
				Management
				Division
				PEMO
	3.3 Sign the permit	1		Provincial
	ore eight and permit			Environment
				Management
				Officer
	3.4 Submit the	-		Onicei
				11.1
	permit to the			Liaison
	Provincial			PEMO
	Governor's Office			
	3.5 Sign the permit			Provincial
				Governor
	3.6 Deliver the			
	permit to the			Liaison
	Provincial			PADMIN
	Environment			
	Management			
	Office			
	3.7 Receive and	1		Admin Clerk
				PEMO
	Deliver the permit			FEIVIO
	to Mines and Geo-			
	Sciences			
	Management			
	Division			



	3.8 Receive the permit and file a copy			Billing In- Charge PEMO
4.Claim the permit	4.Release the permit	None	10 min	Billing In- Charge PEMO
	Total	None	2days 7hrs,35mins	

### 3. AVAILMENT OF ENVIRONMENTAL MANAGEMENT TRAININGS/ CAPACITY BUILDING

The Provincial Environment Management Office offers environmental management trainings and capacity buildings to schools, private agencies, NGOs, other LGUs and its stakeholders to strengthen their environmental management awareness and also to promote the environmental programs of the Provincial Government.

Office or Division:	Provincial Environment Management Office				
Classification:	Simple				
Type of Transaction:	G2G-Government to	G2G-Government to Government G2B-Government to Business			
Who may avail:		MLGUs, Business Entities			
CHECKLIST OF RI	· ·				
Letter Request (1, 0	Original)	Not applica	able		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit letter of Request	1.Receive the letter and endorse the same to the Provincial Environment Management Officer	None	10 mins	Admin Clerk PEMO	
2. Wait for the request to be processed	2.1.Approve and endorse the request to the concerned Division  2.2.Receive the request and coordinate with the requesting party for further details	None	1 day	Provincial Environment Management Officer Division Chief or its representative PEMO	
3. Avail of the training/capability building	3. Provide Environment Management	None	1 day	Division Chief or its representative	



	Training/ Capability Building		PEMO
TOTAL		2 days, 10	
		minutes	

#### 4. ISSUANCE OF DELIVERY RECEIPTS

The Delivery Receipt is issued to individuals who are given permission to travel minerals extracted from legally operating quarry areas. This document is being issued to Individuals with legal quarry contracts and certifying that they have fulfilled payment of corresponding taxes and fees necessary to minerals

Office or	PEMO – MGMD			
Division:				
Classification:	G2B-government to b	ousiness entities	5	
Type of				
Transaction:	Simple			
Who may avail:	Quarry Operators a			
CHECKLIST OF F			WHERE TO SEC	URE
1. Quarry Operation	Permit (1,	Provincial Go		
Original)		DENR – MGE	3 (Regional Offic	ce)
2. Small Scale Minin	ng License (1,			
Original)				
3. Official Receipt (1			easurer's Office	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1.Request for	1.Prepare billing	None		Billing In-
Billing	for payment		30 min	Charge
2. Payment of	2.1Process	Р		Cashier of the
billing to Provincial	payment	75.00/stub -	30 min	Provincial
Treasurer's Office		Delivery		Treasurer's
	2.2 Issue Official	Receipt		Office
	Receipt			
		Mineral		
		Deposit:		
		1. Sand/Li		
		mestone		
		/Mixed/E		
		arth fill		
		Р		
		40.00 - /m3		
		2. Boulders		
		& Gravel		
		P		
		50.00 - /m3		



		3. Metallic: P1,100.00 – /ton		
3.Submit Official Receipt	3.1Receive Official Receipt  3.2 Prepare and post control numbers of delivery receipt stubs	None	15 min	Billing in-charge
4.Receive Delivery Receipt Stub/s	4. Issue Delivery Receipt Stubs	None	5 min	Billing in-charge
End of the service				

### 5. REQUEST FOR AREA VERIFICATION

The area verification report is issued to individuals needing this document that states that the area being applied for quarrying is feasible or not. This document is being attached to the application for a Sand and Gravel permit and contains the specific geophysical and hydrological details of the area needed in the review of the approving authority.

Office or Division:	Provincial Environment Management Office – Mines and Geo-			
	Science Manageme	ent Division		
Classification:	Simple			
Type of	G2G – Government to Government			
Transaction:	G2B – Government to Business Entity			
Who may avail:	Interested Individual, Landowner, Landowner adjacent/parallel to			acent/parallel to
	the River			
CHECKLIST OF R	REQUIREMENTS WHERE TO SECURE			
<ol> <li>Request Form</li> </ol>	ı (1, Original)	PEMO		
<ol><li>Official Receipt</li></ol>	ot (1, Original)	Provincial Treasurer's Office		
CLIENTS STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
1. Fill up	1. Prepare billing	None	15 minutes	Billing In-charge
verification request	for payment			PEMO
form at the billing				
section				
		P300.00		
2. Pay the bill at the	2.Process	-	30 minutes	Cashier
Provincial	payment and	special,		PTO
Treasurer's Office	issue Official	gratuito		
(PTO)	Receipt	us		
		(govern		
		ment		



		and private)		
		P500.00		
		- commer		
		cial		
3.Submit Photocopy of the Official Receipt (OR) of Payment at PEMO	3.1. Receive the Photocopy of Official Receipt	None	1 day, 4 hours, 30mins	Billing In- Charge PEMO
4. Wait for the Area Verification	3.2 Forward the signed verification request form to the Chief of Mines and Geo-Sciences Management Division for approval			Billing In- Charge PEMO
	3.3 Endorse request to the Area Verification Team			Chief of Mines and Geo- Sciences Management Division PEMO
	3.4.Receive verification request form and conduct area verification			Quarry inspectors PEMO
	3.5 Prepare verification report			License Inspector II PEMO
	3.6 Review verification report			Chief of Mines and Geo- Sciences Management Division PEMO
	3.7 Recommend approval/ disapproval to process permit			Provincial Environment Management Officer
	3.8. Inform client of the status of the request			Billing In- Charge/Quarry Inspector PEMO



Total	As	1day, 5hrs,	
	Indicated	15mins	

### 6. REQUEST FOR BAMBOO PROPAGULES

Bamboo propagules are produced in the nursery of the Provincial Environment Management Office for the re-greening program of the Provincial Government; and also, to supplement the re-greening.

Office or	Provincial Environment Management Office			
Division:				
Classification:	Simple			
Type of	G2G-Government to	Government		
Transaction:	G2B-Government to	Business		
Who may avail:	MLGUs, Business E	ntities		
CHECKLIST OF R	EQUIREMENTS	WHERE TO	SECURE	
Letter Request (1,	Original)	Not applicab	le	
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Submit letter of	1.Receive the	None	10 mins	Admin Clerk
Request	letter and endorse			PEMO
	the same to the			
	Provincial			
	Environment			
	Management			
	Officer			
2. Wait for the	2.1.Approve and	None	1 day	Provincial
request to be	endorse the		,	Environment
processed	request to the			Management
	concerned Division			Officer
	2.2.Receive the			Division Chief
	request and			or its
	forward the			representative
	request to the			, PEMO
	Bamboo			
	Development			
	Program			
	Coordinator			
	2.3. Prepare the			Bamboo
	withdrawal slip			Development
	and forward the			Program
	same to the			Coordinator
	Division Chief for			PEMO
	recommending			
	approval			
	2.4. Sign the			Division Chief
	withdrawal slip/s			or its
	and forward			representative



	request to the Head of Office			PEMO
	2.5. Approve the withdrawal slip			Provincial Environment Management Officer
	2.6 Forward request to the approved withdrawal slip to the concerned division			Admin Clerk PEMO
	2.7 Inform the requesting party of the status of the request and schedule of pick-up.			Bamboo Development Program Coordinator PEMO
3. Pick up the bamboo propagules	3. Facilitate release of the bamboo propagules	None	1 day	Nursery Caretaker PEMO
TOTAL			2 days, 10 minutes	

### 7. REQUEST FOR COLLECTION OF HEALTH CARE WASTE

Collection of Health Care Waste is one of the primary services of the Provincial Environment Management Office catering the collection and treatment of the Health Care Wastes from both private and government health care facilities in the province.

Office or	Provincial Environment Management Office – Environment			ronment	
Division:	Management Division	-			
Classification:	G2B-Government to	Business Er	ntity		
	G2G – Government	to Governme	ent		
Type of	Simple				
Transaction:					
Who may avail:	Healthcare Providers operating within South Cotabato				
CHECKLIST OF	REQUIREMENTS	UIREMENTS WHERE TO SECURE			
Memorandum of A	greement	Provincial Environment Management Office			
Permit to transport	(uploaded online)	Environmer	nt Management Bu	ıreau XII	
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Apply for	1.1. Review	None	10minutes	Pollution Control	
Manifest Form in	request for			Officer	
Hazardous Waste	Manifest Form	PEMO			
Management					
System (online)					



4. Wait for the treatment certificate	4.1. Treat the Health Care Waste 4.2. Issue Certificate of Treatment	None	Within 3 days 15minutes	Technical Staff SCHWTF Pollution Control Officer PEMO
certificate	Certificate of		15minutes	Officer
	TOTAL		3days, 1hr, 40mins	



# Provincial General Service Office External Services



### 1. INSPECTION & ACCEPTANCE OF SUPPLIERS' DELIVERIES

One of the mandates of the Provincial General Services Office is to perform all functions pertaining to supply and property management of offices and departments of the local government unit. The Purchase and Delivery Unit of the Supply Management Division under this office is tasked to inspect and accept deliveries of supplies and properties procured by the agency.

Office or	PGSO-Supply Man	agement Divisio	n	
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All Suppliers			
CHECKLIST OF	REQUIREMENTS	W	HERE TO SECU	JRE
2. Charge Invo Receipt (1,	O (1, original) pice/Delivery original) delivered (actual)	From Supplier From Supplier From Supplier		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present copy of the approved PO, Charge Invoice/Delivery Receipt and the items to be delivered	1.1. Receive and check copy of the approved PO, charge Invoice/Delivery Receipt 1.2. Inform PGO-Inspectorate of the delivery unit	None	30 minutes (depending on the quantity of items to be delivered)	Celfred Jonathan B. Detablan (for PDRRMO, PGO, PGO- BAC, and Bulk Procurement) Joblin S. Octaviano (for PGO-CSU, PGO- Inspectorate, SP, PTO, PGO- PESU, PACCO, OPAG, and PEMO) Lenneth G. Abison/ (for IPHO, SCPH, ACTM, and DepEd) Katherine Dizon (for NDH, PMH, PSWDO (PGO-



	RADIO ROC	OM.
	PGO-SCRE	
	Lyka B. Am	,
	(for PHRM	
	PADMIN, PO	
	PLO, PPD	
	PASSO, PO	
	BAC, Natio	
	Offices (RT	
	UP, COA	-
	PGO-AVLA	, .
	PGO-IAU, P	
	KABUGWAS	
	, PGO-	
	PROTECH,	and
	PGO-SCEI	
	Vladimir (	
	Saek (for Po	GO-
	SYDP, SCS	
	DBM, PGS	SO,
	PBO, and Po	GÖ-
	INFO/ICTO	C)
	Mary Joy	Ó.
	Dati	
	(for Cash of	on
	Delivery (CO	OD)
	Transaction	ns,
	PEO, PVE	Τ,
	PGO-7 FAL	LS,
	PGO-SCEEI	MO,
	PGO-SCG0	CC,
	and PGO-AF	PPC
	Donna Mae	Э M.
	Viquiera	1
	PPO, and	
	preparation	n of
	SSMI)	
1.3.Conduct	Inspecto	r
inspection of	PGO-	
delivered supplies	Inspectora	
and materials,	Staff and	
check compliance	PGSO Sur	
to specifications,	Division	
term and		
conditions set in		
the approved PO		
•	<u> </u>	



2. Secure copies	2.Accept	None	30 minutes	Wilmar
of Delivery	inspected			Astrologo
Receipt and	deliveries and			
Charged Invoice	forward items to			
signed by PGSO	stockroom			
personnel				
	TOTAL	None	1 hour	

### 2. RENTAL OF TENTS, TABLES, BARRICADES AND PORTALETS

Tents, tables, barricades and portalets are properties of the Provincial Government of South Cotabato which may be rented by all the constituents. Fees to be paid for the rental are provided under the Revenue Code of the Provincial Government of South Cotabato.

Office or	PGSO-Maintenance	Support Servi	ices	
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All			
CHECKLIST OF	RE QUIREMENTS	\	WHERE TO SEC	URE
Rental Form (1 copy, or iginal)		PGSO-Maintenance Support Services Section		
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSING PERSON		
OLILIATO STELLO	AGENOT ACTION	BE PAID	TIME	RESPONSIBLE
1. Fill-out rental	1.1.Check all	None	3 minutes	Kent Lorenze
form providing all	details in the rental			D. Somodio
required details	form, compute			
	rental fee to be			
	paid and forward			
	to			
	the Department			
	Head for approval			
	1.2.Return approved rental form to the client			



	T			
<ul><li>2. Proceed to the Provincial Treasurer's Office for payment</li></ul>	2.1 Receive payment 2.2. Issue	Steel Tent (3m x 3m) P150/unit/da	5 minutes	Cashier PTO
ioi payment	Official Receipt	У		
		Steel Tent (3m x 4m) P200/unit/da y		
		Parachute Tent P300/unit/da y		
		Steel Barricade P100/unit/da y		
		Long Tables P25/unit/day		
3. Return rental form to PGSO together with the official receipt	Prepare Gate Pass to be approved by the Department Head for the release of property to be rented	None	3 minutes	Maintenance Support and Services Unit / Rolando D. Moreno / Hernanie N. Gananan
4. Secure Gate Pass for the release of equipment and present the same to guard on duty	Guard on duty check Gate Pass and equipment rented before allowing exit from Provincial Capitol premises	None	3 minutes	Guard on duty
	TOTAL	As indicated	14 minutes	



#### 3. SALE OF UNSERVICEABLE PROPERTIES THRU AUCTION SALE

Auction sale is conducted upon receipt of approved Inventory and Inspection Report of Unserviceable Properties (IIRUP) and appraisal of value from the Provincial Auditor.

Office or	PGSO-Property Disposal Unit			
Division:	OiI-			
Classification:	Simple			
Type of Transaction:	G2B/G2C			
Who may avail:	All			
	REQUIREMENTS	WHERE TO SECURE		
1. Notice of Auction Sale (NOAS)(1 original) 2. Notice of Award (NA) (1 original)		PGSO-Property Disposal Unit PGSO-Property Disposal Unit		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Interested bidder to secure bid forms from the PGSO Property Disposal Unit and fill-up the same	1.Provide bid forms to clients	None	1 minute	Rommel Sarmiento
2. Interested bidder to drop bid forms to the drop box located at the PGSO-Property Disposal Unit	2.1. See to it that bid forms are secured. After an hour from deadline of dropping of bids, Committee on Disposal shall open and evaluate dropped bids.	None	1 minute	Rommel Sarmiento
	2.2. Opening and evaluation of bids by the Committee on Disposal			Rommel Sarmiento
	2.3. Preparation of Abstract of Bids, Resolution, Notice of Award and Sales Invoice			llen M. Castillano



	2.4. Sent out copies of Notice of Award and Sales Invoice			
3. Winning bidder to pay amount based on Notice of Award and Sales Invoice	3. Require Official Receipt for release of items sold	Amount stated in the Sales Invoice	30 minutes	Cashier PTO
4. Secure gate pass for items to be released	4.1. Provide approved gate pass to clients for items sold 4.2. Present Gate Pass to Guard on Duty	None	1 hour	Rommel Sarmiento Guard on Duty
	TOTAL	As indicated	1 hours, 32 minutes	



# Provincial General Service Office Internal Services



### 1. RECEIVING OF RECORDS FOR ARCHIVAL, STORAGE AND OR DISPOSAL

Archival and Records Disposal Unit of the Provincial General Services Office was created under Ordinance No. 35, Series of 2015 of the Province of South Cotabato. One of the functions of the Unit is to receive records for archival, storage and or disposal from various offices of the Provincial Government of South Cotabato.

Office or Division:	Property Management Division/Archival and Records Disposal Unit			
Classification:	Simple			
Type of	G2G			
Transaction:				
Who may avail:	All Offices of the Prov			
	REQUIREMENTS		WHERE TO SECU	
	nt Letter (2, original)		vith records to be	
	e endorsed (1.,	From offices v	vith records to be	endorsed
original)	AOTHOV AOTION			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING	PERSON
			TIME	RESPONSIBLE
Proceed to the receiving personnel and present the endorsement letter and records to be submitted	1.1.Receiving personnel will cross check the completeness of the documents based on the list stated in the endorsement letter  1.2.Receiving personnel will stamp received with date	None	15 minutes	Archival and Records Disposal Unit / Lea H. Basco/ Susanita G. Limpot
	and signature in the endorsement letter			
	if the documents			
	submitted are			
	complete			
	TOTAL	None	15 minutes	



### 2. RECEIVING REQUESTS FOR REPAIRS OF BUILDINGS AND OTHER STRUCTURES

The Provincial General Services Office as mandated under RA 7160 should maintain and supervise related services in all local government public buildings and other real property owned by the local government unit.

Office	DOOO Maintanana				
Office or	PGSO-Maintenance S	Support Service	S		
Division:					
Classification:	Simple				
Type of	G2G				
Transaction:					
Who may avail:	All departments of the Provincial Government of South Cotabato				
CHECKLIST OF	REQUIREMENTS	V	VHERE TO SEC	JRE	
Job Order Reques	t Form (JORF)	PGSO-Maintenance Support Services Unit / Administrative Support Services Unit			
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES	PROCESSING	PERSON	
		TO BE PAID	TIME	RESPONSIBLE	
1. Secure Job	Provide Job Order	None	1 minute	Maintenance	
Order	Request Form			Support	
Request Form	(JORF)			Services Unit /	
(JORF)				Administrative	
				Support	
				Services Unit	
2. Fill-in details	2.1.Receive JORF			Maintenance	
of requested	& Log in the			Support Services Unit /	
services in the	Monitoring Sheet			Ken Christian L.	
Job Order	2.2.Forward JORF			Manajero /	
Request Form	to Maintenance Unit	None	3 minutes	Jeanette A.	
and forward				Senina	
copy to	00 1			Maintenance	
Administrative	2.3 Assess work to			Support and	
Support	be done, Coordinate with requesting			Services Unit /	
Services Unit	office			Rolando D.	
				Moreno /	
	2.4 Assign			Hernanie N.	
	maintenance personnel and			Gananan	
	indicate target dates				
	to start and finish				
	the work.				



3. Maintenance Unit Head to sign in the portion to conform to the rating of the requesting office.	AFTER COMPLETION OF WORK TO BE DONE  3.1 Requesting office to evaluate the performance of the services of the personnel assigned; Accomplish the evaluation portion of the JORF	None	2 minutes	Maintenance Support and Services Unit / Rolando D. Moreno / Hernanie N. Gananan
	3.2.Discuss, if necessary, rating provided with Head of Maintenance Support and Services Unit			Maintenance Support and Services Unit / Rolando D. Moreno / Hernanie N. Gananan
	TOTAL	None	6 minutes	



### 3. REFILLING OF WATER CONTAINERS

The Provincial General Services Office provides drinking water to all departments of the Provincial Government of South Cotabato through the water refilling station manned by a Job Order Water Refilling Station Operator.

Office or	PGSO-Maintenance	Support Service	es Section	
Division:	•			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All Departments of th	e Provincial Go	vernment of Sou	th Cotabato
	REQUIREMENTS	I	WHERE TO SECU	
011201121101		-		
Request form (1 co	ру)	PGSO-Water Refilling Operator		r
CLIENTS STEPS	AGENCY ACTION	FEES TO BE	PROCESSING	PERSON
		PAID	TIME	RESPONSIBLE
1. Secure request	1.1.Record details	None	5 minutes	Orlan Nosis
form and fill-out	(date, office and no.			
required details	of containers) in the			
	Logbook			
	1.2.Refill water			
	containers based on			
	the request form			
2. Claim refilled	2.Release refilled	None	1 minute	Orlan Nosis
water containers	water containers to			
	the clients			
	TOTAL	None	6 minutes	



### 4. RELEASE OF SUPPLIES AND EQUIPMENT TO REQUISITIONERS/END-USERS

Supplies purchased through bulk procurement are released to end users upon receipt of approved Requisition Issue Slips (RIS), Inventory Custodian Slip (ICS) or Memorandum Receipt of Equipment (ARE)

Office or Division:	PGSO-Supply Manaç	gement Division	l	
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All Offices/Departments			
CHECKLIST OF	REQUIREMENTS	V	VHERE TO SEC	JRE
<ol> <li>Requisition Issuroriginal)</li> <li>Inventory Custoriginal)</li> <li>Acknowledgement (ARI)</li> </ol>	dian Slip (ICS) (1	PGSO-Supply Division PGSO-Supply Division PGSO-Supply Division		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present approved RIS, ICS or ARE to PGSO staff	. 1.Check documents  1.2. Release supplies and equipment from the stockroom to enduser based on approved RIS, ICS or ARE	None	30 minutes	Wilmar Astrologo
2.Check and receive supplies from PGSO staff based on the approved RIS, ICS or ARE	2.1Release of supplies and equipment	None	30 minutes	Wilmar Astrologo
	TOTAL	None	1 hour	



### 5. RISOGRAPHING OF FORM

The Provincial General Services offers services to all offices for the reproduction of forms provided they bring their own papers and ink.

Office or Division:	PGSO-Maintenance	Support Service	ces	
Classification:	Simple			
Type of	G2G			
Transaction:				
Who may avail:	All Departments of th	ne Provincial G	overnment of Sou	uth Cotabato
CHECKLIST OF	REQUIREMENTS	1	WHERE TO SEC	URE
<ol> <li>Forms to be reproduced (1, original)</li> <li>Job Order Slip (1, original)</li> </ol>		Requesting Office PGSO Administrative Support Services Unit		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Job Order Slip from PGSO Administrative Support Services Section 2. Fill-in details required in the Job Order Slip and present it to the Reproduction Machine Operator (RMO) with the supplies and forms to be reproduced.	1. Issue Job Order Slip to be given to the machine operator  2.1. Receive the Job Order Slip, check the request.  2.2 If found in order, log request in the Record Book  2.3 Receive the supplies and the forms to be reproduced  2.4 Commence reproduction of the forms	None	1 minutes 10 minutes per ream of paper	Divina M. Beltran / Orlan D. Nosis
3. Receive the forms reproduce and sign in the Log Book	<ul><li>3.1 After completion of reproduction of forms, release to requesting office</li><li>3.2 Require representative to</li></ul>	None	1 minute	Divina M. Beltran / Orlan D. Nosis



sign in Log Book upon release of the forms reproduced.			
TOTAL	None	12 minutes	



### ANIMAL PRODUCTION AND PROCESSING CENTER

**External Services** 



### 1. ANIMAL DISPERSAL

It is a livelihood program of the Provincial Government of South Cotabato to distribute animals among the deserving individuals and/or farmers to be used as part of their income generating activity and to help them become a self-reliant South Cotabatenos.

	DOG 4000				
Office or	PGO-APPC				
Division:		O: 1			
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	All individuals and farmers in South Cotabato				
CHECKLIST OF	REQUIREMENTS	WI	HERE TO SEC	URE	
1.Letter request (1,	original)	ARTA Task Force of PGO-APPC		PPC	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE	
1.Call, visit or send letter request to Provincial Governors Office for request of animal dispersal	1. Forward letter request to PGO and PGO-BAU for appropriate action 2. Forward copy of letter request to PGO-APPC for their information	None	1 day	Administrative Officer/ Officer of the Day APPC Center	
2.If approved, present note of approval from PGO-BAU and sign visitor's logbook and Memorandum Receipt of Animals at PGO-APPC	2.1. Acknowledge the note of approval from PGO-BAU 2.2. Administer the client to sign the visitor's logbook and Memorandum Receipt of Animals 2.3. Conduct animal dispersal	None	30 mins	Chief/ Officer of the Day APPC Center	
	TOTAL	None	1 day, 30 mins		



### 2. ARTIFICIAL INSEMINATION

It is a process of collecting sperm cells from male animals and manually depositing them into the reproductive tract of a female animal to increase production efficiency and better genetics.

F = 222	T =			
Office or	PGO-APPC			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All animal owners in South Cotabato			
CHECKLIST OF	REQUIREMENTS	WH	IERE TO SEC	URE
1.Letter request (1,	original)	ARTA Task Force of PGO-APPC		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE	PROCESS	PERSON
		PAID	ING TIME	RESPONSIBLE
1.Call, visit or send letter request to Provincial Veterinary Office for Artificial Insemination (AI)	1.1. Secure detailed information for the request through the letter request to be forwarded to APPC in-charge 1.2.Inform the Head of APPC for the request to be forwarded to Provicial AI 1.3.Provincial AI will forward the request to Municipal AI or refer to Village Based AI, otherwise, an on- site visit will be scheduled	None	1 day	Administrative Officer/ Officer of the Day APPC Center APPC in charge APPC Center  Provincial Al APPC Center
		None	1 day	
	TOTAL	None	1 day	



# 3. ON CALL SERVICES AT APPC(CASTRATION/VITAMIN SUPPLEMENTATION/DEWORMING/VACCINATION/ARTIFICIAL INSEMINATION)

Immediate veterinary services response conducted by APPC personnel among areas near APPC in Tinongcop, Tantangan, South Cotabato.

Office or Division:	PVET			
Classification:	Simple			
Type of	G2C			
Transaction:	020			
Who may avail:	All animal owners ar	nd farmers in Tan	itangan, South	n Cotabato
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			
Letter request (1, or	iginal)	ARTA Task Force of PGO-APPC		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
1.Call PGO-APPC for Veterinary Services	Answer the call for veterinary services request	None	30 mins	Center Chief APPC Center
2.Visit PGO-APPC at Tinongcop, Tantangan for filling-up of visitors/callers logbook	2.1. Administer the filling-up of visitors/callers logbook 2.2.Conduct preliminary inquiries for request	- Services are free of charge - 35% of medicines/dr ugs cost administered if supplies comes from PVET	2 hrs	Officer of the Day and/or Center Chief APPC Center
3.Avail of the service	3.Provide any of the following:  1. Castration; 2. Vitamin Supplementation; 3. Deworming; 4. Vaccination; 5. Artificial Insemination	- Services are	2 hrs,30	
	IOIAL	free of charge	mins.	



- 35% of medicines/dr ugs cost administered if supplies comes from PVET	
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### 4. TECHNOLOGY TRANSFER AND ORIENTATION/SEMINAR

It is an activity being conducted to provide latest information on animal welfare, production and technologies to help the farmers improve their knowledge, interest, networking and other renewing motivation to their livestock and poultry development.

Office or	PVET			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All animal owners ar	nd farmers in Sou	th Cotabato	
CHECKLIST OF	REQUIREMENTS	WH	IERE TO SEC	URE
Letter request (1, or				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE	PROCESS	PERSON
		PAID	ING TIME	RESPONSIBLE
1.Call, visit or send letter request to Provincial Governors Office for request technology transfer, orientation and seminar	1.1. Forward letter request to PGO for appropriate action 1.2. Forward copy of letter request to PGO-APPC for their information 1.3. If approved, inform the client for the schedule of technology transfer, orientation and seminar	None	30 mins	Step 1 and 2. Administrative Officer/Officer of the Day Step 3. APPC Center Chief
	TOTAL	None	30 mins.	

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# Arts, Culture, Tourism and Museum Development External Services



### 1. REQUEST FOR MUSEUM VISIT (GROUP AND WALK-IN)

Museums provide safe storage for both natural and manmade artifacts plus the exhibition of these artifacts to the public. They are the ultimate learning environment

Office or	PGO-ACTM				
Division:					
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	All				
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE				
1.Letter request (1,	1.Letter request (1, original)		Client availing of the service		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit letter request to avail of museum visit	1.Receive the letter request	None	10 minutes	Receiving Staff ACTM	
2.Proceed to the Museum and avail for the tour	2.Provide museum tour service	None	45 minutes	Tourism Officer/AO ACTM	
TOTAL		None	55 minutes		

### 2. REQUEST FOR SOUTH COTABATO PERFORMING ARTS ENSEMBLE (SCPAE)

South Cotabato Performing Arts Ensemble is an organization of local artists in the province under the Arts, Culture, Tourism Office.

Office or	PGO-ACTM			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All			
CHECKLIST OF RE	QUIREMENTS	WHERE TO	SECURE	
1.Letter request (1,	1.Letter request (1, original)		g of the service	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit letter request to avail of the performance of South	1.1.Receive letter request	None	30 mins.	Receiving Staff ACTM



Cotabato Ensemble	Arts	1.2.Conduct preliminary interview			
2.Wait for request to processed	the be	2.Coordinate availability of performers	None	1 day	Tourism Officer ACTM
3.Avail of performance service of South Co Ensemble	the the tabato	3.Faciliatate performance of the South Cotabato Ensemble	None	1 hour	Tourism Officer/AO ACTM
TOTAL			None	1 day,1hr., 30 mins.	

### 3. REQUEST FOR TOUR GUIDE

A tour guide is a person who provide assistance, information or cultural, historical and contemporary heritage to people on historical sites, museums and venues of significant interest

0.00	DOO 40T14			
Office or	PGO-ACTM			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All			
CHECKLIST OF RE	QUIREMENTS	WHERE TO	SECURE	
Letter request (1, or	iginal)	ARTA Task F	orce of PGO-API	PC
	9,			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Submit letter	1.Receive the	None	TIME 10 minutes	
				Receiving Staff
request to avail of	1.Receive the letter request			
request to avail of Tour Guide	letter request	None	10 minutes	Receiving Staff ACTM
request to avail of Tour Guide  2.Wait for the	letter request  2.Coordinate with			Receiving Staff ACTM Tourism
request to avail of Tour Guide  2.Wait for the request to be	letter request  2.Coordinate with assigned	None	10 minutes	Receiving Staff ACTM  Tourism  Officer/AO
request to avail of Tour Guide  2.Wait for the request to be processed	letter request  2.Coordinate with assigned personnel	None	10 minutes 1 day	Receiving Staff ACTM  Tourism Officer/AO ACTM
request to avail of Tour Guide  2.Wait for the request to be processed  3.Avail the	letter request  2.Coordinate with assigned personnel 2.Provide tour	None	10 minutes	Receiving Staff ACTM  Tourism Officer/AO ACTM Tourism
request to avail of Tour Guide  2.Wait for the request to be processed  3.Avail the services of the tour	letter request  2.Coordinate with assigned personnel	None	10 minutes 1 day	Receiving Staff ACTM  Tourism Officer/AO ACTM Tourism Officer/AO
request to avail of Tour Guide  2.Wait for the request to be processed  3.Avail the services of the tour guide	letter request  2.Coordinate with assigned personnel 2.Provide tour	None None	10 minutes  1 day  1 day	Receiving Staff ACTM  Tourism Officer/AO ACTM Tourism
request to avail of Tour Guide  2.Wait for the request to be processed  3.Avail the services of the tour	letter request  2.Coordinate with assigned personnel 2.Provide tour	None	10 minutes 1 day	Receiving Staff ACTM  Tourism Officer/AO ACTM Tourism Officer/AO



### 4. REQUEST FOR TOURIST BUS

Office or	PGO-ACTM			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All			
CHECKLIST OF RE	REQUIREMENTS WHERE TO SECURE			
Letter request (1, or	iginal)	Client availing of the services		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit letter of request to borrow the tourist bus	Receive the letter request	None	10 minutes	Receiving Staff ACTM
2.Wait for the request to be processed	Coordinate with the assigned personnel	None	2 day	PADMIN staff
3.Avail the usage of Tourist Bus	Provide transportation services	None	1 day	PADMIN staff
TOTAL		None	3 days, 10 minutes	



# **Barangay Affairs Unit External Services**



### 1. BARANGAY ASSISTANCE (MATERIALS/FUEL)

The Provincial Government of South Cotabato thru the Barangay Affairs Unit extend assistance in the form of materials and fuel to facilitate implementation of programs and delivery of basic services to its constituents.

Office or	PGO- Barangay Affairs Unit					
Division:						
Classification:	G2C					
Type of	Complex	Complex				
Transaction:						
Who may avail:	Residents/Officials of the Barangay Local Government Unit					
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE				
Letter Request for Materials/Fuel (1, original)		Barangay Hall-BLGU concerned				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.Submit Letter Request for Materials/Fuel Assistance	1.1. Receive Letter Request for Materials/Fuel Assistance 1.2.Indorse to assigned Community Organizer	None	5 minutes	Receiving Staff Admin.Support Service		
2.Wait for the request to be processed	2.1.Schedule Validation  2.2.Conduct of Validation	None	3 days	Community Organizer Barangay Affairs Unit		
	2.3.Secure approval of the Provincial Governor	None	3 days	Chief of Staff Barangay Affairs Unit		
3.Return to PGO- BAU to claim the assistance requestes	3.1.Prepare the materials/fuel assistance 3.2.Release of Materials/Fuel Assistance	None	1 day	Program Assistant/Staff Admin. Support Unit		
	TOTAL	None	7 days & 5 mins.			



### 2. COMMUNITY ORGANIZING - REINFORCED SERVICES TASK FORCE (RST)

This is one of the community services provided by the Provincial Government of South Cotabato to capacitate the leaders and constituents in the barangay local government units. All project,programs and activities and services are channelled through the RSTF.

Office or Division:	Barangay Affairs Unit				
Classification:	Highly Technical				
Type of	GŽC				
Transaction:					
Who may avail:	Residents/Officials of	f the Baranga			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
Project Proposal (1, original)		Barangay Hall-Barangay Secretary (BLGU concerned)			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit proposal (Livelihood,Construction Materials,Food for Work)	1.1.receive proposal (Livelihood,Constru ction Materials,Food for Work)  1.2.Indorse to assigned Community Organizer	None	5 minutes	Receiving Staff Admin.Support Service	
2.Wait for the proposal to be processed	2.2. Schedule conduct of Assessment/Evalua tion of the proposal  1.3. Conduct of Assessment/Evaluation of the proposal	None	3 days	Community Organizer Barangay Affairs Unit	
	2.4.Prepare Memorandum of Agreement (MOA) for the implementation of the proposed project	None	3 days	Program Assistant Admin.Suppport Services	



2.5.Secure approval of the proposal	None	3 days	Chief of Staff Barangay Affairs Unit
2.6.Process Voucher	None	3 days	Program Assistant Admin.Support Services
TOTAL	None	12 days & 5 mins.	



# Bids and Awards Division External Services



#### 1. ISSUANCE OF BIDDING DOCUMENTS

#### A. PUBLIC BIDDING

Office or Division:	Provincial governor	s Office-Bids	and Awards	
Classification:	Simple			
Type of	G2B- GOVERNMEN	IT TO BUSIN	NESS ENTITY	
Transaction:				
Who may avail:	Business entities, suppliers, contractors, bidders			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			CURE
1. Authorization Letter/Special Power of Attorney (1 Original or photocopy) 2. Secretary's Certificate (1 Original or photocopy) 3. Valid ID 4. Payment Form (1, original) 5. Official Receipt (1,original) 6. Dealer's List (1, original)		Business entity, supplier, contractor, bidder Business entity, supplier, contractor, bidder Business entity, supplier, contractor, bidder Bids and Awards Division Provincial treasurer's Office Bids and Awards Division		ractor,bidder ractor,bidder ractor,bidder
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
1 Inquire about	Provide client with	BE PAID	TIME 5 minutes	RESPONSIBLE
Inquire about Bidding Opportunities      Fill-out Payment Form	appropriate information about Bidding Opportunities Provide client with the Payment Form	None	2 minutes	Goods & Services Section JOHN B. MAGBANUA JUNREY L. PACHES  Civil Works Section JOHN B. MAGBANUA DANNA MARIE B. ASENTISTA SHELA MAE S. CARAS
3. Pay to PTO - Cashier & Claim Official Receipt	Instruct client to proceed to PTO to pay the appropriate fee and secure Official Receipt	Per guidelines issued by the GPPB for the sale of Bidding Document s	10 minutes	Cashier Provincial Treasurer's Office



4. Present O.R. and Fill-out the Dealer's List	Photocopy Official Receipt and Provide client with Dealer's List to fill- out	None	2 minutes	Goods & Services Section JOHN B. MAGBANUA
5. Receive complete set of bidding documents	5.1.Print-out complete bidding documents  5.2. Provide copy of bidding documents	None	10 minutes	JUNREY L. PACHES  Civil Works Section JOHN B. MAGBANUA DANNA MARIE B. ASENTISTA SHELA MAE S. CARAS
	TOTAL	Per guidelines issued by the GPPB for the sale of Bidding Document s	29 minutes	

#### **B. ALTERNATIVE MODE OF PROCUREMENT**

•	1				
Office or	Provincial Governor	Provincial Governor's Office-Bids and Awards			
Division:					
Classification:	Simple				
Type of	G2B- GOVERNMENT TO BUSINESS ENTITY				
Transaction:					
Who may avail:	Business entities, contractors				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
<ol> <li>Price Quota</li> </ol>	tion (1, original)	Bids and Awards –Secretariat			
2. Business Pe	ermit (1 photocopy)	Business entities, contractors			
<ol><li>Certificate of</li></ol>	f PhilGEPS	Business er	ntities,contractors	3	
Registration	(1, Certified	Business er	ntities,contractors	3	
Photocopy)		Business er	ntities,contractors	3	
4. Income Tax	Return (1, Certified				
photocopy)	·				
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESS	PERSON	
		BE PAID ING TIME RESPONSIBLE			
1. Inquire about	Provide client with	None 10 minutes Goods &			
Opportunities for	canvass forms			Services	
Alternative				Section	



Method of Procurement				ERNIE D. FRIAS JUNREY L.
2. Submit Price Quotation	2.1.Receive Price Quotation Form	None	5 minutes	PACHES
	1.2. Check Accuracy of Price Quotation			Civil Works Section SHELA MAE S. CARAS
	TOTAL	None	15 minutes	

#### 2. PROCUREMENT COMPLAINT HANDLING

Office or Division:	Provincial Governor's Office-Bids and Awards			
Classification:	Highly Technical			
Type of	G2B- GOVERNMENT TO BUSINESS ENTITY			
Transaction:				
Who may avail:	Business entities, contractors with complaint			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Letter for Mo Reconsidera	otion for ation (1, original)	Business entities, contractors with complaint		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Request for Reconsideration	1.1.Receive request letter from client and forward to SAO for appropriate action 1.2.BAC will deliberate on either to approve or to deny the request for reconsideration  1.3. BAC will issue a Resolution	None	3 days	Goods & Services Section JOHN B. MAGBANUA JUNREY L. PACHES  Civil Works Section JOHN B. MAGBANUA DANNA MARIE B. ASENTISTA SHELA MAE S. CARAS
2.Filing of Protest in the Form of Verified Position Paper if BAC denied the	2.1. Receive the Verified Position Paper	Per guidelines issued by the GPPB	7 days	Head of the Procuring Entity



request for	2.2.The HOPE			
reconsideration	shall resolve the			
	protest			
3. Decision of the	3.The decision of	None	7 days	c/o PGO
Local Chief	the LCE is final			
Executive				
	TOTAL	Per	17 days	
		guidelines		
		issued by		
		the GPPB		



# **Executive Staff External Services**



### 1. ADMINISTRATIVE AND EXECUTIVE FUNCTIONS AND COMMUNICATIONS

- 3.1. Letters and invitation Request
- 3.2. Administrative Documents
- 3.3. Executive Function

Office or	Provincial Governor's Office-Executive Staff			
Division:				
Classification:	Simple			
Type of	G2G- Government t	o Governmer	nt G2C- Governme	ent to citizens
Transaction:				
Who may avail:	All			
CHECKLIST OF R	EQUIREMENTS WHERE TO SECURE			
1.Communication a	address to the Client/Requestioner			
Provincial governor	· (1, original)			
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Present the	1.Refer client to	None	5 minutes	PAdmin Staff
Administrative	proceed in the			
and Executive	Provincial			
function and	Administrators			
communications	Office			
to the Provincial				
Administrator				
2.Wait for the	2.Refer	None	3 days	PAdmin Staff
Administrative	invitation/other			
and Executive	communication to			
function and	the Provincial			
communications	Governor/Administ			
to	rat			
be processed	or/ Chief of Staff			



3.Receive response to the Administrative and Executive Function and Communications	3.1.Forward the communications back to the Padmin office with the affix signature and further instructions of the Provincial Governor/Administ rat or/Chief of Staff 3.2.Padmin Staff forwarded the documents to the PGO Records 3.3.Release documents to concerned client/office	None	5 minutes	PGO Staff
	TOTAL	None	3 days, 10minutes	

### 2. ASSESSMENT AND PROVISION OF APPROPRIATE ASSISTANCE TO INDIVIDUALS AND FAMILY IN CRISIS SITUATION.

- a) Burial/ Mortuary
- b) Medical
- c) Hospital
- d) Transportation
- e) Laboratory Tests
- f) Food Packs

Assessment and provision of appropriate assistance to individuals and family in crisis situation.

Office or	Crisis Intervention	Management			
Division:		•			
Classification:	Simple				
Type of	G2C – Governmer	nt to Citizen			
Transaction:					
Who may avail:	Indigents residents	s of South Cotabato			
CHECKLIST OF R	CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Burial	Burial				
1. Registered Deat	h Certificate (2,	City/Municipality Registrar's Office			
Photocopy)					
2. Valid ID/cedula	or Barangay	Barangay Hall			
Certification (1,Orig	ginal)				
		Provincial Governors Office-Assistance Center			



4. Senior Citizen/ PWD ID (1, photocopy)  Medical Assistance  For outpatient:  1. New Doctor's prescription (recita) with signature (2, Photocopies)  2. Valid ID/cedula/Barangay Certification (1, Original)  For admitted patient:  1. Doctor's prescription (recita) with signature (2, Photocopy)  2. Referral from Medical Social Worker/ PGO (1, Original)  Hospital Bill Assistance  1. Hospital Bill Assistance  1. Hospital bill - final bill with signature (2, Photocopy)  2. Valid ID/cedula or Barangay Certificate or medical abstract (2, Photocopy)  2. Valid ID/cedula or Barangay Certificate or medical abstract (2, Photocopy)  2. Valid ID cedula (2, Photocopy)  2. ULTRASOUND - same with CT scan with signature (2, Photocopy)  2. ULTRASOUND - same with CT scan with signature (2, Photocopy)  2. ULTRASOUND - same with CT scan with signature (2, Photocopy)  2. ULTRASOUND - same with CT scan with signature (2, Photocopy)  2. ULTRASOUND - same with CT scan with signature (2, Photocopy)  3. Barangay Certification/ ID Card (1, Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2, Photocopy)  2. Registered Death Certificate in case of burial assistance (2, Photocopy)  2. Registered Death Certificate in case of burial assistance (2, Photocopy)  2. Registered Death Certificate in case of burial assistance (2, Photocopy)  4. Medical Social Worker (1, Original)  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1, Original)  Attending Physician/charge slip from the hospital  Attending Physician/charge s	3 Funeral Contract	(2 Photoconies)	Funeral Hor	me	
Photocopy   Medical Assistance   For outpatient:				110	
Medical Assistance   For outpatient:   Attending Physician   Attending Physician   with signature (2, Photocopies)   2. Valid ID/cedula/Barangay   Any government issued ID/Barangay Hall   Certification (1, Original)   3. Medical Certificate/if necessary (2, Original)   Hospital   Toctor's prescription (recita) with signature (2, Photocopy)   Any government issued ID/Barangay Hall   Attending Physician   Attending Physician   Medical Social Worker-Hospital		VVD ID (I,	O/WOVDO		
For outpatient:  1. New Doctor's prescription (recita) with signature (2, Photocopies)  2. Valid ID/cedula/Barangay Certification (1,Original)  3. Medical Certificate/if necessary (2,Original)  For admitted patient:  1. Doctor's prescription (recita) with signature (2,Photocopy)  2. Referral from Medical Social Worker/ PGO (1,Original)  Hospital Bill Assistance  1. Hospital bill - final bill with signature (2,Photocopy)  Laboratory Request  1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  3. Beferral from the requesting physician Assistance  1. Referral from the requesting physician (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  1. Referral from Medical Social Worker  1. Referral from Medical Social Worker  1. CT GCAN - CT scan request from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  4. Attending Physician/charge slip from the hospital  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall  Attending Physician/charge slip from the hospital  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall  Flood Assistance (2,Photocopy)  1. Referral from Medical Social Worker			1		
1. New Doctor's prescription (recita) with signature (2, Photocopies) 2. Valid ID/Cedula/Barangay Certification (1,Original) 3. Medical Certificate/if necessary (2,Original) 4. Medical Certificate/if necessary (2,Original) 5. Medical Certificate/if necessary (2,Original) 6. Por admitted patient: 1. Doctor's prescription (recita) with signature (2,Photocopy)  Any government issued ID/Barangay Hall 2. Referral from Medical Social Worker/ PGO (1,Original) 4. Medical Social Worker- Hospital 4. Medical Social Worker- Hospital 6. Hospital Bill Assistance 7. Hospital Bill Assistance 8. Hospital Bill - final bill with signature (2,Photocopy) 2. Valid ID/cedula or Barangay Certification (1,Original) 3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy) 4. Laboratory Request 6. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy) 2. ULTRASOUND - same with CT scan with signature (2,Photocopy) 3. Barangay Certification/ ID Card (1,Original) 7. Transportation Assistance 7. Referral from the requesting physician or medical certificate (2,Photocopy) 8. Registered Death Certificate in case of burial assistance (2,Photocopy) 9. Registered Death Certificate in case of burial assistance for drop in clients 1. Referral from Medical Social Worker (1,Original) 9. Valid ID or Barangay Certification (1,Original) 1. Original) 1. Original) 1. Attending Physician/charge slip from the hospital hosp					
with signature (2, Photocopies)  2. Valid ID/cedula/Barangay Certification (1,Original)  3. Medical Certificate/if necessary (2,Original)  For admitted patient:  1. Doctor's prescription (recita) with signature (2,Photocopy)  Any government issued ID/Barangay Hall  Attending Physician  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall  Medical Social Worker- Hospital  Hospital  Hospital  Hospital  Any government issued ID/Barangay Hall  Hospital  Any government issued ID/Barangay Hall  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall  Food Assistance (2,Photocopy)  Requesting Physician  City/Municipality Hall,  Medical Social Worker		escription (recita)	Attending P	hysician	
2. Valid ID/cedula/Barangay Certification (1,Original) 3. Medical Certificate/if necessary (2.Original) For admitted patient: 1. Doctor's prescription (recita) with signature (2,Photocopy) Any government issued ID/Barangay Hall 2. Referral from Medical Social Worker/ PGO (1,Original) Hospital Bill Assistance 1. Hospital bill - final bill with signature (2,Photocopy) 2. Valid ID/cedula or Barangay Certification (1,Original) 3. Certificate or confinement or medical certificate or medical abstract (2,Photocopy) Laboratory Request 1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy) 2. ULTRASOUND - same with CT scan with signature (2,Photocopy) 3. Barangay Certification / ID Card (1,Original) 4. Referral from the requesting physician or medical certificate (2,Photocopy) 2. Registered Death Certificate in case of burial assistance (2,Photocopy) 1. Referral from Medical Social Worker (1,Original) 4. Any government issued ID/Barangay Hall 6. Edit Carbon (1,Original) 6. Any government issued ID/Barangay Hall 7. CT SCAN - CT scan request from the hospital 8. Attending Physician/charge slip from the hospital 9. Any government issued ID/Barangay Hall 9. City/Municipality Hall, 9. Any government issued ID/Barangay Hall 9. Cod Assistance for drop in clients 9. Any government issued ID/Barangay Hall 9. Any government issued ID/Barangay Hall 9. Any government issued ID/Barangay Hall	-	• ` ` ,	7 tttoriding i	rryololari	
Certification (1,Original) 3. Medical Certificate/if necessary (2,Original)  For admitted patient: 1. Doctor's prescription (recita) with signature (2,Photocopy)  Any government issued ID/Barangay Hall  2. Referral from Medical Social Worker/ PGO (1,Original)  Hospital Bill Assistance 1. Hospital bill - final bill with signature (2,Photocopy)  2. Valid ID/cedula or Barangay Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification / ID Card (1,Original)  Transportation Assistance 1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance for drop in clients 1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients 1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients 1. Referral from Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Food Assistance for drop in clients 1. Referral from Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Medical Social Worker Medical Dor Barangay Certification Any government issued ID/Barangay Hall			Any govern	ment issued ID/Ra	rangay Hall
3. Medical Certificate/if necessary (2,Original) For admitted patient: 1. Doctor's prescription (recita) with signature (2,Photocopy) Any government issued ID/Barangay Hall PGO (1,Original) Medical Social Worker- Hospital PGO (1,Original) Hospital Bill Assistance 1. Hospital bill - final bill with signature (2,Photocopy) 2. Valid ID/cedula or Barangay Certification (1,Original) 3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy) Laboratory Request 1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy) 2. ULTRASOUND - same with CT scan with signature (2,Photocopy) 3. Barangay Certification/ ID Card (1,Original) Transportation Assistance 1. Referral from the requesting physician or medical certificate (2,Photocopy) 2. Registered Death Certificate in case of burial assistance (2,Photocopy) 1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients 1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients 2. Valid ID or Barangay Certification (1,Original) 3. Valid ID or Barangay Certification (1,Original) 4. Attending Physician/charge slip from the hospital hospital Any government issued ID/Barangay Hall (1,Original)  Requesting Physician (1,Original)  Food Assistance for drop in clients 1. Referral from Medical Social Worker (1,Original) 4. Any government issued ID/Barangay Hall (1,Original)  Food Assistance for drop in clients 2. Valid ID or Barangay Certification (1,Original) 4. Any government issued ID/Barangay Hall (1,Original) 4. Any government issued ID/Barangay Hall (1,Original) 4. Any government issued ID/Barangay Hall (1,Original)			Tilly governi	mont issued ib/be	irangay rian
C2,Original   For admitted patient:   1. Doctor's prescription (recita) with signature (2,Photocopy)   Any government issued ID/Barangay Hall   PGO (1,Original)   Medical Social Worker- Hospital   Medical Government issued ID/Barangay Hall   Medical Government issued ID/Barangay Hall   Medical Government   Medical			Hospital		
Attending Physician   Any government issued ID/Barangay Hall		te/ii iieeessai y	Ποσρικαι		
1. Doctor's prescription (recita) with signature (2,Photocopy)  2. Referral from Medical Social Worker/ PGO (1,Original)  Hospital Bill Assistance 1. Hospital bill - final bill with signature (2,Photocopy) 2. Valid ID/cedula or Barangay Any government issued ID/Barangay Hall (2,Photocopy) 3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy) 1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy) 2. ULTRASOUND - same with CT scan with signature (2,Photocopy) 3. Barangay Certification / ID Card (1,Original) 3. Referral from the requesting physician or medical certificate (2,Photocopy) 4. Registered Death Certificate in case of burial assistance (2,Photocopy) 5. Referral from Medical Social Worker (1,Original) 6. Valid ID or Barangay Certification (1,Original) 7. Referral from Medical Social Worker (1,Original) 7. Valid ID or Barangay Certification (1,Original) 7. Valid ID or Barangay Certification (1,Original) 8. Any government issued ID/Barangay Hall (1,Original)		ent:			
signature (2,Photocopy)  Any government issued ID/Barangay Hall  PGO (1,Original)  Hospital Bill Assistance  1. Hospital bill - final bill with signature (2,Photocopy)  2. Valid ID/cedula or Barangay Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/Valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification / ID Card (1,Original)  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  Pany government issued ID/Barangay Hall  City/Municipality Hall,  Medical Social Worker Hospital  Hospital  Hospital  Any government issued ID/Barangay Hall  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification  Any government issued ID/Barangay Hall  Medical Social Worker  Any government issued ID/Barangay Hall			Attending P	hysician	
Any government issued ID/Barangay Hall  2. Referral from Medical Social Worker/ PGO (1,Original)  Medical Social Worker-Hospital  Hospital  Any government issued ID/Barangay Hall  Medical Social Worker-Hospital  Hospital  Medical Social Worker-Hospital  Hospital  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall  Medical Social Worker  Any government issued ID/Barangay Hall  Medical Social Worker		,	/ tttcriding i	rrysiciari	
2. Referral from Medical Social Worker/ PGO (1,Original)  Hospital Bill Assistance 1. Hospital bill - final bill with signature (2,Photocopy) 2. Valid ID/cedula or Barangay Certification (1,Original) 3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  Laboratory Request 1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy) 3. Barangay Certification/ID Card (1,Original) Transportation Assistance 1. Referral from the requesting physician or medical certificate (2,Photocopy) 2. Registered Death Certificate in case of burial assistance (2,Photocopy) 1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients 1. Referral from Medical Social Worker (1,Original) 2. Valid ID or Barangay Certification Any government issued ID/Barangay Hall (1,Original) Any government issued ID/Barangay Hall Medical Social Worker (1,Original) Any government issued ID/Barangay Hall Any government issue	Signature (2,1 Hotoc	,ору)	Any govern	ment issued ID/Ra	rangay Hall
PGO (1,Original)   Hospital Bill Assistance   1. Hospital bill - final bill with signature (2,Photocopy)   2. Valid ID/cedula or Barangay   Any government issued ID/Barangay Hall Certification (1,Original)   Any government issued ID/Barangay Hall Certificate of confinement or medical certificate or medical abstract (2,Photocopy)   Laboratory Request   1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)   2. ULTRASOUND - same with CT scan with signature (2,Photocopy)   Attending Physician/charge slip from the hospital   Any government issued ID/Barangay Hall (1,Original)   Transportation Assistance   Requesting Physician or medical certificate (2,Photocopy)   ID/PRC ID/Barangay Hall   Food Assistance for drop in clients   Referral from Medical Social Worker (1,Original)   Any government issued ID/Barangay Hall   Pood Assistance for drop in clients   Any government issued ID/Barangay Hall   Pood Assistance for drop in clients   Any government issued ID/Barangay Hall   Pood Assistance for drop in clients   Any government issued ID/Barangay Hall   Pood Assistance for drop in clients   Any government issued ID/Barangay Hall   Any government issued ID/Bar	2 Referral from Me	dical Social Worker/			
Hospital Bill Assistance   1. Hospital bill - final bill with signature (2,Photocopy)   2. Valid ID/cedula or Barangay Certification (1,Original)   Any government issued ID/Barangay Hall Certificate or medical abstract (2,Photocopy)   Hospital Attending Physician   Hospital Attending Physician   Hospital Attending Physician   Hospital Attending Physician   Attending Physician   Attending Physician   Attending Physician/charge slip from the hospital/valid ID or cedula (2,Photocopy)   2. ULTRASOUND - same with CT scan with signature (2,Photocopy)   Any government issued ID/Barangay Hall (1,Original)   Any government issued ID/Barangay Hall   Transportation Assistance   Requesting Physician or medical certificate (2,Photocopy)   ID/PRC ID/Barangay Hall   Food Assistance for drop in clients   Referral from Medical Social Worker (1,Original)   Any government issued ID/Barangay Hall   Food Assistance for drop in clients   Any government issued ID/Barangay Hall   ID/PRC ID/Barangay Hall   Portion   Any government issued ID/Barangay Hall   ID/PRC ID/Barangay Hall   Any government issued ID/Barangay Hall   ID/PRC ID/Barangay		aioai Oooiai Worker/	Wicaldal 300	Jidi vvoikei- i lospi	tui
1. Hospital bill - final bill with signature (2,Photocopy) 2. Valid ID/cedula or Barangay Certification (1,Original) 3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  Laboratory Request 1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy) 2. ULTRASOUND - same with CT scan with signature (2,Photocopy) 3. Barangay Certification / ID Card (1,Original) Transportation Assistance 1. Referral from the requesting physician or medical certificate (2,Photocopy) 2. Registered Death Certificate in case of burial assistance for drop in clients 1. Referral from Medical Social Worker (1,Original) 2. Valid ID or Barangay Certification (1,Original) 3. Any government issued ID/Barangay Hall (1,Original) 4. Any government issued ID/Barangay Hall (1,Original) 5. Medical Social Worker (1,Original) 6. Any government issued ID/Barangay Hall (1,Original) 7. Any government issued ID/Barangay Hall (1,Original) 8. Any government issued ID/Barangay Hall (1,Original) 9. Valid ID or Barangay Certification (1,Original) 9. Any government issued ID/Barangay Hall (1,Original) 9. Any government issued ID/Barangay Hall (1,Original)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	stance	L		
(2,Photocopy)  2. Valid ID/cedula or Barangay Certification (1,Original)  3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  Laboratory Request  1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification / ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall Any government issued I			Hospital		
2. Valid ID/cedula or Barangay Certification (1,Original) 3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  Laboratory Request 1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy) 2. ULTRASOUND - same with CT scan with signature (2,Photocopy) 3. Barangay Certification/ ID Card (1,Original) Transportation Assistance 1. Referral from the requesting physician or medical certificate (2,Photocopy) 2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall Food Assistance for drop in clients 1. Referral from Medical Social Worker (1,Original) 2. Valid ID or Barangay Certification (1,Original) Any government issued ID/Barangay Hall Medical Social Worker (1,Original) Any government issued ID/Barangay Hall Any government issued ID/Barangay Hall	-	ii biii witii sigilatare	1 100pital		
Certification (1,Original)  3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  Laboratory Request  1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  Today Any government issued ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Medical Social Worker  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall		or Barangay	Any government issued ID/Barangay Hall		
3. Certificate of confinement or medical certificate or medical abstract (2,Photocopy)  Laboratory Request  1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall			Tilly governi	ment issued ib/be	irangay rian
certificate or medical abstract (2,Photocopy)  Laboratory Request  1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  Pood Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall					
C2,Photocopy)   Laboratory Request					
Laboratory Request  1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  1. Referral from Medical Social Worker (1,Original)  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall					
1. CT SCAN - CT scan request from the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall		st			
the doctor /charge slip from the hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall			Attending P	hvsician/charge sl	ip from the
hospital/valid ID or cedula (2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Attending Physician/charge slip from the hospital Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall				,	
(2,Photocopy)  2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Attending Physician/charge slip from the hospital Any government issued ID/Barangay Hall			'		
2. ULTRASOUND - same with CT scan with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Attending Physician/charge slip from the hospital  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall	-				
with signature (2,Photocopy)  3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall	1 1 7	same with CT scan	Attending P	hysician/charge sl	ip from the
3. Barangay Certification/ ID Card (1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall  Any government issued ID/Barangay Hall					•
(1,Original)  Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)				ment issued ID/Ba	rangay Hall
Transportation Assistance  1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)					
1. Referral from the requesting physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Requesting Physician  City/Municipality Hall,  Medical Social Worker Medical Social Worker  Any government issued ID/Barangay Hall		stance			
physician or medical certificate (2,Photocopy)  2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)	•		Requesting	Physician	
2. Registered Death Certificate in case of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)				-	
of burial assistance (2,Photocopy)  ID/PRC ID/Barangay Hall  Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)	medical certificate (	2,Photocopy)			
ID/PRC ID/Barangay Hall Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)	2. Registered Death	n Certificate in case	City/Municip	oality Hall,	
Food Assistance for drop in clients  1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)	of burial assistance (2,Photocopy)				
1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)	ID/PRC ID/Barangay Hall				
1. Referral from Medical Social Worker (1,Original)  2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall (1,Original)	Food Assistance for drop in clients				
2. Valid ID or Barangay Certification (1,Original)  Any government issued ID/Barangay Hall	Referral from Medical Social Worker   Medical Social Worker				
(1,Original)	(1,Original)				
	2. Valid ID or Barar	gay Certification	Any govern	ment issued ID/Ba	rangay Hall
CLIENTS STEPS   AGENCY ACTION   FEES TO   PROCESSING   PERSON	(1,Original)				
	CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
BE PAID TIME RESPONSIBLE			BE PAID	TIME	RESPONSIBLE



1. Encoder verify names	1.Refer client to next step	None	5 Minutes	Clerk/Encoder
2. Require submission of complete documents & Secure priority Number	2.Give the log book to the client ad issue priority number	None	15 Minutes	Officer of the day
3. Social Worker conduct intake interview and issue guarantee letter, credit slip ,referral slip	3. Verify and Photo copy documents  3.1 Conduct assessment/evalu ative S 3.2 Issue credit slip/guarantee letter/referral slip	None	30 Minutes	Social Worker
4. Posting of accounts and reflect control number of guarantee letter and credit slip	4. Encode vital data/reference/con trol no.	None	10 minutes	Clerk encoder/ controller
5. End of Transaction	5. Release of credit slip guarantee letter/referral slip	None		Social Worker
TOTAL		None	60 minutes	

#### 3. SOLICITATONS AND REQUESTS

Provide assistance depending on the nature of the request or solicitation.

Office or	Provincial Governor	Provincial Governor's Office-Executive Staff		
Division:				
Classification:	Simple			
Type of	G2G-Government to Government G2C-Government to Citizens			
Transaction:				
Who may avail:	All			
CHECKLIST OF R	EQUIREMENTS	WHERE TO	SECURE	
1.Request Letter ac	ddress to the	Client/Requ	estioner	
Provincial governor	(1, original)			
<b>CLIENTS STEPS</b>	AGENCY ACTION FEES TO PROCESSING PERSON			
		BE PAID	TIME	RESPONSIBLE



1.Present the solicitation letter and supporting documents with original signature of requesting person	1.Receive solicitation letter and certified photocopy of supporting documents	None	3 minutes	PGO Staff
2.Wait for the solicitation /letter request to be processed	2.Forward approved letter request to the Chief Executive/Administ rat or/Provincial Governor	None	3 days	PGO Staff
3.Receive assistance from the Provincial Government of South Cotabato by affixing signature on the acknowledgment receipt	3.Release cash and file attachment including acknowledgment receipt	None	10 minutes	PGO Staff
·	TOTAL	None	3 days, 13minutes	



# **Inspectorate Unit External Services**



#### 1. Inspection and Monitoring

#### **DESCRIPTION OF THE SERVICE:**

Conduct inspection and monitoring of implemented infrastructure projects funded by the Provincial Government.

Office or	Provincial Governor'	s Office- Ins	spectorate Unit	
Division:				
Classification:	Complex			
Type of	G2G			
Transaction:				
Who may avail:	Contractor/s			
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
Folder with complet		PEO		
documents & letter	request			
			T	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for the inspection of infrastructure project subject of billing	Receive request and forward to Engineer in charge	None	5 minutes	Receiving Clerk
Wait for the request to be acted/ processed	Conduct ocular inspection	None	10 minutes to received, review the claim folder  5 days to conduct inspection and monitoring on the project site.	Engineer
Receive a copy of the Certification or Report of Findings relative to the result of monitoring conducted on the infrastructure project subject of billing	Prepare pictures, documents, field monitoring reports, project inspection report and certification subject for billing.	None	3 days of preparation of pictures documents, field monitoring reports, and certification for billing	Chief- Inspectorate/ Engineer



	8 days and 15	
	minutes	

### 2. Inspection of Goods Supplies, Materials and Equipment DESCRIPTION OF THE SERVICE:

Inspection of delivered supplies, materials, goods, services and equipment.

Office or Division:	Provincial Governor's	s Office- Ins	pectorate Unit	
Classification:	Simple	Simple		
Type of	G2G			
Transaction:				
Who may avail:	Provincial Governme	nt Officer/ P	artner National A	gencies receiving
	subsidy from The Pro			5
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
Official Receipt, Sa	les Invoice, or	Supplier/ F	PGSO	
Delivery Receipt ar (PO)	nd or Purchase Order			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for the	Conduct ocular	None	5 minutes	Receiving Clerk/
inspection of	inspection (actual)			Inspector
goods, supplies,			4 hours for	
materials or			inspection	
equipment vis a			outside the	
vis supporting			Provincial	
documents			Capitol	
NA ' ' ( ) ( )			Compound	
Wait for the	Inspection of	None	10 minutes per	Inspector
request to be	OR/DR		inspection conducted	
acted/ processed			Conducted	
			4 hours for	
			inspection	
			outside the	
			Provincial	
			Capitol	
			Compound	
			3 hours for	
			bulk	
			purchases/ deliveries	
			received by	
			the PLGU thru	
			the PGSO	



Receive a copy of the duly noted	For release	None	10 minutes	Inspector
documents				
			11 hours &	
			25minutes	

#### 3. Pre and Post Repair Inspection of Equipment

#### **DESCRIPTION OF THE SERVICE:**

Preparation of pre-repair and post-repair inspection reports.

Office or	Provincial Governor's Office- Inspectorate Unit			
Division:				
Classification:	Simple			
Type of	G2G			
Transaction:				
Who may avail:	Provincial Government Officer/ Partner National Agencies receiving			
	subsidy from The Pr	ovincial Go		
	REQUIREMENTS		WHERE TO SE	CURE
Pre-Repair Request		Inspectora	te Office	
Invoice (Post-reque	st)			
	T		T = = = = = = = = = = = = = = = = = = =	
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Request for Pre-	Receive Request	None	5 minutes	Receiving Clerk/
Repair or				Inspector- In
Post-Repair				charge
Inspection				
Wait for the	Chapter requires	None	10 minutes for	la an a ata r
	Check request form and conduct	None	simples/minor	Inspector
request to be acted/ processed	inspection		inspection	
acteu/ processed	liispection		inside the	
			Provincial	
			Capitol	
			Compound	
			Compound	
			3 Hours for	
			major	
			inspection	
			inside &	
			outside the	
			Provincial	
			Capitol	
	Prepare Pre and		Compound	Clerk
	Post report upon			



	acceptance of request		10 minutes	
Wait for the approved Pre & post repair report	For release	None	3 minutes	Clerk
			3hours & 28minutes	

### 4. Request for Notation in the Inspection and Acceptance Report (IAR)

#### **DESCRIPTION OF THE SERVICE:**

Review of all IAR's with official receipt, Sales Invoice and purchased order.

Office or Division:	Provincial Governor's Office- Inspectorate Unit			
Classification:	Cimple			
	Simple			
Type of	G2G	GZG		
Transaction:	D : : : 0	Provincial Government Officer/ Partner National Agencies receiving		
Who may avail:				Agencies receiving
	subsidy from The Pr	ovincial Gov		
CHECKLIST OF			WHERE TO SE	
Inspection and Acce	ptance Report with		force of the ager	
attached:		service (Co	oncerned Offices)	
For meals: OR, Cha	•			
Invoice(inspected) a				
For goods & service				
	e, Sales Invoice(inspected)			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Submit Inspection	Check/review IAR	None	15 minutes	Receiving Clerk/
and Acceptance				Encoder
Report (IAR) for				
supplies				
purchased				
Wait for the	Logbook	None	10 minutes	Inspector in-
Inspection and	(for records			charge
Acceptance	purposes)			
Report (IAR) to be				
processed				
Received/ claim	For release	None	10 minutes	Inspector- in
the duly signed				charge/
and noted IAR				Chief
				Inspectorate
			35minutes	



#### 5. Waste Material Report (WMR)

#### **DESCRIPTION OF THE SERVICE:**

Inspection of government vehicles and electrical/electronic equipment assigned at different Provincial Government Offices.

Office or Division:	Provincial Governor's Office- Inspectorate Unit			
Classification:	Simple			
Type of	G2G			
Transaction:				
Who may avail:	Provincial Governme	ent Officer/ I	Partner National <i>I</i>	Agencies receiving
	subsidy from The Pr	ovincial Gov	vernment	
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
Waste Material Rep	ort	PGSO		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Waste Material Report (WMR)	Receive and forward to inspector in charge	None	5 minutes	Receiving Clerk/ Encoder
Wait for Waste Material Report to be processed	For inspection	None	10 minutes	Inspector in- charge
Received/ claim the duly signed and noted WMR	Log book (records purposes)	None	10 minutes	Inspector- in charge/ Chief Inspectorate
			25minutes	



# Internal Audit Unit Internal Services



### 1. CONDUCT OF COMPLIANCE, MANAGEMENT OR OPERATIONS AUDIT

Internal Audit is one of the vital aspects of transparent, accountable and honest public governance. Conduct of either compliance, management or operations audit is critical in order to determine to determine if indeed the assets of government are duly safe guarded, there is strict compliance with the existing laws, rules and regulations, there is an ethical, economical and orderly operation, complete and accurate financial data.

Office or Division:	Provincial Governor's Office- Internal Audit Service			
Classification:	Highly Technical			
Type of	G2G			
Transaction:	020			
Who may avail:	Provincial Governme	nt Offices/D	opartmonts/Drogr	am
willo iliay avail.	Implementers	III OIIICes/D	epartifierits/F10gi	alli
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
	ernal Audit Service	Provincial	Governor's Office	
Plan (1,origin		1 TOVITIOIAI		
1. Memo to und	,	Provincial	Governor's Office	
Activities (1,0				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Furnish copy of the approved Internal Audit service Plan and Audit Memo signed by the Provincial	1.1.Receive copy of the approved Internal Audit Service Plan and Memo	None	5 minutes	Receiving Clerk/ Encoder Admin.Support Services
Governor	1.2.Conduct Technical Team Meeting to discuss the execution of the approved Internal Audit Service Plan and Audit Memo	None	1 day	Internal Auditor IV Internal Audit Service
	1.3.Conduct of Audit Milestones-( Entry Conference, Gathering of Data, Walk through, Interview, Validation, Processing of data information, assessment/evaluat ion, Exit Conference	None	66 days	Internal Auditor IV, Internal Auditor II, Internal Auditor I, Auditing Assistant, Audit Clerk Internal Audit Team



1.3. Preparation of Report	None	20 days	Internal Auditor IV, Internal Auditor II, Internal Auditor I, Auditing Assistant, Audit Clerk Internal Audit Team
1.4. Submission of Audit Report to the Provincial Governor for appropriate action	None	1 day	Clerk/Encoder Admin.Suppport Services
Total	None	88 days, 5 mins.	

### 2. FACILITATE CONDUCT OF CPES OF INFRASTRUCTURE PROJECTS

The provincial government's development mission to promote participatory, transparent and accountable governance is ensured and the culture of integrity in the province is strengthened through the implementation of the constructors Performance Evaluation System.

Office or	Provincial Governor	r's Office- Internal Audit Service		
Division:				
Classification:	Highly Technical			
Type of	G2G			
Transaction:				
Who may avail:	Provincial Government Offices/Departments/Program Implementers			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
projects for the Provinc Cotabato. ( 2.Contract D	1,original)	Provincial Engineer's Office  Provincial Engineer's Office		
2.1.Approved Contract Agreement 2.2.Contract Drawings				



2.3.General and special
Provisions
2.4.Methods of Construction
2.5.Safety and Health Issues
2.6CPM Work Schedule or Bar
chart
2.7.Materials/Manpower
Schedule
2.8.Equipment Schedule
2.9. Organizational Chart
2.10.Financial chart/S-Curve
2.11.Physical
Progress/Status/SWA
2.12.Records of Tests and
Results
2.13.Materials Quality Control
Program
2.14Punchlist(For final visit upon
completion)

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Furnish copy of the list of awarded infrastructure projects in the province of South Cotabato	1.1.Receive copy of the list of awarded infrastructure projects from PEO  1.2.Indorse the copy of the Head of the CPES-IU	None	5 minutes	Receiving Clerk/ Encoder Admin.Support Services
	1.1. Schedule conduct of CPES Technical Team Meeting 1.2Conduct of CPES Technical Team 1.3. Prioritize projects for CPES 1.4. Schedule conduct of Field Evaluation/CPES	None	1 day	Internal Auditor IV Internal Audit Service/CPES- IU
	3.1.Prepare and send communications to	None	5 days	Internal Auditor II/Audit Clerk



concerned personnel			Internal Audit Service/CPES- IU
3.2.Prepare and			
reproduce			
technical forms			
3.3.Prepare			
logistics			
4.1.Conduct of	None	1 day	CPEs Technical
CPES/Field			Team/Internal
Evaluation			Auditor II/Audit
400 0050			Clerk
4.2.Prepare CPES			PEO/Internal
Observations and			Audit Service
Findings 5.1.Schedule	None	7 dove	Internal Auditor
conduct of Exit	none	7 days	INTERNAL AUGITOR
Meeting with			Internal Auditor
concerned			II, Internal
contractor and peo			Auditor I,
personnel			Auditing
p 0 1 0 0 1 11 10 1			Assistant,
5.1.Conduct CPES			Audit Clerk
Exit Conference			Internal Audit
			Team
6.Submit CPES	None	1 day	Clerk/Encoder
Report to the			Admin.Suppport
Provincial			Services
Governor for his			
information and			
appropriate action			
Total	None	15 days,5mins.	



### Kabugwason Paglaum Scholarship and Grant-In-Aid Program External Services



### 1. AVAILMENT OF GRANT-IN-AID (EDUCATIONAL FINANCIAL ASSISTANCE) FOR TERTIARY EDUCATION

The Grant-in-Aid Program mandated by the above citations having a mandatory regular budget allocation of not less than Php 5, 000,000.00 every year and with additional of 15,220,400.00 that aims to extend 1 time financial assistance to those students who are bonafide resident of South Cotabato both female and male unable to pay their tuition fee due to financial insufficiency of their family to sustain the cost of education.

Office or	PGO-KPSP			
Division:	10.11 = 1.1			
Classification:	Highly Technical			
Type of	G2C			
Transaction:				
Who may avail:	Students, OSY, HS ( Residents of South (		Ps, Differently Abl	ed, Parents and
CHECKLIST OF	REQUIREMENTS	Joiabaio	WHERE TO SEC	TIDE
CHECKEIST OF	INEQUINEIVIENTS		WIILKE TO SEC	JUNE
1.Accomplished App (1,original) 2.Senior High School Certificate of Grades Semester for Colleg (1,original) 3.Certificate of Good 4.Barangay Certificate 5.Birth Certificate (1 6.Passport Size Pict 7. Sketch Map (1,or 8.Certificate of Indig	ol Report Card/ s in previous e Students  d Moral (1,original) ate (1,original) ,Original) ture (1,original)		aduated/school the	
9.Application Letter				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Secure and fill-in Application Form 1-B	1.Provide Application Form 1-A	None	10 minutes	Technical Staff KPSP GIAP
2.Submit accomplished application form for review, instruction and endorsement for pre-screening	2.Evaluate Documentary Requirements	None	15 minutes	Technical Staff KPSP GIAP
3.Wait for the pre- screening result and seek schedule for oral Interview if qualified	3.Facilitate applicant for their screening result and seek schedule for oral Interview if qualified	None	22 days	Provincial Scholarship Committee



4.Attend interview	4.Facilitate qualified applicant for their Interview	None	20 minutes	Technical Staff PSC/ KPSP GIAP
5.Attend Briefing/Orientatio n Secure Certification/Certifi cate of Attendance and Secure Instruction	5.Conduct Orientation and distributions of KPSP GIA Certificates	None	4 hours	Technical Staff PSC/ KPSP GIAP
	TOTAL	None	22 days, 4hrs, 45 mins.	

### 2. AVAILMENT OF SCHOLARSHIP AND GRANT-IN-AID FOR POST GRADUATE DEGREE (LAW & MEDICINE)

Post Graduate-degree Scholarship Program is a regular program mandated by the above cited ordinances having a mandatory regular budget allocation of not less than 5,000,000.00 every fiscal year to sustain 60 scholar grantees in each year level.

	7001/700			
Office or	PGO-KPSP			
Division:				
Classification:	Highly Technical			
Type of	G2C			
Transaction:				
Who may avail:	Professional, College Graduates, S		s, Students, IPs, D	ifferently-Abled,
-	_	General		
	Public residing in So	outh Cotabat	to	
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
1.Accomplished App	1.Accomplished Application Form 1-C		FICE	
(1,original)		SCHOOL (	GRADUATED	
2. Transcript of Rec	ords and Diploma	Client		
(1,original)	·			
3. NMAT Result(for	applicant in	BARANGAY & Regional Trial Court		
Medicine) (1,origina	l)	Ĭ		
4. Certificate of Goo	d Moral and Court	PSA office		
Clearance from the Clerk of Court (1,		Any Digital Studio		
original)		Client		
5. Birth Certificate (1	1,original)	BARANGAY		
6.Passport Size Pict	ture (1,original)	BIR Office		
7. Sketch Map (1,ori	iginal)	Client		
8.Certificate of Indig	ency (1, original)	BIR Office		
9. BIR ITR (1,origina	al)			
10. Application Lette	er (1,original)			
11. Financial Statem	nent of Income and			
Expenses (1,origina	l)			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	<b>RESPONSIBLE</b>



1.Secure and fill-in Application Form 1-C	1.Provide Application Form 1-A	None	10 minutes	Technical Staff KPSP GIAP
2.Submit accomplished application form for review, instruction and endorsement for pre-screening	2.Evaluate Documentary Requirements	None	15 minutes	Technical Staff KPSP GIAP
3.Wait for the pre- screening result and seek schedule for oral Interview if qualified	3.Facilitate applicant for their screening result and seek schedule for oral Interview if qualified	None	22 days	Provincial Scholarship Committee
4.Attend interview	4.Facilitate qualified applicant for their Interview	None	20 minutes	Technical Staff PSC/ KPSP GIAP
5. If qualified, secure, Medical/Physical Exam and Drug test	5.Facilitate qualified applicant for submission of Medical/Physical Exam and Drug test result	None	1 day	IPHO/MHO/ Drug Test Center
6. Sign MOA, Attend Orientation and Secure Certification	6. Facilitate qualified applicant for their Signing of Memorandum of Agreement and distribution of Certificates	None	4 hrs.	Technical Staff PSC/ KPSP GIAP
	TOTAL	None	23days,4hours, 45 mins.	



#### 3. AVAILMENT OF SCHOLARSHIP FOR COLLEGE DEGREE

Degree Scholarship Program is a regular program mandated by the above citations having a mandatory regular budget allocation of not less than Php15,000,000.00 every year to sustain 230 scholar grantees in each year level both Ladderized and Degree every academic year.

Office or Division:	PGO-KPSP			
Classification:	Highly Technical			
Type of	G2C			
Transaction:	020			
Who may avail:	Students, OSY, HS G	Graduates IF	Ps Differently Δhle	d Parents and
willo may avail.	Residents of	raduates, ii	3, Dilicicity Abic	a, i aicitis and
	South Cotabato			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URF
1.Accomplished App		PGO-KPSF		, GILE
(1,original)		School Gra		
2.Senior High School Report Card			School Graduated	
(1,original)		Barangay		
3.Certificate of Good	d Moral (1,original)	PSA office		
4.Barangay Certifica	` ' ' ' '	Any Digital	Studio	
5.Birth Certificate (1,original)		Client		
6.Passport Size Pic	, ,	Barangay		
7. Sketch Map (1,or	` ' ' ' '	Client		
8.Certificate of Indig				
9.Application Letter				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Secure and fill-in	1.Provide	None	10 minutes	Technical Staff
Application Form	Application Form 1-			KPSP GIAP
1-A	Α			
2.Submit	2.Evaluate	None	15 minutes	Technical Staff
accomplished	Documentary			KPSP GIAP
application form	Requirements			
for review,				
instruction and				
endorsement for				
pre-screening				
3.Wait for the pre-	3.Facilitate	None	22 days	Provincial
screening result	applicant for their			Scholarship
and seek schedule	screening result			Committee
for oral Interview if	and seek schedule			
qualified	for oral Interview if			
	qualified			
4.Take Qualifying	4.Facilitate	None	4 hrs.	Technical Staff
Exam at Testing	applicant for their			KPSP GIAP
Center	Qualifying Exam at			
	Testing Center			



5.Wait for notification on Qualifying Test Result and If passed,seek schedule of Oral Interview	5.Follow-up Test Result at Exam Center and schedule an Oral Interview for those qualified applicant	None	15 days	Technical Staff PSC/ KPSP GIAP
6.Attend and subject self to interview	6.Facilitate qualified applicant for their Interview		20 minutes	Technical Staff PSC/ KPSP GIAP
	TOTAL	None	37days,4hours, 45mins.	

### 4. AVAILMENT OF SCHOLARSHIP FOR MODULAR/TESDA SHORT COURSES

The Grant-in-Aid Modular or Short Term Program aims to reduce the unemployment rate of the Province of South Cotabato. Thus, the Program grants short term courses to both men and women deprived of opportunity to continue their studies by any reason resulting to dropping out from school or were not able to continue and graduate their courses.

Office or	PGO-KPSP OFFICE			
Division:				
Classification:	Highly Technical			
Type of	G2C			
Transaction:				
Who may avail:	General public residir	ng in South C	otabato	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
1.Accomplished App	olication Form 1-C	KPSP OFFI	CE	
(1,original)		School Grad	duated/school the	y are enrolled
2.High School Repo				
School Report Card	/ Certificate of			
•	Semester for College	Barangay/S	chool Graduated	
Students (1,original)		Barangay		
3.Certificate of Good Moral (1,original)		PSA office		
4.Barangay Certificate (1,original)		Any Digital Studio		
5.Birth Certificate (1,original)		Client		
6.Passport Size Pict	` ' ' ' '	Barangay		
7. Sketch Map (1,or		Client		
8.Certificate of Indig				
9.Application Letter	<u>,                                      </u>			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Secure and fill-in	1.Provide	None	10 minutes	Technical Staff
Application Form	Application Form 1-			KPSP GIAP
1-C	Α			



2.Submit accomplished application form for review, instruction and endorsement for pre-screening	2.Evaluate Documentary Requirements	None	15 minutes	Technical Staff KPSP GIAP
3.Wait for the pre- screening result and seek schedule for oral Interview if qualified	3.Facilitate applicant for their screening result and seek schedule for oral Interview if qualified	None	22 days	Provincial Scholarship Committee
4.Attend interview	4.Facilitate qualified applicant for their Interview	None	20 minutes	Technical Staff PSC/ KPSP GIAP
5.Attend Briefing/Orientatio n Secure Certification/Certifi cate of Attendance and Secure Instruction	5.Facilitate qualified applicant for their Orientation and distributions of KPSP GIA MODULAR Certificates	None	4 hours	Technical Staff PSC/ KPSP GIAP
	TOTAL	None	22 days,4hours, 45mins.	

#### 5. FINANCIAL ASSISTANCE TO PUBLIC SCHOOLS

The financial assistance to public schools will be distributed based on the categorization devised by the DepEd of the 523 schools in the ten (10) municipalities and one (1) city of South Cotabato. The criteria used in differentiating these schools into Small, Medium, and Large, is the number of students enrolled for the school year 2021-2022.

Office or	PGO-KPSP	
Division:		
Classification:	Simple	
Type of	G2G	
Transaction:		
Who may avail:	Primary and Second	dary Public Schools
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit MOU duly signed by the School Principal	1.1.Receive the MOU 1.2.Review	None	10 minutes	Technical Staff KPSP GIAP
	correctness of MOU			
2.Wait for the Financial Assistance to be processed	2.1.Prepare the corresponding payroll in support of the Financial Assistance to be provided  2.2.Prepare copy of the Project Design  2.3.Prepare financial documents in support of the claim  2.4.Submit the Financial documents for processing  2.5.Processing of Claim	None	1 day	Technical Staff KPSP GIAP
3. Claim of	3.Release of	None	4 hours	Cashier
Financial	Financial			Provincial
Assistance	Assistance	_		Treasurers Office
	TOTAL	None	1 day,4hours,	
			10mins.	



# South Cotabato Economic Enterprise Management Office External Services



#### 1. LEASE OF SPACES

"The Contract of Lease is prepared by SCEEMO to bind the lessor (Provincial Government of South Cotabato thru the Governor) and the lessee of stalls and spaces offered for rent by the provincial government, in obligations and undertakings governing the use of stalls and spaces at the South Cotabato Gymnasium and Cultural Center, South Cotabato Sports Complex and Productivity and Technology Center."

				(2.2	
Office or	South Cotabato Economic Enterprise Management Office (SCEEMO)				
Division:					
Classification:	Complex				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	Legitimate Organizations and Business Holders				
	F REQUIREMENTS WHERE TO SECURE			URE	
2. Letter of Inte		N/A			
3. Government		Government Offices Concerned			
4. Business Pe	ermit	Mayor's Offic	е		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Inquire for available stall rent. If available, submit Letter of intent addressed to the Provincial Governor with necessary documents listed on "Document s to be Presented" and wait for approval.	Receive Letter of Intent from client     Indorse it to the PGO	None	2 working days (will notify thru text/call)	Marinelle D. Espende (SCEEMO staff)	
2. If approved, sign Contract of Lease	Prepare Contract of Lease Assist client during signing of contract	None	10 minutes	Marinelle D. Espende (SCEEMO staff)	



3. Wait for notice from SCEEMO if the Contract of lease has been signed by the Provincial Governor	Indorse Contract of Lease (signed by the client) to the PGO	None	1 working day (will notify thru SMS/call upon receipt of signed Contract from PGO)	Marinelle D. Espende (SCEEMO staff)
4. Get the Contract of Lease for notarizatio n	Release Contract of Lease to the client	None	30 minutes	Marinelle D. Espende (SCEEMO staff)
5. Request of billing statement for paying two (2) months advance and two (2) months deposit	Assist client in securing billing statement for advance payment and deposit from the PTO	None	5 minutes	Marinelle D. Espende (SCEEMO staff)
6. Pay two (2) months advance and two (2) months deposit	Inform client to pay at the PTO	(Rental is subject to 5% increase annually)	15 minutes	PTO Cashier
7. Submit to SCEEMO one (1) original copy of notarized Contract of Lease and photocopy of OR issued by the PTO for 2 mos. deposit	Receive and file Contract of Lease Assist client during moving in	None	5 minutes	Marinelle D. Espende (SCEEMO staff)
1	TOTAL		3 days & 65 minutes	



# Seven Falls Project Management Unit External Services



#### 1. PROVISION OF ZIPLINE RIDE

Seven Falls is one of the tallest in Asia that runs at 180 meters above the ground. It is divided into two (20 lines,the first extends 740 meters and the other 420.

Office or	PGO-SFPMU				
Division:					
Classification:	Simple				
Type of	G2C – Government to Citizen				
Transaction:					
Who may avail:	All	T			
	CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Entrance Ticket (1, Original)		Concerned individual who wanted to avail of the			
2.Official Receipt (1,Original) 3.Waiver (1,Original)		Zipline ride Collector,Provincial Treasurer's Office Concerned individual who wanted to avail of the Zipline Ride			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Pay Corresponding Entrance Fee at the main gate	1.1.Receive Entrance Payment 1.2.Issue Entrance Ticket	Adult- Php20.00 Senior- Php15.00 Student- Php 5.00 Children- Php5.00	10 minutes	Ticket Checker PGO-SFPMU	
2.Fill out and submit Waiver Form at the Counter	2.Receive duly filled out Waiver Form	None	10 minutes	Collector Provincial Treasurer's Office	
3.Pay Corresponding Fee	3.1.Receive payment 3.2.Issue Official Receipt	Weekdays- Php 300.00 Weekends, Holidays, Fiesta, Anniversay - Php 350.00	15 minutes	Collector Provincial Treasurer's Office	
4.Proceed to Rigging Area ad present the Official Receipt and Gate pass	4.1.receive and Check Official Receipt and Gate Pass	None	15 minutes	Park Rangers PGO-SFPMU	



5.Experience the thrill of Zipline Ride	5.Provide Zipline Ride	None	45 seconds	Park Rangers PGO-SFPMU
	TOTAL	Entrance Fee: Adult- Php20.00 Senior- Php15.00 Student- Php 5.00 Children- Php5.00 Zipline Ride Fee: Weekdays- Php 300.00 Weekends, Holidays, Fiesta,Anni versay- Php 350.00	50 minutes, 45 seconds	



# South Cotabato Gymnasium and Cultural Center

**External Services** 



#### 1. BOOKING OF SCGCC VENUE FOR EVENTS

The Billing Statement is prepared by SCEE- SOUTH COTABATO GYMNASIUM AND CULTURAL CENTER to bind the lessor (Provincial Government of South Cotabato thru the Governor) and the lessee of venue for event offered for rent by the provincial government, in obligations and undertakings governing the use of venue for event at the South Cotabato Gymnasium and Cultural Center

Office or Division:	South Cotabato Economic Enterprise Management Office (SCEEMO)- South Cotabato Gymnasium and Cultural Center Complex			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Legitimate Organiza	tions and Bus	iness Holders	
CHECKLIST OF	T OF REQUIREMENTS WHERE TO SECURE			URE
<ol><li>Letter of Inter</li></ol>	nt to Rent	N/A		
6. Details of the quotation	event/s for the	N/A		
•				
_	-		_	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
8. Inquire for availability of date want to rent. If available, submit Letter of intent addressed to the Provincial Governor with necessary documents listed on "Documents to be Presented" and wait for approval.	Receives Letter of Intent from client     Indorses it to the PGO	None	2 working days (will notify thru text/call)	Rona T. Lusañes / (SCGCC Program Assistant)



9. If approved, Request of billing statement for payment Seven (7) working days before the event	*Prepare billing statement *Assist client during signing of billing statement	None	10 minutes	Rona T. Lusañes (Program Assistant)
10. Pay Seven (7) working days before the event	Inform client to pay at the Provincial Treasurer's Office (PTO)	None	10 minutes	PTO Cashier
11. Return the Billing Statement with attached Official Receipt photocopy	Inform client to return the Billing Statement with attached Official Receipt photocopy at SCGCC	None	5 minutes	Rona T. Lusañes / (SCGCC- Program Assistant)
12. Wait for notice from SCGCC if the Billing Statement has been signed by the SCEE General Manager Designate	Indorse Billing Statement (signed by the client) to the SCEEMO and submit one (1) original copy of Billing Statement with attached Official Receipt photocopy	None	1 working day (will notify thru SMS/call upon receipt of signed Contract from SCEEMO)	Rona T. Lusañes (SCGCC Program Assistant)
	TOTAL		3 days & 25 minutes	



## South Cotabato Sports Complex External Services



#### 1. BOOKING OF SCSC VENUE FOR EVENTS

The Billing Statement is prepared by SCEE- SOUTH COTABATO SPORTS COMPLEX to bind the lessor (Provincial Government of South Cotabato thru the Governor) and the lessee of venue for event offered for rent by the provincial government, in obligations and undertakings governing the use of venue for event at the South Cotabato Sports Complex

Office or	South Cotabato Eco	nomic Entorn	ico Managament	Office
Division:	(SCEEMO)- South (	•	•	Office
Classification:	Complex	otabato opon	io Complex	
Type of	G2C – Government	to Citizen		
Transaction:	OZO GOVERNMENT	to Onizon		
Who may avail:	Legitimate Organiza	tions and Bus	iness Holders	
	REQUIREMENTS WHERE TO SECURE			URE
7. Letter of Inter		N/A		
8. Details of the	event/s for the	N/A		
quotation				
•				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
13. Inquire for availability of date want to rent. If available, submit Letter of intent addressed to the Provincial Governor with necessary documents listed on "Documents to be Presented" and wait for approval.	<ul> <li>Receives Letter of Intent from client</li> <li>Indorses it to the PGO</li> </ul>	None	2 working days (will notify thru text/call)	Hizel D. Muyco / (SCSC Program Assistant)



14. If approved, Request of billing statement for payment Seven (7) working days before the event	*Prepare billing statement *Assist client during signing of billing statement	None	10 minutes	Hizel D. Muyco / (SCSC Program Assistant)
15. Pay Seven (7) working days before the event	Inform client to pay at the Provincial Treasurer's Office (PTO)	None	10 minutes	PTO Cashier
16. Return the Billing Statement with attached Official Receipt photocopy	Inform client to return the Billing Statement with attached Official Receipt photocopy at SCSC	None	5 minutes	Hizel D. Muyco / (SCSC Program Assistant)
17. Wait for notice from SCSC if the Billing Statement has been signed by the SCEE General Manager Designate	Indorse Billing Statement (signed by the client) to the SCEEMO and submit one (1) original copy of Billing Statement with attached Official Receipt photocopy	None	1 working day (will notify thru SMS/call upon receipt of signed Contract from SCEEMO)	Hizel D. Muyco / (SCSC Program Assistant)
	TOTAL		3 days & 25 minutes	



# South Cotabato Economic Investment and Promotion Center External Services



#### 1. FACILITATION of TAX EXEMPTION AVAILMENT & MSME's

The Provincial Government of South Cotabato grant fiscal incentive to business enterprises provided the following conditions are met: a)The project must be in the Investment Priority List; b)The project must entail a minimum investment of Three Million Pesos;c)(P 3,000,000.00);d)The project must have a minimum number of six (6) employees;e)The project must be located in the Province of South Cotabato; and f)The project must comply with the requirements under the Constitution, national laws, local ordinances and pertinent rules and regulations

Office or	South Cotabato Economic Investment and Promotion Center			
Division:	I limb by to aboring			
Classification:	Highly technical	. 0:::		
Type of	G2C - Government	to Citizen		
Transaction:	NA: 0 II INA		· (NAONAE )	
Who may avail:	Micro, Small and Me			
CHECKLIST OF RE		Where to	Secure	
1. Proof of proposed		Applicant		
which shall show that				
operating facility of t				
not just the warehou				
administrative office				
the territorial jurisdic	tion of the Province			
(1,original)	in at Otrodor an	A		
2. A copy of the Pro	,	Applicant		
Feasibility Study of t				
investment including	•			
and/or personnel res	•			
involved in the proje		Oit /Municipality Zaning Office		
3. locational clearan		City/Municipality Zoning Office		
component city/mun	icipality concerned			
(1,original)	mita applicable to	Offices/Agencies concerned		
4. Other specific per	• •	Offices/Agencies concerned		
its location or the na	applicant by virtue of			
e.g., environmental				
(ECC).(1,original)	cicarance certificate			
, , , ,	of a non-refundable	Provincial Treasurer's Office		
filing fee of One Tho		1 TOVITICIAI	Treasurer's Office	
Hundred Pesos (P 1				
(1,original)	,ocolog, only.			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
OLILINIO OILI O	AGENOT ACTION	BE PAID	TIME	RESPONSIBLE
	1.1.Provide	None	3 mins	Development
1. Get requirement	checklist and			Management
checklists and	endorsement slip			Officer
endorsement slip	1.2.inform client to			SCEIPC
	pay registration			
	fee			



2. Pay application/ registration fee to PTO	2.1.Receive Payment 2.2 Issue Official Receipt	P 1,500.00- Registrati on Fee	20 mins	Cashier Provincial Treasurer's Office
3. Submit the complete documentary requirements with proof of payment of filing fee	3.1.Receive and check completeness of documentary requirements	P1,500.0 0- Registrati on Fee	25 mins	
4. Wait for the application to be processed	4.1.Re-evaluate the physical compliance of the documentary requirements 4.2.Prepare and submit evaluation result and recommendation to the members of the South Cotabato Investment Board	None	5 days	Development Management Officer SCEIPC
	4.3.Schedule for the conduct of South Cotabato Investment Board Meeting	None	5 days	Development Management Officer SCEIPC
	4.4.Conduct of Investment Board Meeting	None	4 hours	South Cotabato Investment Board
	4.5.Pass a Resolution and Certification and have it signed by the Chair- Provincial Governor	None	60 days	South Cotabato Investment Board
5. Return to SCEIPC and Claim Certification of Registration for the availment of fiscal incentive	5.Release of Certificate of Registration for the availment of fiscal incentive	None	5 days	SCEIPC (SCIB Secretariat)
	Total	Php3,000 .00	75 days, 5 hrs.	



## South Cotabato Rehabilitation and Detention Center

**External Services** 



#### 1. FACILITATION OF "DALAW" OR VISITOR OF INMATES

This service realizes the right of an inmate to be visited by his or her relative/s or /friend/s during "dalaw" day as guaranteed in the SCRDC Manual and other existing laws.

Office or	South Cotabato Rel	nahilitation a	nd Detention Cer	nter
Division:	South Cotabato Nei	abilitation a	na Determon Cer	itei
Classification:	Simple			
Type of	Cirripio			
Transaction:	G2C- government to	citizen		
Who may avail:	Immediate family m		tives and friends	of inmates
	REQUIREMENTS		WHERE TO SE	
	-(1,Original) Issuing Agency			301 <u>1</u>
	tificate (1,Original,			
	by) of inmate's child	Office		
3. Vaccinatio				
		Concerned	visitor	
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Present intent	1. Check the			
and required	authenticity of the			
documents at the	documents			
maingate guard	presented.			Main Gate
on duty.		None	3 minutes	Guard on duty
	2 List the name of			PGO-
	Visitor in the			SCRDC/JAIL
	Logbook and the			
	inmate to be			
	visited.			
	0 1 1/2/1 1 10			
0.01:	3. Issue Visitor's ID			
2. Subject self	4. Call the visitor to			
and carried things	enter the Search			
to Searcher	Room.			
guards on duty for search and	5. Body Frisk the			Searcher
	visitor.	None	7 minutes	
inspection.	VISILOI.	INOTIE	7 1111114165	Lady/Male Guard
	6. Search/ inspect			PGO- SCRDC/
	the carried			Jail
	things of visitor.			Jan
	triirigo or violtor.			
	7. Advise the			
	visitor to			
	proceed to the			
	"Dalawan Area".			
3. Wait for the	8. Page the name			Inmates Welfare
inmate/s to be	of the visited			and



visited at the "Dalawan" Area.	inmate through the Public Address system to proceed to the "dalawan area".	None	5 minutes	Development (IWD) Staff, Paging counter, IWD desk
	TOTAL		15 minutes	

#### 2. FACILITATION OF FOOD AND 'PERA" PADALA TO INMATES

Family and friend's support to inmates in the form of food and money, among others, is allowed to augment the economic needs of the latter, in particular, and to strengthen family / social ties, in general.

Office or	South Cotabato Rel	nabilitation a	and Detention Cer	nter
Division:	Oirean In			
Classification:	Simple			
Type of		•.•		
Transaction:	G2C- government to			
Who may avail:	Immediate Family members, relatives and friends of inmates			
	REQUIREMENTS		WHERE TO SEC	CURE
	O (present original	Issuing Ag	ency	
	photocopy)			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Present self and ID for listing in the logbook;	<ol> <li>Check the authenticity of the documents presented.</li> <li>List the name of Visitor in the Logbook and the inmate-recipient of Padala</li> </ol>	None	3 minutes	Main Gate Guard on duty PGO- SCRDC/JAIL
2. Present the things/"padala" to the searcher guards on duty.	3. Search/ inspect the "Padala" brought by the visitor	None	7 minutes or longer depending on the bulk of items	Searcher/Friskin g Lady/Male Guard PGO- SCRDC/ Jail
3. Bring / forward the "padala" items to the Inmates Welfare and Development Desk.	<ul><li>4.Page the inmate-recipient</li><li>5. Hand-over the "Padala" to inmate-recipient and let him/her sign</li></ul>	None	5 minutes	Inmates Welfare and Development (IWD) Staff, IWD desk, PGO- SCRDC/ Jail



"received" on the logbook.		
TOTAL	15 minutes	

#### 3. FACILITATION OF INMATE'S CONJUGAL VISIT TO CHECK-IN

Conjugal visit to check-in is allowed to wedded couple with the end view of sustaining their healthy relationship and marriage while incarcerated, both or one of the spouses.

Office or Division:	South Cotabato Re	South Cotabato Rehabilitation and Detention Center			
Classification:	Simple				
Type of	G2C- Government to	o Citizen			
Transaction:					
Who may avail:	Inmate's spouse				
	REQUIREMENTS	WHERE TO SECURE			
<ol> <li>Marriage Ce Photocopy; pcopy)</li> <li>Birth Certificath Children – (1</li> <li>Medical Certispouse - (1 (1) Photocopy)</li> <li>Barangay Centre Residency - 1 Photocopy</li> <li>Valid ID of the photocopy)</li> </ol>	rtificate – (1 present the original rate of spouses and Photocopy) ificate of the visiting Driginal Copy & 1 ertificate of (1 Original Copy &	Local Civil Registrar (LCR) or Phil. Statistic Authority (PSA)  Family Doctor/ Provincial/Municipal Hospita		or Phil. Statistics	
photocopy)					
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present intent to avail of Conjugal Visit for check-in.	1. Advise concerned spouse/s to comply Checklist of Requirements for check-in	None	5 minutes	Inmates Welfare and Development (IWD) Staff, IWD desk	
2.Submit needed documentary requirements.	2. Check and evaluate documents as to completeness and authenticity.	None	5 minutes	Inmates Welfare and Development (IWD) Staff, IWD desk	



	3. If found complete and in order, prepare the Check-in Slip. If lacking, return the documents to the concerned spouse to comply lacking requirements.			
3.Wait for the issuance of the Check-in Slip.	4. Secure the approval of the Provincial Warden/OIC of the Check-in Slip.  5. Issue approved Check-in Slip to visiting spouse/s and inform her/him/them of the scheduled date and time to check-in.	None	10 minutes	Inmates Welfare and Development (IWD) Staff, IWD desk
4. Avail of check- in privilege on scheduled date.	6. Facilitate Check-in of spouses.	None	3 hours	Inmates Welfare and Development (IWD) Staff, IWD desk
	TOTAL		3hrs. and 20 mins	

# 4. FACILITATION OF VISIT OF COURT JUDGES, LAWYERS, PERSONNEL OF OTHER GOVERNMENT AGENCIES, RELIGIOUS AND EDUCATIONAL INSTITUTIONS AND OTHER PRIVATE ORGANIZATIONS OR INDIVIDUALS

This service realizes the right of an inmate to be visited by groups and/or individuals with concerns on the development of their case/e, in particular, and could keep and further develop their personhood, in general, as guaranteed in the SCRDC Manual and other existing laws.

Office or Division:	South Cotabato Rehabilitation and Detention Center
DIVISION.	
Classification:	Simple



				CIAL		
Type of	G2C- Government to					
Transaction:	G2G-Government to government entities					
Who may avail:	Court Judges and personnel, Lawyers, Other Gov't Agencies,					
		religious and educational institutions and other Private				
	Organizations or ind	ividuals.				
	REQUIREMENTS		WHERE TO SEC	CURE		
Letter of Intent			I office/institution			
Valid ID		Concerned				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.Submit letter request indicating purpose and date of visit, among others.	Receive letter request and mark SCRDC calendar of the scheduled visit	None	3 minutes	Kathy Villavicencio, Administrative Officer II, SCRDC Administrative Services Section.  Inmates Welfare and Development (IWD) Head, IWD desk		
2.Wait for the scheduled visit.	2. Inform and brief in advance the concerned inmates to be visited and what to prepare.	None	5 minutes	Inmates Welfare and Development (IWD) Staff, IWD desk		
3.When visiting, present ID at the maingate guard on duty and ready self for frisking and inspection.	3.Check visitors ID. Log names in the Logbook.  1. Conduct body frisk and inspection of carried things.	None	10 minutes	Maingate guard on duty/searcher, PGO-SCRDC/ Jail		
4. Proceed to the "Dalawan Area" upon advised.	5. Page concerned inmates to proceed to the "Dalawan area".	None	15 minutes 33 minutes	Inmates Welfare and Development (IWD) Staff, IWD desk		



### 5. ISSUANCE OF CERTIFICATE OF DISCHARGE AND/OR RELEASE FROM JAIL

This is a document issued in time of release of inmate from jail by virtue of a valid Court Order or of any competent authority or due to service of sentence.

Office or	South Cotabato Re	habilitation a	and Detention Cer	nter	
Division: Classification:	Cimple				
	Simple				
Type of Transaction:	G2C- Government to Citizen				
Who may avail:	SCRDC Detainee/ F	Person Denri	ived of Liberty		
	REQUIREMENTS		WHERE TO SEC	CURF	
	Release or of any	Court or a	ny competent auti		
competent authority		0000. 0	, compotent add		
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1.Present/submit to the Jail Administrative Services Section copy of order of release from court or any competent authority.	<ol> <li>Receive Copy of the Court Order</li> <li>Check and Evaluate the authenticity of the Court Order of Release</li> </ol>	None	5 minutes	Records Officer PGO- SCRDC/Jail Administrative Section	
2.Wait for the request to be processed	<ol> <li>Pull out inmate's Carpeta</li> <li>Print Inmate's Profile from the database</li> <li>Verify as to records on file if subject inmate has no other pending case/s.</li> <li>If records so warrant, prepare the Certificate of Discharge from Jail.</li> <li>Secure signatures of signatories in the</li> </ol>	None	20 minutes	Kathy Villavicencio, Administrative Officer II, SCRDC Administrative Services Section  Records Officer PGO- SCRDC/Jail Administrative Section	



	Discharge Certificate.  8. Call up the subject inmate. Secure his / her signature and thumbmark in the Certificate of Discharge.  9. Secure the approval of the Provincial Warden/OIC.  10. Record the release document in the blotter book of the Custodial Guards on duty.			Custodial Guard on duty
3.Received the Copy of Certificate of Discharge.	11. Issue a copy of the Certificate of Discharge to subject inmate.	None	2 minutes	Records Officer PGO- SCRDC/Jail Administrative Section
	TOTAL		27 minutes	Codion

### 6. ISSUANCE OF CERTIFICATION TO INMATES (CERTIFICATE OF DETENTION, GOOD MORAL CHARACTER)

These are documents issued to certify about the length of detention and/or character of inmates.

Office or	SOUTH COTABATO	O REHABIL	ITATION AND DE	TENTION
Division:	CENTER			
Classification:	SIMPLE			
Type of				
Transaction:	G2C- Government to	o Citizen		
Who may avail:	SCRDC Detainee/ Person Deprived of Liberty and/or Immediate			
	family member			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			
Intent o	f request	Concerned requestor		
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Express intent	1. Evaluate the			Records Officer
of request to the	intent of the	None	3 minutes	



Jail Administrative Services Section.	requested certification.			PGO-SCRDC/ Jail Administrative Section
2. Log name in the logbook/control book	<ul><li>2.Pull out inmate's Carpeta</li><li>3. Print Inmates Profile from database</li></ul>	None	3 minutes	Records Officer PGO- SCRDC/Jail Administrative Section
3.Wait for the request to be processed	<ul><li>4. Prepare the certification.</li><li>5. Secure the approval of the Provincial Warden/OIC</li></ul>	None	7 minutes	Records Officer PGO- SCRDC/Jail Administrative Section
4.Received the copy of requested certification.	6. Issue certification to requestor.  7.Secure the received signature of the requestor in the office file.	None	2 minutes	Records Officer PGO- SCRDC/Jail Administrative Section
	TOTAL		15 minutes	

#### 7. RECEIPTION OF COMMITTED INMATES

This is the process of receiving the inmates committed by law enforcer or any committing agency per order of the court or any competent authority.

Office or Division:	South Cotabato Rehabilitation and Detention Center					
Classification:	Simple	Cimple				
	•					
Type of	G2G- Government to	Government				
Transaction:						
Who may avail:	PNP/ PDEA/CIDG/BJMP OR ANY AUTHORIZED COMMITTING					
	AGENCY					
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE				
Commitment Order addressed to		Court where the case of inmate was filed				
the Provincia	al Warden of					
SCRDC- (1,Original)						
` '	0 ,	Durania sia I/Manaisia al III a anita I				
<ol><li>Copy of Cas</li></ol>	e information	Provincial/Municipal Hospital				
(1,original)						
<ol><li>Medical Cert</li></ol>	ificate- (1, Original)					
4. Xray Result-	(1,original)					



5. Vaccination ID and Antigen test
------------------------------------

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Committing agency to present the commitment documents and the person to commit at the maingate guard on duty.	1. Maingate guard to check the commitment documents and forward the same to the Receiving officer at the IWD reception area.	None	2 minutes	Custodial guard on duty, SCRDC/Jail
2 Proceed to the receiving officer along with the commitment documents and the person/s to commit.	2. Receiving officer to evaluate and check the completeness and authenticity of the commitment documents.  3. Body Search the person/s to be committed  4. Check the carried things of the person/s to be committed.	None	10 minutes	Receiving Officer, IWD reception area
3.Secure a copy of the received Commitment Order.	<ul> <li>5. Receiving officer to mark received and sign on the Copy of Commitment Order</li> <li>6. Provide a copy of the received Commitment Order to the committing</li> </ul>	None	3 minutes	Receiving Officer SCRDC/Jail
	person in authority.		45 maios et a a	
	TOTAL		15 minutes	



## South Cotabato Sports Youth and Development Office

**External Services** 



#### 1. REQUEST FOR FINANCIAL ASSISTANCE

The South Cotabato Sports and Youth Development Office was established to promote sports and raise a healthy well competitive athletes and significantly reduce alcohol, drug abuse, crime and social deviances and teenage pregnancy. Likewise, to create an enabling environment and act as a catalyst and facilitator for the promotion and development of youth and sports at provincial, regional, national and international levels. Equally, the Provincial Government of South cotabato extends financial assistance to competing individuals and teams that will represent the province.

Office or Division:	South Cotabato Youth and Development Office				
Classification:	Highly Technical				
Type of	G2C- Government to	Citizen			
Transaction:					
Who may avail:	Youth ,Youth Organi	zations			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE	
1.Letter Request(1,original) 2.Valid ID (2,Photocopy)		Concerned Youth/Youth Organization Concerned individual youth			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit written request for financial assistance	1.1.Receive Request  1.2.Facilitate request and forward to the Provincial Governor for approval	None	2 days	Program Assistant SCSYDO	
2.Wait for the request to be processed	2.1.Prepare and submit Project Design and Memorandum of Understanding to the Governor's Office for approval.	None	2 days	Program Assistant SCSYDO	
	2.2.Submit Obligation Request and Disbursement Voucher for approval	None	1 hour	Program Assistant SCSYDO	



	2.3. Process the financial assistance to the Provincial budget Office, Provincial Accounting Office and Provincial Treasurer's Office.	None	25 days	In- Charge Provincial Budget Office, Provincial Accounting Office, Provincial Treasurer's Office
3. Claim the Check at the Provincial Treasurer's Office	3.Release the Check to the grantee	None	3 mins	Cashier Provincial Treasurer's Office
	TOTAL	None	29 days, 1 hour, 3mins.	

#### 2. REQUEST FOR SPORTS EQUIPMENT

The South Cotabato Sports and Youth Development Office was established to promote sports and raise a healthy well competitive athletes and significantly reduce alcohol, drug abuse, crime and social deviances and teenage pregnancy. Likewise, to create an enabling environment and act as a catalyst and facilitator for the promotion and development of youth and sports at provincial, regional, national and international levels.

Office or	South Cotabato Youth and Development Office						
Division:							
Classification:	Simple						
Type of	G2C- Government to Citizen						
Transaction:							
Who may avail:	Youth ,Youth Organ	izations					
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE			
. , ,	1.Letter Request(1,original)		Concerned Youth/Youth Organization				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
1.Submit written request for sports equipment	1.1.Receive Request  1.2.Facilitate request and forward to the Provincial Governor for approval	None	2 days	Program Assistant SCSYDO			



2.Wait for the request to be processed	2.1.Forward request to the PGO for approval			Program Assistant SCSYDO
	2.2.Secure approval of the Provincial Governor			
3.Receive	3.Provide	None	10 mins	Program
feedback on the	feedback to the			Assistant
request	client on the status			SCSYDO
	of the request			
	TOTAL	None	2days, 10mins.	

### 3. REQUEST FOR SPORTS AND YOUTH DEVELOPMENT SEMINARS/TRAININGS

The South Cotabato Sports and Youth Development Office was established to promote sports and raise a healthy well competitive athletes and significantly reduce alcohol, drug abuse, crime and social deviances and teenage pregnancy. Likewise, to create an enabling environment and act as a catalyst and facilitator for the promotion and development of youth and sports at provincial, regional, national and international levels.

Office or Division:	South Cotabato Youth and Development Office				
Classification:	Simple				
Type of Transaction:	G2C- Government to Citizen				
Who may avail:	Youth, Youth Organ	izations			
CHECKLIST OF I	REQUIREMENTS		WHERE TO SE	CURE	
. , ,	1.Letter Request(1,original)		Concerned Youth/Youth Organization		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit written request for sports and youth Development Seminars/Trainings	1.1.Receive Request 1.2.Facilitate request and forward to the Provincial Governor for	None	2 days	Program Assistant SCSYDO	



2.Wait for the request to be processed	2.1.Forward request to the PGO for approval			Program Assistant SCSYDO
	2.2.Secure approval of the Provincial Governor			
3.Receive feedback on the request	3.Provide feedback to the client on the status of the request	None	10 mins	Program Assistant SCSYDO
	TOTAL	None	2days, 10mins.	



## Provincial Security Unit External Services



## 1. PROVISION OF DIRECTION/INFORMATION ON THE LOCATION AND NAME OF PROVINCIAL GOVERNMENT OFFICE/UNIT THAT CAN PROVIDE REQUESTED/DESIRED SERVICE/S

Provide clients of the exact location or names of Provincial Government Offices/Units that can provide their desired services.

Office on	Duna din ni ni On na mita d	1 !4		
Office or	Provincial Security Unit			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Any Valid Identifica original)	tion Card (1,			
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Sign in Client	1.Give the log	None	2 minutes	Guard on Duty
Log Book at the	book to the client			Provincial
Guard House				Security Unit
2.Inquire/ ask for	2.Ask purpose of	None	2 minutes	Guard on Duty
the Office's	visit/ transaction			Provincial
name/location				Security Unit
he/she intends to				•
visit or transact				
business with				
3.Get the desired	3. Give complete	None	2 minutes	Guard on Duty
direction/informati	name or the right			Provincial
on	direction to locate			Security Unit
	the specific office			,
	to the client			
	TOTAL	None	6 minutes	



## Provincial Security Unit Internal Services



#### 1. RADIO MESSAGE TRANSMISSION

Transmits important messages/information intended to and from a certain location to another

Office or	Radio Room				
Division:					
Classification:	Simple				
Type of	G2G				
Transaction:					
Who may avail:	All authorized Radio	Operators/h	andlers employed	d at the Provincial	
	Government of Sout	th Cotabato			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE	
Message for transn	nission (hardcopy)				
(1,original)		Originating office of the requesting party			
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1.Request for	1.Asks what	None	2 minutes	Radio Operator	
radio message	message to			on Duty	
transmission for	transmit and who			Provincial	
concerned	is the target			Security Unit	
recipient	recipient				
2.Submit	2.Receive radio	None	1 minute	Radio Operator	
message for	message			on duty	
transmission				Provincial	
				Security Unit	
3.Avail of the	3.Transmit radio	None	5 minutes	Radio Operator	
desired service	message			on duty	
for radio message				Provincial	
transmission				Security Unit	
TOTAL None 8 minutes					

### 2. REPAIR OF RADIO COMMUNICATION EQUIPMENT (GROUND-ATTACHED)

Repair of non-functional Ground-attached Radio Equipment

Office or Division:	Radio Room	
Classification:	Simple	
Type of	G2G	
Transaction:		
Who may avail:	All authorized Radi	o Operators/handlers employed at the
	Provincial Governn	nent of South Cotabato
CHECKLIST OF F	REQUIREMENTS	WHERE TO SECURE
Letter Request for R	epair (1, original)	Radio Room



	T			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
	_	BE PAID	TIME	RESPONSIBLE
1.Request for the	1.Give letter	None	2 minutes	ECE Technician
repair of the	request for repair			Provincial
damaged/ non-	to client			Security Unit
functional Radio				
Communication				
Equipment				
2.Submit the	2.Receive the	None	1 minute	Radio Operator
letter request for	letter request for			on duty
repair to client	repair			Provincial
,				Security Unit
3.Assist in the	3.Conduct of site	None	2 days	
conduct of site	visit & preliminary			ECE Technician
visit & preliminary	assessment of			Provincial
assessment of	damage			Security Unit
damage				,
4.Conduct follow	4.Give feedback	None	3minutes	
up on the	whether the repair			ECE Technician
progress of the	was successful of			Provincial
repair	not			Security Unit
,				,
5. Avail of the	5.Give courtesy to	None	1 minute	
desired service	the client			ECE Technician
for the repair of				Provincial
Radio				Security Unit
Communication				
Equipment				
	TOTAL	None	2 days and 7	
			minutes	

### 3. REPAIR OF RADIO COMMUNICATION EQUIPMENT (HANDHELD RADIO)

Repair of non-functional Handheld Radio Equipment

Office or	Radio Room	
Division:		
Classification:	Simple	
Type of	G2G	
Transaction:		
Who may avail:	All authorized Radio	Operators/handlers employed at the Provincial
	Government of Sout	th Cotabato
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE
Letter Request for	Repair (1, original)	Radio Room



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Request for the	1.Give letter	None	2 minutes	ECE Technician
repair of the	request for repair			Provincial
damaged/ non-	to client			Security Unit
functional Radio				
Communication				
Equipment				
2.Submit the	2.Receive the	None	1 minute	Radio Optr. on
letter request for	letter request for			duty
repair to client	repair			Provincial
				Security Unit
3.Submit the	3.Check the radio	None	2 days	
radio equipment	equipment's			ECE Technician
for repair	damage and			Provincial
	performs			Security Unit
	necessary repair			
	on the equipment			
4.Conduct follow	4.Give feedback	None	3 minutes	ECE Technician
up for the	whether the repair			Provincial
progress of the	was successful or			Security Unit
repair	not			
5.Avail of the	4. Give courtesy to	None	1 minute	ECE Technician
desired service	the client			Provincial
for the repair of				Security Unit
Radio				
Communication				
Equipment	TOTAL	NI	0.1	
	TOTAL	None	2 days and 7	
			minutes	



## Public Employment Service Unit External Services



### 1. APPLICATION OF DOLE INTEGRATED LIVELIHOOD EMERGENCY EMPLOYMENT PROGRAM (DILEEP)

The DOLE Integrated Livelihood Emergency Employment Program is given to applicants who belong to marginalized workers who have no fixed income. It seeks to contribute to poverty reduction and reduce vulnerability to risks of the poor, vulnerable and marginalized workers.

0.00			" = '	
Office or	Provincial Governor's Office- Public Employment Service Unit			
Division:	(PESU)			
Classification:	Highly Technical			
Type of	G2C			
Transaction:				
Who may avail:	Marginalized worker	s who have i	no fixed income	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
Certificate of Resid	ency (1 original)	Barangay H	lall where the clie	nt resides
Certificate of Indige	nce (1 original)	Barangay H	lall where the clie	nt resides
Latest picture (2x2,	2 original, colored)	Client		
Certificate of Non-C		DSWD Mur	nicipal Link assign	ned to the
Pantawid Pamilyan	nilyang Pilipino Program   municipality OR Municipal Social Welfare an			ocial Welfare and
(4Ps) (1 original)				
, , , , ,				
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Secure Individual	Provide Individual	None	15 minutes	PESU Staff
Business Plan	Business Plan			
Form	Form			
Submit Individual	Evaluate Individual	None	40 working	PESU Staff/
Business Plan	Business Plan		days	DOLE Staff
and wait to be			•	
processed				
Release of tools	Facilitate the	None	Half day	PESU Staff
and materials	release of tools		,	
under the DILEEP	and materials			
	TOTAL	None	40.5 days and	
			15 minutes	



### 2. AVAILMENT OF SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)

Special Program for Employment of Students (SPES) provides temporary employment to poor but deserving students, out-of-school youth, and beneficiaries of displaced and would-be displaced workers to continue their education.

Office or	Provincial Governo	r's Office- Pı	iblic Employment	Service Unit
Division:	(PESU)	13 Office-1 c	iblic Employment	Service Offic
Classification:	Highly Technical			
Type of	G2C			
Transaction:	020			
Who may avail:	Poor but deserving	students ou	t-of-school vouth	aged 15-30
Willo may avaii.	Poor but deserving students, out-of-school youth aged 15-30 years old			agea 10 00
CHECKLIST OF F	, ,		WHERE TO SEC	CURE
1.Birth Certificate (1		Local Civil I	Registrar/ Philippi	
(	1	Authority	3 - 1	
2. Income Tax Retu	rn (ITR) of parents	ITR- Parent	s of the client	
OR Certification from	` , .	BIR Certific	ation- Nearest Bl	R Office where
parents/ guardians a	are exempted from	the client re	sides	
tax OR Certificate of	•	Certificate of	of Low Income/ In	digence-
Certificate of Indiger	nce		lall where the clie	•
ITR (1 photocopy) C				
BIR Certification (1)	BIR Certification (1 photocopy) OR			
Certificate of Indiger	Certificate of Indigence/ Low Income (1			
original)				
3. Picture (2x2, colo		Client		
4. For Students: any				
addition to requirem				
	age passing grade	School whe	re the client is en	rolled
` ,	lass card or (2)			
	previous semester			
-	diately preceding			
	n (1 photocopy)	O ala a ala d	na tha a all a chile	ualla d
b. Certification f		School whe	re the client is en	irollea
_	o passing grade (1			
<u> </u>	original)		عاد معلا معموليد الما	nt recides
5. For Out-of-Schoo		Barangay F	lall where the clie	ent resides
Certification as OSY	•			
barangay where OS				
addition to nos. 1,2,		School who	re the client is en	rollod
Implementation: Cla		School whe	re the chent is en	irolled
addition to nos. 1,2,	•			
CLIENTS STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLILITIO OTLITO	ACTION	BE PAID	TIME	RESPONSIBLE
	7011014	ו אור ו	1 1141	INCO SHOIDEL



Secure an Application Form	Provide Application Form	None	15 minutes	PESU Staff
Register online at  www.dole12- spes.ph, submit application form and proceed for an interview	Receive Application Form and proceed the interview	None	45 minutes	PESU Staff
Wait for an application to be processed	Evaluate documentary requirements	None	40 days	PESU Staff
Attend SPES Orientation, Signing of Contract and Oath of Undertaking	Facilitate the conduct of SPES Orientation, Signing of Contract and Oath of Undertaking	None	Half day	PESU Staff
Claim the required Identification Card before reporting to duty	Facilitate the distribution of Identification Card	None	15 minutes	PESU Staff
	TOTAL	None	40.5 days, 1 hour and 15 minutes	

#### 3. PESO Referral

PESO Referral is issued to jobseekers who are looking or applying for a job to a certain business establishment. It contains the name of an establishment and the position he/she is applying for.

Office or	Provincial Governor's Office- Public Employment Service Unit			
Division:	(PESU)			
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	Jobseekers			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
National Skills Registry Form (1		Public Employment Service Unit		
original)				
Official Receipt ( 1 original)		Provincial Treasurer's Office- Cash Division		
, ,	,			
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Register and	Provide the	None	30 minutes	PESU Staff
Secure National	National Skills			
	Registry Form			



Skills Registry				
Form				
Submit duly filled-	Receive the	None	10 minutes	PESU Staff
out National Skills	National Skills			
Registry Form	Registry Form			
Pay Service	Instruct client to	Php	20 minutes	PTO- Cash
Charge to	proceed at PTO-	130.00		Division Staff
Provincial	Cash Division			
Treasurer's				
Office- Cash				
Division				
Present Official	Prepare PESO	None	20 minutes	PESU Staff
Receipt and wait	Referral			
request to be				
processed				
	TOTAL	Php	1 hour and 20	
		130.00	minutes	

#### 4. TRABAHO, NEGOSYO, KABUHAYAN (Job and Business Fairs)

Trabaho, Negosyo, Kabuhayan (Job and Business Fairs) is an avenue where organizations meet potential employees and gives jobseekers the opportunity to learn more about potential employers and job opportunities.

Office or	Provincial Governor's Office- Public Employment Service Unit			
Division:	(PESU)			
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	All			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
Resume		Client		
Transcript of Records (if required,1		School where the client graduated		
photocopy)				
Diploma (if required, 1 photocopy)		School where the client graduated		
Certificate of Competencies (if		TESDA Office where the client assessed		
required, 1 photocopy)				
Driver's License (if required, 1		LTO where the client applied		
photocopy)				
PRC IDs (if required, 1 photocopy)  PRC Office where the		where the client	client applied	
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Register and	Provide National	None	20 minutes	PESU Staff
secure National	Skills Registry			
Skills Registry	Form			
Form				



Submit duly filled- out National Skills	Evaluate National Skills Registry	None	10 minutes	PESU Staff
Registry Form	Form if filled-out			
and wait to be	properly			
processed				
Present self for	Instruct applicant	None	30 minutes	HR-
Job Interview to	to proceed to			participating
different	different			agencies/
participating	participating			companies
employers	employers for Job			
	Interview			
	TOTAL	None	1 hour	



## **Provincial Human Resource Management Office**

**External Services** 



1. ISSUANCE OF SERVICE RECORD, CERTIFICATE OF EMPLOYMENT, AND CERTIFICATE OF NO PENDING ADMIN CASE (FOR PERSONAL/LEGAL PURPOSE) OF PGSC EMPLOYEE FOR SEPARATION PURPOSES (RETIREMENT, TRANSFER, RESIGNATION, AND DEATH CLAIMS) FOR THE CURRENT YEAR

These documents are requested by PGSC Separated and/or Would-be Separated Employees for the current year for Personal and/or Legal Purposes. Certifications are issued to validate employees' employment information.

Office or Division:	Provincial Human	Resourc	e Managemen	t Office	
Classification:	Complex	Complex			
Type of	G2C				
Transaction:	G2G				
Who may avail:	PGSC Separated and/or would-be Separated Employees for the				
	current year				
CHECKLIST OF R	EQUIREMENTS			O SECURE	
<ol> <li>Request Form</li> </ol>	(1 original copy)	Administ	trative Support	Services	
Record, Employment No Pending C	ocument- Service Certificate of and Certificate of ase (depending on copies requested)		el Actions ment Section -	and Information Records	
		FEES			
CLIENT STEPS	AGENCY ACTION	TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE	
1. Client to fill-up request form		TO BE			



3 Processing and	3.1 Forward to	None	7 days	IO Program Assistant
3. Processing and release of requested document	3.1 Forward to Supervising Administrative Officer for approval and forward to concerned section  3.2 Preparation of document requested and forward to SAO/PHRMO for signature  *All certification for separation purposes will be forwarded to PGO through PADMIN for signature	None	7 days	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services  Supervising Administrative Officer Provincial Human Resource Management Officer IV Provincial Human Resource Management Officer Provincial Human Resource Management Officer Provincial Human Resource Management Office- Personnel Actions and Information Management Section - Records
	for signature			Records
5. Receive requested document	5.1 Release requested document	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services
	TOTAL:	None	7 days, 30 mins.	

# 2. ISSUANCE OF SERVICE RECORD, CERTIFICATE OF EMPLOYMENT, AND CERTIFICATE OF NO PENDING ADMIN CASE (FOR PERSONAL/LEGAL PURPOSE) FOR PGSC INACTIVE EMPLOYEES

These documents are requested by PGSC Inactive Employees for Personal and/or Legal Purposes. Certifications are issued to validate employees' employment information.

Office or Division:	Provincial Human Resource Management Office			
Classification:	Complex			
Type of	G2C			
Transaction:	G2G			
Who may avail:	Inactive PGSC Employees			
CHECKLIST OF RE	QUIREMENTS WHERE TO SECURE			



				Administrat	tive Support	Services	
۷.	2. Billing Statement (for Personal						
	Use / 1 origin	nal copy, 1 o	duplicate				
	copy)						
3.	Official	Receipt	(for	Drovingial	Treasurer's C	office Cod	, d.
	Personal Use / 1 original copy)			Provincial	rreasurer's C	mice- Cas	sniei
4.	Requested	Document-	Service	Personnel	Actions	and	Information
	Record, Certificate of		Manageme	nt Section -	Records		
	Employment and Certificate of						
	No Pending						
	the number	of copies red	quested)				

the number of	the number of copies requested)			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
Client to fill-up request form	1.1 Give the request form to the client	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services
2. Submit request form	2.1 Check the request form if filled-up legibly  2.2 Review or evaluate request and issue billing if applicable  2.3 If payment is not required, proceed to Step 4	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services
3. Pay the required fees at the PTO by showing the billing statement  *Make sure to secure official receipt that will be issued upon payment	3.1 Accept the payment based on the billing statement  3.2 Issue Official Receipt	P130.00	15 minutes	Cashier Provincial Treasurer's Office Finance Building Capitol Compound
4. Return to PHRMO- Admin Support Services Section for the processing and	4.1 Check the official receipt 4.2Attach Receipt to the Request Form	None	7 days	JO Program Assistant Provincial Human Resource Management Office-



release of requested document	4.3Forward to Supervising Administrative Officer for approval and forward to concerned section			Admin Support Services Section  Supervising Administrative Officer Provincial Human Resource Management Office
	4.4Preparation of document requested and forward to SAO/PHRMO for signature			Administrative Officer IV Provincial Human Resource Management Office- Personnel Actions and Information Management Section - Records
5. Receive requested document	5.1 Release requested document	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services
	TOTAL:	P130.00	7 days, 30 mins.	

# 3. ISSUANCE OF SERVICE RECORD, CERTIFICATE OF EMPLOYMENT, AND CERTIFICATE OF NO PENDING ADMIN CASE (FOR PERSONAL/LEGAL PURPOSE) FOR PGSC INACTIVE EMPLOYEES WITH DOCUMENTS ALREADY ARCHIVED TO PGSO

These documents are requested by PGSC Inactive Employees whose documents are already archived to PGSO for Personal and/or Legal Purposes. Certifications are issued to validate employees' employment information.

Office or Division:	Provincial Human Resource Management Office				
Classification:	Highly-Technical				
Type of	G2G				
Transaction:					
Who may avail:	Inactive PGSC	Employees whose documents are already			
	archived to PGSC				
	QUIREMENTS WHERE TO SECURE				
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE			
1. Request Form		WHERE TO SECURE Administrative Support Services Section			



	Case (depending on f copies requested)			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
Client to fill-up request form	1.1 Give the request form to the client	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services
2. Submit request form	2.1 Check the request form if filled-up legibly	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services
3. Processing and release of requested document	3.1 Forward to Supervising Administrative Officer for approval and forward to concerned section  3.2 Preparation of document requested and forward to SAO/PHRMO for signature  *All certification for separation purposes will be forwarded to PGO through PADMIN for signature	None	20 days	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services  Supervising Administrative Officer Provincial Human Resource Management Office Administrative Officer IV Provincial Human Resource Management Office- Personnel Actions and Information Management Section - Records
4. Receive requested document	4.1 Release requested document	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services



TOTAL.	Nlono	20 4070	
TOTAL:	None	20 days,	
		• .	
		30 mins.	
		JU IIIIIIJ.	

## 4. SUBMISSION AND REVIEW OF APPLICATION FOR LEAVE OF ABSENCE FOR TERMINAL LEAVE CLAIMS AND TRANSFER OF LEAVE CREDITS TO NEW AGENCY

These documents are requested by PGSC Separated and/or Would-be Separated Employees for the current year for Processing Terminal Leave Claims.

Office or Division:	Provincial Human Resource Management Office				
Classification:	Highly Technical				
Type of	G2C				
Transaction:	G2G				
Who may avail:	PGSC Separated and/or would-be Separated Employees for the				
	current year				
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE			
Application for I (Form 6)     Remittance List		Administrative Support Services Section of the concerned employee			
3. Clearances and other Supporting Documents in 2 copies:  • Certified photocopy of clearance from money, property and legal accountabilities, from: Office, PACCO including clearances from financial institutions (banks), PGSO,		Concerned Employee from PACCO, PTO, PGSO, PASSO, UPESCO, applicable financial institutions (banks) Banks, GSIS and Trial Court			
<ul> <li>PASSO, PTO, UPESCO, GSIS, and Trial Court</li> <li>Clearance Form (CSC Form No. 7)</li> <li>Certified photocopy of latest Statement of Assets, Liabilities and Net Worth</li> <li>Affidavit of Undertaking for</li> </ul>		Employee Concerned Notarized by Lawyer of choice			
<ul> <li>Affidavit o there is/ s criminal i</li> </ul>	to deduct ities, if applicable f applicant that are no pending nvestigation or against him/her	Employee Concerned			



Additional	nant in :			
Additional requirer resignation/ transfer new agency	of leave credits to			
Governor	by the Provincial			
<ul> <li>Certified         Appointmen         Agency     </li> </ul>	photocopy of t to the new			
Approved F	Request to accept s from the PGSC to ency			
Additional requirements of claimant:	ent in case of death			
<ul> <li>Death Certifi</li> </ul>	cate authenticated Civil Registrar	Local Ci	vil Registrar	
Marriage Cor by PSA	ntract authenticated			
Birth certificate/s of all surviving legal heir/s authenticated by PSA		Philippin	e Statistics Off	fice
<ul> <li>Designation of affidavit</li> </ul>	of next-of-kin in form		of abains	
Waiver of rights of cland above, if applica		Lawyer	or choice	
Records to be provide	ded by the PHRMO			
<ul> <li>Complete Service Record</li> <li>Certified photocopy of employee's leave card as of last day of service duly audited by Personnel Division/ Certificate of leave Credits issued by HRMO</li> <li>Certified photocopy of appointment/ NOSA/ NOSI showing the highest salary received- if the salary under the</li> </ul>		PHRMO	- Records Sec	tion
last appoint highest	ment is not the			
•	of terminal leave ed / certified by the countant	PHRMO	- Leave Sectio	n
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE



1.	Client to submit properly filled – in Form 6 and supporting documents for Terminal Leave	1.1 Check Form 6 submitted as to completeness of required entries	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services Section)
		<ul><li>1.2 Forward Form 6 to Leave in charge</li><li>1.3 Review of Form 6 and prepare of</li></ul>	None	20 days	Leave- in charge Provincial Human Resource Management Office- Leave Administration Services)
		summary list of accumulated leave credit balances for reconciliation			Leave Section Head Provincial Human Resource Management Office- Leave Administration Services
					Supervising Administrative Officer Provincial Human Resource Management Office
					Administrative Officer
2.	In case there are items for/confirmation reconciliation, the concerned employee will:  Review summary prepared by PHRMO- Leave Section,  Sign to acknowledge leave balances,  Sign to acknowledge erasure in the	2.1 Check Form 6 submitted as to completeness of required entries  2.2 Review/ verify submitted Form 6 and Summary list of accumulated leave credit balances and update leave card based on verified reconciled/ confirmed leave records	None	5 mins	of Department JO Program Assistant Provincial Human Resource Management Office- Admin Support Services Section  Provincial Human Resource Management Office- Leave Administration Services  Leave Section Head Provincial Human Resource Management Office- Leave Administration Services  Management Office- Leave Administration Services



CSC Form 6, and  client Return Form 6 and Summary List of Accumulated Leave Credit Balances to PHRMO				Supervising Administrative Officer Provincial Human Resource Management Office
	Leave 2.3 Prepare Certification of Leave Credit Balances & Money Value  2.4 Forward Form 6 and Certification of Leave Credit Balances & Money Value to Provincial Administrators Office and Provincial Governor's Office for approval  2.5 Forward CSC Form 6 and all supporting documents(up on submission of all complete supporting documents) to PADMIN/PGO for preparation of CAFOA and Disbursement Voucher In case of transfer of leave credits to new Agency:	none	7 days	



3. Receive certification of leave credits for transfer to the new Agency	2.6 Forward Certificate of Leave Credits for transfer to new Agency to the Provincial Governor for signature  3.1 Release requested document upon submission of all required documents (provided in the checklist of requirements) to transfer to new agency	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services Section
	TOTAL:		27 days, 15 mins.	



# Provincial Human Resource Management Office

**Internal Services** 



#### 1. EMPLOYEES AND WORKERS BIOMETRIC REGISTRATION

Employees and workers biometric registration is facilitated to register new PGSC employees and workers in the HRIS, capture unique physical features such as finger print and assignment of employee ID number.

Office or Division:		Resource N	Management Offic	е
Classification:	Simple			
Type of Transaction				
Who may avail:	New hired PGSC	Employees	and Job Order W	orkers
CHECKLIST (	OF REQUIREMENTS		WHERE TO S	
		For JO workers/Co Service Wo	ontract of	Hiring Services
Personal Data     copy - origin		For Regula Employees	- 3	ular Hiring vices
		For Casua Employees		ual Hiring services
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client to fill- in Personal Data Sheet (PDS)	1. Give the online link or website where to download and print a blank Personal Data Sheet (PDS) to the client	None	2 minutes	Admin Aide VI Provincial Human Resource Management Office-Personnel Actions and Information Management Section
2. Submit Personal Data Sheet (PDS)	2. Check the Personal Data Sheet (PDS) if filled-up legibly  2.1 Encode data for registration and processing  2.2 Capture and save finger print and assign ID Number	None	10 minutes	Admin Aide VI Provincial Human Resource Management Office-Personnel Actions and Information Management Section



3. Receive employee ID number	3. Issue Employee ID number	None	3 minutes	Admin Aide VI Provincial Human Resource Management Office-Personnel Actions and Information Management Section
4. Proceed to PIO-ICTC and present employee ID number for picture taking and ID Printing	4. Take the picture of client and process ID	None	10 minutes	Admin Aide IV Provincial Information Office Information and Communication Technology Center
	TOTAL	None	25 minutes	



### 2. ISSUANCE OF CERTIFICATE OF RATING/CERTIFIED PHOTOCOPY OF IPCRS

Certified IPCRs are requested by PGSC employees for employment applications/ promotion reference and/or office or personal file

Office or Division: Classification: Type of Transaction Who may avail: CHECKLIST ( 1. Request For	5		TO SECURE	
(2 original co		FEES		: Services Section
CLIENT STEPS	CLIENT STEPS AGENCY ACTION		PROCESS ING TIME	PERSON RESPONSIBLE
1. Fill-out the request form	1.1 Forward to HRDD Supervising Administrative Officer for approval  1.2 Forward to PMS in-charge to prepare request	None	3 days	Admin Aide IV Provincial Human Resource Management Office - Admin Support Services  Admin Aide IV Provincial Human Resource Management Office- Admin Support Services
2. Receive certified copy of requested document	2.1 Release to Client	None	5 minutes	Admin Aide IV Provincial Human Resource Management Office - Admin Support Services
	TOTAL :	None	3 days & 5minutes	



# 3. ISSUANCE OF SERVICE RECORD, CERTIFICATE OF EMPLOYMENT, AND CERTIFICATE OF NO PENDING ADMIN CASE (PERSONAL/LEGAL PURPOSE, GSIS, AND PAGIBIG HDMF MATURITY PURPOSES) FOR PGSC ACTIVE EMPLOYEES

These documents are requested by PGSC Active Employees for Personal and/or Legal Purpose, GSIS, and PAGIBIG HDMF Maturity Purposes. Certifications are issued to validate employees' employment information.

Office or Division:	Provincial Humar	Provincial Human Resource Management Office			
Classification:	Simple				
71.	of G2C				
Transaction:	G2G				
Who may avail:	Active PGSC Em	ployees			
	REQUIREMENTS		WHERE TO		
2. Billing State copy, 1 dupli	cate copy)		rative Support S		
	ipt (1 original copy)	Provincia	I Treasurer's O	ffice- Cashier	
Record, Employment No Pending (	Document- Service Certificate of and Certificate of Case (depending on of copies requested)	Personnel Actions and Information Management Section - Records			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Client to fill-up request form	1.1 Give the request form to the client	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services	
2. Submit request form *Make sure to secure the billing statement for personal or private loans purposes  3. Pay the required face at	<ul><li>2.1 Review the request form if filled-up legibly</li><li>2.2 Issue billing statement (if applicable)</li><li>3.1 Accept the payment based</li></ul>	None P130.00	5 minutes 15 minutes	JO Program Assistant Provincial Human Resource Management Office- Admin Support Services Cashier Provincial	
required fees at the PTO by showing the billing statement	on the billing statement  3.2 Issue Official Receipt			Treasurer's Office Finance Building Capitol Compound	



_				1
*Make sure to secure official				
receipt that will be				
issued upon				
payment				
4. Return to	4.1 Check the	None	3 days	JO Program
PHRMO- Admin	official receipt			Assistant
Support Services				Provincial
Section for the	4.2 Attach			Human Resource
processing and	Receipt to the			Management Office-
release of	Request Form			Admin Support
requested				Services
document	4.0			Our am dain a
	4.3 Forward to			Supervising
	Supervising Administrative			Administrative Officer
	Officer for			Provincial Human
	approval and			Resource
	forward to			Management Office
	concerned section			Managomont Omoo
				Administrative
	4.4 Preparation			Officer IV
	of document			Provincial Human
	requested and			Resource
	forward to			Management Office-
	SAO/PHRMO for			Personnel Actions
	signature			and Information
				Management Section
<b>F D</b>	E4 Dili	Ninii	F makes to a	- Records
5. Receive	<b>5.1</b> Release	None	5 minutes	JO Program
requested	requested			Assistant
document	document			Provincial Human Resource
				Management Office-
				Admin Support
				Services
	TOTAL:	P130.00	3 days,	
			30 minutes	



#### 4. PROCESSING OF LEAVE APPLICATION

Leave Application is filed by PGSC officials and employees as a right or privilege not to report for work with or without pay as may be provided by law and as prescribed under CSC Rules.

Office or Division:	Provincial Human	Provincial Human Resource Management Office			
Classification:	Simple				
Type of Transaction	: G2G	G2G			
Who may avail:	PGSC Employees	PGSC Employees			
CHECKLIST C	F REQUIREMENTS		WHERE TO S	ECURE	
CS Form No. 6 Leav (2 original copies		Through Leave Management System in the Respective Departments			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Receive     Application for     Leave of Absence	<ul> <li>1.1 Record leave application</li> <li>1.2 Submit leave application to Leave Section Incoming In-Charge for tracking</li> <li>1.3 Record leave details in the leave card</li> </ul>	None	3 days	Administrative Officer II Provincial Human Resource Management Office-Admin Support Services Administrative Officer II Provincial Human Resource	



2. Receive	1.4 Verify leave application and forward to SAO/PHRMO for signature  1.5 Review and initial of SAO/PHRMO to approve leave application  *for Department Heads and for approved leave to Travel Abroad, forward to PGO for approval  1.6 Record/Scan approved leave application *retain one (1) original copy	None	5 minutes	Management Section  Supervising Administrative Office/ Provincial Human Resource Management Officer Provincial Human Resource Management Office  Administrative Officer IV Provincial Human Resource Management Office- Leave Management Office- Leave Management Section  Provincial Administrator's Office  Provincial Administrator's Office  Provincial Governor's Office  JO Program
2. Receive approved leave application	2. Release approved leave application	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office- Leave Management Section
	TOTAL:	None	3 days,5 minutes	



#### **5. PROCESSING OF LEAVE MONETIZATION**

#### **5.1. FOR REGULAR MONETIZATION**

A privilege given to officials and employees in the career and non-career who have accumulated leave credits to monetize portion of such leave credits in accordance with rules prescribed by the CSC and DBM.

Office or Division:	Provincial Human	Provincial Human Resource Management Office			
Classification:	Simple				
Type of Transaction	: G2G				
Who may avail:	PGSC Employees	3			
	F REQUIREMENTS		WHERE TO S		
1. CS Form No. 6 L Form	_eave Application	Through Le	eave Managemen	t System	
(2 original co	nies)				
*Regular Mon	• •				
•	for 10 days				
monetization	on				
Application F     Monetization (2 c)	Form for Leave original copies)	Administra departmen	tive Support Servi t	ces of the	
	AGENCY ACTION	FEES	PROCESSING	PERSON	
CLIENT STEPS	AGENCY ACTION	TO BE	TIME	RESPONSIBLE	
4 Fan Danulan	4.4. Danahus and	PAID	0 -1	IO Description	
1.For Regular  Monetization for	1.1 Receive and record leave	None	3 days	JO Program Assistant	
10 days	application			Provincial	
monetization,	• •			Human	
Submit application	1.2 Check for availability of			Resource	
for Leave	funds			Management	
Monetization (CS Form 6)	Tarrao			Office-Leave Management	
1 01111 0)				Section	
	1.3 Record leave monetization			Administrative Officer II	
	in the leave			Provincial	
	card, verify			Human	
	leave			Resource	
	application & forward for			Management Office-Leave	
	review and			Management	
	initial			Section	



	application  1.5 Scan approved leave application and forward to PGO for preparation of voucher			Officer Provincial Human Resource Management Office
2. Receive approved request form	2.1 Release to office for preparation of CSC Form 6  2.2 Record leave monetization in the leave card, verify leave application & forward for review and initial  2.3 Review and initial approved leave of application  2.4 Scan approved leave application and forward to PGO for preparation of voucher	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office-Leave Management Section Administrative Officer II Provincial Human Resource Management Office-Leave Management Section  Provincial Human Resource Management Section  Provincial Human Resource Management Office Provincial Administrator Provincial Administrator Provincial Administrator Provincial Administrator Provincial Administrator's Office  Provincial Governor's Office
	TOTAL:	None	3days, 5mins.	



#### **5.2 FOR SPECIAL MONETIZATION**

A privilege given to officials and employees in the career and non-career who have accumulated leave credits to monetize portion of such leave credits in accordance with rules prescribed by the CSC and DBM.

Office or Division:	Provincial Human Resource Management Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGSC Employees	<u> </u>		
	REQUIREMENTS		WHERE T	O SECURE
1. CS Form No Application For copies)  *Special More than monetization Leave	Through Le	ave Manage	ement System	
Monetization copies)	(2 original	Administrati department	ve Support \$	Services of the
3. For Special M Appropriate documents su letter/billing st medical certifi prescription of laboratory and procedures (2)			stitution's issued r	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
Monetization, Submit duly accomplished application for leave monetization form and complete supporting documents  1	.1 Receive and review pplication and upporting ocuments  .2 Check vailability of unds	None	3 days	JO Program Assistant Provincial Human Resource Management Office-Leave Management Section Administrative Officer II Provincial Human Resource Management Office-



	1.3 Record and process application and forward to SAO/PHRMO for recommendation of approval  1.4 Review and initial in the application  1.5 Approved request			Leave Management Section  Supervising Administrative Officer Provincial Human Resource Management Office  Provincial Administrator Provincial Administrator Office
2. Receive approved request form	2.1 Release to office for preparation of CSC Form 6  2.2 Record leave monetization in the leave card, verify leave application & forward for review and initial	None	5 minutes	JO Program Assistant Provincial Human Resource Management Office-Leave Management Section  Administrative Officer II Provincial Human Resource Management Office-Leave Management Section
	2.3 Review and initial approved leave of application			



2.4 Scan approved leave application and forward to PGO for preparation of voucher	None		Supervising Administrative Officer Provincial Human Resource Management Office Provincial Administrator Provincial Administrator's Office Provincial Governor's Office
TOTAL:	None	3 days, 5 mins.	



### 6. PROVISION OF TECHNICAL ASSISTANCE/CONSULTATION (L&D/PMS/RME/HRD COMMITTEES)

It provides technical assistance to other offices who seek consultation as aid in the respective office conduct of learning and development interventions such as but not limited to; training/seminar/fora etc. or for individual/ office seeking consultation and assistance concerning their Individual Performance Commitment Report or Performance Rating and other concerns.

Office or Division:		Resource N	Management Office	9
Classification:	Simple			
Type of Transaction		_		
Who may avail:	PGSC Employees OF REQUIREMENTS		WHERE TO SE	CLIDE
CHECKLIST C	F REQUIREMENTS		WHERE TO SE	CURE
1. Letter request (2	2,Original)	Administra	tive Support Servic	ces
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Prepare letter request for s chedule of consultation on technical assistance addressed to the Provincial Governor/Provincial Administrator	1.Discuss details of technical assistance needed, nature of the activity needing assistance and possible requirements  *If TA needed can be extended immediately, assistance is provided. If needed in a separate schedule, agree on the arrangement, schedule, and role	None	5 minutes	Administrative Aide IV Provincial Human Resource Management Office HRDD
2.Avail of the techn ical assistance requested	2. Provide Technical Assistance	None	10 minutes	Administrative Aide IV Provincial Human Resource Management Office HRDD
	TOTAL:	None	15 minutes	



#### 7. REQUEST FOR COPY OF MEDICAL CERTIFICATE

These documents are requested by active employees for personal and/or legal purposes. It may only be requested by the concerned employee or their authorized representative. Request for a copy of Medical Certificate is granted only to the employee/s who underwent the agency-facilitated Annual Physical Examination and those who have prior records in the HR Health and Wellness System.

Office or Division   Provincial Human Resource Management Office						
Classifi	ication	Simple				
Type of		G2G				
Transa						
	ay avail:	Active PGSC Emplo	yees			
		REQUIREMENTS		WHERE TO SE		
		(1 original copy)	Administr	ative Support Sei	vices Section	
	ntification C	ard of	of			
	uesitioner	AGENCY ACTION	FEES	DDOCESSING	DEDCON	
CLIEN	IT STEPS	AGENCY ACTION	TO BE	PROCESSING TIME	PERSON RESPONSIBLE	
			PAID	TIIVIL	KLSFONSIBLE	
1. Clie	ent to fill-	1.Provide	None	2 minutes	Admin Aide IV/JO	
	equest	instructions in			Program	
form	n	filling out forms			Assistant,	
					PHRMO- Admin.	
0 0 1	••	0.0	N.1	40 : 1	Support Services	
2. Sub		2. Review the	None	10 minutes	Admin Aide IV/JO	
	uest form	request form			Program	
for t		2.1 Verify identity of requisitioner			Assistant, PHRMO- Admin.	
•	cessing release	2.2 Review filled-			Support Services	
anu	Telease	out request forms			Support Services	
		2.3. Forward				
		request form to			Admin Aide IV/JO	
		SAO for approval			Program	
		2.4. Forward			Assistant,	
		request to			PHRMO-	
		Employees'			Employees'	
		Welfare Section			Welfare Section	
		2.5. Prepare				
		certified copy of				
		the document				
3. Rec	eive	requested 3. Issue certified	None	3 minutes	Admin Aide IV/JO	
	uested	copy of document	INOHE	3 1111111111111111111111111111111111111	Program	
	ument	requested			Assistant,	
400	G.11011t	.54455.54			PHRMO- Admin.	
					Support Services	
		TOTAL:	None	15 minutes		



## Provincial Information Office External Services



#### 1. CONDUCT OF PRESS CONFERENCE

Provide media services for the information of the constituents of the province.

Office or	PIO-Information Development Division			
Division:				
Classification:	Simple			
Type of	G2G- Government to	Government	G2C- Governme	ent to citizens
Transaction:				
Who may	General Public			
avail:				_
	REQUIREMENTS		WHERE TO SEC	CURE
	Letter (1, original)	Client/Reque		
2. Phone C		Dial 228-419		
3.Walk-in (		Provincial In	formation Office	
Appearanc				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
1.1Submit Request Letter/Call/	1.1.Receive the Letter Request/Phone Call	None	5 Minutes	Information Officer II Information Division
personal appointment	1.2.Attend to scheduled personal appointment			
2.Secure Request Form	2.Provide Client with Request Form	None	5 Minutes	Information Officer II
Request Form	with Request Form			Information Division
3.Submit filled up Request Form	3.1.Receive filled up Request Form  1.2. Schedule conduct of Press Conference	None	15 Minutes	Clerk I/Clerk II Information Division
	3.3.Issue Acknowledgement Receipt			
4.Attend Press Conference	4.Facilitate conduct of Press Conference	None	3 Hours	Information Officer II Information Division
	TOTAL	None	3 Hour and 10 minutes	



#### 2. HARDWARE SUPPORT AND MAINTENANCE

### 2.1 IT EQUIPMENTS SPECIFICATION GATHERING AND AWARDING OF BIDS

Office or Division	PIO-Information Technology Division			
Classification	Complex			
Type of Transaction	Government to Gove	ernment		
Who may avail	General Public			
Checklist of	Requirements Where to secure			ure
1. Fill-outs rep	air request form		Requesting Indi	vidual
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Client/Requestee needs to fill-out the request form of PIO-ITD.	A. The Hardware Section acknowledges the request of the requestee.	None	20 minutes	Ricardo C. Abrasldo Vivian N. Rabilas
	B. The person in charge of the gathers the specification of IT equiptment requested by requestee.	None	5 Days	Ricardo C. Abrasldo Vivian N. Rabilas
	C. For awarding of bid, the person-incharge secures the right specification for the right price of IT equiptment.	None	1 Day	Ricardo C. Abrasldo Vivian N. Rabilas
	TOTAL	None	6 Days. 20 mins.	



#### 2.2 REPAIRS OF VARIOUS IT EQUIPMENTS

Office or Division	PIO-Information Tecl	PIO-Information Technology Division			
Classification	Complex				
Type of Transaction	Government to Government				
Who may avail	General Public				
Checklist of	Requirements		Where to sec	ure	
1. Fill-outs repa	air request form		Requesting Indiv	vidual vidual	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Client/Requestee needs to fill-out the request form of PIO-ITD.	A. The Hardware Section acknowledges the request of the requestee.	None	20 minutes	PIO-ITD (Hardware Section)	
	B. The person in charge of the hardware repair acts upon the requestee's concern.	None	Minor repair: 1 Day Major repair: 4 Days		
	Common concers: -Computer ReformatBack up of computer files and documentsScanner and Printer RepairCPU Repair.			PIO-ITD (Hardware Section)	
	TOTAL	None	Minor repair: 1 Day, 20 mins Major repair: 4 Days, 20 mins.		



#### 3. MULTIMEDIA SERVICES

#### 3.1 LAYOUT/GRAPHIC DESIGN REQUESTS

Office or				
Division	PIO-Information Technology Division			
Classification	Complex			
Type of Transaction	Government to Gove	rnment		
Who may avail	General Public			
	REQUIREMENTS		WHERE TO SEC	URE
1. Letter of Reques		Requesting		, C. ( )
	•	Requesting		
		FEES TO	PROCESSING	PERSON
CLIENTS STEPS	AGENCY ACTION	BE PAID	TIME	RESPONSIBLE
Submit letter of request to PIO Admin Section.	A. The Administrative Officer forwards the request letter to the Multimedia Section of PIO-ITD  B. The Multimedia Section will schedule the office/client for the discussion of details of the project/s. (Upon approval of request)	None	20 Minutes  1 Day	Gerald Jade P. Dequito Lecho Mae A. Dolojo Oliver S. Billones Marie Ives D. Yahyah Mark U. De La Cruz Elizer D. Garcia Girlie Jean D. Ziga
	C. If approved, the requestee will submit collaterals to PIO-ITD.	None	1 Day	Elizer D. Garcia Girlie Jean D. Ziga
	D. First layout draft will be presented to the requestee.	None	3 Days	Elizer D. Garcia Girlie Jean D. Ziga
	TOTAL	None	5 Days and 20 Minutes	



#### **3.2 VIDEO LAYOUT COMPOSITION REQUESTS**

Office or Division	PIO-Information Technology Division			
Classification	Complex			
Type of Transaction	Government to Gove	rnment		
Who may avail	General Public	T		
Checklist of	Requirements		Where to secu	ure
1. Letter of Reques	t	Requesting office Requesting Individual		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit letter of request to PIO Admin Section.	A. The Administrative Officer forwards the request letter to the Multimedia Section of PIO-ITD	None	20 minutes	Gerald Jade P. Dequito Lecho Mae A. Dolojo Oliver S. Billones Marie Ives D. Yahyah
	B. The Multimedia Section will schedule the office/client for the discussion of details of the project/s. (Upon approval of request)	None	1 Day	Mark U. De La Cruz Elizer D. Garcia Girlie Jean D. Ziga
	C. If approved, the requestee will submit collaterals to PIO-ITD.	None	1 Day	Elizer D. Garcia Girlie Jean D. Ziga
	D. First layout draft will be presented to the requestee.	None	5 Days	Elizer D. Garcia Girlie Jean D. Ziga
	TOTAL	None	7 Days and 20 Minutes.	



## 4. PRODUCTION OF RECORDED MATERIALS (Infomercials, AVP, News Plug and other Promotional Materials)

Provide media services for promotional materials such as Infomercials, News Plug, Audio Visual Presentation and other recorded materials through our recording facilities.

Office or Division:	PIO-Information Dev	elopment Div	rision	
Classification:	Simple	•		
Type of Transaction:	G2G- Government to	Governmen	t G2C-Governn	nent to citizens
Who may avail:	General Public			
CHECKLIST OF R	EQUIREMENTS		WHERE TO SEC	CURE
1.Request Letter	(1,original)	Client/Requ	iestioner	
2. Phone Call		Dial 228-41	99	
3.Walk-in (perso	nal appearance)	Provincial In	nformation Office	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
1.1Submit Request Letter/Call/ 1.2.Make personal appointment	1.1.Receive the Letter Request/Phone Call	None	3 minutes	Information Officer II Information Division
	1.2.Attend to scheduled personal appointment	News		
2.Secure Request Form	2.Provide Client with Request Form	None	2 Minutes	Information Officer II Information Division
3.Submit filled up Request Form	3.1.Receive filled up Request Form			
	3.2.Issue Acknowledgement Receipt	None	5 Minutes	Clerk I/Clerk II Information Division
4.Proceed to the production of requested materials (Infomercials,AVP,Ne ws Plug and other Promotional Materials)	4.Assist in the production of requested materials(Infomerci als,AVP,News plug and other Promotional Materials	None	3 Hours	Technical Staff Information Division
	TOTAL	None	3 Hour and	
			7 minutes	



#### **5. SYSTEM SUPPORT AD MAINTENANCE**

#### **5.1 SUPPORT TO VARIOUS EXISTING SYSTEMS**

Office or Division	PIO-Information Technology Division			
Classification	Complex			
Type of Transaction	Government to Gove	rnment		
Who may avail	General Public			
Checklist of	Requirements		Where to sec	ure
1. Online	request form		Requesting Indiv	<i>r</i> idual
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client/Requestee needs to fill-out the online request form of PIO-ITD.	A. The Admin Section acknowledges the request of the requestee.	None	20 minutes	Gerald Jade P. Dequito Oliver S. Billones
	B. The person in charge of the system acts upon the requestee's concern.  Common concers: -Installaion of PGSC LauncherInstallation of various systems and prerequisitesPGSC Launcher updatesUser account registration to varous systemsRestoration of documents in the systemSystem ConfigurationSystem Modification	None	1 Hour	PIO-ITD (Software Section)
	TOTAL	None	1 Hour and 20 Minutes.	



## **Provincial Information Office**Internal Services



#### 1. MULTIMEDIA SERVICES

#### 1.1 ID REQUESTS (EXISTING EMPLOYEES)

Office or Division	PIO-Information Technology Division			
Classification	Complex			
Type of Transaction	Government to Gove	ernment		
Who may avail	PGSC Employees			
Checklist of	Requirements		Where to secu	ure
1. Fill-outs ID/N	ame Plates Form		Requesting Indiv	ridual
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employee/Reque stee fill-outs ID/name plate form in PIO-ITD	A. The Administrative Officer recieves the ID request from employee/request ee (requests from Monday to Thursday).	None	20 minutes	Gerald Jade P. Dequito Lecho Mae A. Dolojo Oliver S. Billones Marie Ives D. Yahyah
	B. The Administrative Officer prints the IDs of the employees/request ees and distributes it every FRIDAY.	None	5 days	Gerald Jade P. Dequito
	TOTAL	None	5 Days and 20 minutes	



#### 1.2 ID REQUESTS (NEWLY HIRED EMPLOYEES)

Office or Division	PIO-Information Technology Division			
Classification	Complex			
Type of Transaction	Government to Government			
Who may avail	PGSC Employees			
Checklist of Requirements		Where to secure		
1. ID request form from PHRMO		Requesting Individual		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit ID request form to PIO Admin Section	A. The Administrative Officer recieves the ID request form and Informs the requestee to return 14 days after reciept of the request form.	None	20 minutes	Gerald Jade P. Dequito Lecho Mae A. Dolojo Oliver S. Billones Marie Ives D. Yahyah
	B. The Administrative Officer scans the ID request form and forwards scanned ID request form to Multimedia Section.	None	1 hour	Elizer D. Garcia Girlie Jean D. Ziga
	C. PHRMO (Hiring Section) encodes details and information of newly hired employees.	None	14 days	Elizer D. Garcia Girlie Jean D. Ziga
	D. The multimedia extracts employee photos and signatures from the ID request form and saves the files with the employee's/reques tee's corresponding ID number.	None	2 Hours	Elizer D. Garcia Girlie Jean D. Ziga



E. The Administrative Officer uploads the edited photos and signatures of the employee/requeste e to the system.	None	20 minutes	Gerald Jade P. Dequito
.F. The Administrative Officer prints the IDs of the newly hired employees/request ees and distributes it every FRIDAY	None	20 minutes	Gerald Jade P. Dequito
TOTAL	None	14 Days and 3 Hours	



# Integrated Provincial Health Office External Services



# 1. HIV TESTING AND COUNSELLING

Provides HIV Counselling and Testing

Integrated Provincial Health Office - HACT			
0' 1 .			
			0'''
G2G/G2C – Governn	nent to Gover	nment/ Governme	ent to Citizen
·			
	Requesting A	Agency	
, email address,			
d ID			
AGENCY ACTION	FEES TO	PRECESSING	PERSONS
	<b>BE PAID</b>	TIME	RESPONSIBLE
Secure the	None	5 minutes	IPHO Staff
registration form			
and filling out of			
transaction slip			
Conduct Pre-test	None	1 hour	IPHO Staff
counselling session			
of the client			
Conduct Blood	None	5 minutes	IPHO Staff
Extraction/Pricking			
of the client			
Conduct HIV	None	20 minutes	IPHO Staff
of the client			
Conduct Validation	None	3 minutes	IPHO Staff
•			
	None	1 hour	IPHO Staff
Client			
<u> </u>		2 hours and	
	General Public  General Public  EQUIREMENTS  quest for data , email address,  I ID  AGENCY ACTION  Secure the registration form and filling out of ransaction slip  Conduct Pre-test counselling session of the client  Conduct Blood Extraction/Pricking of the client  Conduct HIV Antibody Screening of the client  Conduct Validation of the Screening Results of the Clients  Conduct Post-Test Counselling of the	Simple G2G/G2C – Government to Gover General Public EQUIREMENTS Quest for data , email address, I ID AGENCY ACTION Secure the registration form and filling out of ransaction slip Conduct Pre-test counselling session of the client Conduct Blood Extraction/Pricking of the client Conduct HIV Antibody Screening of the client Conduct Validation of the Screening Results of the Clients Conduct Post-Test Conduct	Simple G2G/G2C – Government to Government/ Government General Public  EQUIREMENTS Quest for data Quest for data Questing Agency  Requesting Agency  IME  Requesting Agency  IME  Secure the Registration form And filling out of ransaction slip  Conduct Pre-test Counselling session Of the client  Conduct Blood Extraction/Pricking Of the client  Conduct HIV Antibody Screening Of the client  Conduct Validation Of the Screening Results of the Clients  Conduct Post-Test Counselling of the  None  1 hour



# 2. HIV TREATMENT/CONSULTATION

# Provide HIV Consultation

Office or Division:	Integrated Provincial Health Office - HACT			
Classification:	Simple			
Type of	G2G/G2C – Governn	nent to Gove	rnment/Governme	ent to Citizen
Transaction:				
Who may Avail?	General Public			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
	uest for data needed,	Requesting	agency	
flash drive,	·			
Government issue	ed ID			
			T	I = = = = = = = = = = = = = = = = = = =
CLIENT STEPS	AGENCY ACTION	FEES TO		RESPONSIBLE
		BE PAID	TIME	PERSON
F-111:	0 11			1D110 0/ "
Filling up of	Secure the	None	5 minutes	IPHO Staff
General	Registration Sheet			
Information Sheet	and Filling-out of transaction slip			
Sileet	Get the vital signs	None	15 minutes	IPHO Staff
	Taking/History	None	15 minutes	IFFIO Stall
	Taking			
	Conduct	None	5 minutes	IPHO Staff
	consultation			
	Conduct ARV	None	30 minutes	IPHO Staff
	Adherence			
	Counselling/Medici			
	nes Dispensing			
	TOTAL		55 minutes	



# 3. REQUEST FOR PROVINCIAL HEALTH STATUS DATA

Provide efficient health statistical data available for the clients

0.00		11 14 00		
Office or	Integrated Provincial Health Office			
Division				
Classification	Complex			
Type of	G2G/G2C- Governm	ent to Goveri	nment/ Governme	nt to Citizen
Transaction:				
Who may Avail	General public			
CHECKLIST OF	REQUIREMENTS	WHERE TO	SECURE	
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSONS
		BE PAID	TIME	RESPONSIBLE
1. Submit	Received letter of	None	2 days	IPHO Staff
Letter of request	request and			
address to PHO	forward to the office			
II	of the Provincial			
	Health Officer II for			
	his approval			
	Forward the letter		3 days	IPHO Staff
	of request to the			
	concerned person			
	to prepare data			
	Feedback to the	None	10 minutes	IPHO Staff
	requesting agency			
	about the status of			
	the data requested			
TOTAL	•		5 days and 10	
			minutes	



# 4. REQUEST FOR THE RESOURCE PERSON

Provide technical support for the conduct of Trainings/Seminars to other health partners and institution in the province of South Cotabato.

Office or	Integrated Provincial Health Office			
Division				
Classification	Complex			
Type of	G2C – Government t	o Citizen		
Transaction	G2G – Government t	o Governme	ent	
Who may Avail	General Public			
CHECKLIST OF I	REQUIREMENTS	WHERE TO	O SECURE	
Letter requ	est for data needed	N/A		
2. Governme	nt issued ID	N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit		None		
letter of				
request				
to the				
Provincial				
Governor				
and				
attention				
to IPHO				
	Submit one copy of	None	2 days	IPHO Staff
	approved letter of			
	request to the office			
	of the Provincial			
	Health Officer II for			
	his review and			
	approval			
	Forward to	None	2 days	Program
	Program			coordinator
	Coordinator the			
	approved letter of			
	request for his/her			
	action to attend as			
	resource person or			
	speaker			
	Feedback to the	None	10 minutes	IPHO Staff
	requesting agency			
	about the status of			
	the availability of			
	resource person		4 1 1 1 1 1	
Total		None	4 days and 10	
			minutes	



# Norala District Hospital External Service



#### 1. AVAILING OF AMBULANCE SERVICES

Hospital Ambulance Service Vehicle is a medically equipped vehicle which is vital in the delivery of pre and post hospital care to patients, from the site of incident to the emergency room of the appropriate receiving hospital for definitive care. It is important for the transfer of the patient to another hospital for further treatment & management.

011111111111111111111111111111111111111	T			
Office/	Transport Service			
Department :				
Classification	Simple	<u> </u>		
Type of	G2C-Government to	Citizen		
Transaction				
Who may avail:	All	T		
	OF REQUIREMENTS WHERE TO SECURE			CURE
Referral Orde		Emergency		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.Upon order by ROD to transfer the patient to other facility, inform the driver to prepare the ambulance unit (e.g. oxygen, fuel, trip ticket)	None	10 minutes	ER Nurse Nursing attendant
	2.Coordinate with the patient/family of their hospital of choice	None	5 minutes	Ambulance driver
	3.Outside South Cotabato: inform the family about the Travelling Allowance (base on the distance & approved Revenue Code) for the Ambulance Nurse & Driver.	Refer to revenue code	5 minutes	Ambulance driver
	4.In case the patient decided to go home instead, inform the family of "no ambulance service policy" from hospital to the residence	None	10 minutes	Ambulance driver



5.Request of ambulance from other Hospital facility: 5.1 verify for the arrangement of transport e.g. accompanying nurse, fuel etc. 5.2secure the approval of the Chief of Hospital	None	30 minutes	ER Nurse/Nursing Attendant
Total	None	1 hour	

#### 2. AVAILING OF BILLING SERVICES

**Billing Section System** implements the most efficient and quickest way using the Integrated Hospital Operations Management Information System (iHOMIS) to track down the number of patients being attended to on a daily basis and ensure the accurate accounting for bills of the patient. It manages the smooth healthcare performance along with administrative, medical and financial department for a convenient, clear and fast delivering healthcare services.

Office/Department:	Billing Departm	ent		
Classification:	Simple			
Type of	G2C – Governme	ent to Citizer	1	
Transaction:				
Who may avail:	All			
CHECKLIST OF REC				
1. Patient Chart (	1,Original)	Ward statio	n	
2. PBEF (1,Origin	nal)	Philhealth		
<ol><li>Birth Certificate</li></ol>	te(1,Certified Patient			
Photocopy)	Patient			
4. Marriage Certi	ficate(1,Certified			
Photocopy)				
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
<ol> <li>Submit pertinent</li> </ol>	1.Check	None	30 minutes	Admitting Staff
documents to	Patient's PHIC			Social Worker
PhilHealth Billing	membership			PHIC Cares
Unit for approval	status.			
of PHIC availment	If active:			
	process the bill			
	If not: Proceed			
	to Social			
	worker; remind			
	the watcher to			
	comply for the			



	PHIC			
	requirements			
Secure Hospital     Bill and the     Discharge     Clearance slip     from PHIC Billing     Unit	2.1.Prepare and process patient's bill using ICD-10 coding; 2. 2.Release	None	20 minutes	Billing staff Billing Department
	the clearance slip for signing of each department			
Secure signature of Officers required in the clearance form	3.Check for any accountability of the patient, if yes: collect; If none: sign the clearance	None	1 hour	Ward NOD Dietary Pharmacy Laboratory Laundry
3. Return the signed clearance slip to the billing for the release of patient	4.Check for completeness of clearance slip and forward the release slip ward NOD ward for final discharge	None	10 minutes	Billing staff Billing Department
4. Present release form to ward NOD for patient discharge	<ul> <li>5.Prepare for the final discharged of patient:</li> <li>1. Removal of IVF</li> <li>2. Return of unused medicine to the patient</li> </ul>	None	30 minutes	Ward Nurse Nursing Department
<ol> <li>Present discharge/release for to Security Guard OD</li> </ol>	6.Allow the patient/watcher to go home	None	1 minute	Security Guard on duty
	Total	None	2hrs,31 minutes	



# 3. AVAILING DENTAL SERVICES (TOOTH EXTRACTION, ETC.)

The Hospital has dental clinic offering services such as assessment and diagnosis of dental conditions, tooth extractions, oral surgery and inpatient dental services whose conditions require dental management e.g. accident victims who needs minor surgery performed under local anesthesia.

Off	ice/Department :	Dental Services	Department		
	ssification				
	oe of Transaction	Simple G2C-Governmer	ot to Citizon		
	o may avail:	All	it to Citizen		
	CHECKLIST OF RE			WHERE TO SEC	TIDE
"	TILCKLIST OF KL	QUINLIVILIVIS		WIILKE TO SEC	JUNE
	<ol> <li>Patient's info</li> </ol>	ormation sheet			
	with the reco	ord number	OPD		
	(1,Original)				
	CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
		ACTION	BE PAID	TIME	RESPONSIBLE
	Register at the	1.1 Enter data	None	10 minutes	Registered
	OPD for initial	of patient in			Nurse
	assessment.	the OPD			Nursing
		Card and			Attendant
		iHOMIS/Sys			
		tem			
		1.2Take vital			
	D 1. D . I	signs		40	5
	Proceed to Dental	2.1 Prepare	None	10 minutes	Dental Aide
	Clinic	Dental Chart			Dental
		2.2 Verify data			Department
2	Cian in the Dental	of patient	None	5 minutes	Dontal Aida
	Sign in the Dental	3.1 Check	None	5 minutes	Dental Aide Dental
	logbook for attendance	completeness of data			
	Submit self for	4.1 Assessment	None	30 minutes	Department Dentist
	dental procedure.	of the Teeth	None	30 111111111111111111111111111111111111	Dental
	dental procedure.	Status			Department
		4.2 Perform			Бераппепі
		necessary			
		dental			
		procedure			
		4.3 Conduct			
		dental			
		health			
		education			
5.	Receive the	5.1 Give the	None	5 minutes	Dentist
	Dentist's Order	ordered			Dental Aide
	and comply to	prescription			Dental
	Home	of			Department
		medicines			-



Medications and instructions	and instructions			
	Total	None	1 hour	

#### 4. AVAILING LABORATORY SERVICES

Clinical Laboratory Services have been accredited as Secondary by the DOH and perform tests to aide diagnosis and treatment of patients. As level 1 Hospital, the types of services include Hematology, Clinical Chemistry, Blood Banking and Serology, Clinical Microscopy and Bacteriology.

Office/	Clinical Laboratory				
Department :					
Classification	Simple				
Type of	G2C-Government to Citizen				
Transaction					
Who may avail:	All	T			
	REQUIREMENTS		WHERE TO SEC	CURE	
	quest slip with				
Specimen: (1,					
	natology	OPD/Ward			
	ical Microscopy	Or Brivara			
	(Sputum)				
	d. Clinical Chemistry			_	
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Proceed to the Laboratory, present request slip to the Medical Technologist	1.1 Verify the laboratory procedure requested	None	5 minutes	Medical Technologist / Laboratory Assistant Clinical Laboratory	
Submit self for laboratory examination  2. Weit and	2.1 Explain procedure and secure specimen 2.2 Perform and process examination	Non e	Hematology- 30mins Clinical Microscopy- 30mins. Clinical Chemistry- 2 hours	Medical Technologist Clinical Laboratory	
3. Wait and claim the result;	3.1 Release results signed by the Medical Technologist	None	5 minutes	Medical Technologist / Laboratory Assistant	



Sign in the release logbook				Clinical Laboratory
J	Total	None	1 hour, 10 minutes	

#### 5. AVAILING OPERATING ROOM SERVICES

An Operating Room is a facility within a hospital where surgical operations are performed in an aseptic environment to provide specialized care to clients with a range of conditions which needed a surgical procedures.

# **5.1. ELECTIVE SURGERY**

Classification   Simple	Office	Operating Room				
Type of Transaction  Who may avail: CHECKLIST OF REQUIREMENTS  1. Doctor's Order for Surgery (1,Original) 2. Signed Consent for Surgery (1,Original) 3. PHIC valid membership (1,Original) CLIENT STEPS AGENCY ACTION BE PAID  1. Submit self/ family for the briefing of the procedure operation will be performed & the reason for performing the operation will be consent form for the surgery  2. Sign the consent for Surgery (1,Original)  3. PHIC valid membership (1,Original)  5. Explain the procedure to the patient and his family (how the operation will be performed & the reason for performed & the reason for performing the operation)  2. Sign the consent form for the surgery  3.1. Submit self for assessment; patient's condition, reviews, records, and checks pre-	/Department :					
Transaction  Who may avail: CHECKLIST OF REQUIREMENTS  1. Doctor's Order for Surgery (1,Original) 2. Signed Consent for Surgery (1,Original) 3. PHIC valid membership (1,Original) CLIENT STEPS AGENCY ACTION BE PAID TIME RESPONSIBLE  1. Submit self/ family for the briefing of the procedure to the patient and his family (how the operation will be performed & the reason for performing the operation)  2. Sign the consent form for the surgery  3.1. Submit self/ significant other  3.1. Submit self for assessment; patient's condition, reviews, records, and checks pre-						
Who may avail: All     CHECKLIST OF REQUIREMENTS   CHECKLIST OF REQUIREMENTS     1. Doctor's Order for Surgery (1,Original)     2. Signed Consent for Surgery (1,Original)     3. PHIC valid membership (1,Original)     CLIENT STEPS   AGENCY ACTION   FEES TO BE PAID   PROCESSING RESPONSIBLE     1. Submit self/ family for the briefing of the procedure to the patient and his family (how the operation)     2. Sign the consent form for the surgery   2. Obtain the informed consent form for of the patient/ significant other     3.1. Submit self for assessment;   3.1. Evaluates patient's condition, reviews, records, and checks pre-	Type of	G2C-Government to	Citizen			
CHECKLIST OF REQUIREMENTS  1. Doctor's Order for Surgery (1,Original) 2. Signed Consent for Surgery (1,Original) 3. PHIC valid membership (1,Original)  CLIENT STEPS AGENCY ACTION BE PAID TIME RESPONSIBLE  1. Submit self/ family for the briefing of the procedure performed & the reason for performed & the reason for performed the surgery  2. Sign the consent form for the surgery  3.1. Submit self for assessment;  3.1. Submit self for assessment;  3.1. Submit self self for assessment;  3.2. Be informed  3.3. FEES TO PROCESSING PERSON RESPONSIBLE  None  3.4. Submit self self self self self self self self	Transaction					
1. Doctor's Order for Surgery (1,Original) 2. Signed Consent for Surgery (1,Original) 3. PHIC valid membership (1,Original)  CLIENT STEPS AGENCY ACTION BE PAID TIME RESPONSIBLE  1. Submit self/ family for the briefing of the patient and his family (how the operation will be performed & the reason for performing the operation)  2. Sign the consent form for the surgery  2. Sign the consent form for of the patient/ significant other  3.1. Submit self for assessment;  3.1. Evaluates patient's condition, reviews, records, and checks pre-						
(1,Original) 2. Signed Consent for Surgery (1,Original) 3. PHIC valid membership (1,Original)  CLIENT STEPS AGENCY ACTION BE PAID TIME RESPONSIBLE  1. Submit self/ family for the briefing of the patient and his family (how the operation will be performed & the reason for performing the operation)  2. Sign the consent form for the surgery for assessment;  3.1. Submit self for assessment;  Anesthesiologist for and checks pre-					URE	
2. Signed Consent for Surgery (1,Original) 3. PHIC valid membership (1,Original)  CLIENT STEPS AGENCY ACTION BE PAID TIME RESPONSIBLE  1. Submit self/ family for the briefing of the procedure to the patient and his family (how the operation will be performed & the reason for performing the operation)  2. Sign the consent form for the surgery for assessment;  3.1. Submit self for assessment;  2. Signed Consent for Surgery  AGENCY ACTION FEES TO BE PAID TIME RESPONSIBLE  None  30 minutes  SURGEON Surgical Team  None  5 minutes  SURGEON  SURGEON  Surgical Team  None  5 minutes  Anesthesiologist  Anesthesiologist  Anesthesiologist			OPD/ Ward			
(1,Original) 3. PHIC valid membership (1,Original)  CLIENT STEPS AGENCY ACTION BE PAID TIME SURGEON RESPONSIBLE  1. Submit self/ family for the briefing of the procedure patient and his family (how the operation) will be performed & the reason for performing the operation)  2. Sign the consent form for the surgery for assessment;  3. 1. Submit self for assessment;  3. 2. Be informed  3. 1. Evalid membership (1,Original)  FEES TO BE PAID TIME  None  3. 0 minutes  SURGEON Surgical Team  SURGEON  None  5 minutes  SURGEON  Anesthesiologist	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `					
3. PHIC valid membership (1,Original)  CLIENT STEPS  AGENCY ACTION BE PAID  1.Submit self/ family for the briefing of the procedure  Procedure  1.Explain the procedure to the patient and his family (how the operation)  2.Sign the consent form for the surgery  2.Obtain the informed consent form for of the patient/ significant other  3.1.Submit self for assessment;  3.1.Evaluates patient's condition, reviews, records, and checks pre-						
CLIENT STEPS AGENCY ACTION BE PAID TIME RESPONSIBLE  1. Submit self/ family for the briefing of the procedure family (how the operation) will be performed & the reason for performing the operation)  2. Sign the consent form for the surgery  3.1. Submit self for assessment;  3.2. Be informed  CLIENT STEPS AGENCY ACTION BE PAID TIME RESPONSIBLE  None  None  30 minutes  SURGEON Surgical Team  None  5 minutes  SURGEON  SURGEON  Surgical Team  None  30 minutes  Anesthesiologist						
CLIENT STEPS  AGENCY ACTION BE PAID  1.Submit self/ family for the briefing of the procedure  Procedure  1.Explain the procedure to the patient and his family (how the operation will be performed & the reason for performing the operation)  2.Sign the consent form for the surgery  2.Obtain the informed consent form for of the patient/ significant other  3.1.Submit self for assessment;  3.2. Be informed  AGENCY ACTION BE PAID  None  30 minutes  SURGEON Surgical Team  None  5 minutes  SURGEON  Anesthesiologist  Anesthesiologist	·					
1.Submit self/ family for the briefing of the procedure by patient and his family (how the operation) will be performed & the reason for performing the consent form for the surgery by a surgery by a surgery by a surgical Team by a surgical T						
1.Submit self/ family for the briefing of the procedure briefing of the patient and his family (how the operation will be performed & the reason for performing the operation)  2.Sign the consent form for the surgery briefing	CLIENT STEPS	AGENCY ACTION				
family for the briefing of the procedure to the patient and his family (how the operation will be performed & the reason for performing the operation)  2. Sign the consent form for the surgery  3.1. Submit self for assessment;  3.2. Be informed  2. Surgical Team  Surgical Team  Surgical Team  Surgical Team  Surgical Team  None  5 minutes  SURGEON  Anesthesiologist						
briefing of the procedure patient and his family (how the operation will be performed & the reason for performing the operation)  2.Sign the consent form for the surgery form for of the patient/ significant other  3.1.Submit self for assessment;  3.2. Be informed  patient and his family (how the operation)  None 5 minutes  SURGEON  Anesthesiologist		•	None	30 minutes		
procedure  family (how the operation will be performed & the reason for performing the operation)  2.Sign the consent form for the surgery  3.1.Submit self for assessment;  3.2. Be informed  family (how the operation will be performed & the reason for performed & the reason for performing the operation)  None  5 minutes  SURGEON  SURGEON  Anesthesiologist  Anesthesiologist  Anesthesiologist  Anesthesiologist	_	•			Surgical Team	
operation will be performed & the reason for performing the operation)  2.Sign the consent form for the surgery  3.1.Submit self for assessment;  3.2. Be informed  operation will be performed & the reason for performing the operation)  None  5 minutes  SURGEON  SURGEON  Anesthesiologist	•	l •				
performed & the reason for performing the operation)  2.Sign the consent form for the surgery  3.1.Submit self for assessment;  2.Obtain the informed consent form for of the patient/ significant other  3.1.Submit self for assessment;  3.1.Evaluates patient's condition, reviews, records, and checks pre-	procedure					
reason for performing the operation)  2.Sign the consent form for the surgery  3.1.Submit self for assessment;  3.2. Be informed  2.Obtain the informed consent form for of the patient/ significant other  None  5 minutes  SURGEON  3 minutes  Anesthesiologist  Anesthesiologist		<u> </u>				
performing the operation)  2.Sign the consent form for the surgery  3.1.Submit self for assessment;  3.2. Be informed  performing the operation)  2.Obtain the informed consent form for of the patient/ significant other  None  5 minutes  5 minutes  5 minutes  Anesthesiologist  Anesthesiologist		l •				
2.Sign the consent form for the surgery form for of the patient/ significant other  3.1.Submit self for assessment; patient's condition, reviews, records, and checks pre-						
2.Sign the consent form for the surgery  3.1.Submit self for assessment;  3.2. Be informed  2.Obtain the informed consent form for of the patient/ significant other  3.1.Submit self self patient's condition, reviews, records, and checks pre-  None  5 minutes  SURGEON  Anesthesiologist		ı ·				
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the surgery form for of the patient/ significant other  3.1.Submit self for assessment; patient's condition, reviews, records, and checks pre-			None	5 minutes	SURGEON	
patient/ significant other  3.1.Submit self for assessment; patient's condition, reviews, records, and checks pre-  patient/ significant other  3.1.Evaluates None 30 minutes Anesthesiologist Anesthesiologist						
other  3.1.Submit self for assessment; patient's condition, reviews, records, and checks pre-  other  3.1.Submit self solution, reviews, records, and checks pre-	the surgery					
3.1.Submit self for assessment; patient's condition, reviews, records, and checks pre-		ı ·				
for assessment; patient's condition, reviews, records, and checks pre-						
reviews, records, 3.2. Be informed and checks pre-			None	30 minutes	Anesthesiologist	
3.2. Be informed and checks pre-	for assessment;	l •				
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of the type & requisites		•				
	of the type &	requisites				



	T	Τ	T	
effect of Anesthesia	3.2. Reassures the client & explains the type of anesthesia that would be used, its effect and the post-anesthetic period			
	3.3. Prepares prescription for pre-operative medication & anesthetic drugs needed			
	3.4. Discuss with the OR nurse the need for a successful & safe induction of anesthesia			
4.Comply to the NPO(no food intake) order starting midnight before operation	4.1.Instruct patient on NPO starting midnight before operation	None	15 minutes (8 hrs. fasting on the part of the patient)	Admitting nurse
·	4.2. Instruct the watcher to strictly comply with NPO order for the patient			
	4.3. Notifies Dietary Service of the operation to be performed on the patient			
5.Submit Self for pre-operative procedures	5.1.Performs pre- operative procedures(e.g. enema) as needed	None	30 minutes	Admitting nurse Nurse attendant
2. compl y to NPO order	5.2.Conducts preliminary preparation of the operative site			



d to perso nal/ oral hygie ne aday and advises patient to maintain the pre-operative orders (e.g. NPO) oral hygie ne and advises patient on personal and oral hygiene.  4. Remo ve all perso nal jewelr y, dentur res 15.5. Advises patient to remove all jewelry, contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  5.6.Fills and signs checklist of pre-operative preparations (form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry, contact lenses, dentures, dentures etc. lenses, dentures, etc. have been	3. Atten	5.3.Reminds			
the pre-operative orders (e.g. NPO)  ral hygie ne and advises  4. Remo ve all person nal jewelr y, dentu res  5.5. Advises patient to remove all jewelry contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  5.6. Fills and signs checklist of pre-operative preparations (form#28)  5.7. Review and countersign checklists and endorses the same to the admitting nurse  5.8. Attach checklist in the patient's record  6.1. Surrender all remaining jewelries; lenses, dentures,					
orders (e.g. NPO) oral hygie ne 4. Remo ve all perso nal jewelr y, dentu res  5.5. Advises patient to remove all jewelry, contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  5.6. Fills and signs checklist of pre- operative preparations (form#28)  5.7. Review and countersign checklists and endorses the same to the admitting nurse  5.8. Attach checklist in the patient's record  6.1. Ensures that jewelries; lenses, dentures,		1 -			
oral hygie ne  4. Remo ve all nail polish and advises patient on personal and oral hygiene.  4. Remo ve all person nal jewelry, dentu res  5.5. Advises patient to remove all jewelry, contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  5.6.Fills and signs checklist of preoperative preparations (form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry; contact lenses, dentures,	•				
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4. Remo ve all person nal jewelr y, dentu res  5.5. Advises patient to remove all jewelry, contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  5.6. Fills and signs checklist of preoperative preparations (form#28)  5.7. Review and countersign checklists and endorses the same to the admitting nurse  5.8. Attach checklist in the patient's record  6.1. Surrender all remaining jewelries;  and advises patient on personal and oral hygiens.  Advises patient on personal and oral hygiens.  Admitting nurse  Admitting nurse  Senior nurse  Admitting nurse  Admitting nurse  Admitting nurse  Admitting nurse					
4. Remo ve all person hygiene.  patient on personal and oral hygiene.  5.5. Advises patient to remove all jewelry, contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  5.6. Fills and signs checklist of preoperative preparations (form#28)  5.7. Review and countersign checklists and endorses the same to the admitting nurse  5.8. Attach checklist in the patient's record  6.1. Surrender all remaining jewelries;  Admitting nurse	116				
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perso nal jewelr y, dentu res		·			
nal jewelr y, dentu res    S.5. Advises patient to remove all jewelry, contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  S.6.Fills and signs checklist of preoperative preparations (form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry, contact lenses, dentures,		·			
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dentu res all jewelry, contact lenses, prosthetic teeth, etc. and turn over these items to the watcher for safekeeping, the admitting nurse receives the items for safekeeping supported by an acknowledgement receipt.  5.6. Fills and signs checklist of preoperative preparations (form#28)  5.7. Review and countersign checklists and endorses the same to the admitting nurse  5.8. Attach checklist in the patient's record  6.1. Surrender all remaining jewelry, contact lenses, dentures,	•				
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for safekeeping supported by an acknowledgement receipt.  5.6.Fills and signs checklist of preoperative preparations (form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelries;  I Admitting nurse		_			
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5.6.Fills and signs checklist of preoperative preparations (form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry, contact lenses, dentures,  Admitting nurse		_			
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operative preparations (form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry, contact lenses, dentures,    Operative preparations   Continue   Continue		_			Admitting nurse
preparations (form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry, contact lenses, dentures,  Senior nurse  Admitting nurse  Admitting nurse  Admitting nurse  Admitting nurse		•			
(form#28)  5.7.Review and countersign checklists and endorses the same to the admitting nurse  5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry, contact jewelries;  (form#28)  Senior nurse  Admitting nurse  Admitting nurse  Admitting nurse  Admitting nurse  Admitting nurse		'			
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5.8.Attach checklist in the patient's record  6.1.Surrender all remaining jewelry, contact jewelries;  Admitting nurse  Admitting nurse  Admitting nurse  Admitting nurse					
checklist in the patient's record  6.1.Surrender 6.1.Ensures that all remaining jewelry, contact jewelries; lenses, dentures,					
patient's record  6.1.Surrender all remaining jewelry, contact jewelries; patient's record  None 30 minutes Admitting nurse admitting nurse all remaining jewelry, contact lenses, dentures,					Admitting nurse
6.1.Surrender description of all remaining jewelry, contact jewelries; lenses, dentures, lenses description of the second of the					
all remaining jewelry, contact jewelries; lenses, dentures,		patient's record			
jewelries; lenses, dentures,	6.1.Surrender	6.1.Ensures that	None	30 minutes	Admitting nurse
	all remaining	jewelry, contact			
dentures etc. etc. have been	jewelries;				
	dentures etc.	etc. have been			
removed		removed			
6.2submit self 6.2.Gives	6.2submit self	6.2.Gives			
for enema; cleansing enema,	for enema;	cleansing enema,			
if ordered					



	T = 2 -	1	1	1
6.3. submit self	6.3.Inspects			
vital signs of	operative site and			
BP,	checks			
RR,Temperatur	completeness of			
e,	pre-operative			
<b>–</b> ,	medications.			
	6.4.Re-checks the			
	checklist of pre-			
	operative			
	medications			
	6.5. Takes and			
	records vital signs:			
	blood			
	pressure(BP),			
	Temparature,			
	pulse rate(PR) or			
	heart rate(HR),			
	Respiratory			
	Rate(RR) and the			
	level of			
	consciousness,			
	and records			
	findings(form#29)			
	15 mins. Before			
	and after pre-			
	operative			
	medications have			
	been given.			
7.Change	7.1.Change	None	30 minutes	Nursing
clothes to OR	patient's clothes			attendant
gown	into OR gown			
95	7.2.Give pre-			Admitting nurse
	operative			/ tarritting marco
	medications as			
	scheduled			
		-		Nursing
	7.3.Wheel patient			Nursing
	from the ward to			attendant/
	the OR with the			Utility worker
	medical record			
	and other needed			
	medications and			
	supplies on hand			
	7.4.Endorse			Admitting nurse
	patient to the OR			
	nurse			
8.Present and	8. Execute	None	1hour	Surgeon,
submit self for	Elective surgery to			Anesthesiologist
elective surgery	patient			,OR Team
s.cco cargory	1 1- ss	None	3hrs,	,
		1 10.10	J 51115,	1



	EO minutos	
	50 minutes	

# **5.2. EMERGENCY SURGERY**

Office/	Operating Room			
Department :				
Classification	Simple			
Type of	G2C-Government to	Citizen		
Transaction				
Who may avail:	All			
CHECKLIST OF	F REQUIREMENTS		WHERE TO SE	CURE
<ol> <li>Doctor's O</li> </ol>	rder for Surgery	OPD/ Ward		
(1,Original)				
	nsent for Surgery			
(1,Original)				
3. PHIC valid	-			
(1,Original)				
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSIN	PERSON
4.0.1	4 = .1.1	BE PAID	G TIME	RESPONSIBLE
1.Submit self/	1.Explains the	None	30 minutes	SURGEON
family for the	procedure to the			
briefing of the procedure	patient and his family (how the			
procedure	operation will be			
	performed & the			
	reason for			
	performing the			
	operation			
2.Sign the	2.Obtain the	None	5 minutes	SURGEON
consent form for	informed consent			
the surgery	form of the patient/			
	relative with			
	signature			
3.1Submit self	3.1.Evaluates	None	30 minutes	Anesthesiologist
for assessment;	patient's condition,			
	reviews, records,			
3.2. Be informed	and checks pre-			
of the type &	requisites			
effect of	3.2. Reassures the			
Anesthesia	client & explains			
	the type of			
	anesthesia that			
	would be used, its			
	effect and the post- anesthetic period			
	3.3. Prepares			
	prescription for pre-			
	operative			
	υρειατίνε	1	1	



4.Comply to the	medication & anesthetic drugs needed 3.4. Discuss with the OR nurse the need for a successful & safe induction of anesthesia 4.1Instruct patient	None	15 minutes	Admitting Nurse
NPO(no food intake) order starting midnight before operation	on NPO starting midnight before operation 4.2. Instruct the watcher to strictly comply with NPO order for the patient 4.3. Notifies Dietary Service of the operation to be performed on the patient			J
5.Submit Self for pre-operative procedures  1. comply to NPO order 2. Attend to personal/ oral hygiene  3. Remove all personal jewelry, dentures	5.1.Performs preoperative procedures (e.g.enema) as needed 5.2.Conducts preliminary preparation of the operative site 5.3.Reminds patient to maintain the pre-operative orders (e.g.NPO) 5.4. Removes all nail polish and advises patient on personal and oral hygiene. 5.5.Advises patient to remove all jewelry, contact lenses, prosthetic teeth, etc.and turn over these items to the watcher for safekeeping, the admitting nurse	None	30 minutes	Admitting Nurse Nurse attendant



	receives the items for safekeeping supported by an acknowledgement receipt.  5.6Fills and signs checklist of preoperative preparations(form# 28)			Admitting nurse
	5.7.Reviews and countersigns checklists and endorses the same to the admitting nurse			Senior nurse
	5.8.Attaches checklist in the patient's record			Admitting nurse
6.1.Surrender all remaining jewelries; dentures etc. 6.2.submit self for enema; 6.3. submit self vital signs of BP, RR,Temperatur e,	6.1.Ensures that jewelry, contact lenses, dentures, etc. have been removed 6.2.Gives cleansing enema, if ordered 6.3.Inspects operative site and checks completeness of pre-operative medications. 6.4.Re-checks the checklist of pre-operative medications 6.5. Takes and records vital signs: blood pressure (BP),Temparature, pulse rate(PR) or heart rate(HR), Respiratory Rate(RR) and the level of consciousness, and records findings(form#29) 15 mins. Before	None	30 minutes	Admitting nurse



	and after pre- operative medications have been given.			
7.Change clothes into OR gown	7.1.Changes patient's clothes into OR gown	None	30 minutes	Nursing attendant
	7.2.Gives pre- operative medications as scheduled			Admitting nurse
	7.3.Wheels patient from the ward to the OR with the medical record and other needed medications and supplies on hand			Nursing attendant/ Utility worker
	Endorses patient to the OR nurse			Admitting Nurse
8.Present and submit self for elective surgery	8. Execute Elective surgery to patient	None	1hour	Surgeon, Anesthesiologist ,OR Team
		None	3 hrs, 50mins.	

# 6. AVAILING OF RADIOLOGY SERVICE (X-RAY, ETC.)

Radiology is a medical specialty that uses imaging as a tool to diagnose and treat diseases seen within the body by using X-ray and ultrasound. A Radiologist, a specially trained doctor, interprets diagnostic imaging to guide the management of disease.

Office	Radiology Department				
/Department :					
Classification	Simple				
Type of	G2C-Government to Citizen				
Transaction					
Who may avail:	: All				
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE			CURE	
1. Doctors O	rder (1,Original)	Patient	Patient		
OLIENT OTERO	A OFNION A OTION				
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	AGENCY ACTION	BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present X-	1.1 Verify request.				
		BE PAID	TIME	RESPONSIBLE	
1. Present X-	1.1 Verify request.	BE PAID	TIME	RESPONSIBLE Radiologic	
Present X- ray or	1.1 Verify request. 1.2 Issue charge	BE PAID	TIME	RESPONSIBLE Radiologic	
Present X-     ray or     ultrasound	1.1 Verify request. 1.2 Issue charge slip.	BE PAID	TIME	RESPONSIBLE Radiologic	



		patient's comfort.			
2.	Submit self for imaging as ordered	2.1 Obtain Radiologic Image	None	10 minutes	Radiologic Technologist
3.	Claim the result of the procedure done	3.1 Official reading of image be submitted to the ROD for evaluation (admitted) 3.2 CD image shall be given to patient OPD patients	None Php 150.00/ image for OPD Patients	16 hours	Radiologic Technologist
		Total	As indicated	16 hrs., 20minutes	

**Note**: 1. In case there is no Radiologist on Duty; reading shall be done outside the hospital.

2. OPD patients shall ask for CD copy of image.

#### 7. BILLING SERVICES

Billing Section Systemimplements the most efficient and quickest way using the Integrated Hospital Operations Management Information System (iHOMIS) to track down the number of patients being attended to on a daily basis and ensure the accurate accounting for bills of the patient. It manages the smooth healthcare performance along with administrative, medical and financial department for a convenient, clear and fast delivering healthcare services.

Office /Department :	Administrative Department			
Classification	Simple			
Type of	G2C-Government to Government			
Transaction				
Who may avail:	Admitted Patients	dmitted Patients		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
2. PBEF (1,C	ficate (1,Photocopy) Certificate	Ward Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1.Receipt of Patient chart from the ward with discharge order from ROD	None	5 minutes	Ward nurse
2.Discharge patient with ICD Coding in the iHOMIS	None	25 minutes	Billing staff
3.Retrieve Philhealth Documents 1. PBEF 2. Birth Certificate 3. Marriage Certificate	None	20 minutes	Philhealth cares
4.Generate Billing Statement and Call-out patients attention	None	10 minutes	Billing staff
5.Receive billing statement and accomplish clearance from other department	None		Patient watcher
Total	None	1 hour	

# 8. DIETARY SERVICES (FOR IN-PATIENTS ONLY)

Food service management provided by the Dietitian or Nutritionist play a crucial role in the recovery of the In-patients. They maintain the good nutritional status of all patients as well as educate clients about how diet plays a major role in the treatment of various diseases and correct deficiencies especially in patients with prolonged hospital stay.

Office	Dietary Services De	epartment	
/Department :	-		
Classification	Simple		
Type of	G2C-Government to	Citizen	
Transaction			
Who may	All Admitted Patients		
avail:			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE	
Diet List of All Admitted     Patients (1,Original)		Nurse-on-Duty	



CI	LIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Provide information about health history for appropriate diet prescription	1.1 Diet prescription ordered by the physician 1.2 Prepare and Collect the diet checklist of Patients	None	30 minutes	Physician  Nurses  Registered  Nutritionist  Dietitian
2.	Consume the food being served every meal time	2.1 Prepare/Cook and Serve patients meal with diet tags	None	1 hour	Cook Food Service Worker Dietary Department
3.	Submit self for diet counselling.	3.1 Conduct diet counselling/ educate patient and watcher	None	30 minutes	Registered Nutritionist Dietitian Dietary Department
		Total	None	1 hour	

# 9. DISPENSING OF DRUGS AND MEDICINES

The Pharmacy provides inpatient and outpatient services. The scope of Pharmacy practice includes screening and dispensing of medications, its safety, efficacy, and providing drug information.

Office /Department :	Hospital Pharmacy				
Classification	Simple	· · · · · · · · · · · · · · · · · · ·			
Type of	G2C-Government to Citizen				
Transaction					
Who may avail:	All				
CHECKLIST OF	REQUIREMENTS	QUIREMENTS WHERE TO SECURE			
	on (OPD/Outside on) (1, Original)	Physician/Patient/Watcher			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present prescription.	1.1 Screen, verify prescription	None	5 minutes	Pharmacist	



2.	Pay	2.1 If Available:	Amount	5 minutes	Pharmacist
	necessary	Prepare and	of		
	amount	encode Medicine	prescribe		
			d drugs		
		2.2 If Not	and		
		Available: Refer to	medicine		
		HPSiS	S.		
3.	Receive medicine	3.1 Dispense of medicine.	None	5 minutes	Pharmacist
		3.2 Issue Official			
		Receipt (as			
		necessary)			
		Total	None	15 minutes	

**Note**: In-patient prescribed drugs and medicines shall be facilitated by the Medicating Nurse in ER, OR, DR and Wards.

Office /Department :	Hospital Pharmacy			
Classification	Simple			
Type of Transaction	G2C-Government to Citizen			
Who may avail:	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
Prescription     (1,Original)	·	Physician/I	Nurse	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Enter prescribed medicines to iHOMIS/ System and print prescription in the ward station	1.1. View prescription in the iHOMIS/System and Screen, verify prescription	None	5 minutes	Pharmacist
2. Bring in printed prescription to the Pharmacy	2.1. Reconcile availability of medicines with the printed prescription 2.2. If Available: Prepare and encode Medicine 2.3. If Not Available: Refer to HPSiS	None	5 minutes	Pharmacist



3. Check	3.1. Validate	None	5 minutes	Pharmacist
dispensed	prepared			
Medicines	medicines in the			
	iHOMIS/System			
	and dispense			
	medicines			
	Total	None	15minutes	

#### 10. EMERGENCY CONSULTATION / EMERGENCY ROOM CARE

The Emergency Department at Norala District Hospital provides urgent care to patients who have traumatic injury, major illnesses or other issues that require immediate treatment. The staff includes physicians, nurses and other healthcare professionals who follow specific procedures so that patients can get the care they need as quickly as possible.

-	fice epartment :	Emergency Room Department			
CI	assification	Simple			
Ty	pe of	G2C-Government to	Citizen		
Tr	ansaction				
W	ho may avail:	All			
	CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
	2. OPD-ID	Slip (1,Original) Number for "old" 1,Original)	Patient/Watcher Patient		
С	LIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Submit self for initial assessment; Inform all the sign/symptom s felt and medical history	1.1 Submit patient for triage assessment; 1.2 Rapid evaluation process; 1.3 Initial registration; Patient's data taking	None	10 minutes	ER Nurse / Nursing Attendant ER Department
2.	Subject self for Initial treatment: IVF & medicine as ordered by ROD	2.1 Evaluate patient's condition and corresponding medical treatment/manage ment	None	10minutes (depends on client's condition)	Physician on Duty ER Department



	0.1	0.411	N.L.	40' .	B.A. 12 1
3.	Submit self for	3.1 Urgent	None	10 minutes	Medical
	blood	laboratory			Technologist on
	extraction for	exams if			Duty
	laboratory	needed;			ER Department
	exams	Specimen			
		collection			
4.	Sign consent	4.1 Complete set	None	5 minutes	ER Nurse
	form for	of the Patient's			Nursing
	admission;	chart filled with			Attendant
		necessary			ER Department
		information:			
		e.gsigned			
		consent form,			
		medication sheet,			
_	Oude mails all	etc.	Ninna	F. mains at a c	O a sia l a al
5.	Submit all	5.1 PhilHealth	None	5 minutes	Social worker
	necessary	(PHIC)			Admitting CI
	documents for	verification/enrollm			ER Department
	PHIC	ent			
	availment	0.4.0	NI	F	ED N
6.	Prepare for	6.1 Coordinate with	None	5 minutes	ER Nurse
	transfer to the	the ward for			Ward NOD
	ward	room			Utility/Sec.
_	0	accommodatio			Guard
1.	Secure	n and			ER Department
	watcher's ID	endorsement to			
		ward nurse-on-			
		duty (NOD)			
		7.1 Transfer client			
	1.60 55	to the ward	N.1.		Λ Ι . Ι
8.	Inform the ER	8.1 If advised for	None	5 minutes	Ambulance
	Staff for any	referral to other			Driver
	hospital	hospital, proceed			AO
	preference	to Admin. Office			ER Nurse
		for ambulance			ER Department
		arrangement; Call			
		in advance to the			
		referral hospital	N.1	45	
		Total	None	45 minutes	

# 11. SECURING MEDICAL RECORDS

Medical Records Section contains the medical, treatment histories and personal data of patients bound in every Patient's Record.

Office	Medical Records Section
/Department :	
Classification	Simple



				CIA
Type of	G2C-Government to	Citizen		
Transaction				
Who may avail:	All			
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
Request SlipLogbo	ook (Original)	Medical Re	ecords Staff	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1.Fill-up request form for issuance of Certificates 1.2.Log-in the request	1.1.Retrieval of Patient's Record from the Medical Record  1.2.Determine the purpose of the requested Certificates  Admitted Patients: Certificate of Confinement  Discharged Patient: Medical Certificate  3.Print the Certificate and Endorse to the ROD for	None	30 minutes	Clerk Medical Record Section
2.Claim the Medical Certificate & sign the release logbook	Signature  2.Release document duly signed	None	5 minutes	Clerk Medical Records Section
	Total	None	35 minutes	

# 12. SOCIAL WELFARE ASSISTANCE (PHIC Point of Service, Other Medical Assistance)

The Medical Social Worker (MSW) is responsible for helping clients and family to cope with problems they're facing to improve their patients' lives. She is to assess their economic status and navigate in processing needed financial/medical assistance from other social agencies e.g. DSWD, PCSO. Further, MSW shall facilitate enrollment of patients to PHIC Point-Of-Service (POS). Furthermore, the MSW shall teach clients skills and developing mechanisms to be resilient for better living and life experiences.



Office	Os siel Welfers Den				
Office /Department :	Social Welfare Dep	Social Welfare Department			
Classification	Simple				
Type of	G2C-Government to	o Citizen			
Transaction					
Who may ava	I: All	All			
CHECKLIST	OF REQUIREMENTS		WHERE TO SEC	CURE	
from ER) (*Any of the f 1. Philhe 2. Any va If "NO" PHIC I 1. PMRF 2. Official Red Remittance Members ( 3. Birth Certif (1,Photoco	ollowing: alth ID lid ID's upon checking to Portal: eipts of PHIC for Informal Economy I,Original) cate and/or	Patient/Watcher			
CLIENT STEF	ertificate(1,Photocopy)  S AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
Register     personal da     in the     Logbook.	1.1 Check Philhealth Membership Status in the PHIC Portal	None	10 minutes	Medical Social Worker	
2. If YES, proceed to Step 4.	2.1 If YES: Print PBEF 2.2 If NO: Interview with DOH Assessment Tool	None	10 minutes	Medical Social Worker	
3. Submit required documents	requirements.  3.2 Enroll to Philhealth POS	None	15 minutes	Medical Social Worker	
4. Submit documents Billing Section	4.1 Check and verify completeness of submitted documents.	None	5 minutes	Billing Staff	



Total	None	40 minutes	

# 13. WARD SERVICES (IN-PATIENT CARE)

Inpatient care begins with an individual's admission to Norala District Hospital for further management and treatment of active illness. In the ward, the patient receives carefrom doctors, nurses, and support units, such as: Pharmacy, Dietary, Central Supply Room, Laboratory, Radiology, Medical Social Service, and Medical Records.

_	fice epartment :	Ward Department			
Cla	assification	Simple			
_	pe of ansaction		Government to Citizen		
WI	ho may avail:	Admitted Patient			
С	HECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
	I. Patient's Chart from Emergency Room  2. Prescription of Medicines  ER Nurse Patient/Watcher				
	LIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.	Submit self for further evaluation upon settlement in the ward room	1.1 Patient's Data Taking 1.2 Evaluate patient's condition and corresponding medical treatment;	None	10 minutes (depends on client's condition)	Ward Nurse Nursing Attendant
	Be compliant to medicines intake as prescribed	2.1 Provide medical treatment necessary with documentation	None	10 minutes	Medicine Nurse
3.	Comply for documents needed for PHIC availment	3.1 Follow up for the compliance of necessary documents needed for PHIC	None	15 minutes	Ward Nurse Nursing Attendant
		Total	None	35 minutes	



# Norala District Hospital Internal Services



#### 1. REQUEST FOR VARIOUS DOCUMENTS

The administrative and support services cover office administration, maintaining filing system and records, preparation of payroll, produce and distribute correspondence and memorandum, coordinating office activities and operations to secure efficiency and compliance to hospital policies. The Administrative office handles the issuance of various documents such as Certificate of Net Take Home Pay, Certificate of Employment, Certified Photo Copy of Approved Payroll to all employees.

Office /Department :	Administrative Department				
Classification	Simple				
Type of Transaction	G2C-Government to Citizen				
Who may avail:	All NDH Employees	(Permanent	t,Job Order, Resig	ned)	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE	
Request Form	n (1, Original)	NDH Empl	NDH Employees		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Fill up request form and submit for approval      Wait or come back for the requested document.	1.1 Check completeness of request form. 1.2 Advise staff to come back or wait for the requested document 2.1 . Prepare requested document 2.2 Endorse the document to the Chief of Hospital and/or	None	30 minutes 5 minutes	Administrative Staff  Administrative Staff Chief of Hospital Administrative officer	
3. Claim requested document and	Administrative Officer for approval &signature 3.1 Release document duly signed.	None	5 minutes	Administrative Staff	
sign on the logbook.	Total	None	40 minutes		



# Polomolok Municipal Hospital External Services



#### 1. ADMIN SERVICES

#### 1.1 ADMIN. SERVICES- BILLING/CASHIERING SERVICES

This service includes the processes of Discharge patients in the hospital. Billing services is available from Mondays to Sundays and Holidays from 11:00 am to 4:00 pm.

Office or	Pilling Section				
Division:	Billing Section				
Classification:	Simple				
Type of	G2C				
Transaction:					
Who may avail:	ALL				
	REQUIREMENTS		WHERE TO SEC	CURE	
NC	DNE		NOT APPLICABLE		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Get priority     number and     present to the     Billing Section	1.Facilitate billing statement of patient according to their priority number.	None	5 minutes	Billing Officer- Designate	
IF PHILHEALT H:  2. Listen to instructions and sign necessary documents such as the following and submit the same to Philhealth Clerk: -Statement of Account (SOA) - Patient Benefits Eligibility Form (PBEF) - Claim Form 2	2.1.Receive and verify the completeness of signatories in Statement of Account (SOA), Patient Benefits Eligibility Form (PBEF), Claim Form 2  2.2.Advise patient to seek assistance to PCSO, Regional, Provincial and Local Social Welfare Office		10 minutes 10 minutes	Philhealth Clerk  Cashier – Designate	



NON	T			
NON- PHILHEALT H Process assistance to other government agencies and present Guarantee Letter to the Cashier		None		
3. Receive the Discharge  NON-PHILHEALT H Receive the Official Receipt and Discharge Clearance and present to the Ward Nurse on-Duty	3.Issue Clearance Slip and advise to present it to Ward Nurse on Duty		5 minutes	Admin Office
4. Present Clearance Slip to Ward Nurse on Duty (Ipakita ang Clearance Slip sa Ward Nurse on Duty)	4.Receive the Clearance Slip and facilitate SOPs on discharging patients	None	5 minutes	Ward Nurse on Duty
	TOTAL	None	25 minutes	

# 1.2 ADMIN. SERVICES- PHILHEALTH SERVICES

This service includes processing Philhealth Benefit avai Iment for admitted patients. This services is available from Mondays to Fridays from 8:00 am to 5:00pm and during Saturdays, Sundays and Holidays from 9:00 am to 5:00 pm.

Office or	Philhealth Section
Division:	
Classification:	SimpleIn-charge



				CIAL	
Type of	G2C				
Transaction:					
Who may avail:	ALL	1			
CHECKLIST OF REQUIREMENTS			WHERE TO SEC	CURE	
	Number /Member	Philhealth Office			
	Data Record (1,Original)				
	ate (1,Photocopy)	Local Civil F	•		
3. Marriage Co		Local Civil F		# - !	
(1,Photocop		Office of the	e Senior Citizen A	mairs	
CLIENTS STEPS	en ID ( 1,Original) AGENCY	FEES TO	PROCESSING	PERSON	
CLIENTS STEPS	ACTION	BE PAID	TIME	RESPONSIBLE	
<ol> <li>Present the</li> </ol>	1.1.Verify eligibility				
basic	of availing				
information of	Philhealth benefits	None		Social Worker	
Philhealth	to Philhealth		10 minutes	Coolai IVolko	
Member	Portal				
and/or patient	0.4 la dianta a mata	Ninna			
2.FOR ACTIVE PHILHEALTH	2.1.Indicate a note	None			
	to patient's chart		10 minutes	Social Worker	
(PORTAL STATES "YES")	that patient is eligible to avail		10 minutes	Social Worker	
Receive the	Philhealth benefits				
Philhealth Notice					
to be presented at					
the Ward Nurse					
on Duty	2.2Require				
	patient/watcher to				
FOR ACTIVE	comply				
PHILHEALTH	accordingly:				
BUT PORTAL					
STATES "NO"					
DUE TO:	EMPLOYED:				
	completely filled-				
REQUIRED	out CF1 –Part IV				
PROOF OF	(Employer's				
CONTRIBUTION	Certification)				
	SELF-				
	EMPLOYED:				
	Photocopy of an				
	Official Receipts				
	from Philhealth				
	UNDECLARED				
	DEPENDENTS:				
UNDECLARED	Child: Birth				
DEPENDENTS	Certificate				



Comply required documents, right after verification	(Photocopy) Husband/Wife: Marriage Contract (Photocopy) Patient with 60 years old above:			
FOR NO PHILHEALTH (Point of Service availment) Present any valid documents right after verification	Senior Citizen ID (Photocopy)  Voter's ID Birth Certificate Marriage Contract Certificate of Indigency	None		
3.Receive the Philhealth Notice to be presented at the Ward Nurse on Duty	3.Print the Philhealth Notice and attach to Patient's Chart		5 minutes	Ward Nurse on Duty
	TOTAL	None	25 minutes	

# 2. ANIMAL BITE TREATMENT CENTER (ABTC) CONSULTATION

This service is in support with the Rabies Prevention & Control Program. ABTC provides access and help bite victims receive timely rabies post-exposure prophylaxis. Schedule for vaccination of Anti-Rabies is every TUESDAY AND FRIDAY from 8:00 am - 11:00 am and 1:00 pm - 3:00 pm.

Office or	ABTC Consultation Section				
Division:					
Classification:	Simple	Simple			
Type of	G2C - Government t	to Citizen			
Transaction:					
Who may avail:	ALL				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE	
Referral Slip (1,Original)     OPD ID Number for "old " patient (1,Original)		Municipal Health Office Issued by PMH upon FIRST consultation			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Get a priority     number and     provide     pertinent     information in	1.Issue priority number and information sheet to patient /watcher		6 minutes	Security Guard on Duty	



a sheet provided.				
2. Register your name and submit for vital signs taking	2.1.Register pertinent information of patient to OPD Form  2.2.Take vital signs and;  2.3.Assist patient for consultation to Attending Physician on Duty	None	10 minutes	Nurse/Nursing Attendant on Duty ABTC
3. Submit for consultation, diagnosis & treatment by the physician	Consult and treat patient accordingly		20 minutes	Physician on Duty ABTC
	TOTAL	None	36 minutes	

# 3. AVAILING TRANSPORT SERVICES

This service includes the processes in requesting hospital ambulance provided that it's available to be borrowed and subject to the consent of the Chief of Hospital or Resident on Duty in his behalf.

Office or	Transport Section			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	ALL			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
NO	ONE	NOT APPLICABLE		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inquire for the availability of ambulance	1.1.Verify the availability of ambulance at ER and Ward 1.2.Seek approval to the Chief of	None	10 minutes	Billing Officer- Designate



		Hospital or Resident on Duty			
2.	Upon approval, present to the driver the name of patient and place of conduction	2.Prepare Trip Ticket	None None	10 minutes	Driver on Duty
3.	Sign at Trip Ticket	3.Dispatch ambulance accordingly		5 minutes	Driver on Duty
		TOTAL	None	25 minutes	

# 4. EMERGENCY ROOM CARE

Provides consultation to the patients coming beyond the regular consultation time. It provides initial care for emergency cases that needs to be transferred to a higher facility. It also serves as another entry point for patients to be hospitalized.

Office or	Emergency Room Section			
Division:				
Classification:	Simple			
Type of	G2C - Government t	to Citizen		
Transaction:				
Who may avail:				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
<ol> <li>NO requirer</li> </ol>	nent for NEW			
patients.		Issued by P	MH upon FIRST	consultation
<ol><li>For Old pa</li></ol>	tient (who			
previously s	ought consultation			
	y) present OPD			
Card Numb	Card Number (1,Original)			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
0 = 1 = 1 = 1	7.00=1.01.71011011			
		BE PAID	TIME	RESPONSIBLE
1. Submit for	1.1.Register vital			
	1.1.Register vital information and			
1. Submit for	1.1.Register vital information and treatment record of			RESPONSIBLE
Submit for individual treatment record,	1.1.Register vital information and treatment record of patient at		TIME	<b>RESPONSIBLE</b> ER
1. Submit for individual treatment record, registration &	1.1.Register vital information and treatment record of patient at Emergency Room			ER Nurse/Nursing
1. Submit for individual treatment record, registration & undergo vital	1.1.Register vital information and treatment record of patient at		TIME	<b>RESPONSIBLE</b> ER
1. Submit for individual treatment record, registration &	1.1.Register vital information and treatment record of patient at Emergency Room Record and		TIME	ER Nurse/Nursing
1. Submit for individual treatment record, registration & undergo vital	1.1.Register vital information and treatment record of patient at Emergency Room Record and 1.2.Take vital	BE PAID	TIME	ER Nurse/Nursing
1. Submit for individual treatment record, registration & undergo vital signs taking	1.1.Register vital information and treatment record of patient at Emergency Room Record and 1.2.Take vital signs to patient.		TIME	ER Nurse/Nursing
1. Submit for individual treatment record, registration & undergo vital signs taking  2. Wait for the	1.1.Register vital information and treatment record of patient at Emergency Room Record and 1.2.Take vital signs to patient. 2.Consult patient	BE PAID	TIME  10 minutes	ER Nurse/Nursing Attendant
1. Submit for individual treatment record, registration & undergo vital signs taking	1.1.Register vital information and treatment record of patient at Emergency Room Record and 1.2.Take vital signs to patient.	BE PAID	TIME	ER Nurse/Nursing



prescribed medicines and schedule of follow-up			
	TOTAL	25 minutes	

# 5. IN-PATIENT CARE (ADMISSION)

This facilitates admission and care of admitted patients

Office or	Ward Section			
Division:				
Classification:	Simple			
Type of	G2C - Government t	o Citizen		
Transaction:				
Who may avail:	ALL			
	REQUIREMENTS		WHERE TO SEC	CURE
1. NO requirement	•			
2. For Old patient (		- Issued by	PMH upon FIRS	T consultation
consultation in this				
OPD Card Number	· (1,Original)			
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Register and	1.Take vital signs			
submit history	and history of			Nurse on Duty
and vital signs	patient at the		10 minutes	Nuise on Duty
taking				
2. Submit for	2.Assist patient to			Physician on
evaluation and	Physician on Duty		15 minutes	Duty/ ER
initial treatment	for assessment			Nurse
3. Sign	3.1.Facilitate			
consent form for	preparation of			
admission	admission form			
	and	None		
			3 minutes	ER Nurse
	3.2.Secure			
	signature of patient			
	/guardian at the			
	consent form			
4. Secure	4.1.Record issued			
watcher's ID	ID Number at the			
from the guard	registry logbook			
on duty	and		5 minutes	Security Guard
-			ว minutes	on Duty
	4.2.Issue			,
	watcher's ID to the			
	watcher of patient			



5. Present watcher's ID to ER Nurse on Duty	5.Forward and endorse patient to ward nurse on duty		8 minutes	Social Worker
	TOTAL	None	41 minutes	

# 6. LABORATORY SERVICES

This facilitates Hematology, Parasitology, Clinical Microscopy, Chemistry, Serology and Bacteriology examinations. This service plays a vital role in the early detection, diagnosis and treatment of the disease of patient.

Office or Division:	Laboratory Section				
Classification:	Simple	Simple			
Type of	G2C - Government t	to Citizen			
Transaction:					
Who may avail:	ALL				
	REQUIREMENTS		WHERE TO SEC	CURE	
		• OPI	Room for OPD p	atient	
1. Laboratory Re	equest (1,original)	• Eme	ergency Room for	ER patient	
=		<ul><li>War</li></ul>	d Section for Adm	nitted patient	
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Secure signed	1.Fill-out				
laboratory	laboratory request				
request from	and give to patient				
the physician	/watcher		5 minutes	Nurse on Duty	
	instructing them to				
	proceed to				
	laboratory section				
2. Proceed to the	2.Receive the				
laboratory and	laboratory request	None		Med. Tech.	
present the	and instruct patient		5 minutes	Laboratory	
request for verification	in the process of			Section	
verification	collecting of				
3. Submit for	required specimen 3.Receive and				
extraction/colle	examine the			Med. Tech.	
ction of	specimen		15 minutes	Laboratory	
specimen	opcomon		10 111111111111111111111111111111111111	Section	
Sp 3 3				200	
4. Wait the result a	4.Record the result				
the	at the releasing			Med. Tech.	
ER/OPD/Ward	logbook and		5 minutes	Laboratory	
Section	forward the			Section	
	laboratory result to				



the ER/OPD/Ward Section			
TOTAL	<b>N</b> one	30 minutes	

#### 7. MEDICAL RECORDS SERVICE

# 7.1 MEDICAL RECORDS SERVICE -ISSUANCE OF BIRTH CERTIFICATE

This services provides Birth Certificate to all Newborn babies who delivered in this facility hence, this services bestows a legal identity on children for life.

Office or Division:	Medical Records Section			
Classification:	Simple			
Type of	G2C			
Transaction:	920			
Who may avail:	ALL			
	REQUIREMENTS		WHERE TO SEC	TIDE
None			Applicable	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request and fill –out form for Issuance of Birth Certificate to the Medical Records Clerk (MRC)	1.Receive the Request Form and retrieve the Newborn Information Sheet (NIS).	None	4 minutes	Medical Records Clerk
2. Review & check the Newborn Information Sheet (NIS)	2.1.Verify the correctness of data indicated in the NIS and  2.2. Facilitate transcription to Birth Certificate Form (LCR Form #102)	None	5 minutes	Medical Records Clerk
3. Review the prepared BC Form and sign the Informant's portion if all entries are correct	3.1.Receive the Birth Certificate form, reproduce necessary number of copies and	None	20 minutes	Medical Records Clerk



	3.2. Facilitate required signatories			
4. Sign the release logbook and receive Birth Certificate	4.1.Prepare the Release Logbook and 4.2.Release the Birth Certificate	None	5 minutes	Medical Records Clerk
5. Proceed to Local Civil Registrar for the Official Registration of Birth Cert.	5.Instruct parent/watcher to proceed to Local Civil Registrar	None	4 minutes	Medical Records Clerk
	TOTAL		38 Minutes	

# 7.2 MEDICAL RECORDS SERVICE-ISSUANCE OF DEATH CERTIFICATE

This services provides Death Certificate to all resuscitated patients and eventually died in this facility. Immediate family up to patient's nearest kin is strictly required to transact the issuance of Death Certificate.

Office or	Medical Records Section			
Division:				
Classification:	Simple			
Type of	G2C			
Transaction:				
Who may avail:	ALL			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
1 ODD ID Cor	d (1 Original)		atient at OPD / ER	Room upon
1. OPD ID Car	u (1,Originai)	consultation / treatment		
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Fill-out	1.1.Receive the			
form Request	Request Form and			
form for				
Issuance of	1.2.Retrieve			Medical
Death	patient's record		5 minutes	Records Clerk
Certificate to the			J IIIIIIules	Necolus Clerk
Medical		None		
Records Clerk				
(MRC)				
2. Review &	2.1 Verify the			
check all entries	correctness of		10 minutes	Medical
in Death	data and		10 minutes	Records Clerk
Certificate				



	· · ·		T
	2.2 Facilitate		
	transcription to		
	Death Certificate		
	Form		
3. Review the	3.1.Reproduce		
prepared Death	necessary number		
Cert Form and	of copies and		
sign the			Medical
Informant's	3.2.Facilitate	5 minutes	Records Clerk
portion if all	required		Troopido Cion
entries are	signatories		
correct	Signatorios		
4. Sign the	4.1.Prepare the		
- 3			
release logbook	Release Logbook		Madical
	and	5 minutes	Medical
	4.0.0		Records Clerk
	4.2.Release the		
	Death Certificate		
5. Proceed to Mun.	5.Instruct		
Health Officer	parent/watcher to		
for signing	proceed to		
Death Cert. &	Municipal Health		
forward to Local	Office for signatory		Local Civil
Civil Registrar	of the MHO and	4 minutes	Registrar
for the Official	submit Death Cert.		
Registration .	to Local Civil		
	Registrar for the		
	official registration		
	TOTAL	29 minutes	
			l

# 7.3 MEDICAL RECORDS SERVICE-ISSUANCE OF MEDICAL CERTIFICATE

This services facilitate issuance of Medical Certificate to all patients who requested. This Medical Certificate obtain certain health benefits to attest leave of absence from work or from school, to make an insurance claim or for certain legal procedures/purposes.

Office or Division:	Medical Records Se	ection
Classification:	Simple	
Type of	G2C	
Transaction:		
Who may avail:	ALL	
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE
1. OPD ID Car	d (1,Original)	<ul><li>OPD Room for OPD patient</li><li>Emergency Room for ER patient</li></ul>



			d Section for Adm	itted patient
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Fill –out	1.1.Receive and			
Request form in	verify the			
the Issuance of	correctness of			
Medical	data at the			
Certificate to the	Request Form,			
Medical Records				Madical
Clerk (MRC)	1.2.Retrieve the	NONE	10 minutes	Medical Records Clerk
	patient's record			records ofer
	and			
	1.3.Prepare			
	Medical Certificate			
2. Claim the Med.	2.Release the			Medical
Cert. and sign the	Medical Certificate	NONE	5 minutes	Records Clerk
release logbook				Records Olerk
	TOTAL		15 minutes	

# **8. OUT-PATIENT CONSULTATION**

This section caters to the patients referred from the Rural Health Unit and Barangay Health Stations. It serves as one of the entry points for patients to be hospitalized.

Office or Division:	Out-Patient Consultation Section			
Classification:	Simple			
Type of	G2C - Government to Citizen			
Transaction:				
Who may avail:	ALL			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
1. Referral Slip (1,0 2.OPD ID Number (1,0riginal)	· ,	- Municipal Health Office - Issued by PMH upon FIRST consultation		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a priority number and provide pertinent information in a sheet provided.	1.Issue priority number and information sheet to patient /watcher	None	6 minutes	Security Guard on Duty
Register your     name and     submit for vital     signs taking	2.1.Register pertinent information of		10 minutes	OPD Nurse/Nursing Attendant on Duty



	patient to OPD Form,  2.2.Take vital signs and  2.3. assist patient for consultation to Attending Physician on Duty	None		
3. Submit for consultation, diagnosis & treatment by the physician	Consult and treat patient accordingly	None	20 minutes	Physician on Duty
	TOTAL	None	36 minutes	

# 9. PHARMACY SERVICES for ER /OPD PATIENT

This service includes dispensing of prescribed medicines and supplies to our patients. Pharmacy service is open from Mondays to Fridays from 8:00 am to 5:00pm and Saturdays, Sundays and Holidays from 9:00 am to 5:00 pm.

Office or	Radiology Section			
Division:				
Classification:	Simple			
Type of	G2C - Government t	o Citizen		
Transaction:				
Who may avail:	ALL			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
	OPD Room for OPD patient			
1. Prescription (	1,Original)	<ul><li>Eme</li></ul>	rgency Room for	ER patient
		3 ,		
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		<b>BE PAID</b>	TIME	RESPONSIBLE
1. Present	1.Receive			
prescription	prescription and			
	verify accordingly		5 minutes	Pharmacist
	and check			
	availability	None		
2. Receive	2.Dispense			
prescribed	prescribed drugs			
drugs and	and		5 minutes	Pharmacist
medicines/me	medicines/medical			
dical supplies	aupplies to potiont			
	supplies to patient			



# **10. RADIOLOGY SERVICES**

This service includes radiologic examination. This is useful in diagnosing conditions and disease that affect the bones and chest.

Office or	Radiology Section	Radiology Section			
Division:					
Classification:	Simple				
Type of	G2C - Government to Citizen				
Transaction:					
Who may	ALL				
avail:					
CHECKLIST (	OF REQUIREMENTS		WHERE TO SE	CURE	
1. X-ray Req	uest (1, original)	• En	PD Room for OPE nergency Room f ard Section for Ac	for ER patient	
CLIENTS	AGENCY ACTION	FEES	PROCESSING	PERSON	
STEPS		TO BE	TIME	RESPONSIBLE	
		PAID			
Secure     signed x-     ray request     from the     physician	1.2.Fill-out x-ray request and 1.2.Give to patient /watcher instructing them to proceed to x-ray section		5 minutes	Nurse on duty	
2. Proceed to the x-ray room and present the request for verification	<ul><li>2.1.Receive the x-ray request and</li><li>2.2. Process the required examination</li></ul>	None	10 minutes	Radiologic Technologist (Rad. Tech.)	
3. Claim the result	3.1.Record the result at the releasing logbook and 3.2.Forward the x-ray result to the ER/OPD/Ward Section		24 hours	Rad. Tech.	
	TOTAL	None	30 minutes		



# Polomolok Municipal Hospital Internal Services



#### 1. PHARMACY SERVICES FOR ADMITTED PATIENTS

This service includes dispensing prescribed medicines and supplies to all admitted patients as per compliance to Philhealth Circular # 2017\_006 – Strengthening the Implementation of No Balance Billing Policy (Revision 1).

Office or	Radiology Section			
Division:				
Classification:	Simple			
Type of	G2G - Government	to Governm	nent	
Transaction:				
Who may avail:	Ward Nurse on Dut	У		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
<ol> <li>Prescription</li> </ol>	n (1, Original)	War	d Section	
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
STEPS	ACTION	<b>BE PAID</b>	TIME	RESPONSIBLE
1 Present prescription	1.1Receive prescription and verify accordingly and check availability	None	5 minutes	Pharmacist
2. Wait for the delivery of the prescribed prescriptions at Ward Section	2.Deliver all prescribed drugs and medicines/supplie s to the ward		20 minutes	Pharmacist
	TOTAL	None	25 minutes	

#### 2. PROCESSING OF LEAVE APPLICATION

This services facilitates leave availment of Regular employees.

Office or	Administrative Office	е		
Division:				
Classification:	Simple			
Type of	G2G - Government	to Governm	nent	
Transaction:				
Who may avail:	All qualified Regula	r Employee:	3	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
<ol> <li>Request Fo</li> </ol>	rm (1,Original)		HR In-Charge	
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE
1. Fill-out	1.1.Receive and			
request form	review the			
for leave	request form and	10 minutes HR In-Charge		
application	1.2.Verify leave			
1	balances and	I		



	1.3.Process to Leave Management System			
2. Sign leave application	2.1.Receive signed application 2.2.facilitate approval to Chief Hospital and 2.3. Submit to Human Resource Management Division	None	2 days	HR In-Charge
	TOTAL	None	2 days and 10 minutes	



# South Cotabato Provincial Hospital External Services



#### 1. AVAILING 2D-ECHO ULTRASOUND SERVICES

The Two-Dimensional Echocardiogram (2D-Echo) Ultrasound Service is a service provided by the Medical Imaging Unit belonging to the Ancillary and Diagnostic Services of the hospital. As a diagnostic procedure, it displays cross-sectional "slice" of the beating heart, including chamber, valves and the major blood vessels that exit from the left and right ventricle. This procedure is a non-invasive test that is used for detecting abnormal anatomy or abnormal movement of structures and is used to analyze the functioning and assess the sections of the patient's heart. It assists in checking damages, blockages, and blood flow rate.

Office or Division:	ANCILLARY SERV	VICE-MEDIC	AL IMAGING UNIT		
Classification:	SIMPLE	SIMPLE			
Type of	G2C- GOVERNME	ENT TO CITI	ZEN		
Transaction:					
Who may avail:	ADMITTED PATIE	NTS			
CHECKLIST OF	REQUIREMENTS WHERE TO SECURE				
1.Referral Slip of	Referral Form-		lealth Offices, assig	ned doctor at the	
(Original)		hospital			
2."OK" note for Pl			cial Service Section		
3. Original Charge	e Slip (if	Medical Ima	aging Unit		
applicable)	A OFNOV	FFF0 TO	BB 0 0 E 0 0 IN 0	DEDOON	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present	1.Assess request	Refer to	10 Minutes	Radiologic	
request slip	slip and provide	approved	10 Millares	Technologist on	
from Physician	further	revenue		duty	
to the	instruction	code/		duty	
Radiologic		PHIC			
Technologist		case rates			
J. S.		*Free for			
		FHP			
		qualified			
		beneficiari			
		es			
2. Admitted	2. Perform the	Refer to	40 minutes	Pediatric-	
patients and 1	procedure	approved		Cardiologist and	
watcher must be		revenue		assisted by	
ready for the		code/		Radiologic	
procedure		PHIC		Technologist on	
		case rates		duty	
		*Free for			
		FHP			
		qualified beneficiari			
		es			



3. Admitted patients receive 2D-echo ultrasound	3. Give instruction for the result, advices, recommendation and upcoming schedules	None	10 Minutes	Radiologic Technologist on duty Pediatric- Cardiologist on duty
4. Receiving of 2D-Echo result or wait for the results at the wards	4. Release the result	None	40 minutes	Radiologic Technologist on duty Nurse on duty at the ward
	TOTAL	Refer to approved revenue code/ PHIC case rates *Free for FHP qualified beneficiarie s	2 Hours and 40 minutes	

# 2. AVAILING AFFILIATION TRAINING/SERVICES

As a level II hospital, SCPH maintains its Training Accreditation for Nursing Affiliation from the Department of Health. It caters to one Affiliate institution per approved 100 beds. Among the affiliation services provided include training and orientation on hospital policies and procedures, actual practicum and exposure in service areas and wards, provision of lectures and many others.

Office or	NURSING SERVICE – CHIEF NURSE OFFICE				
Division:					
Classification:	COMPLEX				
Type of	G2G and G2B- GOVERNMENT TO GOVERNMENT &				
Transaction:	GOVERNMENT TO	BUSINESS	(ACADEMIC INST	TITUTION)	
Who May	TRAINING AFFILIA	TES, AFFLIA	TE SCHOOL CO	ORDINATOR/	
Avail:	PERSONNEL				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
1. Filled-in Reque	st Form / Letter/	Interested school			
School Administra	ator's Endorsement				
2. MOA		Chief Nurse	Office		
3. Pertinent Scho	ol Records Proof of	Applicant S	chool Affiliate		
Identification					
4. List of propose	List of proposed trainees for		chool Affiliate		
affiliation					
5. Approved Cont	ract of Affiliation	Administrative Office and Chief Nurse Office			
CLIENTS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
STEPS		BE PAID	TIME	RESPONSIBLE	



		Lebee		I <b></b>
1. Secure list of	1. Issue list of	FREE	30 minutes	Training Coordinator /
requirements from the Chief	requirements to the interested			Chief Nurse
Nurse Office	affiliate school			Nursing Service
2. Submit the	2. Receive and	FREE	15 minutes	Training
requirements to	evaluate the			Coordinator /
the CNO for	requirements and			Chief Nurse
evaluation and	give instructions			Nursing Service
instructions				
3. Wait for the	3. If eligible,	FREE	Within 2 days	Administrative
processing and	secure proper			Officer
approval of	entries in the MOA			Administrative
MOA and Contract of	and COA including			Office
Affiliation (COA)	completeness of attachments, and			Chief of Hospital
Anniation (COA)	forward			COH Office
	documents to the			
	COH for			
	endorsement to			
	PGSC			
4. Secure a	4. Issue a copy of	FREE	30 minutes	Admin Clerk
copy of the	the approved			Administrative
approved	request and duly			Office or
request and	signed MOA and			Chief Nurse
duly signed	COA			Chief Nurse
MOA and COA 5. Confirm	5. Evaluate	Refer to	Within the day	Office Training
schedule,	schedule, provide/	approved	Depending of	Coordinator/
secure further	issue instructions	revenue	Affiliation/	Chief Nurse
instructions from	and provide	code	exposure hours	Nursing Service
the Training	Training affiliation		required by	J
Coordinator and	services		school	
Avail Affiliation				
Training				
services	TOTAL	Defect	0 -1 4 1 -	
	TOTAL	Refer to	3 days, 1 hr and 15 mins	
		approved revenue	and 15 mms	
		code		
		1 30 40	1	



# 3. AVAILING ANIMAL BITE SERVICES (REVISED)

Animal Bite Treatment Center (ABTC) is one of the services provided at the Out Patient Department of the South Cotabato Provincial Hospital relating to the Prevention and Control Program accredited under the Department of Health. Rabies is considered as one of the tropical neglected diseases. Although it is 100% preventable, it is 100% fatal. Effective and safe vaccines are available as prevention of the diseases.

Office or Division	OUT-PATIENT DEPAR	TMENT		
Classification	SIMPLE			
Type of	G2C- GOVERNMENT T	O CITIZEN		
Transaction	OZC GOVERNITENT I	O CITIZEN		
Who may avail	GENERAL PUBLIC WIT	TH REFERRAL FR	OM HEALTH FACI	LITY
CHECKLIST OF R		Where to secu		
1. Referral Form	- (1 Original)	Rural Health Units and other health facilities		
2. Hospital Numb		OPD Clerk		
-	record - (1 original)			
3. Priority Number		Security Guard on Duty, OPD Admitting Clerk		
4. Patient OPD C	-	OPD Clerk	I = = = = = = = = = = = = = = = = = = =	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Present the referral form and hospital number, set a priority number and provide pertinent information	Get and evaluate referral form and pertinent information, issue/provide hospital number and assign priority number	NONE	20 mins	Security Guard and on-duty PSU
2.Wait and get the priority number and hospital OPD Card/Record.	Call in service priority number served and release patient OPD Card/Record	NONE	20 mins	Security Guard and on-duty PSU OPD clerk
3. Submit self for vital signs taking, wait for the Physician-on-Duty and when called by the physician, submit OPD Record, and provide pertinent information and submit self for examination	Get OPD Records, get vital signs, and call in patient for examination	FREE	30 mins	Nurse, Nursing Attendant, and Midwife
4.Present Philhealth ID of	Interview Patient/Watcher	NONE	15 mins	OPD Clerk



				CIA
member to				
Counter 3.				
5. Wait for your	Call the priority	Refer to the	a) For category	Nurse/ Midwife
number/name	number or the name	approved	II- 20 minutes	
to be called and	of the patient	revenue code	b) For category	
submit self for	·		III- 2 Hours	
rabies vaccine				
injection and				
receive health				
advice/				
education.				
Category II –				
For intradermal				
injection of 0.1 cc				
active vaccine at				
right and left				
deltoid at Day 0,				
Day 3, Day 7, and				
Day 28 if the				
animal died				
during the 14				
days exposure.				
Category III-				
a) For intradermal				
injection of 0.1 cc				
active vaccine at				
right and left				
deltoid at Day 0,				
Day 3, Day 7 and				
Day 28 if the				
animal died				
during the 14				
days exposure.				
b) Do skin testing				
for passive				
vaccine and				
observe for 30				
minutes if there is				
allergy, if				
negative, infiltrate				
to wound and				
observe again for				
1 hour if there is				
untoward				
reaction.		Eroo	Catagoris	<u> </u>
TOTAL:		Free consultation	Category II – 105 m ins/	
		and for other	Category III –	
		services, refer	205 mins.	
		to the	203 1111113.	
		approved		
		revenue code		



#### 4. AVAILING CASHIERING SERVICES

Cashiering services involve handling/ collecting of customers' payments for the services and goods provided or to be provided to them. Careful calculation of all the bills and charges for payments, review of the charges per applied standard revenue fees and evaluation of discounts (if there are any) and provision of exact change/ notation, recording of payments and issuance of Official Receipts are among the activities performed.

Office or	ADMINISTRATIVE	SUPPORT SE	RVICES - CASH	IERING	
Division:	SECTION	SECTION			
Classification:	SIMPLE				
Type of	G2C- GOVERNME	ENT TO CITIZE	N		
Transaction:					
	OPD AND SCPH				
CHECKLIST OF F	•	WHERE TO S			
1a.Charge Slip, - 1			(eg. OPD, Labora	atory, Medical	
1.b. Note from Me		Imaging Unit,			
Worker, - 1 copy o			I Service Section		
1.c. Hospital Bill –		Billing/ PHIC S	Section		
2. a Prescription w	ith price notation	Pharmacy			
– 1 copy or		Medical Socia	I Service Section		
	2.b. Note from Social Worker – 1				
сору	AOFNOV	FFF0 TO	BBOOFCOING	DEDCON	
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON	
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE	
1.a. For payment	1.a. For payment	Refer to	10 minutes	Cash Clerk/	
of Drug Testing, Blood Products,	of Drug Testing, Blood Products,	approved revenue	10 minutes	Cashier Cashier's	
medical supplies	medical supplies	code/ PHIC		Section	
and for other	and for other	case rates		Cash Clerk/	
fees and those	fees and those	Free for		Cashier	
excluded in the	excluded in the	FHP/ NBB		Cashier's	
FHP:	FHP:	qualified		Section	
Present the	Receive and	beneficiaries		Gection	
Charge Slip	evaluate the	Deficilitianes			
and/or Note from	Charge Slip				
Medical Social	and/or Note from				
Worker	MSSO				
b. For payment	b. For payment				
of drugs and	of drugs and				
medicines:	medicines:				
Present	Receive and				
prescription with	evaluate				
charge amount	prescription with				
and/or note from	charge amount				

and/or note from



Medical Social Worker	medical Social Worker			
2. Pay hospital fees	Receive payment	Refer to approved revenue code/ PHIC case rates Free for FHP/ NBB qualified beneficiaries	15 minutes	Cash Clerk/ Cashier Cashier's Section
3. Secure Official Receipts	3. Issue Official Receipts	Refer to approved revenue code/ PHIC case rates Free for FHP/ NBB qualified beneficiaries	10 minutes	Cash Clerk/ Cashier Cashier's Section
TOTAL		FREE FOR FHP/ NBB BENEFICIA RIES AND FOR NON- FHP BENEFICIA RIES, REFER TO APPROVED REVENUE CODE	45 minutes	



# **5. AVAILING DENTAL SERVICES**

Dental services such as oral check-up/consultation, simple tooth extraction, drainage of dental abscess, alveolectomy and management of dental infections and trauma to periodontal mucosa are provided at the Out-Patient Department of the SCPH.

Office or Division: Classification: Type of	OUT-PATIENT		IT. DENITAL CECT	ION
Classification: Type of	OUT-PATIENT DEPARTMENT: DENTAL SECTION			
Type of	SIMPLE TECHN	JIC AI		
	G2C- GOVERN		rizeni	
Transaction:	G2C- GOVERN	MENT TO CI	IIZEIN	
Who may avail:	CENERAL DUR	UIC WITH RE	FERRAL FROM H	EALTH FACILITY
CHECKLIST OF	GLINLINAL I OD	WHERE TO		ILALIIII AOILII I
REQUIREMENTS		WIILKE 10	SECONE	
1.Referral Form – (2	2 Original)	Municipality/	City Health/Hospita	al or other dental
	z, Original)	clinics	Oity i lealth/i lospite	ar or other dentar
2.Hospital Number	(if with previous	SCPH Opd (	Clerk	
record) – (1, Origina	•	COLLION	5101K	
3.Priority Number –		SCPH Opd (	Clerk	
4.Patient Dental Ca		SCPH Opd (		
5.Prescription (if the		Dentist		
(1, Original)				
6.RAT result (1, Ori	ginal)	SCPH Laboratory		
CLIENTS STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
1. Present the	1. Get and	None	15 minutes	TRIAGE/OPD Clerk
referral forms	evaluate the			Medical Records
from Barangay	referral forms			Section
and Municipal	and pertinent			
Dentist, proof of	information,			
identification(if	issue/provide			
necessary) and	hospital			
hospital number,	number and			
get a priority	assign priority			
number and	number			
provide pertinent				
	1			
information	2. Call the	None	90 minutes	OPD Clerk
2. Wait for your	Z. Call life			
	service priority			Medical Records
2. Wait for your				
2. Wait for your number to be	service priority			Medical Records
2. Wait for your number to be called and receive	service priority number,			Medical Records Section
2. Wait for your number to be called and receive the Patient Card	service priority number, release the Patient Card,			Medical Records Section Dentist
2. Wait for your number to be called and receive the Patient Card and submit the	service priority number, release the Patient Card, instruct patient			Medical Records Section Dentist Dental Aide
2. Wait for your number to be called and receive the Patient Card and submit the same to the	service priority number, release the Patient Card,			Medical Records Section Dentist Dental Aide Medtech
2. Wait for your number to be called and receive the Patient Card and submit the same to the Dental service area. Receive	service priority number, release the Patient Card, instruct patient to proceed to			Medical Records Section Dentist Dental Aide Medtech
2. Wait for your number to be called and receive the Patient Card and submit the same to the Dental service area. Receive request for Rapid	service priority number, release the Patient Card, instruct patient to proceed to Dental clinic, issue			Medical Records Section Dentist Dental Aide Medtech
2. Wait for your number to be called and receive the Patient Card and submit the same to the Dental service area. Receive	service priority number, release the Patient Card, instruct patient to proceed to Dental clinic,			Medical Records Section Dentist Dental Aide Medtech
identification(if necessary) and hospital number, get a priority number and provide pertinent	issue/provide hospital number and assign priority number	None	90 minutes	OPD Clerk



and proceed to SCPH laboratory. Receive prescription for anesthetic solutions  3. Wait for your	and release anesthetic solutions  3. Call priority	None	90 minutes	Dentist
name to be called, submit self to dental information and when called by the dentist on duty, provide other pertinent informaton and submit self for dental examination/treat ment/ management	number, get dental information, conduct dental examination/tr eatment/ management			Dental Aide
4. Receive oral health advice/education/instruction and or prescription	4. Provide oral health advice/educati on/instruction and or prescription	None	10 minutes	Dentist
TOTAL		None	3 Hours and 25 Minutes	

#### 6. AVAILING DISCHARGE SERVICES

All admitted patients with "May Go Home" order from their attending physicians at South Cotabato Provincial Hospital are required to submit their clearances prior to their discharge from the hospital. With the premise that patients' conditions have already improved, they have to process their documents and requirements (eg. Pay hospital bills, provide PHIC documents like Marriage certificate, return borrowed equipment/facility, etc.) prior to their discharge.

Office or	NURSING SERVICE AND ADMINISTRATIVE SUPPORT		
Division:	SERVICES		
Classification:	COMPLEX		
Type of	G2C - GOVERNMENT TO CITIZEN		
Transaction:			
Who May Avail:	SCPH ADMITTED PATIENTS		
CHECKLIST OF R	EQUIREMENTS WHERE TO SECURE		



1. Clearance for discharge – 1 copy		Nurse's Station			
2. "OK fo PHIC" no		MSSO			
3. Proof of Verificat		PHIC Sectio	n		
documents/ Note for Discharge - 1					
сору					
	4. Hospital Bill and/or with note from		MSSO, Cashier		
the Medical Social Worker – 1 copy					
5. PHIC documents		PHIC Sectio	n		
and/or received hos					
6. Accomplished Cl	•	PHIC Sectio	n		
Discharge Note – 1		FFFO TO	BBCCECONIC	DEDOON	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Secure	1. Issue clearance	FREE	20 minutes	CSR in-Charge,	
clearance form to	for signature to		20 1111111111111111	Nursing Service	
other service	Central Supply			Department	
areas, present	Contrar Cappiy			Dopartmont	
signed clearance					
for discharge to					
Nurse's Station					
and present "OK					
for PHIC" note (if					
with PHIC)					
		-			
2. Secure hospital	2. Issue hospital	Refer to	20 minutes	Nurse-on-duty	
bill to be issued	bill to patients	PHIC Case		Nuring Service	
by the Nurse-on-	respectively and	Rates		Department	
duty and provide	instruct patients to	and/or Free for			
information (if required) for	provide information for	FHP			
verification.	verification	qualified			
verification.	A. If with	beneficiari			
	PHIC, fill-out and	es			
	sign necessary				
	information in the	If			
	Statement of	NonPHIC,			
	Account/Bill and	Refer to			
	proceed to other	service fee			
	service areas for	per			
	the completion of	approved			
	clearance	Revenue			
	B. If Non-	Code			
	PHIC/FHP	Free for			
	qualified	FHP			
	beneficiary, wait	qualified			
	for the bill and	beneficiari			
	proceed to the Medical Social	es			
	Worker				
	MOIKEI				



	<u></u>	1	<b>,</b>	<u> </u>
A.If with PHIC,	A. Receive and	Free for	15 minutes	PHIC Clerk
proceed to Philhealth Section for Philhealth clearance, receive and accomplish documentary forms.  B.In Non- PHIC/FHP qualified beneficiary, secure notation from the Medical Social Worker and submit the noted hospital bill to the Cashier's Office for receipt of the Statement of Account/Bill and proceed to other service areas for the completion of clearance	check accomplished froms for its completeness. Attached discharged PHIC clearance and instructs client/s to present accomplishment forms to Nurse Station. B. Receive noted hospital bill and instruct client to go back to his/her respective ward	NBB and PHIC beneficiary If NonPHIC, Refer to service fee per approved Revenue Code Free for FHP qualified beneficiari es	(without system downtime) 10 minutes	Medical Social Worker (MSSO) Cashier
3. Present the fully accomplished clearance, secure the Discharge Note and Take note of the discharge instructions	accomplished PHIC clearance and issues Discarge Note along with the Dicharge Instructions	NUNE	20 minutes	Nurse



4. Present the Discharge Note, submit for inspection and go home	4. Receive Discharge Note and watcher's ID, inspect belongings and patient and once clear, allow patient to go home	NONE	10 minutes	Security Guard on-Duty
TOTAL		Refer to PHIC Case Rates and/or Free for FHP, NBB and PHIC qualified beneficiari es	1 hour and 35 minutes	

#### 7. AVAILING DISCOUNTS

The hospital through its Medical Social Services Section provides discounts on the goods and services provided to its clients/ patients who are not NBB, PHIC or FHP beneficiaries. Usual rates per approved revenue code are applied to services availed by walk-in patients from the OPD aside from consultation, eg. diagnostic services requested/ required by private hospitals/ physicians/other health facilities including the drugs and medicines, and the like which are prescribed upon consultation. All take home medicines are not considered free, thus, regular/ discounted rates apply.

Office or	ADMINISTRATIVE SUPPORT SERVICES – MEDICAL SOCIAL				
Division:	WELFARE SECTION				
Classification:	SIMPLE				
Type of	G2C - GOVERNME	NT TO CITIZE	EN		
Transaction:					
Who May Avail:	ALL (OPD AND SCF	PH ADMITTEI	D PATIENTS)		
<b>CHECKLIST OF R</b>	EQUIREMENTS	WHERE TO SECURE			
1. Charge Slip/ Pre	scription/ Statement	Service area	s where services	s are sought or	
of Account/ Hospita	al Bill - 1 copy	goods are to	be provided		
2. Proof of Identification	ation (ie.	Concerned of	government instit	utions/ client	
Certification, ID, C1	「C, etc.) – 1 copy				
3. Contact details/ I	nformation,	client			
Guarantee/ referral	with notation – 1				
сору					
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSIN PERSON BE PAID G TIME RESPONSIBLE			



Present     pertinent     documents for     processing	Review and evaluate pertinent documents	NONE	15 minutes	Medical Social Worker MSSO
2. Subject self for interview/ information taking and provide information	2. Conduct validation/ interview/ or seek pertinent information	NONE	15 minutes	Medical Social Worker MSSO
3. Secure notation and/ or referral, wait for encoding / logging of assistance extended and further instructions	3. Secure notation and/ or referral, call in for encoding/logging of assistance extended and give instructions	FREE	10 minutes	Medical Social Worker <i>MSSO</i>
	TOTAL	N/A	40 minutes	

#### 8. AVAILING EMERGENCY ROOM SERVICES

Emergency services are services provided by hospital workers at the Emergency Room to the patients referred by other health facilities. Depending on the Chief complaint and treatment management of the case per diagnosis of the physicians, varying emergency services needed by the patient and by the care management orders are provided. Some patients may be referred for observation and discharged while others are admitted for further management and treatment

Office or	ADMINISTRATIVE :	ADMINISTRATIVE SUPPORT SERVICES – MEDICAL SOCIAL				
Division:	WELFARE SECTION					
Classification:	COMPLEX					
Type of	G2C - GOVERNME	NT TO CITIZEN				
Transaction:						
Who May Avail:	ALL					
<b>CHECKLIST OF RE</b>	QUIREMENTS	WHERE TO SECURE				
1. Referral Form (if r	referred) – 1 copy	Municipal Health Offices, other hospitals and				
	other health stations					
2. Hospital number,	diagnostic results (if	with previous record) – 1 copy				
3. Diagnostic reques	3. Diagnostic request (if there is any) or Municipal Health Offices, other hospitals and					
recent Medical Certi	recent Medical Certificate (if previously other health stations/ private physician					
admitted) - 1 copy	admitted) – 1 copy					
4. Consent for Admission (if applicable) Admitting Se		Admitting Section				
– 1 copy						
5. Prescription/s (if applicable) – 1 copy Admitting/ Attending Physician						
6. Referral/Transfer	Note (if for transfer/	Nurse Station				
referral to other hea	Ith facility) - 1 copy					



CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
02.2.110 012.0	AGENOT AGIIGN	BE PAID	TIME	RESPONSIBLE
1. Present the referral form and hospital number, submit self for Information taking and classification, provide pertinent information and wait for instruction (especially regarding admission accommodation/ availability) If patient is critical, watcher should provide the data and receive instruction	1. Issue the referral form and give hospital number (if without previous record), get information, and give instructions If patient is critical, assess the data given by the watcher and give instructions	FREE	15 minutes	ER Admitting Clerk Medical Records Section Medical Social Worker MSSO, Nurse and/or Nursing Attendant on Duty Nursing Service
2. Submit self/ patient to Vital signs taking, wait for the Physician on duty, and submit self for Medical and diagnostic examination/ Treatment and/or Management	2. Evaluate vital signs and for medical and diagnostic examination/treat ment and/or management	Refer to approved revenue code/PHIC case rates Free for FHP/ NBB qualified beneficiari es	2 hours	Physician on Duty Medical Professional Nurse/ Nursing Attendant on Duty Nursing Service Utility Worker Housekeeping Section, Service Areas In-Charge (Medical Technologist, Radiologic Technician, Ancillary Dept. etc.)
3. Receive medical advice/ education/ instruction, prescription if there is any and procure/get from Pharmacy (if required), wait for further instruction	3. Provide medical advice/education/i nstruction, prescription if necessary. Give instructions for admission/transfer to ward or for further observation	Refer to approved revenue code/PHIC case rates/ SRP Free for FHP/NBB qualified	30 minutes	Physician on Duty Medical Professional, NA or NOD Nursing Service, Pharmacist Pharmacy Section,



if for admission/ transfer to Ward or for further Observation at the ER, Treatment and Management	at the ER, or treatment and management.	beneficiari es		receiving NOD if transfer to ward, Nursing Service Medical Social Worker MSSO
4. Submit self and receive medical management, care and treatment procedures, Take Note of medical advice and instruction ad comply with the advice/ procedure depending on the case (if for Normal Deliver, Surgery, Referral, etc.)	4. Assess client and issue medical management, care and treatment procedures.	Refer to approved revenue code/PHIC case rates Free for FHP qualified beneficiari es	Within 4 hours if for observation only Within 24 hours (if admitted)	Physician on Duty, Nurse/ NA on Duty, Utility Worker, Service Areas In-Charge (Medical technologist, Radiologic Technician, Pharmacist, Medical Social Worker, Ambulance Driver, Nutritionist Dietician etc.)
TOTAL		Refer to approved revenue code/PHIC case rates Free for FHP / NBB qualified beneficiari es	6 hours and 15 minutes (for observation) Within 24 hours if admitted	



# 9. AVAILING GENE EXPERT SERVICES

Gene expert services are services intended/ availed by potential/ suspected PTB patients whether admitted, OPD (walk-in) or referred by other health facilities.

Office or Division:	ANCILLARY SERVI	ANCILLARY SERVICE- MEDICAL IMAGING UNIT				
Classification:	SIMPLE					
Type of	G2C - GOVERNMENT TO CITIZEN					
Transaction:						
Who May Avail:	Avail: ALL SCPH OPD, ER AND ADMITTED PATIENTS					
CHECKLIST OF R		WHERE TO S				
1. Chest X-Ray Re	equest – 1 copy	Municipal Hea	Ith Offices, other	hospitals and		
			tations or private			
			ng Physician (if a	dmitted)		
2. Chest X-Ray res		Medical Imagi				
3. Sputum request	with specimen – 1	Attending Phy	sician			
сору						
4. Listed name in t		Medical Imagi	ng Unit			
request form – 1 c						
5. Charge Slip – 1		Medical Imagi				
6. Official Receipt	(if applicable) – 1	Cashier's Sec	tion			
copy						
CLIENTS	AGENCY ACTION	FEES TO	PROCESSIN	PERSON		
STEPS		BE PAID	G TIME	RESPONSIBLE		
1. Secure	1. Issue request	Refer to	30 minutes	PTB NOD in-		
request for Chest	for Chest X-Ray	approved		charge,		
X-Ray and	and receive patient	revenue		Radiologic		
submit self for	for examination	code/PHIC		Technologist		
examination		case rates Free for		Medical Imaging Unit		
		FHP/ NBB		Offic		
		qualified				
		beneficiaries				
2. Pay at the	2. Receive	Refer to	3 hours	Cahier		
Cashier (if non	payment (if non	approved		Cashier's		
FHP Beneficiary)	FHP Beneficiary)	revenue		Section		
Wait for results	give results and if	code/PHIC		PTB NOD in-		
and if result	result positive for	case rates		charge,		
positive for PTB,	PTB, assess Pre-	Free for FHP		Radiologic		
subject self for	counselling/	,				
Pre-counselling/	instruction and					
instruction and	give Sputum			Technologist		
submit Sputum	specimen			Ancillary Dept.		
specimen						
3. Submit OR (if	3. Receive OR (if	FREE	5 minutes	HACT MedTech		
applicable) and	applicable) and					
sputum	sputum specimen					
specimen to	to HACT					



HACT Laboratory for processing	Laboratory for processing			
4. Wait and secure Gene XPert result and wait for further instruction, advice and follow-up visit	4. Issue Gene XPert result and give instruction, advice and follow- up visit	FREE	3 hours	NOD in-charge Nursing Service MedTech Laboratory Section
TOTAL		Refer to approved revenue code/PHIC case rates Free for FHP/ NBB qualified beneficiaries	6 hours and 35 minutes	

#### 10. AVAILING HEMODIALYSIS SERVICES

The Hemodialysis Unit is one of the specialized areas of South Cotabato Provincial Hospital. The hospital's Renal Replacement Therapy Facility caters the underprivileged with the highest standards in renal replacement therapy under competent, compassionate, and professional staff. The unit provides this therapy to patients with renal failure either in-patient and out-patient on regular maintenance or temporary/transient basis/emergency basis.

The new dialysis patients admitted to this hospital require scheduling. This process covers patient securing dialysis treatment schedule. The service is offered Monday to Friday, 8:00am – 5:00pm except Saturdays and Sundays.

Office or Division:	MEDICAL SERVICE-HEMODIALYSIS UNIT			
Classification:	SIMPLE -TECHN	ICAL		
Type of	G2C-GOVERNM	ENT TO CITIZEN		
Transaction:	G2G-GOVERNM	ENT TO GOVERNMENT		
Who may avail:	ALL PATIENTS N	NEEDING OF HEMODIALYSIS TREATMENT		
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE		
Endorsement Letter		Provincial Social Worker and Development Office (This pertains to the official endorsement of a certain Hemodialysis Patient after a thorough screening of the PSWDO of whom can avail the Free Dialysis Treatment.)  • Not required for admitted new patients needing emergency dialysis		
2. Hemodialysis Orde Nephrologist	Hemodialysis Order from affiliated Nephrologist  Nephrologist			



				FICIAL SEP
3. Latest laboratory result (1photocopy) CBC, Creatinine, E Profile (Hbsag, Ant Latest X-ray result, Test Result	BUN, Hepatitis i HBC, Anti HCV),	Hospital Diagnostic Facility		
4. Referral Form/E	ndorsement Letter	Referring Ho Center	ospital/Agency or P	revious Dialysis
5. Photocopy of the dialysis treatment s (1photocopy each)		Referring Ho Center	ospital/Agency or P	revious Dialysis
6. Philhealth Dialys Number		Center	ospital/Agency or P	revious Dialysis
	RY PROCESSING AN			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Endorsement Letter from the PSWDO.	1. Receive and inspect the letter content.	None	5 minutes	HD Nurse
2. Present requirements to the HD Center/Unit	2. Interview and examine patient, check for completeness of requirements, orient on the HD unit policies and health teachings including patient rights and obligations.	None	30 minutes	Nephrologists/ Physician On Duty
3. Fill-out Patient Information Sheet(PIS)	3. Issuance of PIS. Instruct and provide final schedule of dialysis treatment	None	10 minutes	HD Nurse

None

42 Minutes

TOTAL



# 10.A. AVAILING OUT-PATIENT DIALYSIS TREATMENT

This process pertains to the outpatient requiring hemodialysis treatment procedure. The service is offered Monday to Saturday 6:00am–6pm except Sunday. The schedule is divided into two shifts namely:

Session	Hooking Time	Treatment Time
First Session	6:15am-7:00am	7:00am-11:00am
Second Session	11:30am-12:00pm	12:00pm-4:00pm

Office or Division:	MEDICAL SERVICE-HEMODIALYSIS UNIT				
Classification:	SIMPLE - TECHNICAL				
Type of	G2C-GOVERNMENT TO CITIZEN				
Transaction:	G2G-GOVERNMENT TO GOVERNMENT				
Who may avail:	HEMODIALYSIS PATIENTS				
CHECKLIST OF R			WHERE TO SEC	CURE	
1. Health Declaration		Designated	Triage Area		
2. Free Hemodialys	sis Availment Card (1	Provincial S	Social Worker and	Development	
copy)	,	Office (This	pertains to the ca	rd given to the	
		Hemodialys	sis Patient after a t	horough	
		screening o	of the PSWDO of w	vho can avail of	
		the Free Dia	alysis Treatment.)		
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1. Issuance of billing slip	Encode Dialysis     and Issuance of     Billing Clearance	None	5 minutes	Administrative /Billing Staff	
2. Proceed to waiting area until name is called.	2.Instruct patient to proceed to waiting area	None	30 minutes	Administrative/ Billing Staff	
3. Present Health Declaration Form.	3.Interview patient, obtain the vital signs.	None	10 minutes	HD Nurse	
4.Proceed to designated dialysis station for treatment	4.Conduct initial assessment including weight, start procedure, monitor treatment process, provide appropriate Hemodialysis care and management, administer prescribed medication and	None	4 Hours	HD Nurse	



	conduct of post HD assessment.			
5.Discharge patient from the unit	5.Take post HD vital signs and Weight and provide take home instruction and next dialysis schedule.	None	5 minutes	HD Nurse
TOTAL		None	4 hours and 50 Minutes	

# 10.B. AVAILING OF IN-PATIENT DIALYSIS TREATMENT

This process pertains to the admitted patients (in-patients) requiring hemodialysis treatment procedure. The service is offered Monday to Saturday 6:00am–6pm except Sunday. The schedule is divided into two shifts namely:

Session	Hooking Time	Treatment Time
First Session	6:15am-7:00am	7:00am-11:00am
Second Session	11:30am-	12:00pm-4:00pm
	12:00pm	. 2.00р

Office or Division:	MEDICAL SERVICE-HEMODIALYSIS UNIT			
Classification:	SIMPLE - TECHNICAL			
Type of	G2C-GOVERNMENT TO CITIZEN			
Transaction:	G2G-GOVERNMENT TO GOVERNMENT			
Who may avail:	HEMODIALYSIS PATIENTS			
CHECKLIST OF REQU	UIREMENTS	WHERE TO SECURE		
1.Prescription for Dialy	sis Treatment	Nephrologi	st	
2. Latest laboratory and diagnostic result		Hospital Diagnostic Facility		
(1photocopy)				
CBC, Creatinine, BUN, Hepatitis Profile				
(Hbsag, Anti HBC, Anti HCV), Latest X-ray				
result, Rapid Antigen T	est Result			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSIN	PERSON
		BE PAID	G TIME	RESPONSIBL
				E



1. Proceed to dialysis unit from other ward/area.	1.For Conscious Patients: Interview patient (history taking, etc.,) For Unconscious Patients: Interview significant others (history taking, etc.,) Check for completeness of requirements.	None	15 minutes	HD Nurse
2. Proceed to designated dialysis station for treatment	2.Conduct initial assessment including vital signs and pre-hd weight, start procedure, monitor treatment process, provide appropriate Hemodialysis care and management, administer prescribed medication and conduct of post HD assessment.	None	2 hours for initiation (1st treatment) depending on the order of Nephrologist 4 hours for regular dialysis patient.	HD Nurse
3.Wait for HD Nurse for endorsement of Medical Records to Ward Nurse	3.Provide proper endorsement to ward nurse on duty, post HD vital signs and weight. Transport patient back to ward with safety precautions observed.	None	20 Minutes	HD Nurse/ Utility on Duty
TOTAL		None	4 hours and 35 Minutes for Regular Dialysis Patient 2 Hours and 35 Minutes for 1st Treatment	



#### 11. AVAILING OF HOSPITALIZATION ASSISTANCE

Hospital Assistance is the financial assistance provided by the hospital to the patients served and/or admitted to the SCPH by way of discounting or providing guarantee referrals to defray their hospitalization expenses. Some are provided as discounts to the total hospital bill and charge slips, others are in the form of guarantee letters for the institutions where the hospital has existing MOA for out-sourced services while others are notes for non-payment/ free hospitalization (for No Balance Billing patients and Free Hospitalization Program Beneficiaries.

Office or	ADMINISTRATIVE SUPPORT: MEDICAL SOCIAL WELFARE				
Division:	SECTION				
Classification:	COMPLEX				
Type of	G2C – GOVERNMENT TO CITIZEN				
Transaction:					
Who May Avail:	ALL ADMITTED PATIENTS AT SCPH				
CHECKLIST OF R					
1. Proof of Identification		Government	Government institutions		
Certification, Birth (	Certificate, CTC,				
etc), - 1 copy		DI IIO D	1.000		
			nal Office XII		
Beneficiary) – 1 cor	Dy	Dilling / DL !! C	0		
3. Hospital bill/ Pres	scription or charge	Billing/ PHIC	Section		
slip – 1 copy	internal Comments of	Madiaal Caa	ial Camilaa Caatian	/ athan Financial	
	istance/ Guarantee/		Medical Social Service Section/ other Financial		
Referral letter – 1 c		Assistance Organizations/ Office			
5. Hospital Clearan		Billing/ PHIC Section			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present the	1. Get and	FREE	30 minutes	Medical Social	
requirements	evaluate the			Worker	
(certification,	requirements			MSSO	
proof of	(certification, proof				
identification and	of identification				
hospital bill/	and hospital bill/				
charge slip)	charge slip)				
2. Provide the	2. Solicit the	Per	30 minutes	Medical Social	
nacaccary					
necessary	necessary	approved		Worker	
information/ date	information/ date	PHIC case		Worker MSSO	
information/ date and answer	information/ date and validate	PHIC case rates/			
information/ date and answer questions from	information/ date and validate answers to	PHIC case rates/ revenue			
information/ date and answer questions from the interview, affix	information/ date and validate answers to questions from the	PHIC case rates/ revenue code			
information/ date and answer questions from the interview, affix signature on the	information/ date and validate answers to questions from the interview, ensure	PHIC case rates/ revenue code Free for			
information/ date and answer questions from the interview, affix signature on the patient	information/ date and validate answers to questions from the interview, ensure signature of patient	PHIC case rates/ revenue code Free for FHP			
information/ date and answer questions from the interview, affix signature on the patient information sheet	information/ date and validate answers to questions from the interview, ensure signature of patient on the information	PHIC case rates/ revenue code Free for FHP qualified			
information/ date and answer questions from the interview, affix signature on the patient information sheet and secure	information/ date and validate answers to questions from the interview, ensure signature of patient on the information sheet and secure	PHIC case rates/ revenue code Free for FHP qualified beneficiari			
information/ date and answer questions from the interview, affix signature on the patient information sheet	information/ date and validate answers to questions from the interview, ensure signature of patient on the information	PHIC case rates/ revenue code Free for FHP qualified			



referral/ guarantee letter/ clearance	referral/ guarantee letter/ clearance			
a. If NBB and FHP Beneficiary, proceed to the service areas/ health facility where service is sought, present the eligibility for assistance/ referral/ guarantee letter/ clearance and wait to receive service/ instruction  b. If Non-PHIC, you may seek additional assistance from other financial assistance provider (eg. DSWD, P/C/MSWDO, PCSO, etc.), or directly proceed to cashier for payment of fees and charges and secure official receipt  Note: for those with additional assistance, submit the referral/ guarantee letter/s to the Medical Social Worker for recording	a. If NBB and FHP Beneficiary, get and validate eligibility for assistance/ referral/ guarantee letter/ clearance presented and provide instruction  b. If Non- PHIC, instruct watcher of patient to seek additional assistance from other financial assistance providers (eg. DSWD, P/C/MSWDO, PCSO, etc.), or instruct to proceed to cashier for payment of fees and charges and issue official receipt	Per approved PHIC case rates/ revenue code Free for FHP qualified beneficiari es	30 minutes	Medical Social Worker Service In- Charge MSSO In-charge of other financial assistance providers PGO, PSWDO, DSWD, etc.  Medical Social Worker MSSO  Cashier Cashier's Section



TOTAL	FREE FOR	2 hours	
	FHP/NBB		
	BENEFICI		
	ARIES		
	AND FOR		
	NON-FHP		
	BENEFICI		
	ARIES,		
	REFER TO		
	APPROVE		
	D		
	REVENUE		
	CODE		

## 12. AVAILING OF HOSPITALIZATION SERVICES

All patients seeking emergency medical attention and intervention at the SCPH are provided with hospitalization services such as Admission, Medical diagnosis and treatment, Ancillary services (Laboratory, Radiologic and Pharmacy services), Support Services (Medical Social Welfare, Linen and Laundry, Utility, Dietary, Billing and Cashiering, Transport, HOMIS, Medical Records, PHIC) and Patient Management and Care (Medical Professional and Nursing Services).

Office or	MEDICAL PROFES	SIONAL, NURSING SERVICE DEPARTMENT	
Division:	AND ADMINISTRAT	TIVE SUPPORT SERVICES	
Classification:	COMPLEX		
Type of	G2C – GOVERNME	NT TO CITIZEN	
Transaction:			
Who May Avail:		BLIC REFERRED FOR ADMISSION	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
1. Referral Form –	1 copy	Municipal Health Offices, other hospitals and	
		other health stations	
2. Hospital number	(if with previous	OPD Retrieval	
record) – 1 copy			
	ation (ID, CTC/ Birth	Government institutions	
Certificate, Brgy.	Certification, etc.) –		
1 copy			
4. PHIC ID (If PhilH		PHIC member/ PHIC officer	
beneficiary) – 1 c			
5. Diagnostic result	•	Patients' copy/medical records section	
record), - 1 copy			
6. Diagnostic reque	• •	Attending physician/patient copy	
recent Medical C	•		
previously admitt			
7. Chart (Station-sta		Nurse Stations	
8. Prescriptions – 1		Attending physician	
9. Diagnostic Requ	ests/ Results (as	Nurse's station/attending physician	
admitted)			



10. Note for PHI Member or Bene	C (if PhilHealth ficiary),	Philhealth off	ice	
	insfer Note (if for	Attending phy	ysician	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the referral form and hospital number, submit self for Information taking and classification, provide pertinent information and wait for instruction (especially regarding admission accommodation/availability)	1. Get the referral form and hospital number, conduct Information taking and classification, solicit pertinent information and provide instruction (especially regarding admission accommodation/ availability)	FREE	30 minutes	ER Admitting Clerk, Medical Records Section Medical Social Worker MSSO
2. Proceed to the Nurse Table where Case classification belongs, wait for your number/ name to be called, submit self to Vital signs taking and wait for the Physician on duty	2. Call-in priority number/ name, get Vital signs (initial VS) and pertinent information and provide instruction to wait for the Physician on duty	Per approved PHIC case rates Free for FHP/NBB qualified beneficiarie s	2 hours	Nurse/ Nursing Attendant on Duty, Nursing Service , Physician on duty Medical Professional
3. Wait for your number/ name to be called, submit self to Medical History Taking and Chief Complaint interview, provide other pertinent information and submit self for Medical examination/ Treatment and/or Management	3. Call patient number/ name, conduct Medical History Taking and Chief Complaint interview, solicit other pertinent information and provide Medical examination/ Treatment and/or Management (physical examination, history taking assessment)	Per approved PHIC case rates Free for FHP/NBB qualified beneficiarie s	3 hours	Physician on duty  Medical  Professional,  Nurse/ Nursing  Attendant on  Duty,  Nursing Service,  Utility Worker,  Housekeeping  Section  Service Areas  In-Charge  (Medical  Technologist-  Laboratory



4. Receive medical advice/ education/ instruction, prescription if there is any and procure/get from Pharmacy (if required), wait for further instruction and submit self for official admission/ transfer to Ward for further	4. Provide medical advice/ education/ instruction, prescription if needed and, give further instruction and perform official admission/ transfer to Ward for further Observation, Treatment and Management (IV insertion and other procedures)	Per approved PHIC case rates/ SRP for drugs and meds Free for FHP/ NBB qualified beneficiarie s	10 minutes	Section, Radiologic Technician- Medical Imaging Unit, etc.) Physician on Duty Medical Professional, NA or NOD Nursing Service, Pharmacist Pharmacy Section, receiving NOD if transfer to ward, Medical Social Worker MSSO
Observation, Treatment and Management  5. Submit self and receive medical management, care and treatment procedures, Take Note of medical advice and instruction and comply with the advice/ procedure depending on the case (if for Normal Deliver, Surgery, Referral, etc.)	5. Perform medical management, care and treatment procedures, provide medical advice and instruction (charting done-inform ward/endorse to ward)	Per approved PHIC case rates  Free for FHP qualified beneficiarie s	Average of 5 days	Physician on Duty Medical Professional, NA or NOD Nursing Service, Utility Worker Housekeeping Section, Service Areas In-Charge (Medical Technologist- Laboratory Section, Radiologic Technician- Medical Imaging Unit, Pharmacist Pharmacy Section, Medical Social Worker MSSO Ambulance Driver Transport Section,



				Nutritionist Dietician Dietary Section, etc.)
TO	TAL	FREE FOR FHP/NNBB BENEFICIA RIES AND FOR NON- FHP BENEFICIA RIES, REFER TO APPROVE D REVENUE CODE	5 hours & 40 minutes	

#### 13. AVAILING MINOR SURGERY/PROCEDURE

Minor surgeries are minimally invasive operative procedures performed under local anesthesia without respiratory assistance. This is usually superficial and do not require penetration of a body cavity thus can shorten a patient's recovery time & effectively reduce their risk of infection. These include dental restorations, circumcision, breast biopsy, removal of foreign body, excision of cystic masses, incision/excision and drainage. They are performed in minor operating room under local anesthesia.

Office or Division:	OUTPATIENT DEP	OUTPATIENT DEPARTMENT		
Classification:	SIMPLE – TECHNICAL			
Type of		G2C – GOVERNMENT TO CITIZEN		
Transaction:		· · · · · · · · · · · · · · · ·		
Who May Avail:	GENERAL PUBLIC	GENERAL PUBLIC WITH REFERRAL FROM HEALTH FACILITY		
CHECKLIST OF R	EQUIREMENTS	QUIREMENTS WHERE TO SECURE		
1. Referral Form –	1 copy	Municipal health Office, other health stations,		
		other hospitals		
2. Information Shee	et – 1 copy	Security Guard on Duty		
3. Health Declaration	on Form – 1 copy	Security Guard on Duty		
4. Hospital Number	(if with previous	OPD Clerk		
record or old patien	it) – 1 copy			
5. Priority Number-	1 copy	Security Guard on Duty, OPD Clerk		
6. Philhealth Card		Issued by Philhealth		
7.1 Patient Card –	1 copy	OPD Clerk		
7.2 For pregnant m	other: home Based			
Maternal Record ca	ard – 1 copy			
7.3 For child: Grow	th Monitoring Card –			
1 copy	-			



		T =		
8. Referral/Request	•	Private Physi	cian or OPD Phys	ician
Examinations: Labo Ultrasound, Rapid				
· ·	etc. (if there is any or			
if applicable) – 1 co	`			
9. Prescriptions (if t		OPD Physicia	an/Nurse	
applicable) – 1 cop	•	Of D 1 Hydiolo	211/110100	
10. Charge Slip & E		Billing Clerk		
there is any or if ap	•	Social Worke	r	
	results (Laboratory,		oratory, Radiology	Room, Medical
_	Rapid Antigen Test)		or Diagnostic Cen	
– 1 copy	,		· ·	
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Present referral	Evaluate referral	None	20 minutes	Security Guard
slip & hospital	slip, provide			on Duty – PSU
number (if with	Health Information			OPD Clerk
previous record),	Sheet and Health			Medical
fill out Information	Declaration Form			Records Section
sheet & Health	for clients to fill up.			
Declaration Form	Gather and assign			
and submit for	priority number.			
evaluation.	Forward to			
Secure Priority Number.	Medical Records Section for			
Number.	Treatment Record			
	registration or			
	Retrieval of Health			
	card.			
	Release OPD			
	Card.			
2. Wait name to	Receive OPD	None	30 minutes	Security Guard
be called and	Card and endorse			on Duty – PSU
undergo Vital	to nursing			Nursing
Signs taking.	Attendant for Vital			Attendant
	Signs taking.			
	2.2 Endorse OPD			
	card.			
3.1Wait name to	Receive OPD	Refer to		Nursing
be called by the	card, call client's	approved	1 hour	Attendant
Physician/Nurse	name for	Revenue		Nurse
for consultation,	consultation,	Code,		Physician on
examination,	examination &	Philhealt		Duty
treatment.	management.	package, e-		
Schedule of	Call name of	Konsulta		
consultation from	client. Conduct	package.		
Monday to Friday	consultation,	Free for FHP		
10am-3pm only. NOTE:	examination &			
INOTE.	treatment.	qualified		



Luc	0511105		Т	
NO CONSULTATION S ON SATURDAYS, SUNDAYS & HOLIDAYS 3.2 Submit self for assessment, evaluation and management.	SENIOR CITIZENS, PERSON WITH DISABILITY (PWD) & PREGNANT WOMEN ARE GIVEN PRIORITY. Issue request for Rapid Antigen Testing. Instruct client to come back once the result is in.	beneficiarie s		
4.1 Proceed to laboratory & submit self for Rapid Antigen Testing. 4.2 Claim & receive result & present to Physician/Nurse for interpretation & further advice. RAT (+): To home isolation for 5-7 days. TCB at OPD after 7 days for repeat RAT & scheduling of minor surgery.  RAT (-): Sign consent & submit self for minor procedure.  5.1 If with prescriptions	Perform Rapid Antigen Testing & release results to client. Receive result, attach to OPD card & refer back to Physician On Duty for interpretation & further advice. RAT (+): Defer procedure, advice client to undergo home isolation x 5-7 days. Coordinate result to RHU or barangay for transport of client back to home isolation. Instruct client to follow-up after 7 days isolation. RAT (-): Secure consent & proceed with the procedure. Issue prescription with instructions. Give schedule of follow-up check- up.	Refer to approved Revenue Code, Philhealt package/e-Konsulta package Free for FHP qualified beneficiarie s	2 hours	Laboratory staff Nursing Attendant Nurse Physician on Duty



				CIAL 3
receive prescriptions and proceed to hospital pharmacy. 5.2 Bring prescriptions with charges to Social Worker for discounting/chargi ng/notation & pay fees at Cashier's division. 5.3 Present Official Receipt/notations to pharmacy & claim prescribed medicines. 5.4 Give drugs/medicines to Nurse/Nursing Attendant & submits self for skin testing or administration. 5.5 Receive oral medications with instructions & schedule of follow-up check- up.	Evaluate prescriptions, put charges & refer to Social Worker for discounting/chargi ng/notations & Cashier's division for payment. Dispense prescribed medicines with instructions. Receive & administer drugs/medicines. Instruct patient with Perform skin testing to stay for 45 minutes to 1 hour for reading & observation of untoward reactions. Endorse oral medications with home instructions & schedule of follow-up	Refer to approved Revenue Code, Philhealth packages, e-Konsulta package Free for FHP qualified beneficiaries	45 minutes	Physician Nurse Nursing Attendant Social Worker Cashier
6.1 Proceed to Billing Clerk for issuance of Charge Slip/Statement of accounts. 6.2 Refer SOA to Social Worker for charging.	<ul><li>6.1 Issue charge slip/statement of accounts.</li><li>6.2 Evaluate bill for charging/notations.</li></ul>	Refer to approved Revenue Code, Philhealt package. Free for FHP qualified beneficiarie s.	30 minutes	Nurse Nursing Attendant Social Worker Cashier



7. Request issuance of Medical Certificate if applicable.	7.1 Issue Medical Certificate. 7.2 Facilitate signatory of medical Certificate. 7.3 Release medical Certificate.	Refer to approved Revenue Code Free for FHP qualified beneficiarie s	5 minutes	Nurse Nursing Attendant Medical Records Section
	TOTAL	REFER TO APPROVE D REVENUE CODE, PHILHEALT H PACKAGE S, E- KONSULTA PACKAGE FREE FOR FREEHOS PITALIZATI ON PROGRAM QUALIFIED BENEFICIA RIES	7 hours & 10 minutes	

# 14. AVAILING OF BILLING SERVICES

All hospital bills and expenses incurred by the hospitalization of patients are processed including charges of all the services provided to patients in the hospital are encoded and printed by the Billing Section. Both hospital bills of PHIC and Non-PHIC patients are catered and processed for reimbursement claims of the hospital.

Office or	ADMINISTRATIVE SUPPORT SERVICES – BILLING SECTION		
Division:			
Classification:	SIMPLE		
Type of	G2C- GOVERNMEN	NT TO CITIZEN	
Transaction:			
Who May Avail:	SCPH ADMITTED PATIENTS		
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE	
1 a For Non-PHIC	N		
1.a i di Non-i i ilo,	Note for billing – 1	Nurse Station	
copy	Note for billing – 1	Nurse Station	
		Nurse Station  MSSO/ PHIC Section	
copy	er/beneficiary, "OK		



2. Patient Chart with "May Go Home" order – original copy (NOD to present directly to PHIC)

CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Present clearance and "OK for PHIC" note (if with PHIC) to Nurse's Station.	1. Receive clearance and "OK for PHIC" note (if with PHIC)	FREE	10 minutes	Nurse on-duty Nursing Service
For deceased patients, present "For Billing" note, clearance and "OK for PHIC" (if with PHIC)	For deceased patients, receive "For Billing" note, clearance and "OK for PHIC" (if with PHIC)		10 minutes	Billing Clerk Admin-Billing Section
2. Claim the Statement of Account / Bill at the Nurse's Station once the name of patient is called.	2. Issue the Statement of Account / Bill.	Refer to approved revenue code/ PHIC case rates Free for FHP/ NBB	1 hour	PHIC Clerk PHIC Section, Billing Clerk Billing Section Nurse on-duty Nursing Service
For deceased patients, claim the Statement of Account/Bill at Billing Section once the name of the patient is called.	For deceased patients, issue the Statement of Account/Bill at Billing Section	qualified beneficiari es	1 hour	PHIC Clerk PHIC Section, Billing Clerk Billing Section
A. If with PHIC, fill-out and sign necessary information in the Statement of Account/Bill and proceed to other service areas for the completion of clearance.  B. If Non-	A. If with PHIC, review necessary information in the Statement of Account/Bill B. If Non-PHIC/FHP qualified beneficiary, issue notation, receive the noted hospital bill and provide	Refer to approved revenue code/ PHIC case rates Free for FHP/ NBB qualified beneficiari es	1 hour	PHIC Clerk PHIC Section, Billing Clerk Billing Section
PHIC/FHP qualified	instruction for			Billing Clerk



beneficiary, secure notation from the Medical Social Worker and submit the noted hospital bill to the Cashier's Office for receipt of the Statement of Account/Bill and proceed to other service areas for the completion of clearance.	completion of clearance			Billing Section, Medical Social Worker MSSO, Cashier Cashier's Section
TOTAL		FREE FOR FHP/ NBB BENEFICI ARIES AND FOR NON-FHP BENEFICI ARIES, REFER TO APPROV ED REVENU E CODE	3 hours & 20 minutes	

## 15. AVAILING OF LABORATORY SERVICES

Laboratory services which can be availed by patients in the hospital include diagnostic examinations such as Blood Chemistry, urinalysis, fecalysis, lipid profile, calcium testing, thyphidot, CBC, Platelet count, conduct of Blood Cross matching, blood, bacteriology, histopathy and many others.

Office or	ANCILLARY SERVICE- LABORATORY SECTION		
Division:			
Classification:	SIMPLE		
Type of	G2C - GOVERNMENT TO CITIZEN		
Transaction:			
Who May Avail:	ALL SCPH OPD, ER AND ADMITTED PATIENTS		
<b>CHECKLIST OF RE</b>	QUIREMENTS WHERE TO SECURE		



1. Filled in Laboratory Request / Referral Form– 1 copy	Municipal Health Offices, other hospitals and other health stations or private physicians/ SCPH Attending Physician (if admitted)/ Client
2. Laboratory result – 1 copy	Laboratory Section
3. Listed name in the Logbook/	Laboratory Section
request form – 1 copy	
4. Charge Slip – 1 copy	Laboratory Section
5. Official Receipt (if applicable) – 1	Cashier's Section
copy	

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure laboratory request from the Physician and present to the Laboratory a.) If admitted patient: Patient provides proper identification, first name, middle name, and last name, date of birth, age, gender, etc. b.) if OPD Patient: The Med Tech on duty assess the availability of the test requested	1. Get laboratory request and validate information and request a.) if admitted patient: NOD-carries out Doctors' order logs in the requested test at the laboratory receiving logbook with the patient proper identification, complete name, ward, date of birth, age, gender etc. b.) if OPD Patient: The Med Tech on duty assess the availability of the test requested	Refer to approved revenue code Free for OPD PHIC/ FHP and NBB beneficiaries	15 minutes 15 minutes 10 minutes	Physician/ Doctor Medical Professional Nurse on duty Nursing Service Med Tech on duty Laboratory Section
3.) Issue charge slip	3. If admitted: MedTech collect sample, process, record results to its specific logbook, release results to wards, charge the patient in accordance to test performed record in	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	30 minutes	Med Tech on duty Laboratory Section



	Philhealth			
	logbook			
	If OPD Patient: Cashier collects payment and issue official receipt			Cashier Cashier's Section
Present the receipt to Med Tech on duty for collection of sample	Get the receipt and conduct collection of sample			Med Tech on duty Laboratory Section
For Senior Citizen and Person with Disability Patient, Patient may go to Social Worker for discount	Assess classification of patient and provide corresponding discount			Medical Social Worker <i>M</i> SSO
4.) Get laboratory result	4. Med Tech collect sample, process, record and release result			Med Tech on duty Laboratory Section
	For admitted patients: MedTech endorse results to wards.	FREE	6 hours depending on the test requested	Med Tech on duty Laboratory Section
	For OPD Patients: MedTech instruct patient the time to claim their result	FREE	6 hours depending on the test requested	Med Tech on duty Laboratory Section



5.) Present result to Physician	5. If admitted patient: Nurse on duty attach the result to patient chart. Physician/Doctor on duty	FREE	10 minutes	Nurse on duty
	For OPD Patient: Physician/Doctor on duty get and evaluate results	FREE	10 minutes	Patient/Watcher
6.) Wait and take note of the Physician's instruction	6. If admitted patient: Physician interpret the result for treatment and further management of patient  For OPD Patient: Physician interpret the result for treatment and management	FREE	10 minutes	Physician /Doctor
	TOTAL	Refer to approved revenue code/PHIC case rates Free for FHP/ NBB qualified beneficiaries	7hours and 30 minutes	

# 16. AVAILING OF MEDICAL SUPPLIES

Medical supplies needed by the patients not available at the pharmacy are provided by the Central Supply Room. Some of these supplies include surgical masks, oxygen cannula, alcohol, and many others.

Office or	NURSING SERVICE- CENTRAL SUPPLY ROOM
Division:	
Classification:	SIMPLE



Room

				OFFICIAL SE
Type of	G2C - GOVERNME	NT TO CITIZE	EN	
Transaction:				
Who May Avail:	ALL SCPH ADMITT			
<b>CHECKLIST OF RE</b>		WHERE TO		
1. Request slip – 1 o	сору	Nurse Statio		
2. "OK" note for PHI	IC – 1 copy	Medical Soc	ial Welfare Sectio	n
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Get request for medical supplies and wait for instructions	1. Issue request for medical supplies and give instructions	FREE	30 minutes	Nurse and/or Nursing Attendant on Duty Nursing Service, Attending Physician Medical Professional
2. If indigent, NBB, or FHP Beneficiary, present the request slip (with notation from the Medical Social Worker) and "OK" note for PHIC to CSR	2. If indigent, NBB, or FHP Beneficiary, assess the request slip (with notation from the Medical Social Worker) and "OK" note for PHIC to CSR	Refer to approved revenue code/PHIC case rates Free for FHP/ NBB qualified beneficiari es	10 minutes	Nursing Attendant Central Supply Room
If not indigent, get Charge Slip from the Attendant,	If not indigent, issue Charge Slip		5 minutes	Nursing Attendant Central Supply Room
Pay to the Cashier and present the Official Receipt to CSR	Accept payment and issue OR		10 minutes	Cashier Cashier's Section
3. Get the medical supplies, Check the items and	3. Assess the medical supplies, endorse and	Refer to approved revenue	15 minutes	Nursing Attendant Central Supply

es

administer the

items.

endorse to the

administration

endorsement and

nurse for

Free for FHP

qualified . beneficiari

code/PHIC

case rates



TOTAL	Refer to	55 minutes for	
	approved	indigent and 1	
	revenue	hour and 10	
	code/PHIC	minutes for	
	case rates	Non indigent/	
	Free for	Non PHIC and	
	FHP/ NBB	Non FHP	
	qualified	Beneficiary	
	beneficiari		
	es		

# 17. AVAILING OF NUTRITION AND DIETETIC SERVICES

Nutrition and Dietetic services are hospital dietary services provided by the hospital which include provision of food to patients/ or watchers for NPO patients, diet counseling to those with health and nutritional issues, tube feeding and supplemental nourishment for those with special health needs and conditions

Office or	ADMINISTRATIVE SUPPORT SERVICES – DIETARY SECTION			
Division:				
Classification:	SIMPLE			
Type of	G2C- GOVERNMEN	NT TO CITIZE	N	
Transaction:				
Who May Avail:	SCPH ADMITTED F			
CHECKLIST OF RE	•	WHERE TO		
1. Name inclusion in	the Patient List – 1	Dietary Sect	ion or Nurse Stat	ion
diet/ census list				
2. Proof of Identifica	tion and admission	client		
<ul> <li>original for validati</li> </ul>	,			
3. Doctor's Order (F	-	Nurse Statio	n/ Physician on D	Outy
Care, eg. Tube Feed				
Supplemental Nouris				
Counselling) - 1 cop				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
a. For normal care:	a. Evaluate proof			
Present self and	of identification	Refer to		Food Service
proof of	and call the name	approved	30 minutes	Worker
identification and	of patient/watcher.	revenue	3 times a day	Dietary Section
wait for name to be	Caratinas fuara tha			
	Confirm from the	code/		
called for	Diet list	code/ PHIC case		
confirmation from		PHIC case rates		
		PHIC case rates Free for		
confirmation from the Diet list	Diet list	PHIC case rates Free for FHP/ NBB		
confirmation from the Diet list  If not called and	Diet list  If not called and	PHIC case rates Free for FHP/ NBB qualified		Nurse on Duty
confirmation from the Diet list  If not called and when name is not	Diet list  If not called and when name is not	PHIC case rates Free for FHP/ NBB	10 minutes	Nurse on Duty Nursing Service
confirmation from the Diet list  If not called and	Diet list  If not called and	PHIC case rates Free for FHP/ NBB qualified	10 minutes	



Nurse Station and get instruction  b. For special care: Present doctor's order and wait for instructions/ counseling	Nurse Station and get instruction  b. For special care: Present doctor's order and call for instructions/ counseling		1 hour	Nutritionist Dietician Dietary Section
Receive food	Receive food	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiari es	10 minutes	Food Service Worker/ Nutritionist Dietician Dietary Section with the assistance of the NOD Nursing Service
Once finished, tidy plate, collect all utensils and return to the service worker during the scheduled collection	collect all utensils and return to the service worker during the scheduled collection	NONE	5 minutes	Food Service
	TOTAL	Refer to approved revenue code/ PHIC case rates Free for FHP/ NBB qualified beneficiari es	Ave. 1 hour & 55 minutes	

#### 18. AVAILING OF PHARMACY SERVICES

All drugs and medicine needs for Patient Care and Management are properly dispensed to the patients/watchers by the hospital pharmacy. If the drugs and medicines are not available in the main pharmacy, patients/ watchers are referred to



the adjoining Health Plus Shop-in a-Shop Pharmacy of the Hospital supervised by the Chief Pharmacist of the Hospital.

Office or Division:	ANCILLARY DEPARTMENT – PHARMACY SECTION			
Classification:	SIMPLE			
Type of	G2C- GOVERNME	NT TO CITIZEN	V	
Transaction:			•	
Who May Avail:	OPD AND SCPH A	DMITTED PAT	IENTS	
CHECKLIST OF R	I.	WHERE TO S		
1.A For OPD and I			ysician if OPD pation	ent
- Prescription/s (1	copy)		nding physicians if I	
		From Ward At	tending physician o	or NOD at station
		if admitted		
1.B For PHIC patie			ysician if OPD pation	
Prescription )1 cop			nding physicians if I	
1.2. "OK for PHIC"	note – 1 copy		tending physician c	or NOD at station
		if admitted	,=	
7 0	· · · · · · · · · · · · · · · · · · ·		I Worker/ PHIC Sec	ction
7. Prescription/s w	-	Pharmacy Sec	ction	
charge slip -1 copy  8. Official Receipt (if applicable) – 1 Cashier				
	(if applicable) – 1	Cashier		
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE
1. Read and	1. Read and	FREE	11141	KEOI ONOIDEE
check the name	check the name	11122	10 minutes	
indicated in the	and drugs and		70 77111714140	Pharmacist/
prescription	medicines			Pharmacy Aide
properly and	indicated in the			Pharmacy
present it to the	prescription			Section
Pharmacy				
a. If the Drugs	A. If the Drugs	Per	15 minutes/ item	Pharmacist/
and Medicines	and Medicines	approved		Pharmacy Aide
are available at	are available at	PHIC case		Pharmacy
the Main	the Main	rates/ SRP		Section
Pharmacy:	Pharmacy:	Free for		
0.04 For FUD	0 o4 For FUD	FHP/NBB	20 minutes ditem	
2.a1. For FHP Qualified	2.a1. For FHP Qualified	qualified beneficiaries	20 minutes/item	
Beneficiary:	Beneficiary:	Denendanes		
check and	check, release			
secure the items	and record the			
2.a2. For Non-	items			Pharmacist/
PHIC and Non-				Pharmacy Aide
FHP Beneficiary,	2.a2. For Non-			Pharmacy
secure the	PHIC and Non-			Section
prescription with	FHP Beneficiary,			Cashier
price notation,	indicate price			



		T		
pay to the cashier and secure the Official Receipt then go back to the pharmacy to get the items purchased	notation in the prescription, release to the client, instruct patient to pay at the cashier and after client's payment, check the Official Receipt then release tne items purchased			Cashier's Section
A. If the drugs and medicines are not available at the Main Pharmacy: 1. Proceed to the Health Plus Shop-In-a-Shop (HPSIS) Pharmacy, 2. Present the prescription, Pay the corresponding amount (if Non-PHIC or Non-FHP Beneficiary), 3. Secure and check the items provided	A. If the drugs and medicines are not available at the Main Pharmacy: 1. Instruct client to proceed to the Health Plus Shop-In-a-Shop (HPSIS) Pharmacy, 2. Checks the prescription, release OR and item after payment (if Non-PHIC or Non-FHP Beneficiary), 3. Check and release the items purchased	Per approved PHIC case rates/ SRP Free for FHP /NBB qualified beneficiaries	20 minutes	HPSIS Pharmacist Mahintana Foundation Pharmacy Aide Pharmacy Section
	TOTAL	FREE FOR FHP BENEFICIA RIES AND FOR NON- FHP BENEFICIA RIES, REFER TO APPROVED REVENUE CODE	1 hour & 5 minutes	



# 19. AVAILING OF X-RAY AND ULTRASOUND SERVICES

X Ray and Ultrasound Services are the services provided by the Medical Imaging Unit belonging to the ancillary and diagnostic services of the hospital.

Office or	ANCILLARY SERVICE- MEDICAL IMAGING UNIT			
Division:	011151.5			
Classification:	SIMPLE			
Type of	G2C - GOVERNME	ENT TO CITIZE	EN	
Transaction:	411 00011 000 5	D 411D 4 D141T	TED DATIENTO	
	ALL SCPH OPD, E			
CHECKLIST OF R	· · · · · · · · · · · · · · · · · · ·	WHERE TO		
1. Request slip, or	Referral Form – 1			nospitals and other
copy	110 ("t D) 110	s or private physici	ans	
2. "OK" note for Ph				
	ember/ beneficiary) – 1 copy Charge slip (if applicable) – 1 copy   Medical Imaging Unit			
				DEDCON
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON DESPONSIBLE
		Refer to	TIME	RESPONSIBLE
1. Present request from the	1. Assess request given	approved	10 minutes	Radiologic Technologist on
Physician/ NOD	giveri	revenue		Duty
to the Radiologic		code/PHIC		Medical Imaging
Technologist		case rates		Unit
l commonagner		Free for		<i></i>
		FHP		
		qualified		
		beneficiarie		
		S		
2. If admitted,	2. If admitted,	Refer to	30 minutes for	Radiologic
submit self for	conduct Medical	approved	XRay	Technologist on
Medical Imaging	Imaging	revenue	Within the day	Duty
procedure	procedure	code/PHIC	as scheduled for	Medical Imaging
If ODD and had	I ODD	case rates	Ultrasound	Unit
If OPD patient,	If OPD patient,	Free for		Medical Social
receive charge	issue charge slip, Medical Social	FHP		Worker
slip and proceed to the Medical	Worker for	qualified beneficiarie		MSSO,
Social Worker for	assessment,	s		Radiologic Technologist
assessment,	patient	3		Medical Imaging
patient	classification and			Unit
classification and	assistance or			Cashier
assistance or				Cashier's
	Accept CS and			Section
Proceed to the	payment and			Radiologic
Cashier (if with	issue OR			Technologist
charge for				Medical Imaging
payment) and	Conduct			Unit
	procedure			



				CIAL
Return to the MIU and submit self for procedure				
3. Receive instruction and wait for the result if the film/ cassette image is clear, and recording of procedure conducted was completed	3. Give instruction and result if the film/ cassette image is clear, and recording of procedure	FREE	40 minutes	Radiologic Technologist on Duty and/ or MIU In- Charge, Radiologist Medical Imaging Unit
4. If not admitted, return to claim the result If admitted, wait for the results at the wards where admitted.	4. If not admitted, issue result upon presentation of OR If admitted, issue results at the wards where admitted.	Refer to approved revenue code/PHIC case rates Free for FHP qualified beneficiarie s	Within the day except Saturdays, Sundays and Holidays	Radiologic Technologist on Duty and/ or MIU In-Charge, Radiologist Medical Imaging Unit
	TOTAL	Refer to approved revenue code/PHIC case rates Free for FHP/ NBB qualified beneficiarie s	Within the day for OPD, 1 day and 1 hour for admitted XRay And within the 2 days as scheduled for Ultrasound	



# 20. AVAILING OUTPATIENT CONSULTATION

The South Cotabato Provincial Hospital Outpatient Department provides preventive, curative health services for a self-reliant community and ensures accessible, sustainable, and complete primary health care services for a better quality of life.

All non-emergency patients who need not be admitted but seek medical attention referred by Rural Health Units and other health facilities are catered to at the Out-Patient Department of the Hospital Services such as medical consultation, dental interventions, ophthalmology consultations, minor surgeries, animal bites treatment, CP clearance, and the like are provided to patients.

Office or Division:  Classification: SIMPLE - TECHNICAL Type of G2C - GOVERNMENT TO CITIZEN Transaction: Who May Avail: GENERAL PUBLIC WITH REFERRAL FROM HEALTH FACILITY CHECKLIST OF REQUIREMENTS WHERE TO SECURE  1. Referral Form - 1 copy Municipal Health Office, Health Stations, other Facilities and Hospitals 2. Information Sheet - 1 copy Security Guard on Duty 3. Health Declaration Form - 1 copy Security Guard on Duty 4. Hospital Number (if with previous record or old patient) - 1 copy 5. Priority Number- 1 copy Security Guard on Duty, OPD Clerk 6. Philhealth Identification Card - 1 Issued by Philhealth	office or	OUTDATIENT DED	A DITACLIT		
Classification:SIMPLE - TECHNICALType of Transaction:G2C - GOVERNMENT TO CITIZENWho May Avail:GENERAL PUBLIC WITH REFERRAL FROM HEALTH FACILITYCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Referral Form - 1 copyMunicipal Health Office, Health Stations, other Facilities and Hospitals2. Information Sheet - 1 copySecurity Guard on Duty3. Health Declaration Form - 1 copySecurity Guard on Duty4. Hospital Number (if with previous record or old patient) - 1 copyOPD Clerk5. Priority Number- 1 copySecurity Guard on Duty, OPD Clerk6. Philhealth Identification Card - 1 copyIssued by Philhealth		OUTPATIENT DEPA	ARIMENI		
Type of Transaction:  Who May Avail: GENERAL PUBLIC WITH REFERRAL FROM HEALTH FACILITY  CHECKLIST OF REQUIREMENTS WHERE TO SECURE  1. Referral Form – 1 copy Municipal Health Office, Health Stations, other Facilities and Hospitals  2. Information Sheet – 1 copy Security Guard on Duty  3. Health Declaration Form – 1 copy Security Guard on Duty  4. Hospital Number (if with previous record or old patient) – 1 copy  5. Priority Number- 1 copy Security Guard on Duty, OPD Clerk  6. Philhealth Identification Card – 1 Issued by Philhealth  Copy		0114DLE TEQUINO			
Transaction:  Who May Avail: GENERAL PUBLIC WITH REFERRAL FROM HEALTH FACILITY  CHECKLIST OF REQUIREMENTS WHERE TO SECURE  1. Referral Form – 1 copy Municipal Health Office, Health Stations, other Facilities and Hospitals  2. Information Sheet – 1 copy Security Guard on Duty  3. Health Declaration Form – 1 copy Security Guard on Duty  4. Hospital Number (if with previous record or old patient) – 1 copy  5. Priority Number- 1 copy Security Guard on Duty, OPD Clerk  6. Philhealth Identification Card – 1 Issued by Philhealth  copy					
Who May Avail:GENERAL PUBLIC WITH REFERRAL FROM HEALTH FACILITYCHECKLIST OF REQUIREMENTSWHERE TO SECURE1. Referral Form – 1 copyMunicipal Health Office, Health Stations, other Facilities and Hospitals2. Information Sheet – 1 copySecurity Guard on Duty3. Health Declaration Form – 1 copySecurity Guard on Duty4. Hospital Number (if with previous record or old patient) – 1 copyOPD Clerk5. Priority Number- 1 copySecurity Guard on Duty, OPD Clerk6. Philhealth Identification Card – 1 copyIssued by Philhealth		G2C – GOVERNME	NT TO CITIZE	:N	
CHECKLIST OF REQUIREMENTS  1. Referral Form – 1 copy  2. Information Sheet – 1 copy  3. Health Declaration Form – 1 copy  4. Hospital Number (if with previous record or old patient) – 1 copy  5. Priority Number- 1 copy  6. Philhealth Identification Card – 1 copy  CHECKLIST OF REQUIREMENTS  MHERE TO SECURE  Municipal Health Office, Health Stations, other Facilities and Hospitals  Security Guard on Duty  OPD Clerk  Security Guard on Duty, OPD Clerk  Issued by Philhealth  Copy					
1. Referral Form – 1 copy  2. Information Sheet – 1 copy 3. Health Declaration Form – 1 copy 4. Hospital Number (if with previous record or old patient) – 1 copy 5. Priority Number- 1 copy 6. Philhealth Identification Card – 1 copy  Municipal Health Office, Health Stations, other Facilities and Hospitals  Security Guard on Duty  OPD Clerk  Security Guard on Duty, OPD Clerk  Issued by Philhealth  Issued by Philhealth					TH FACILITY
Facilities and Hospitals  2. Information Sheet – 1 copy  3. Health Declaration Form – 1 copy  4. Hospital Number (if with previous record or old patient) – 1 copy  5. Priority Number- 1 copy  6. Philhealth Identification Card – 1 copy  Issued by Philhealth copy					
2. Information Sheet – 1 copy 3. Health Declaration Form – 1 copy 4. Hospital Number (if with previous record or old patient) – 1 copy 5. Priority Number- 1 copy 6. Philhealth Identification Card – 1 copy Clerk Issued by Philhealth Copy	. Referral Form – 1	copy			Stations, other
3. Health Declaration Form – 1 copy 4. Hospital Number (if with previous record or old patient) – 1 copy 5. Priority Number- 1 copy 6. Philhealth Identification Card – 1 copy Security Guard on Duty, OPD Clerk Issued by Philhealth				•	
4. Hospital Number (if with previous record or old patient) – 1 copy  5. Priority Number- 1 copy  6. Philhealth Identification Card – 1 copy  Security Guard on Duty, OPD Clerk  Issued by Philhealth		. ,			
record or old patient) – 1 copy  5. Priority Number- 1 copy  6. Philhealth Identification Card – 1 copy  copy  Security Guard on Duty, OPD Clerk  Issued by Philhealth				rd on Duty	
5. Priority Number- 1 copy Security Guard on Duty, OPD Clerk 6. Philhealth Identification Card – 1 Issued by Philhealth copy	•	•	OPD Clerk		
6. Philhealth Identification Card – 1 Issued by Philhealth copy					
сору					Clerk
• •		cation Card – 1	Issued by Phi	ilhealth	
7.1 Patient Card – 1 copy OPD Clerk/Medical Records Section		. ,			
7.2 For pregnant mother: home Based   Issued by Municipal Health Office			Issued by Municipal Health Office		
Maternal Record card – 1 copy					
7.3 For child: Growth Monitoring Card –		n Monitoring Card –			
1 copy	1 2	( 5)	D : . DI :	· 000 01	
8. Referral/Request for Diagnostic Private Physician or OPD Physician	•	•	Private Physic	cian or OPD Phys	ician
Examinations: Laboratory, X-ray,		3 .			
Ultrasound, Rapid Antigen Testing,	•	<u> </u>			
ECG, Gen X-pert, etc. (if there is any or					
if applicable) – 1 copy			ODD Dhyraiais	/N I	
9. Prescriptions (if there is any or OPD Physician/Nurse	• `		OPD Physicia	an/Nurse	
applicable) – 1 copy  10. Charge Slip & Billing Statement (if Cost Center			Ocat Ocaton		
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	• •	` \	Cost Center		
there is any or if applicable) – 1 copy  Billing Clerk  Social Worker	iere is arry or ir app	olicable) – i copy	•	v	
11. Diagnostic Test results (Laboratory, Hospital Laboratory, Radiology Room, Medica	1 Diagnostic Tost	roculte (Laboratory			Poom Modical
X-ray, Ultrasound, RAT, etc.) – 1 copy   Imaging Unit or Diagnostic Centers					
			i iiiiauiiiu Uilli	ui Diauliusiiu UEH	
BE PAID TIME RESPONSIB		, ,	FEES TO	PROCESSING	PERSON



1. Present referral slip & hospital number (if with previous record), fill out Information sheet & Health Declaration Form and submit for evaluation. Secure Priority Number.	Evaluate referral slip, provide Health Information Sheet and Health Declaration Form for clients to fill up. Gather and assign priority number. Forward to Medical Records Section for Treatment Record registration or Retrieval of Health card. Release OPD Card.	None	20 minutes	Security Guard on Duty – PSU OPD Clerk Medical Records Section
2. Wait name to be called and undergo Vital Signs taking	Receive OPD Card and endorse to Nursing Attendant for Vital Signs taking. Take, record vital signs & other parameters to OPD card. Endorse OPD card to Nurse/Nursing Attendant of consultation area.	None	30 minutes	Security Guard on Duty – PSU Nursing Attendant
3.1Proceed to designated consultation area & wait for the Physician on duty. Schedule of consultation are as follows: • Family Medicine 9am-3pm (8am-9am daily endorsement, 3pm-5pm FAMED Class/Meetings/C onferences) • Internal Medicine: 10am-3pm	Receive OPD card & endorse to Physician on Duty for consultation.  Conduct consultation, assessment/ evaluation & management.  Assist physician during consultation. SENIOR CITIZENS, PERSON WITH DISABILITY (PWD) &	Refer to approved Revenue Code, Philhealth package, Konsulta package Free for FHP qualified beneficiarie s	3 hours	Nursing Attendant/ Nurse Physician on Duty Dentist



				CIAL SU
OBGYNE: 10am-12noon (Monday- Wednesday only) Surgery:10am- 3pm Pediatrics: 9am- 3pm Ophthalmology: 9am-3pm Dental: 8am- 4pm NOTE: NO CONSULTATION SON SATURDAYS, SUNDAYS & HOLIDAYS Wait name to be called & submits self for assessment, evaluation & management.  4.1 If with requests for diagnostics proceed to laboratory or Imaging Unit & submits self for	PREGNANT WOMEN ARE GIVEN PRIORITY.  Issue diagnostic requests if applicable. Perform requested examinations & instruct clients when to claim the	Refer to approved Revenue Code, Philhealth package,e- Konsulta	3 hours Imaging/ X- ray/USD as scheduled	Nursing Attendant/ Nurse Physician on Duty Dentist Laboratory Staff



	Interpret results &			
	give further advice.			
5.1 If with	Issue prescriptions	Refer to	45 minutes	Physician on
prescription,	with instructions.	approved	10 1111114100	Duty
receive	Give schedule of	Revenue		Nurse/Nursing
prescriptions &	follow-up check-	Code,		Attendant
proceed to	•	Philhealth		Pharmacist
hospital	up. Evaluate	package &		Social Worker
•		e-Konsulta		Cashier
pharmacy.	prescriptions, put			Casniei
5.2 Refer	charges, refer to	package		
prescriptions with	Social Worker for	Free for		
charges to Social	discounting and	FHP		
Worker for	Cashier's division	qualified		
discounting/chargi	for payment.	beneficiarie		
ng/notations and	Dispense	S		
pay fees at	drugs/medicines			
Cashier's division.	with instructions.			
5.3 Present	Receive &			
Official	administer			
Receipt/notations	drugs/medicines.			
to pharmacy &	Instruct patient			
claim the	with skin testing to			
prescribed	stay for 45 minutes			
drugs/medicines	for reading &			
5.4 Give drugs/	observation of			
medicines to	untoward			
Nurse/ Nursing	reactions.			
attendant &	Endorse oral			
submit self for	medications with			
skin testing or	home instructions			
administration.	and schedule of			
5.5 Receive oral	follow-up.			
medications with	, i			
instructions &				
schedule of				
follow-up check-				
up.				
6.1 Request	Issues Medical	Refer to		Nurse/ Nursing
Medical	Certificate.	approved		Attendant
Certificate if	Facilitates	Revenue		Physician on
needed.	signatory of	Code,		Duty
6.2 Receive	Medical	Philhealth		Medical
Medical	Certificate.	package, e-		Records Clerk
Certificate.	Release Medical	Konsulta		1.000100 Ololik
Cortinoate.	Certificate.	package		
	Ocitinoate.	package		



		Free for FHP qualified beneficiarie s		
7.1 Proceed to Billing Clerk for issuance of charge slip/ statement of accounts and refer to Social Worker for discount/charging of accounts. 7.2 Pay at Cashier's division.	Issue charge slips/statement of accounts and forward to Social Worker for charging	Refer to approved Revenue Code, Philhealth package, e-Konsulta package Free for FHP qualified beneficiarie s	25 minutes	Nurse/Nursing Attendant Designated Billing Clerk Social worker Cashier
	TOTAL	FREE FOR FREE HOSPITALI ZATION PROGRAM QUALIFIED BENEFICIA RIES OTHER SERVICES REFER TO APPROVE D REVENUE CODE, PHILHEALT H PACKAGE S, E- KONSULTA PACKAGE	8 hours	



# 21. AVAILING PHIC PACKAGE OF SERVICES THRU ENROLMENT TO POINT-OF-SERVICE

All clients of South Cotabato Provincial Hospital are encouraged to avail of the Universal Health Coverage thru availment of PHIC health service packages by enrolling to the Point of Service program. The Medical Social Welfare Service Section of the Administrative Support Services

Office or	ADMINISTRATIVE SERVICE- MEDICAL SOCIAL WELFARE			
Division:	SERVICES			
Classification:	SIMPLE			
Type of	G2C - GOVERNME	NT TO CITIZE	N	
Transaction:				
Who May Avail:	ALL SCPH OPD, EF			
CHECKLIST OF R	·			
Birth Certificate -		Respective L	ocal Civil Registra	r/ Registry
2. Marriage Certific	ate/ Contract – 1			
сору				
3. Proof of identification		Attending Phy		
	ne Logbook/ request	Medical Imag	jing Unit	
form – 1 copy				
5. Charge Slip – 1 of	сору	Medical Imag	jing Unit	
6. Official Receipt (	if applicable) – 1	Cashier's Sec	ction	
сору				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Presents self for	MSSO	None	15 minutes	Medical Social
interview.	Social Worker			Worker on Duty
	interviews client			
	based on the			
	MSSO			
	assessment tool.			
Watcher/Client	MSSO	None	5 minutes	PH Cares in-
waits for advice	PH Cares			charge
	Check Philhealth			MSSO
	record of member			
	to Portal/ E-claims.			
	-If PH is not ok			
	(based on notation			
	to E-claims)			
	instructs client to			
	proceed to PH			
	Cares for checking			
	of PH validity			



				CIAL 3.
If validated by PH	MSSO	None		Medical Social
Cares as expired	Client			Worker Duty
or NO, patient will				
go back to				
Medical Social				
Worker for				
validation of PH				
record versus				
admission record.				
If there are				
discrepancies on				
their records, the				
Social Worker will				
require the client/				
watcher to				
provide valid				
documents as				
reference for				
correction.				
If there's NO				
discrepancies no				
valid documents				
as attachment will				
be required.				
If there is NO				
Philhealth record,				
the patients				
presents/submits				
the required valid				
documents (Valid				
ID, birth				
certificate,				
marriage contract				
and etc.) to				
ensure the data is				
true and correct.				
Patient/Watcher	MSSO	None	3 minutes	Medical Social
gets instruction.	The Medical Social			Worker on Duty
Fills-up PMRF &	Worker issues PH			
CSF form.	form (PMRF and			
	CSF) and gives			
	instruction on how			
	to fill-up.			



Submits filled in/ accomplished form	MSSO After the form was filled – up by the client/ watcher, the Social Worker reviews all the required entries and enrolls patient through Point of Service (POS).	None	5 minutes	Medical Social Worker on Duty
Waits for issuance on OK for PHIC and receives instruction	MSSO After enrolment, the Social Worker issues OK for PH and gives proper instructions for its purpose.	None	3 minutes	Medical Social Worker on Duty
	TOTAL	None	31 minutes	

## 22. AVAILING PHILHEALTH SERVICES

PhilHealth Services provide assistance to patients on how to avail membership and benefits of PhilHealth as a member or as a beneficiary. Benefits of PhilhHealth services vary based on the membership classification. However, if the patient belongs to the No Balance Billing Category or qualifies as a Free Hospitalization Program beneficiary, all fees are waived and hospitalization services shall be availed free of charge.

Office or Division:	ADMINISTRATIVE SUPPORT SERVICES – SOCIAL WORKER			
Classification:	COMPLEX			
Type of	G2C- GOVERNMEN	T TO CITIZEN		
Transaction:				
Who May Avail:	SCPH ADMITTED PA	ATIENTS		
CHECKLIST OF RE	QUIREMENTS	WHERE TO SECURE		
For patients with Phil	health:	Nurse Station (Nursing Service)		
1. Discharge Clearan	ice – 1 copy;	Medical Social Worker (MSSO)		
2. Complete docume	nts needed for	Medical Social Worker (MSSO)		
Philhealth Verification	n (1 copy) such as:	Philhealth Office		
a. Claim Signature Fo	orm	Member's Employer		
b. Philhealth Member	r Registration Form	Philhealth Office/Member		
c. Member Data Rec	ord (if available)	Philhealth Office		
d. Certificate of Cont	ribution	Concerned Government Agencies		
e. PHIC Official Rece	eipt	Concerned Government Agencies		
f. Certification of Eligibility		Concerned Government Agencies		
g. Birth Certificate				
h. Marriage Contract	Tribal Marriage			
Contract				



- 3. Documents needed for authorization on behalf of the member (1 copy):
- a. Birth Certificate
- b. Marriage Contract/ Tribal Marriage Contract
- c. Valid ID
- 4. Valid lds 1 copy
- a. UMID
- b. PRC
- c. Postal
- d. Voter's ID / Certification
- e. Senior Citizen
- f. Peron with Disability (PWD)
- g. Passport
- h. Driver's License

h. Driver's License				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
Proceeds to Medical Social Services Office for information on who and how to avail Philhealth benefits and it requirements	Provide assistance for those members utilizing Philhealth benefits and list of requirements (with forms) for presumed (based on stated facts) qualified members	NONE	15 minutes (without system downtime)	Medical Social Worker MSSO
Present documentary requirements for initial verification thru Philhealth Portal and/or ECWS for eligibility status	Check/ evaluate presented documents for verification of validity and completeness visa-vis with PHIC and iHOMIS a. If YES – proceed to Step 4 b. If No – instructs client to submit documentary requirements as stated in hte PHIC/eClaims Portal. For POS, submit documentary requirements for enrolment.	NONE	15minutes (without system downtime)	Medical Social Worker MSSO



Secure and accomplish documentary requirements	Receive and check accomplished documentary requirements. For Point-Of-Service (POS), encode accomplished forms for enrolment to POS.	None	20 minutes (without system downtime)	Medical Social Worker MSSO
Secure note indicating "OK for Philhealth"	Issue "OK for Philhealth" note to patients eligible for PHIC benefit availment	None	10 minutes	Medical Social Worker <i>M</i> SSO
Present note and get prescription	Issue prescribed medications, supplies and other supplementary request to patients	None	15 minutes	Pharmacist Pharmacy  Central Supply Room In-charge CSR
	TOTAL	None/ Free	1 hour and 15 minutes	

# 23. AVAILING TRANSPORT (AMBULANCE) SERVICES

Ambulance services are services provided to transport and conduct patients to and from the hospital where they will be or had been admitted or will be getting outsourced services such as 2D echo, diagnostic procedures, CT scan, MRI, higher facility services referral and the like transported using the ambulance vehicle of the hospital. Patients who are discharged/ or with Home without Medical Advice (HAMA) cannot avail the service per standard regulation for hospitals.

Office or Division:	ADMINISTRATIVE S	UPPORT SERVICES – TRANSPORT		
	SECTION			
Classification:	SIMPLE			
Type of	G2G, G2B & G2C- G	OVERNMENT TO GOVERNMENT,		
Transaction:	GOVERNMENT TO I	BUSINESS (PRIVATE HEALTH		
	INSTITUTIONS) AND	O GOVERNMENT TO CITIZEN		
Who May Avail:	ADMITTED, WALK-II	N & REFERRED PATIENTS		
CHECKLIST OF REC	QUIREMENTS	WHERE TO SECURE		
1. Request form (deta	ails of patient's	Nurse Station (if SCPH admitted), Other		
name, case, destinat	ion, schedule and	health facility/ physician (if referred), Client		
purpose), - 1 copy				
2. a. Note from the PGO (for Special Trip)		Provincial Governor's Office, Provincial		
or Referral form – 1 copy		Administrator's Office		
2.b. Note for discharg	ge (if admitted) – 1			
сору				



2.c. Out on pass )if referred for outsourced service) – 1 copy	
3. Contact details/ Information – 1 copy	Client
.,	Client
4. Proof of Identification - 1 copy	

CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
4 5	4 5	BE PAID	TIME	RESPONSIBLE
1. For travel to and from SCPH and Special Trip: Present the request/ pertinent documents (approved discharge note/ out of pass or referral note) to the Drivers' Quarter and provide the required information	1. For travel to and from SCPH and Special Trip: Present the request/ pertinent documents to the Drivers' Quarter and give information	FREE	15 minutes	Driver on Duty Transport Section
2. Wait for confirmation/ instructions	2. Evaluate and give instructions	FREE	15 minutes	Driver on Duty Transport Section
3. Agree on the schedule and arrangement for travel	3. Agree on the schedule and arrangement for travel	Refer to approved revenue code/PHI C case rates Free for FHP qualified beneficiar ies	10 minutes	Driver on Duty Transport Section
4. Confirm final schedule and carry out instructions	4. Evaluate final schedule and give instructions	Refer to approved revenue code/PHI C case rates Free for FHP/NBB qualified beneficiar ies	30 minutes	Driver on Duty Transport Section



5. Prepare and accompany the patient during travel	5. Carry and Transport Patient	Refer to approved revenue code/PHI C case rates Free for FHP/ NBB qualified beneficiar ies	Within the day as scheduled	Nurse of Duty Nurse Station Driver on Duty Transport Section
	TOTAL	Refer to approved revenue code/PHI C case rates Free for FHP/ NBB qualified beneficiar ies	Within 1 day as scheduled	

## 24. AVAILING WARD SERVICES

Ward services are services availed and provided at the wards to the patient who are admitted to the hospital per referral by the Emergency Room physician. These services vary depending on the cases and the wards where they belong, eg. dressing for surgery and CS OB patients or to patients suffering from abrasions and the like. Ancillary services are also provided like diagnostic tests required by the laboratory and the Medical Imaging unit as management and treatment per case of patients as ordered.

Office or Division:	MEDICAL PROFESSIONAL AND NURSING SERVICES				
Classification:	COMPLEX	COMPLEX			
Type of	G2C - GOVERNME	NT TO CITIZEN			
Transaction:					
Who May Avail:	ALL SCPH ADMITT	ED PATIENTS			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE					
1. Referral from Eme	rgency Room – 1	Emergency Room			
сору					
2. Patient Admission Chart – 1 set Emergency Room					
3. Diagnostic requests/ additional results		Attending Physician/ Nurse Station			
- 1 copy each					
4. Prescription/s - 1 c	ору	Nurse Station/ Attending Physician			



				FICIAL SE
5. Discharge Instructions/ Medical Notes/		Nurse Station/ Attending Physician		
advice – 1 copy				
6. List of Take Home Meds, Referral		Nurse Station/ Attending Physician		
Note (if applicable) -	1 copy			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Present and submit all the required drugs and medicines, medical supplies and items needed for medical care and treatment and wait for instruction	1. Assess all required drugs and medicines, medical supplies and items needed for medical care and treatment and give instructions.	Refer to approved revenue code/PHIC case rates/ SRP Free for FHP/ NBB qualified beneficiari	30 minutes	Nurse and/or Nursing Attendant on Duty Nursing Service
2. Submit self/ patient to medical examinations, medications and comply with the instructions (ie. Procure drugs and medicines required, scheduled intake of drugs and medicines, scheduled ultrasound, submission of specimen to the lab, to dos and not to dos, etc.) and wait for the examination and advice of the Physician during the ward rounds.	2. Conduct medical examinations, medication and give instructions. Call in for the examination and give advice during the ward rounds.	Refer to approved revenue code/PHIC case rates Free for FHP/ NBB qualified beneficiari es	Average of 4.5 days for simple cases	Physician on Duty Medical Professional Nurse/ Nursing Attendant on Duty Nursing Service, Utility Worker Housekeeping Section, Service Areas In-Charge (Medical Technologist, Radiologic Technician, Pharmacist, - Ancillary Dept., etc.)



3. Receive medical advice/ education/ instruction, May Go Home/ Discharge Order (Improved or for referral), Procure Take Home Medicines, Take note of follow-up check-ups (if applicable)	3. Issue medical advice/education/i nstruction, May Go Home/Discharge Order, Procure Take Home Medicines.	Refer to approved revenue code/PHIC case rates Free for FHP qualified beneficiari es	Within the day	Physician on Duty Medical Professional NOD Nursing Service Ambulance Driver Transport Section (if necessary)
αρριισασίο	TOTAL	Refer to approved revenue code/PHIC case rates Free for FHP qualified beneficiari es	Ave. of 5 days, 4 hours and 30 minutes (for simple case)	necessary)

# 25. CLAIMING OF CADAVER

The claiming of cadaver service applies to all folks or legitimate relatives/claimant whose patient/s die/s at the hospital. All cadavers are taken to the morgue immediately upon death of patient has been declared. The legitimate claimant should claim the cadaver within the day.

Office or	NURSING SERVICE AND ADMINISTRATIVE SUPPORT SERVICES			
Division:	- SECURITY SERVICES AND HOUSEKEEPING			
Classification:	SIMPLE			
Type of	G2C - GOVERNME	NT TO CITIZEN		
Transaction:				
Who May Avail:	BEREAVED FAMIL	Y OF DEAD PATIENTS		
CHECKLIST OF RI	EQUIREMENTS	WHERE TO SECURE		
1. Request for disch	narge, for Discharge	Nurse station		
Order by Physician	– 1 copy			
2. Proof of Identification of claimant Client		Client		
declaring legitimacy to claim cadaver				
(ie. Certification, ID, CTC, marriage				
Certificate- if married, established				
relationship, etc.) – 1 copy				
3. Processed Hospital Bill with Biilir		Biiling/ PHIC Section		
Clearance				
4. Official Receipt (	4. Official Receipt (if applicable, eg. Cashier's Section			
Non PHIC patient) -	- 1 copy			
5. Filled-in Cadaver	Disposition Form	Nurse Station		



CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
02:2:(10 0:2: 0	/ CERT / COROR	BE PAID	TIME	RESPONSIBLE
1. Secure discharge note from the nurse station	Issue discharge note	FREE	15 minutes	Nurse on Duty/ Nursing Attendant on duty Nursing Service
2. Secure hospital bill, Note, Assessment and Disposition of Cadaver Form and accomplish clearance	2. Issue hospital bill, Note, Assessment and Disposition of Cadaver Form and provide instruction on accomplishing clearance	Refer to approved revenue code/PHIC case rates Free for FHP qualified beneficiaries	2 hours	Billing Clerk Billing Section PHIC Clerk PHIC Section, Medical Social Worker, MSSO Pharmacist/ Aide Pharmacy Section Laboratory Aide/ Medical Technologist Laboratory Section CSR attendant Nursing Service MIU Staff Medical Imaging Unit Cashier Cashier's Section
3. Present accomplished clearance and/or official receipt to nurse station where patient was admitted, submit Cadaver Claim Form and wait for the Discharge Card/ note	3. Receive and evaluate accomplished clearance and/or official receipt, evaluate filled-in cadaver form and give Discharge Card/ note	N/A	30 minutes	NOD Nursing Service



4. Proceed to the guard/Main Exit, present the discharge card / clearance from the nurse station, submit Filled in Cadaver Form, present belongings for inspection and Proceed to the Morgue	4. Assess the discharge card/clearance/get Cadaver Form and inspect belongings	FREE	30 minutes	Hospital Guard on Duty PSU, Utility Worker Housekeeping Section
	TOTAL	Refer to approved revenue code/PHIC case rates Free for FHP / NBB qualified beneficiaries	4 hours and 15 minutes	

#### 26. SECURING MEDICAL-RELATED CERTIFICATIONS

Medical-related certifications are issued by the Medical Records section which are deemed needed for registration, insurance assistance, medico-legal cases, seeking financial assistance and for other legal purposes of patients and folks. Among these certifications are Birth Certificates, Newborn Admission, Death Certificates, Certificates of Confinement, Medical Certificates, Medico-Legal Certificates and Fetal Death Certificates.

#### 26. A. Filing & Issuance of Birth Certificate (BC) and Newborn Admission

All newborn babies delivered at SCPH are issued with BC after father/guardian completely processed and complied requirements at Medical Records (MR) Section

Office or	ADMINISTRATIVE S	SUPPORT SERVICES – MEDICAL RECORDS	
Division:	SECTION		
Classification:	COMPLEX		
Type of	G2C- GOVERNMENT TO CITIZEN		
Transaction:			
Who May Avail:	SCPH ADMITTED PATIENTS		
<b>CHECKLIST OF R</b>	EQUIREMENTS	WHERE TO SECURE	
1. Birth Information	Sheet – 1 copy	Delivery Room (DR) or Operating Room (OR)	
2. Duly filled-up Bir	th Information Sheet	Client	
(BIS) – 1 copy			



				FICIAL SER
3. BIS with admissi	on note from ER-	ER Admitting	Section	
admitting unit – 1 copy		_		
4. Claim stub – 1 co	ру	MR section		
5.a Valid ID as clair	mant (1 copy), or	Client		
	letter & valid ID (w/			
	gh representative –			
1 copy				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Father or	1. OR or DR staff	FREE	5 minutes	Delivery Room
watcher secures	fill up date & time			or Operating
Birth Information	of delivery & name			Room staff
Sheet (BIS) form	of Attending			Nursing Service
from Delivery	Physician			Ŭ
Room (DR) if	-instruct			
normal delivery	father/watcher to			
and from	fill up completely			
Operating Room	the remaining			
(OR) if via	entries in the BIS			
caesarian section				
delivery.				
2. Father fill up/	2. Fill up the BIS	Refer to	5 minutes	Father /
complete the	form and proceed	approved		Guardian (filer)
entries in the BIS	to the Emergency	revenue		,
form and proceed	Room (ER)	code/ PHIC		
to Emergency	Admitting Section	case rates		
Room (ER)	for admission of	Free for FHP		
Admitting Section	Newborn (NB)	qualified		
for admission of	baby with final	beneficiaries		
Newborn (NB)	name	201101101011010		
baby with final	Hamo			
name.				
3. Father	3. Process	Refer to	15 minutes	ER Admitting
processes his	newborn and	approved		encoder / clerk
newborn	admission & give	revenue		Medical
admission by	instructions	code/ PHIC		Records Section
providing		case rates		
complete and		Free for FHP		
accurate data to		qualified		
encoder and		beneficiaries		
signs consent for		20.10110101100		
admission.				



				CIAL SE
<ul> <li>4. Father proceeds to Medical Records Section (MRS) to file Birth Certificate (BC):</li> <li>• Signing of BC as informant, after BC transcription and review.</li> <li>• Giving of instructions to filer</li> <li>• Issuing of claim stub (schedule of release)</li> </ul>	4. Transcribe BC *give instruction	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	30 minutes	Father / Guardian (filer) MR encoder / clerk
5. Father / guardian claims BC according to scheduled date with valid ID and requirements for registrations as instructed during signing, authorization letter (for married only) if through representative with photocopies of ID of parent and claimant.	5. Issue transcribed BC to: >father – if not married >guardian – if baby's mother is minor of age >parent or representative if married	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	a day after filing (except Saturday, Sunday and Holiday) 15 minutes	MR encoder / clerk Medical Records Section
	TOTAL	Refer to approved revenue code/ PHIC case rates Free for FHP/ NBB qualified beneficiaries	1 day, 1 hour and 10 minutes	



#### 26. B. Filing & Issuance of Certificate of Confinement (CC)

A certificate of confinement is issued to client/nearest kin while patient is still admitted at SCPH for simple purpose/use only. E.g. justification of patient confinement for school or employer use.

Office or		ADMINISTRATIVE SUPPORT SERVICES – MEDICAL RECORDS		
Division:	SECTION			
Classification:	SIMPLE			
Type of	G2C- GOVERNMEN	G2C- GOVERNMENT TO CITIZEN		
Transaction:				
Who May Avail:	SCPH ADMITTED F			
CHECKLIST OF R		WHERE TO S	ECURE	
1. Valid ID of claim				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1. Guardian / Watcher or nearest kin requests from the Medical Records Section by providing correct and complete name of patient currently admitted patient and its purpose.	1. Cater patient request	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 minutes	MR encoder / clerk Medical Records Section
2. Guardian / Watcher or nearest kin waits for the preparation and processing of the Certificate of confinement (CC).	2. Prepare CC	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 minutes	MR Encoder / Clerk Medical Records Section
3. Guardian or watcher/nearest kin claims CC by presenting valid ID & acknowledges receipt by signing at MRS release logbook	3. Issue CC to claimant and record release	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 minutes	MR encoder/clerk
	TOTAL	Refer to approved revenue	15 minutes	



Medical

Records Section

CC	ode/ PHIC
Ca	ase rates
F	ree for FHP
q	ualified
be	eneficiaries

#### 26. C. Filing & Issuance of Death Certificate (DC)

Office or

hospital bill at

Death Certificate (DC) is issued to nearest kin of died patient at SCPH either admitted or ER death. All patients declared dead on arrival (DOA) are issued with DOA record only. DC will be prepared/issued by concerned city/municipal/Barangay Health Center of patient's place of origin.

ADMINISTRATIVE SUPPORT SERVICES - MEDICAL RECORDS

Division:	SECTION			
Classification:	COMPLEX	COMPLEX		
Type of	G2C- GOVERNMENT TO CITIZEN			
Transaction:				
Who May Avail:	SCPH ADMITTED F	PATIENTS		
<b>CHECKLIST OF R</b>	EQUIREMENTS	WHERE TO S	ECURE	
1. Request slip – 1	сору	MR Section		
2. Note for Billing –	1 copy	Concered war	d or MR section	
3. Hospital Bill with	clearance note - 1	Billing Section	1	
copy				
4. Patient's valid / a	authentic document	Client		
showing complete v				
5. Valid ID as claim		Client		
6. Death Certificate	duly transcribed	MR section		
and signed				
*other documents a				
concerned agencie	,			
Koronadal City Hea				
Embalmer: Korona				
Registrar - 3 copies		FFF0 TO	PROCECCINO	DEDCON
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
I Filing of	1 Drovido roguest	FREE	IIIVIE	
I – Filing of Death	1. Provide request slip	FREE	5 minutes	MR encoder / clerk
Certificate(DC):	Siip		3 minutes	Medical
1. Client requests				Records Section
from Medical				Necords Section
Records Section				
by filling up				
request slip.				
2. Client	2. Give note for	Refer to	15 minutes	MR encoder /
processes	billing if not yet	approved		clerk

revenue

billed; give

instructions



	Т		Т	T
Billing Section, if		code/ PHIC		
not yet billed.		case rates		
		Free for FHP		
		qualified		
		beneficiaries		
<ol><li>Client presents</li></ol>	3. Receive bill –	Refer to		MR encoder /
Hospital Bill to	attach to patient	approved	10 minutes	clerk
Medical Records	record	revenue		Medical
Section to attach	-give further	code/ PHIC		Records Section
to patient records.	instruction to	case rates		
Waits for further	client/nearest kin	Free for FHP		
instruction.		qualified		
		beneficiaries		
- Issuance of	1.Transcribe DC	Refer to	30 minutes	MR encoder /
Death	upon data	approved	30 minutes	clerk
Certificate:	validation from	revenue		Medical
1. Client provides	nearest kin as	code/		Records Section
complete and	client	Free for		
accurate data of		FHP/ NBB		
patient to by		qualified		
providing valid		beneficiaries		
document of				
patient to validate				
and transcribe				
correct data in the				
Death Certificate.				
2. Client (should	2. Issue DC and	Refer to	20 minutes	MR encoder /
be next of kin)	provide instruction	approved		clerk
reviews data and	'	revenue		Medical
signs as informant		code		Records Section
at the transcribed		Free for		
Death Certificate,		FHP/ NBB		
claims DC and		qualified		
waits further		beneficiaries		
instruction.				
3. Client	3. give final	Refer to	Within the day	MR encoder /
processes Death	instruction	approved	Concerned	clerk
Certificate		revenue	Agency's	Medical
according to		code	processing	Records Section
final instruction		Free for	time	
given by MR staff:		FHP/ NBB		
a. Process		qualified		
DC at Koronadal		beneficiaries		
City Health Office		Fees vary		
b. Process		based on		
FDC at Funeral		concened		
Care / Embalmer		agencies		
(if any)		standard		
		fees		
L	I	1	I.	I .



c. Process DC to register at Koronadal City Civil Registrar's Office				
	TOTAL	Refer to approved revenue code/ standard fees Free for FHP qualified beneficiaries	1 day and 50 minutes (plus other concerned agencies processing time	

#### 26. D. Filing & Issuance of Fetal Death Certificate (FDC)

FDC is issued to a patient who delivered stillbirth and is usually used but not limited to burial purposes and insurance claims of parents

Office or	ADMINISTRATIVE SU	JPPORT SERVI	ICES – MEDICAL I	RECORDS
Division:	SECTION			
Classification:	COMPLEX TECHNIC	AL		
Type of	FILING & ISSUANCE	OF MEDICAL C	CERTIFICATE	
Transaction:				
	PATIENT/GUARDIAN	I/WATCHER OF	PATIENT	
CHECKLIST OF RI	EQUIREMENTS	WHERE TO SE	ECURE	
1. Requested slip –	· 1 copy	MR section		
2. Birth Information	Slip – 1 copy	MR section		
3. Certificate of Feta	al Death form - 1	Ward station		
сору				
4. Valid ID of mother	er or father as	Client		
claimant - 1 copy				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE	PROCESSING	PERSON
		PAID	TIME	RESPONSIBLE
1.	<ol> <li>Provide request</li> </ol>	Refer to	10 minutes	MR
Father/guardian	slips & give	approved		encoder/clerk
requests from	instructions	revenue		
Medical Records		code/ PHIC		
Sections through		case rates		
Nurses' station		Free for FHP		
concerned by		qualified		
securing the		beneficiaries		
certificate of Fetal				
Death form (pink				
form) from Nurse				
on Duty (NOD) or				
Nursing Attendant				
on Duty (NAOD)				



2. Father/guardian secures Birth Information Sheet (BIS) form, fills-in all entries completely and accurately.	2. Provide BIS	Refer to approved revenue code/PHIC case rates Free for FHP qualified beneficiaries	5 minutes	NOD/NAOD
3. Father submits duly filled-in BIS to MRS staff for basis of validating and transcribing Certificate of Fetal Death (CFD).	3. Transcribe FDC	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	15 minutes	MR encoder/clerk
4. Father reviews data and signs at the transcribed Certificate of Fetal Death	4. Review data and signs at the transcribed Certificate of Fetal Death	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries		Client
5. Father claims the Fetal Death Certificate by presenting valid ID, and signs at MRS release logbook. Listens to final instructions for processing/registr ation: a. Process CFD at Koronadal City Health Office b. Process FDC at Funeral Care/Embalmer (if any) c. Process CFD to register at Koronadal City Civil Registrar's Office	5. Issue transcribed FDC to client & gives instructions	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 minutes	MRS
	TOTAL	Refer to approved revenue	35 minutes	



code/ PHIC
case rates
Free for FHP
qualified
beneficiaries

#### 26. E. Filing & Issuance of Medical Certificate (MC)

A medical certificate is issued to patient with final diagnosis & for remarks, signed by patient's attending physician. The MC is advised not to be used in litigation purpose instead MLC is necessary.

Office or	ADMINISTRATIVE	SUPPORT SER	VICES – MEDICA	AL RECORDS
Division:	SECTION			
Classification:	COMPLEX TECHNI	CAL		
Type of	FILING & ISSUANC	E OF MEDICAL	CERTIFICATE	
Transaction:				
Who May Avail:	PATIENT/GUARDIA	N/WATCHER (	OF PATIENT	
CHECKLIST OF R		WHERE TO S	ECURE	
1. Required slip – 1		MR section		
2. Valid ID as claim	ant (client/nearest	client		
kin) – 1 copy				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
A 16 (1 (1	4.5	BE PAID	TIME	RESPONSIBLE
A. If patient is	Provide request	Refer to	5 minutes	Nurse on duty
currently	slip	approved		(NOD) or
admitted:		revenue		nursing
1. Client (nearest		code/ PHIC		attendant on
kin of the patient) requests from the		case rates Free for FHP		duty (NAOD)
Nurses' station		qualified		
concerned		beneficiaries		
2. Client waits for	2. Prepare MC;	Refer to	20 minutes	MR
NOD/NAOD who	facilitates AP	approved	20 1111110100	encoder/NOD or
facilitates MC	signature	revenue		NAOD
preparation at	oignaturo	code/ PHIC		
Medical Records		case rates		
Section (MRS)		Free for FHP		
and signature of		qualified		
the Attending		beneficiaries		
Physician				
3. Client takes the	3. Issue MC to	Refer to	5 minutes	NOD/NAOD;
signed MC from	clients	approved	30 minutes	MR
NOD or NAOD		revenue		encoder/clerk
and proceeds to		code/ PHIC		
MRS to		case rates		
acknowledge				
receipt by				



presenting MC and valid ID and signs at the		Free for FHP qualified beneficiaries		
release logbook				
B. If patient was already discharged: 1. Patient requests from Medical Records Section by filling up request form	1. Provide request slip	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 minutes	MR encoder/clerk
2. Patient waits for instruction when to come back for MC release	2. Give instructions	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 working days to follow –up and claim	MR encoder/clerk
3. Patient or nearest kin claims the MC to acknowledge receipt by presenting valid ID and signs at the release logbook	3. Issue MIC	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 minutes	MR encoder/clerk
	TOTAL	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	5 days & 10 minutes	



#### 26. F. Filing & Issuance of Medico-legal Certificate (MLC)

A medico-legal certificate is patient basically to support his legal case in court. This certificate is issued only once & upon or after discharge only & is strictly released to patient only or if through representative (nearest kin), signed, named, relationship stated & authorization letter is required.

Office or	ADMINISTRATIVE SUPPORT SERVICES – MEDICAL RECORDS			AL RECORDS
Division:	SECTION			
Classification:	SIMPLE			
Type of	G2C- GOVERNMEN	NT TO CITIZEN		
Transaction:				
Who May Avail:	SCPH ADMITTED F			
CHECKLIST OF R		WHERE TO S		
1. Request slip – 1		Medical Recor		
2. Police Request;		Concerned po	lice station	
3. Patient valid doc	ument / valid ID	client		
card – 1 copy				
4.a Valid ID of patie	ent as claimant – 1			
copy				
4.b If through repre				
authorization letter		client		
valid ID card of pati				
` .	otocopy) of claimant			
(nearest kin) – 1 co				
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
I Filim a of	4	BE PAID	TIME	RESPONSIBLE
I – Filing of	1provide request	Refer to	5 minutes	MR Encoder /
Medico-legal	slip	approved		Clerk
Certificate	-give instructions	revenue		Medical
(MLC):		code/ PHIC		Records Section
Patient or nearest kin		case rates Free for FHP		
		qualified		
requests from Medical Records		beneficiaries		
Section.		Deficitiones		
2. Patient	2validate police	Refer to	10 minutes	MR Encoder /
provides police	request, patient	approved	10 minutes	Clerk
request and his	data	revenue		Medical
valid	-give instructions	code/ PHIC		Records Section
document/ID card	give mondonorie	case rates		11000146 GCGHOIT
to validate and		Free for FHP		
ensure correct		qualified		
data in preparing		beneficiaries		
MLC. Waits		20.10.10101100		
further				



		T		
II – Issuance of Medico-legal Certificate (MLC): 1. Patient presents valid ID card and claim MLC by signing at the release logbook.	1. Issue MLC, record release	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	Within 3 working days	MR Encoder / Clerk <i>Medical</i> Records Section
Note: a. Only the patient himself can claim the MLC by presenting his valid ID. If patient is still recuperating, next kin can claim by presenting signed authorization letter and valid ID (both patient and claimant) b. Only the Attending Physician (AP can sign the MLC				
	TOTAL	Refer to approved revenue code/ PHIC case rates Free for FHP qualified beneficiaries	Within 3 working days and 15 minutes	



## South Cotabato Provincial Hospital Internal Services



#### 1. AVAILING TRANSPORT (OFFICE VEHICLE) SERVICES

Transport services refer to conduct of hospital personnel to and from the hospital and other institutions/ areas declared on official travel for purposes such as attendance to meetings, conferences, pick-up or conducting personnel to airports, coordination, processing and official business with government and private institutions and the like using the office vehicle.

Office or Division:	ADMINISTRATIVE SUPPORT SERVICES – TRANSPORT SECTION					
Classification:	SIMPLE					
Type of	G2G - GOVERNMEN	IT TO GOVERNM	1ENT			
Transaction:						
Who May Avail:	SCPH PERSONNEL					
CHECKLIST OF R						
1. Travel Order/ Sp		Administrative O	office			
slip (official transac						
2. Trip Ticket - 1 co		Driver's Quarters				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE	PROCESSING	PERSON		
1.5	4 5 1 4 4	PAID	TIME	RESPONSIBLE		
1. Present the	1. Evaluate the	N/A	5 minutes	Driver on Duty		
request/ pertinent documents to the	request/ pertinent documents and			Transport Section		
Drivers' Quarter	give instructions			Section		
and provide the	(eg. Assignment of					
required	driver)					
information	divery					
2. Wait for	2. Contact assigned	N/A	15 minutes	Driver on Duty		
confirmation/	driver, confirm			Transport		
instructions	vehicle avilability			Section		
	and give					
	instructions					
3.Agree and	3. Evaluate final	N/A	10 minutes	Driver on Duty		
confirm	schedule and			Transport		
arrangements on	provide final			Section		
the schedule and	instructions/	uctions/				
travel	arrangement					
4. Coordinate and	4. conduct	N/A	Within the day	Driver on Duty		
travel	personnel to official		as scheduled	Transport Section		
	destination	NI/A	\\/ithin the day	Section		
	TOTAL	N/A	Within the day as scheduled			
			as scrieduled			



#### 2. LEAVE APPLICATION

Regular employees apply for their leave availments such as Forced Leave, Special Leave (MC#6), Solo Parent Leave (for entitled employees), Sick Leave, Monetization and the like at the Payroll Section of the Administrative Office.

Classification: Type of Transaction:   G2G-GOVERNMENT TO GOVERNMENT   G2G-GOVERNMENT   G2	Office or	ADMINISTRATIVE SUPPORT SERVICES – PAYROLL SECTION			
Type of Transaction:  Who May Avaii:  SCPH CURRENT EMPLOYEES  CHECKLIST OF REQUIREMENTS  1. Request form – 1 copy 2. attachments eg. medical certificates, justification letter (if applicable) – 1 copy  CLIENTS STEPS  Receive and review the request form for leave application  2. Forward leave application form for initial of eximpted initial of eximpted application for deficient and initial of signature/approva   1 of the Chief of Hospital eave ensure approved leave ensure approved  4. Follow-up and ensure approved ensure approved ensure approved   eave balance and proved.   FREE   1 ominutes   Immediate supervisor   1 ominutes   Service Are application per consistency and initial of endorse to the Chief of Hospital for signature and approved leave if application and forward to PHRMO   FREE   1 ominutes   Administrative of Service Are application per consistency and initial of signature and approved, receive signed application and forward to PHRMO   FREE   1 ominutes   Administrative office   Administrative of Service Are application and forward to PHRMO   FREE   1 ominutes   Administrative office   Administrative   Administrative office   Administrative   Administ	Division:	CIMDLE			
Transaction:   Who May Avail:   SCPH CURRENT EMPLOYEES			IT TO COVER	NIMENIT	
CHECKLIST OF REQUIREMENTS   Payroll Section		G2G-GOVERNIVIE	NI IO GOVER	KINIVIEINI	
1. Request form – 1 copy 2. attachments eg. medical certificates, justification letter (if applicable) – 1 copy  CLIENTS STEPS   AGENCY ACTION   FEES TO   BE PAID   TIME   RESPONSIB 1. Fill-out request form for leave application   FREE   10 minutes   Clerk Payroll Section   Payroll	Who May Avail:	SCPH CURRENT E	MPLOYEES		
2. attachments eg. medical certificates, justification letter (if applicable) – 1 copy  CLIENTS STEPS AGENCY ACTION BE PAID TIME RESPONSIB  1. Fill-out request form for leave application leave application Receive and review the request form and verify leave balances and process to Leave Management System  2. Forward leave application form for initial of immediate supervisor  3. Submit leave application for verification and initial of Administrative Officer and signature/approval I of the Chief of Hospital  4. Follow-up and ensure approved leave application and forward to PHRMO  CLIENTS STEPS AGENCY ACTION BE PAID TIME RESPONSIB  FREE 10 minutes Clerk Payroll Section PERSE 10 minutes Supervisor Service Are Departmen Service Are Departmen Service Are Administrativ Officer Administrativ Officer Administrativ Office Status of leave, if approved, receive signed application and forward to PHRMO	CHECKLIST OF	REQUIREMENTS		WHERE TO SECU	JRE
justification letter (if applicable) – 1 copy  CLIENTS STEPS CLIENTS STEPS CLIENTS STEPS CLIENTS STEPS AGENCY ACTION BE PAID TIME RESPONSIB  1. Fill-out request form for leave application Receive and review the request form and verify leave balances and process to Leave Management System  2. Forward leave application form for initial of immediate supervisor 3. Submit leave application for verification and initial of Administrative Officer and signature/approval I of the Chief of Hospital for signature approved leave  4. Follow-up and ensure approved leave I copy  Receive and review per area schedule and affix initial and endorse to the Chief of Hospital for signature and approval  4. Follow-up and ensure approved leave I copy  Receive and review and review per area schedule and approval  FREE  10 minutes Immediate Supervisor Service Are Departmen  FREE  10 minutes Administrativ Officer Administrativ Office  Administrativ Office  FREE  1 day Clerk/ Liaiso Administrativ Office					
CLIENTS STEPS   AGENCY ACTION   FEES TO   BE PAID   TIME   RESPONSIB   1. Fill-out request form for leave application   Receive and review the request form and verify leave balances and process to Leave   Management System   2. Forward leave application form for initial of immediate supervisor   3. Submit leave application for verification and initial of signature/approval   1 of the Chief of Hospital   4. Follow-up and ensure approved leave approved leave   Receive signed application and forward to PHRMO   FREE   1 ominutes   Immediate   Supervisor   Service Are Departmen   5. FREE   10 minutes   Immediate   Supervisor   Service Are Departmen   5. FREE   10 minutes   Administrative   Officer   Office	justification letter (if		Client or Con	cerned institution	
form for leave application  review the request form and verify leave balances and process to Leave Management System  2. Forward leave application form for initial of immediate supervisor  3. Submit leave application for verification and initial of signature/approval of the Chief of Hospital  4. Follow-up and ensure approved leave application and forward to PHRMO  FREE  10 minutes  Administrativ  Officer  Administrativ  Officer  Administrativ  Office  FREE  1 day  Clerk/ Liaiso  Administrativ  Office	CLIENTS STEPS	AGENCY ACTION			PERSON RESPONSIBLE
2. Forward leave application form for initial of immediate supervisor  3. Submit leave application for verification and initial of disgnature/approval I of the Chief of Hospital ensure approved leave leave  4. Follow-up and ensure approved leave application and forward to PHRMO  2. Forward leave application for review per area schedule and affix initial review per area schedule and affix initial and review per area schedule and affix initial an	form for leave	review the request form and verify leave balances and process to Leave Management			
3. Submit leave application for verification and initial of Administrative Officer and signature/approva I of the Chief of Hospital ensure approved leave  A. Submit leave application per consistency and initial of completeness, d affix initial and endorse to the Chief of Hospital for signature and approval  4. Follow-up and ensure approved leave if approved, receive signed application and forward to PHRMO  Administrative Office  Chief of Hospital for signature and approval  Inform employee of status of leave, if approved, receive signed application and forward to PHRMO	application form for initial of immediate	Receive and review per area schedule and affix	FREE	10 minutes	Immediate Supervisor Service Area Department
ensure approved of status of leave, if approved, receive signed application and forward to PHRMO	3. Submit leave application for verification and initial of Administrative Officer and signature/approva I of the Chief of Hospital	application per consistency and completeness, d affix initial and endorse to the Chief of Hospital for signature and approval		10 minutes	Administrative Office
for processing  TOTAL FREE Within 2 days	4. Follow-up and ensure approved	Inform employee of status of leave, if approved, receive signed application and forward to PHRMO for processing		·	Clerk/ Liaison Administrative Office



#### 3. REQUEST FOR VARIOUS DOCUMENTS

The administrative and support services of the hospital covers all the financial and administrative concerns of the hospital. As the operational arm of the Management, it provides support and coordination to all departments and performs functions such as housekeeping, security services, preventive maintenance, transport, information technology, supplies and property management, records management, financial management and the like. Most of the communications and correspondences including policies and procedures, manuals, directives and personal documents are handled by the Administrative. As such, various documents are being requested in and released by the office.

Office or Division:	ADMINISTRATIVE SUPPORT SERVICES – ADMIN OFFICE			
Classification:	SIMPLE			
Type of	G2G- GOVERNMEN	NT TO GOVE	RNMENT	
Transaction:				
Who May Avail:	SCPH CURRENT EMPLOYEES			
CHECKLIST OF R	EQUIREMENTS WHERE TO SECURE			
1. Request form – 1		Admin Office	)	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out request form	Receive and review the request form and verify whether document requested is available	FREE	10 minutes	Clerk Admin Office
2. Wait for approval of request	Receive, review/ evaluate request and affix signature with notation	FREE	10 minutes	Administrative Officer Admin Office
3. Receive requested document and sign release Form	Release requested document and facilitate signing of release form and file requests	FREE	10 minutes	Clerk Administrative Office
	TOTAL	FREE	30 minutes	



#### 4. SECURING CERTIFICATIONS (EMPLOYMENT, SERVICE, ETC.)

Certifications like employment certifications are also provided to employees (current and previously employed) at the hospital by the Payroll Section (all) and Nursing Service Office (for Nursing Staff only). Other certifications such as Net Take Home Pay and the like are also issued for purposes of loan attachments and many others by the Payroll Section.

Office or	ADMINISTRATIVE SUPPORT SERVICES – PAYROLL SECTION AND NURSING SERVICE – CHIEF NURSE OFFICE			
Division:		RVICE – CHIE	F NURSE OFFICE	
Classification:	SIMPLE	IT TO 00\((E)	NINAENIT	
Type of	G2G- GOVERNMEN	NI TO GOVER	KNMENI	
Transaction:	CODIL CUDDENT A	ND DDEVIOU	O EMPLOYEEO O	
Who May Avail:	SCPH CURRENT A WORKERS	ND PREVIOUS	S EMPLOYEES, C	ONSULTANTS,
CHECKLIST OF R		WHERE TO	SECUDE	
1. Pertinent Person		Client	SECURE	
Contract/ Previous	•		e Office or Chief No	urco Offico (for
Certification/ Servi		Nursing Staff		uise Office (101
copy	ce necolus) – i	Thursing Stair	)	
2. Proofs of Identif	ification (Valid ID, Client/ Government Institutions			
PRC, etc.) – 1 cop	•	Valid 1D, Cheffy Government institutions		
CLIENTS				PERSON
STEPS		BE PAID	TIME	RESPONSIBLE
1. Secure	1. Get and	FREE	15 minutes	Training
requirements,	evaluate the			Coordinator/ CN
submit the same	submitted			Nursing Service
to the Chief	requirements and			Admin Clerk/
Nurse Office/	provided			Payroll Master
Administrative	information for			Admin Office
Office/ Payroll	validation			
Section and				
provide pertinent				
information				
2. Wait for the	2. Get the duly	FREE	Within the day	Training
duly signed	signed certification			Coordinator/ CN
certification by	by the Chief of			Nursing Service
the Chief of	Hospital with seal			Admin Clerk/
Hospital with	Certification and			Payroll Master
seal Certification	claim at the Admin			and SAO
and claim at the	Office			Admin Office
Admin Office				and Chief of
				Hospital
TOTAL		EDEE	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	COH Office
TOTAL		FREE	Within the day	



## Provincial Legal Office External Services



# 1. RENDERS LEGAL OPINION FOR THE GOVERNOR, VICE-GOVERNOR, MEMBERS OF THE SANGGUNIANG PANLALAWIGAN, DEPARTMENT HEADS, MAYORS, SANGGUNIAN BAYAN MEMBERS AND BARANGAY OFFICIALS WHEN DIRECTED OR REQUESTED.

Rendering legal opinion is given to the governor, vice-governor, members of the sangguniang panlalawigan, department heads, mayors, sanggunian bayan members and barangay officials for review of all legal matters of any contract, resolutions, ordinances, MOA, MOU and other documents.

Office or Division:	Provincial Legal Office			
Classification:	Highly Technical			
Type of	G2G- Government to Government			
Transaction:				
Who may avail:	Governor, Vice-Gov	ernor, Provi	ncial Administrato	r, Members of the
	SP, Department Hea			
	Officials			
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	CURE
Documents for Leg	al Opinion (Original)	Client		
Endorsement (Orig		Provincial A	Administrator's Of	fice
<b>CLIENTS STEPS</b>	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
The legal	1.1 Receive	None	20 days	PLO or Legal
question is	request directive to			Officer
referred to the	render legal opinion			
PLO by the				
Governor, Vice-	1.2 Conduct of			
Governor,	legal research			
Provincial				
Administrator,	1.3 Prepare the			
Members of the	legal opinion			
SP, Department				
Heads, Mayors,	2. The legal	None	5 minutes	Administrative
SB Members or	opinion is			Officer or the
Barangay	forwarded to the			Officer of the
Officials	Governor or the			Day
	Provincial			
	Administrator or			
	the Vice-Governor			
	for transmittal to			
	the requesting party.			
TOTAL	None	<u> </u>	20 days and 5	
IOIAL	140116		minutes	
			minutes	



#### 2. REQUEST OF CASE TRANSCRIPTION

Request of Case Transcription is given to respondent of an Administrative Case whether pending or decided for any legal purpose.

Office or	Provincial Legal Office			
Division: Classification:	Highly Toobnical			
	Highly Technical G2C-Government to	Citizon		
Type of Transaction:	G2C-Government to	Cilizeri		
Who may avail:	Respondent			
	REQUIREMENTS		WHERE TO SEC	URF
	m (1 Original)		Provincial Legal (	
	pt of Payment	Pro	ovincial Treasurers	
1	ginal)			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Secure Request Form from the Person In-charge  1.2 Fill-up the Form with Required Information  1.3 Submit the Form to the Person In-charge	Receive the Request form and assessed the completion of form and payment	None	5 minutes	AIC Secretariat
2. Pay the assessed payment to the Provincial Treasurers Office	<ul><li>2.1 Receive Payment</li><li>2.2 Issue Official Receipt</li></ul>	100 pesos for the first 3 pages, succeedin g pages 5 pesos per page	10 minutes	Provincial Treasurers Office
3. Present the Official Receipt to the Provincial Legal Office	<ol><li>Instruct the client when to get the case transcription</li></ol>	None	5 minutes	AIC Secretariat
	<ul><li>4.1 Prepare/</li><li>Draft the</li><li>Transcript</li><li>requested</li><li>4.2 Certify and</li><li>Sign the Transcript</li></ul>	None	30 days	AIC Secretariat



3. Return to the PLO and claim the transcript requested	Forward the transcript to the requestor		5 minutes	AIC Secretariat
	TOTAL	As	30 days and	
		indicated	25 minutes	

### 3. RESOLVE LEGAL ISSUES, GIVES LEGAL ADVICE AND RENDERS OTHER LEGAL SERVICES TO CLIENTS ON MATTERS OF PUBLIC CONCERNS.

Resolving Legal issues, giving legal advice and rendering other legal services is given to all citizen who needs legal advice or any legal service so that they will be enlighten as to the legality of their problems and to know the legal steps that they may be taken.

Office or	Provincial Legal Office			
Division:	<u> </u>			
Classification:	Simple			
Type of	G2G- Government to	Governmen	t/ G2C-Governme	nt to Citizen
Transaction:				
Who may avail:	All			
CHECKLIST OF R	F REQUIREMENTS WHERE TO SECURE			ECURE
	N/A		N/A	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inquire from the administrative support staff, especially the Administrative Officer, as to the	1.1 The AO or concerned employee interviews the client and gets the necessary data	None	5 minutes	Administrative Officer or the Officer of the Day
availability of the PLO or any of the legal officers to perform the above services	1.2 The AO or Officer of the Day refers the client to the PLO, or in the latter's absence, to any of the legal officers;	None	5 minutes	Administrative Officer or the Officer of the Day
	4. The PLO or legal officer then gives proper advice or renders other legal services.	None	2 hours	PLO or legal office
	TOTAL	None	2 hours and 10 minutes	



### Provincial Planning and Development Office External Services



#### 1. SERVICE NAME: **EVALUATION AND MONITORING SERVICES**

### 1.1 DESCRIPTION OF THE SERVICE: Request Evaluation and Monitoring Documents (Accomplishment Report, Monitoring Reports, OPCR)

Office or Division	Project Monitoring and Evaluation Division			
Classification:	Simple			
Type of	G2G, Government to Private			
Transaction:				
Who may avail:	General Public			
	REQUIREMENT		WHERE TO SE	CURE
1. Request Letter		From LGL Organization	ls, Private Sector, on	Peoples
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE
1.Submit a letter request address to the Head of Office	a.) The PPDO Admin Division forwards the letter request to the Provincial Planning and Development. Coordinator	None	10 minutes	Quennie Degracia Erma Gemao Valerie Claire Alegre
	b.) The PPDC routes the same request to the Monitoring and Evaluation Division	None	1 hour	Emmanuel Jumilla APPDC
	c.) The Division chief will review and check the availability of the said request and forward to the person in charge	None	1 hour	Eleazar R. Abellera
	d.) The person in charge provides the electronic copy of the data requested	None	l hour	Jose Daniel D. Salamat Hazel Jace S. Rhudy Rey P. Ortilano Vanessa Jannin P. Chiva
	TOTAL	None	3 hours and 10 minutes	



### 1.2 DESCRIPTION OF THE SERVICE: Request for Monitoring and Site Inspection (PPMC and PMMT-LEPIC)

Office or Division	Project Monitoring	and Evaluation	on Division		
Classification:	Highly Technical				
Type of	G2G, Government to Private				
Transaction:	,				
Who may avail:	LGU, Government	Agencies, NO	GAs, Private Secto	ors	
CHECKLIST OF	REQUIREMENT WHERE TO SECURE				
1. Complaint Lette	r or Request Letter	t Letter From LGUs, Private Sector, Peoples Organization			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit a letter request address to the Provincial Governor	a.) The PPDO Admin Division forwards the letter request to the Provincial Planning and Development. Coordinator	None	10 minutes	Quennie Degracia Erma Gemao Valerie Claire Alegre	
	b.) The PPDC routes the same request to the Monitoring and Evaluation Division	None	1 hour	Emmanuel Jumilla <i>APPDC</i>	
	c.) The secretariat reviews/ validates the said request.	None	1 hour	Eleazar R. Abellera Jose Daniel D. Salamat Hazel Jace S. Rhudy Rey P. Ortilano Vanessa Jannin P. Chiva	
	d) For Monitoring  – the secretariat together with the committee members conducts monitoring/ site	None	13 days	Eleazar R. Abellera Jose Daniel D. Salamat	



inspection and exit conference.  For Endorsemer – the secretariat shall gather all the documents needed for the endorsement to the concerned agency	t	Hazel Jace S. Rhudy Rey P. Ortilano Vanessa Jannin P. Chiva
TOTAL	13 days, 2 hours and 10 minutes	

## 2. SERVICE NAME: <u>PLANNING AND PROGRAMMING SERVICES</u> 2.1 DESCRIPTION OF THE SERVICE: Evaluation of CSO/NGO Accreditation Application

Office or Division	Development Research, Planning and Programming Division				
Classification:	Simple				
Type of	Private Sector/CSOs/NGOs to Government				
Transaction:					
Who may avail:	Privates Sector and	CSOs/NGO	S		
CHECKLIST OF	REQUIREMENT		WHERE TO SEC	URE	
1. Letter Request		-Requesting	g individual/agency	y	
2. Accomplished R	Request Form	-PPDO Adn	nin		
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON	
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE	
1.)	A. Receives letter	None	10 mins.		
Submit a letter	request and gives			Valerie Claire	
request and	request form to			Alegre	
accomplish the	the client.			Erma Gemao	
request form in				Quennie	
the PPDO Admin				Degracia	
2.)	b. Provide a list of	None	10 mins.		
Secure forms	requirements and				
and requirements	form for			Marlon Serilo	
for CSO/NGO	accreditation				
Accreditation					
	C. Evaluate the				
	accreditation				
	documents				
	a 4 16 th and an				
	c.1. If there are				
	lacking				
	documents, the				
	staff or the				



3.) Submit of CSO/NGO forms and requirements for accreditation	NGO/CSO Accreditation incharge returns the documents to the concerned NGO/CSO/PO If documents are complete, the staff requests to submit the required number of copies of each document for endorsement to the SP	None	2 days	
	TOTAL	None	3 days, 10 mins.	

### 2.2 DESCRIPTION OF THE SERVICE: Provision of Statistical Data to Researchers

Office or	DRPPD			
<b>Division:</b>				
Classification:	Simple			
Type of	Government to Gov	ernment & C	Citizens (Research	iers)
Transaction:				
Who may avail:	All Government Age	encies, LGUs		
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE
Letter Request		PPDO – DF	RPPD	
	<del>,</del>			<del>,</del>
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE
1. Submit a Letter		None	5 minutes	Valerie Claire
Request	submitted letter			Alegre
addressed to	request			Erma Gemao
the Head of				Quennie
Office	The			Degracia
	Administrative			
	Officer forwards			
	the letter request			
	to the Provincial			
	Planning and			
	Development.		60 minutes	
	Coordinator			
				APPDC
	The Head of			Emmanuel
	office routes the			Jumilla



	same request to the Planning and Programming Division		5 minutes	
	Start processing the request (for available data only) and advise client to be back after 3 days			Rio Ann Padrones Delia Bastareche Wennie Montino Angelie Faith Ojarliza Melinda Delegiro
2. Proceed to the division for the release of request	Release e-copy of data to the clients/researcher s	None	5 minutes	Rio Ann Padrones Delia Bastareche Wennie Montino Angelie Faith Ojarliza Melinda Delegiro
	TOTAL	None	1 hour and 15 minutes	

## 2.3. DESCRIPTION OF THE SERVICE: Request for various maps, data, and shapefiles of documents (PDPFP, PDIP, ELA, DRR CCVA Reports)

Office or Division	Development Research, Planning and Programming Division			
Classification:	Simple			
Type of	Private / Government to Government			
Transaction:				
Who may avail:	General Public			
CHECKLIST OF	REQUIREMENT WHERE TO SECURE			
1. Letter Request	-Requesting individual/agency			
2. Accomplished F	Request Form	-PPDO Admin		
	AGENCY FEES TO PROCESSING PERSON			
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
CLIENTS				
CLIENTS STEPS	ACTION	BE PAID	TIME	RESPONSIBLE
CLIENTS STEPS 1.) Submit a	<b>ACTION</b> a.) The	BE PAID	TIME	RESPONSIBLE Valerie Claire
CLIENTS STEPS 1.) Submit a letter of request	a.) The Administrative	BE PAID	TIME	RESPONSIBLE Valerie Claire Alegre
CLIENTS STEPS  1.) Submit a letter of request for maps, data,	a.) The Administrative Officer forwards	BE PAID	TIME	RESPONSIBLE Valerie Claire Alegre Erma Gemao



documents to the	Development			
PPDO Admin	Coordinator			
PPDO Admin		NI.	00'	40000
	b.)The PPDC	None	60 minutes	APPDC
	routes the same			Emmanuel
	request to the			Jumilla
	Development			
	Research,			
	Planning and			
	Programming			
	Division			
	c.)If map, data or	None	20 minutes	Wennie Montino
	shapefiles is/are			Honeylete
	available, e-copy			Billoned
	of planning			
	documents will be			
	provided			
	immediately			
	(JPEG, Word,			
	Excel, shapefiles)		2 days	
	Excei, snapenies)		3 days	
	d.) If map is/are to			
	be created and			
	data is available	<b>.</b>		
	TOTAL	None	3 days, 1 hour,	
			30 minutes	

### 2.4 DESCRIPTION OF THE SERVICE: Review of AIP Office Proposals and Project Profiles

Office or Division	Development Research, Planning and Programming Division				
Classification:	Complex				
Type of	Private / Government to Government				
Transaction:					
Who may avail:	General Public				
CHECKLIST OF	REQUIREMENT WHERE TO SECURE				
1. Letter Request/	/ Endorsement -Requesting office/agency				
2. Signed AIP Offi	ce proposals and	osals and -Requesting individual/agency			
Project Profiles					
		AGENCY FEES TO PROCESSING PERSON			
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE	
STEPS 1.)Submit	<b>ACTION</b> a.)The	BE PAID	TIME	RESPONSIBLE Valerie Claire	
STEPS 1.)Submit endorsement	a.)The Administrative	BE PAID	TIME	RESPONSIBLE Valerie Claire Alegre	
STEPS 1.)Submit endorsement letter with	a.)The Administrative Officer forwards	BE PAID	TIME	RESPONSIBLE Valerie Claire Alegre Erma Gemao	
STEPS 1.)Submit endorsement letter with attached AIP	a.)The Administrative Officer forwards the endorsement	BE PAID	TIME	RESPONSIBLE Valerie Claire Alegre Erma Gemao Quennie	



	I .		
and project profiles to the Development Research, Planning and Programming Division			
b.)The Development Research, Planning and Programming Division receives and reviews the AIP office proposals and project profiles  b.1)If correct, the DRPPD assigned personnel files and consolidates the proposals and submits the profiles to the Division Head for initials and forwards the same to PPDC for signature  b.2)If there are revisions, the DRPPD forwards the proposals and profiles to PPDO Admin for return to the concerned office.	None	5 days	PPDO-Planning and Programming Personnel
The PPDC signs the proposals and forwards the same to the Administrative Support Services for routing	None	60 minutes	APPDC Emmanuel Jumilla
The Administrative	None	60 minutes	Valerie Claire Alegre



Support Se	rvices		Erma Gemao
forwards th	е		Quennie
same to the	e		Degracia
Provincial			
Treasurer's	;		
Office, Prov	/incial		
Budget Offi	ce, or		
concerned			
agency.			
	None	5 days,2hr., 20	
TOTAL		minutes	

### 2.5 DESCRIPTION OF THE SERVICE: Review of Annual GAD Plan of C/MLGU

Office or Division	Development Research, Planning and Programming Division			
Classification:	Complex			
Type of	Government to Government			
Transaction:				
Who may avail:	C/MLGUs			
CHECKLIST OF	REQUIREMENT		WHERE TO SEC	URE
Annual GAD Plan	of C/MLGU	Requisitioning LGU		
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
STEPS	ACTION	<b>BE PAID</b>	TIME	RESPONSIBLE
1.) The C/MLGU	1.) The	None	10 minutes	Valerie Claire
submits the	Administrative			Alegre
endorsement	Officer forwards			Erma Gemao
letter and GAD	the endorsement			Quennie
Plan to PPDO	letter with the			Degracia
Admin.	attached			
	plan/report to the			
	Provincial			
	Planning and			
	Development.			
	Coordinator		20 : 1	40000
	2.) The PPDC	None	60 minutes	APPDC
	routes the same			Emmanuel
	request to the			Jumilla
	Development			
	Research,			
	Planning and			
	Programming Division			
	וואופואום			
	3.)The	None	5 days	Analee Santos
	Development	INOHE	Juays	/ waise Janus
	Research,			
	Planning and			



	Programming Division receives the GAD Plan and does the following: a.) Review the GAD Plan a.1.} If complete and complied, issue a certification for signature of the PPDC. Proceed to b. a.2.) If incomplete and non- compliant, endorse the GAD Plan back to the concerned C/MLGUs with summary of findings for revision/enhance ment. Proceed to 2.			
	b.)The PPDC signs certification/ letter and forward the same to the Administrative Support Services for routing	None	20 minutes	PPDC Jennifer C. Bretaña
	c.)The Administrative Support Services forwards the signed certification / letter and GAD Plans to DILG/concerned C/MLGU	None	20 minutes	Valerie Claire Alegre Erma Gemao Quennie Degracia
2.)C/MLGU resubmits GAD Plan based on the initial review	The Administrative Officer forwards the resubmitted GAD Plan to	None	10 minutes	Valerie Claire Alegre Erma Gemao Quennie Degracia



Planning and Programming Division			Analee Santos
Planning and Programming Division receives the Plan and repeats Step 3.a, a.1, 3.b, 3.c.			
TOTAL	None	5 days, 2 hours	

#### 3. SPECIAL PROJECTS SERVICES

### 3.1 DESCRIPTION OF THE SERVICE: Provision of Technical Services for project proposals and program/project formulation

Office or	Project Development Division					
Division:	On manufact					
Classification:	Complex					
Type of	G2G					
Transaction:	G2C					
Who may avail:	LGUs, Cooperatives/People's Organizations, NGAs, Government					
	Agencies					
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE				
1. Formal letter of re	quest addressed	From the re	equisitioner (Lgu, c	cooperative,		
to the Governor		association				
<b>CLIENTS STEPS</b>	AGENCY	FEES TO	PROCESSING	PERSON		
	ACTION	BE PAID	TIME	RESPONSIBLE		
1.Inquire about the	Provide needed	None	1 hour	Program		
nature of the	information as			Coordinators		
project	to the request			(Maritess		
				Tanseco,		
				Dennis		
				Gasendo,		
				Kenelynn Ariño,		
				Jennifer Ilao,		
				Cris Pingkunn		
				Fuentes and		
				Danny Jason		
				Duron)		
1. Submit a letter	Wait for the			Program		
to the Provincial						
Governor's	basis of action (Maritess					
Office				Tanseco,		
				Dennis		
				Gasendo,		



3. Discuss and schedule an appointment with the assigned program coordinator	Discuss the extent of technical assistance needed for the program/project request	None	1 day	Kenelynn Ariño, Jennifer Ilao, Cris Pingkunn Fuentes and Danny Jason Duron) Program Coordinators (Maritess Tanseco, Dennis Gasendo, Kenelynn Ariño, Jennifer Ilao, Cris Pingkunn Fuentes and Danny Jason
4. Work with the assigned program coordinator for the program/project	Provide technical services as needed for the completion of the project/program	None	5 days Simple technical services	Duron) Program Coordinators (Maritess Tanseco, Dennis Gasendo, Kenelynn Ariño, Jennifer Ilao, Cris Pingkunn Fuentes and Danny Jason Duron)
	TOTAL	None	6 days, 2 hours	



## Provincial Population Office External Services



#### 1. Request for PPO related data

Availability of data for walk in clients.

Office or Division:	PROVINCIAL POPULATION OFFICE			
Classification:	SIMPLE			
Type of	G2G/G2C- Government to Government/ Government to Citizen			
Transaction:	626/626 Government to Government Government to Onizen			
Who may avail:	LGUs and Other Go	overnment A	Agencies, Studen	ts, Private Offices
	REQUIREMENTS	WHERE TO SECURE		
Document 1: 1 cop	y of Letter Request	Requesting Agency		
Document 2: Identi students/teachers)	fication Card (for	Requesting Individual		
Document 3: Requi	est Form	Available a Section	t PPO Administr	ative Services
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Submit letter request address to PPO/ Present Identification Card and Fill-out request form for population and other related available data and submit to PPO Admin Section	1. Receive letter request or request form and forward to Administrative Officer/PPO for verification and forward to concerned worker/officer	None	10 minutes	Requesting Individual/ Agency  PPO Administrative Staff
	2. Receive request form and accomplish /respond to corresponding request for population and other available and relevant data		20 minutes	PPDU Staff/ Sam Cyrus Bayog
	TOTAL		30 minutes	



### 2. Request for Resource Person (by National Agencies, Cooperatives and other Non-Government Institution)

#### A. Gender and Development (GAD) Program

- 1. Gender Sensitivity Training
- 2. GAD-VAWC Orientation
- 3. GAD Orientation

#### **B.** Data Management

- 1. Data Presentation
- 2. Technical Assistance on Population Data Banking

**DESCRIPTION OF THE SERVICE:** Request for Resource Person from the Provincial Population Office for the conduct of various population related training/seminars shall be submitted to the Provincial Governors Office. The PPO will contact the client immediately after the receipt of request for feedback.

Office or Division:	PROVINCIAL POPULATION OFFICE					
Classification:	SIMPLE					
Type of	G2G/G2C-Government to Government/Government to Citizen					
Transaction:						
Who may avail:	Local Government Units, NGAs, School, Cooperatives and Private					
	Organizations					
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE		
Document 1: Requ	est Letter	Requesting	g Agency			
			T	T		
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON		
		BE PAID	TIME	RESPONSIBL		
				E		
1.A.Submit a		None		Requesting		
letter request				agency		
addressed to the						
Provincial						
Governor and						
attention to PPO						
	1. Receive letter	None	10 minutes	PPO		
	request and	None	10 minutes	Administrative		
	forward to PPO for			Section Staff		
	action			Section Stair		
	2. Forward letter to	None	15 minutes	PPO		
	program incharge	1,10.10		Administrative		
	program monargo			Section Staff		
				200		
	3. Feedback and	None	1-2 days	Population		
	follow-up the		,	Worker/Officer		



<b>4.</b> Conduct of Actual session/activity	None		Population Worker/Officer
		2 days and 35 mins	

## 3. Request for Trainings and Seminars by (MLGUs, BLGUs, and partner institutions)

### A. Responsible Parenthood and Family Planning Program

- 1. Pre-marriage Counselling (PMC)
- 2. Responsible Parenthood and Family Planning Session
- 3. Learning Package for Parent Education on Adolescent Health and Development (LPPED) Seminar
- 4. Magulang at Anak: Pagsasamang Ayos (MAPA) Sessions
- 5. USAPAN Sessions
  - a. Usapang Buntis 1 c. Usapang Pwede Pa e. Usapang Batang Ina, Batang Ama
  - b. Usapang Buntis 2 d. Usapang Kontento Na f. Usapang Maguino-o
- 6. Kalalakihang Tumutugon sa Responsibilidad sa Pamilya (KATROPA) Training

#### **B.** Adolescent Development Program

- 1. Responsible Adolescent Campaign thru Responsible Adolescent Seminar (RAC-RAS)
- 2. U4U Training
- 3. Usapang Barkadahan Training
- 4. Adolescent Health & Youth Development (AHYD) Film Dissemination Sessions

#### C. Other Technical Services

- Capacity-Building Activities for Program Partners and Local Population Officers
- 2. Training of Trainers/Facilitators Training

**DESCRIPTION OF THE SERVICE:** Provision of technical support for the conduct of Training/Seminars on PPO Programs by the LGUs and MLGUs, School and other partners institution must be coursed through the assigned Population Program Worker or Officers assigned each municipalities.



Office or	PROVINCIAL PO	PULATION OFF	FICE	
Division:				
Classification:	SIMPLE			
Type of	G2G- Governmen	t to Governmen	t	
Transaction:				
Who may avail:	Local Government			
	REQUIREMENTS		WHERE TO SEC	
Document 1: 1 co Letter or	py of Request		gency for direct to assigned in munic	
Decument 2: Dec	aat A.uthawisatian		<b>G</b>	•
	uest Authorization			
Form CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE
1.A.Submit a		None		Requesting
letter request				agency
addressed to				
the Provincial				
Governor and attention to PPO				
and				Population
B. Fill-in the				Worker/Officer
Request and				Worker/Omoor
Agreement				
Form thru the				
PPW				
	1. Bring Request	None	25 minutes	Population
	and Agreement			Worker/Officer
	Form for			
	approval of			Population
	supervisor and			Program Officer
	noted by the			II/IV
	PPO 2. Contact	None	25 minutes	Population
	program	INOLIC	20 111111111111111111111111111111111111	Worker/Officer
	partners to serve			VVOIRCI/OIIIOGI
	as resource			
	persons/speaker			
	s on the set date			
	3. Feedback and	None	1-2 days	Population
	follow-up the			Worker/Officer
	requesting			
	personnel and			
	agency about			
	the status of the			
	activity			



4. Conduct of Actual			Population Worker/Officer
session/activi	ity		
TO	TAL	2 days and 50 mins	



# Provincial Social Welfare and Development Office

**External Services** 



### 1. Alalay sa Negosyo, Ginahawa at Trabaho (ANGAT) Program

ANGAT Program is a community-based livelihood program offering capital seed assistance through a one-time grant for qualified individuals and groups. A loan free of interest and collateral for registered/accredited associations that need additional capital to improve their micro-enterprise.

Office or	Community Welfar	re and Deve	opment Division		
Division:					
Classification:	Highly Technical				
Type of	G2C - Governmer	nt to Citizen			
Transaction:					
Who may avail:	Economic Active F	Poor Activitie	S		
CHECKLIST OF	RE	WHERE TO	O SECURE		
QUIREMENTS					
1.ANGAT 1- Fina	ncial Grant				
Individual and Gro	oup	Applicant/E	Beneficiary		
a. Project Propos	al	PSWDO			
b. Certificate of E					
2.ANGAT 2 – Loa		<del>,</del>			
Associations/Coo	•	•	y the Requesting		
a. Project Propos		Association	n/Cooperative		
b. Approved Nota					
	Memorandum of Agreement				
c. Constitution an					
d. Loan Amortizat					
	e. Loan Summary				
	f. DOLE, SEC, CDA registration				
and other locally a	accredited				
association					
g. Group picture					
1. ANGAT 3- Fina		A	<b>(</b> ' - '		
South Cotabato B	•	Applicant/b	•	D. (	
Reformatory Cent	`		ibato Balay Silang	jan Ketormatory	
program graduate		Center PSWDO			
	a. Project Proposal				
b. Certificate of admission and					
period of reformatory program					
	c. Certificate of completion of				
	reformatory program d. Certificate of Eligibility (1,				
	iigibiiity (1,				
original) CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTION	BE PAID	TIME	RESPONSIBLE	
	ACTION	DEFAID	I IIVI 🗀	KESPUNSIBLE	



1.Prepare and submit request Letter with attached list of Association members address to the Provincial Governor	1.1. Forward request to the Provincial Governor for approval Cc: BAU	NONE	5 days	Admin Office, PSWDO
2.Coordinate with the PSWDO Staff regarding the request submitted	2. Forward to PSWDO, Endorse to Earl Rey Madres	None	3 days	Governor's Office
	2.1 Assessment of requesting party 2.2 Schedule the conduct of orientation	None		CAO III/CDA I/ Program Coordinator
3.Gather Members and Prepare venue	3.Brief orientation on ANGAT Program and requirements needed	None	4 hour	CAO III/CDA I/ Program Coordinator
4.Attend Scheduled Mandatory Training	4. Conduct of ANGAT Mandatory Training	None	2 days	CAO II/Program Coordinator
5. Comply needed documents	5. Provide checklist for the processing of documents	None	5 days	CAO III/Program Coordinator
6. Gather Member and sign documents	6. Facilitate documents for signature of the members of the organized group	None	3 days	CAO III/Program Coordinator
7.Coordinate with PSWDO Staff	7. Preparation of financial documents for processing	None	4 hours	CAO III/Program Coordinator
8. Receive Cheque at Treasurer's Office	8. Contact President/Treasu rer to claim cheque at PTO	None	1 hour	CAO III/Program Coordinator



9. Deposit the	9. Deposit the	None	10 Days	Association
Cheque	Cheque to		Clearing Period	
	chosen bank			
10. Gather	10. Release to	None	4 hours	CAO III/Program
Members and	the Individual			Coordinator
Receive the	Members the			
Assistance	Seed Capital			
	Assistance			
TOTAL		None	39 Days, 9	
IOTAL			Hours	

### 2. PRODUCTIVITY SKILLS AND CAPABILITY BUILDING (PSCB)

PSCB is both a Center and Community Based Training Program of the Provincial Government which provide free Employee Livelihood Skills Training to Disadvantage and Marginalized Sectors in the Province. Training packages offered by the program are Curtain Making, Slipper, Rag and Bag Making, Flower Arrangement, Balloon Making, Beads Making, and Table Skirting.

Office or	Community Welfare and Development Division				
Division:					
Classification:	Highly Technical				
Type of	G2C—Governme	nt to Citizen			
Transaction:					
Who may avail:	Disadvantaged ar	nd Marginaliz	ed Sectors (Wome	en, Senior Citizen,	
	Solo Parent, PWI				
CHECKLIST OF F	REQUIREMENTS	WHERE TO	SECURE		
1. Letter Request	(Address to the	To be prepa	ared by Requesting	g Person/Party	
Governor, attention	n to the PSWDO)				
(1, Original)					
2. List of Trainees		1, Original) To be prepared by Requesting Person/Party			
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON	
STEPS	ACTION	BE PAID	TIME	RESPONSIBLE	
1. Prepare and	1. Forward	None	7 days	Admin Office,	
submit request	request to the			PSWDO	
Letter with	Provincial				
attached list of	Governor for				
beneficiaries/trai	approval				
nees address to					
the Provincial					
Governor					
2. Coordinate	2. Forward	None	1 day	Governor's Office,	
with PSWDO	approved letter			PSW	
Staff regarding	request to				
the request	PSWDO,				
the request submitted					



	2.1 Act on the request 2.2 Assess the availability of training materials for training requested	None	2 days	PSWDO, CAO III/PSCB Trainer
3. Coordinate with PSWDO staff	3. Validate and Assess trainees/ beneficiaries	None	1 day	CAO III/PSCB Trainer
4. Coordinate with PSWDO staff	4. Schedule the training	None	1 day	CAO III/PSCB Trainer
5. Attend the Modular Training	5. Conduct the Training (Modular Package)	None	10 days	PSCB Trainer
5. Present output	5. Check/assess individual output of the trainees	None	1 day	PSCB Trainer
6. Present output	6. Inspect /validate/review the output	None	1 day	CAO III// Productivity and Skill Coordinator (Trainor)
7. receive Certificate of Completion	7. Issuance / Distribution of the Certificate of Completion	None	1 dau	PSWDO, CAO III/PSCB Trainer
	TOTAL	None	25 days	



### 3. Provision of Financial/Food Assistance

- a. Medical
- b. Hospitalization
- c. Burial/Mortuary
- d. Transportation
- e. Laboratory Test
- f. Food Packs

### 3.1.1. General Public

Office or	Crisis Intervention Management			
Division:				
Classification:	Simple			
Type of	G2C - Government	to Citizen		
Transaction:				
Who may avail:	Indigents residents			
CHECKLIST OF R	REQUIREMENTS	WHERE TO SECURE		
Burial				
1. Registered Deat	th Certificate (2,	City/Municipality Registrar's Office		
Photocopy)				
2. Valid ID/cedula		Barangay Hall		
Barangay Certifica				
	ors Office-Assistance	-		
3. Funeral Contract		Funeral Home		
4. Senior Citizen/ F	· · · · · · · · · · · · · · · · · · ·	C/MSWDO		
necessary (1, phot				
Medical Assistan				
For admitted patie				
1. Duly signed doc	•	Attending Physician		
(recita) with canva	ss price/quotation			
(2,photocopy)				
For outpatient:				
1. Duly signed new	v Doctor's	Attending Physician		
prescription				
(recita) with canva	s price/quotation			
(2,photocopy)				
2. Valid Cedula/ID		Any government issued ID/Barangay Hall		
Barangay Certifica				
3. Medical Certifica	ate, if necessary	Hospital		
(2,original)				
Hospital		The second		
•	I bill with signature	Hospital		
(2,photocopy)	(4)			
2. Valid Cedula/ID		Any government issued ID/Barangay Hall		
Barangay Certifica	tion (1, original)			



		1		TGIAI
3. Certificate of co		Hospital/Att	ending Physician	
medical certificate or medical abstract				
(2, original)				
	elated documents, if r	necessary		
Laboratory	0011110			
CT SCAN/ULTRA		A	N ' ' / I	P ( )
1. CT scan/Ultraso	•	_	hysician/charge s	lip from the
the doctor or charg	•	hospital		
signature (2,photo		A 10.1 ( 0.0.1 ( 0.110)	mantinguad ID/Da	aron gov I Ioll
2. Valid Cedula/ID Barangay Certifica		Any govern	ment issued ID/Ba	arangay Hali
DIALYSIS	illon (1, onginal)			
	ate/Abstract (2,photod	convi		
	uotation (2, photocop			
3. Valid Cedula/ID		* '	ment issued ID/Ba	arangay Hall
Barangay Certifica		Any govern	ment issued iD/D	arangay rian
CLIENTS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
STEPS	AGENOT AGTION	BE PAID	TIME	RESPONSIBLE
1. Submit	1.1. Verify the	None	13 minutes	Admin. Aide I
documentary	client's eligibility in			Social Welfare
requirements	the Claims and			Assistant
based on the	Assistance			
type of	Information			
assistance	Management			
requested for	System			
verification and	(CLAIMS)			
wait for the	1.2. Evaluate the			
issuance of	submitted			
priority number	documents as to			
	completeness			
	1.3. Stamped the			
	submitted			
	documents with			
	certified			
	photocopy			
	1.4. Instruct the			
	client to log			
	in the office daily			
	logbook			
	1.5. Issue and			
	attach the priority			
	number to the			
	submitted			
2. Endorse the	documents	None	1 hour & 30	SOCIAL
evaluated	2.1. Verify the	None	minutes	WORKER
documents and	presented documents and		111111111111111111111111111111111111111	PSU STAFF
submit self to	sign the			1 00 01711
Submit Sell to	certified photocopy			
	Lettined priotocopy	406		l



interview/ assessment	2.2. Conduct assessment/evalu ative 2.3. Prepare credit slip/ guarantee letter/referral slip			
3. Wait for the assistance to be processed	3.1 Encode vital data/reference/con trol no. in the system  3.2 Release the credit slip/guarantee letter/ referral slip	None	7 minutes	CONTROLLER PSU STAFF
	TOTAL	None	1 hour, 50 minutes	

## 3.1.2. Special Lane for Pregnant Women/Senior Citizen/PWD

Office or	Crisis Intervention Management				
Division:					
Classification:	Simple				
Type of	G2C – Government	t to Citizen			
Transaction:					
Who may avail:	Indigents residents	of South Cotabato			
CHECKLIST OF R	RE QUIREMENTS	WHERE TO SECURE			
Burial					
1. Registered Dear	th Certificate (2,	City/Municipality Registrar's Office			
Photocopy)					
2. Valid ID/Cedula	(1, photocopy)	Barangay Hall			
Barangay Certifica					
3. Funeral Contract		Funeral Home			
4. Senior Citizen/ F	PWD ID, if	C/MSWDO			
necessary (1, phot	tocopy)				
Medical Assistance					
For admitted pati	ent:				
1. Duly signed doo		Attending Physician			
(recita) with canva	ss price/quotation				
(2, photocopy)					
For outpatient:					
1. Duly signed nev		Attending Physician			
prescription (recita) with canvass					
price/quotation (2, photocopy)					
2. Valid Cedula/ID		Any government issued ID/Barangay Hall			
Barangay Certifica	· • • • • • • • • • • • • • • • • • • •				
3. Medical Certification	ate, if necessary	Hospital			
(2,original)					



				'CII	
Hospital					
1. Hospital Bill- Fir	Hospital Bill- Final Bill with		Hospital		
signature					
2. Valid Cedula/ID	(1, photocopy) or	Any govern	nment issued ID/B	arangay Hall	
Barangay Certifica	Barangay Certification (1, original)				
3. Certificate of co	nfinement or	Hospital/At	ttending Physician		
medical certificate	or medical abstract				
(2, original)					
4. Other Hospital i	elated documents, if i	necessary			
Laboratory		-			
CT SCAN/ULTRA	SOUND				
1. CT Scan/ Ultras	sound request from	Attending I	Physician/charge :	slip from the	
the doctor or char	ged slid with	hospital		•	
signature (2, photo	ocopy)				
DIALYSIS					
1. Medical Certific	ate/Abstract (2,				
photocopy)	•				
2. Hemodialysis Q	uotation (2,				
photocopy)	•				
3. Valid Cedula/ID	(1, phocopoy) or	Any govern	nment issued ID/B	arangay Hall	
Barangay Certifica				0.	
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
		BE PAID	TIME	RESPONSIBLE	
1.Submit	1.1. Verify the	None	10 minutes	Admin. Aide I	
documentary	client's eligibility in			Social Welfare	
requirements	the Claims and			Assistant	
based on the	Assistance				
type of	Information				
assistance	Management				
requested for	System (CLAIMS)				
verification and					
wait for the	1.2.Evaluate the				
	submitted				
issuance of					
priority number	submitted documents as to completeness				
	submitted documents as to completeness 1.3.Stamped the				
	submitted documents as to completeness				
	submitted documents as to completeness 1.3.Stamped the submitted documents with				
	submitted documents as to completeness 1.3.Stamped the submitted documents with certified photocopy				
	submitted documents as to completeness 1.3.Stamped the submitted documents with certified photocopy 1.4.Instruct the				
	submitted documents as to completeness 1.3.Stamped the submitted documents with certified photocopy 1.4.Instruct the client to log in the				
	submitted documents as to completeness 1.3.Stamped the submitted documents with certified photocopy 1.4.Instruct the client to log in the office daily				
	submitted documents as to completeness 1.3.Stamped the submitted documents with certified photocopy 1.4.Instruct the client to log in the office daily logbook				
	submitted documents as to completeness 1.3.Stamped the submitted documents with certified photocopy 1.4.Instruct the client to log in the office daily logbook 1.5. Issue and				
	submitted documents as to completeness 1.3. Stamped the submitted documents with certified photocopy 1.4. Instruct the client to log in the office daily logbook 1.5. Issue and attach the priority				
	submitted documents as to completeness 1.3. Stamped the submitted documents with certified photocopy 1.4. Instruct the client to log in the office daily logbook 1.5. Issue and attach the priority number to the				
	submitted documents as to completeness 1.3. Stamped the submitted documents with certified photocopy 1.4. Instruct the client to log in the office daily logbook 1.5. Issue and attach the priority				



2.Endorse the evaluated documents and submit self to interview/assess ment	2.1.Verify the presented documents and sign the certified photocopy 2.2 Conduct assessment/ evaluative 2.3 Prepare credit slip/guarantee letter/ referral slip	None	45 minutes	Social Worker PSU Staff
3.Wait for the assistance to be processed	3.1.Encode vital data/reference/con trol no. in the system	None	5 minutes	Controller PSU Staff
	TOTAL	NONE	1 hour	

### 3.2. Food Assistance for drop in clients

Office or	Crisis Intervention Management			
Division:				
Classification:	Simple			
Type of	G2C – Government	to Citizen		
Transaction:				
Who may avail:	Indigents residents of	of South Cot	tabato	
CHECKLIST OF R	RE QUIREMENTS	WHERE T	O SECURE	
1. Referral from Morker (1, orginal)		Medical So	ocial Worker	
2. Valid ID or Bara (1, Original)	ngay Certification	Any govern	nment issued ID/B	arangay Hall
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Inquire for checklist of requirements	1.Refer client to next step	None	5 Minutes	Clerk/Encoder
2.Submit complete documents & Secure priority Number	2. Give the log book to the client and issue priority number	None	15 Minutes	Officer of the day
3.Submit self to interview/ assessment	3.Verify and photocopy documents	None	30 minutes	Social Worker



	3.1. Conduct assessment/ evaluative 3.2. Issue credit slip/guarantee letter/referral slip			
4.Wait for the	4. Encode vital	None	10 minutes	Clerk
assistance to be	data/reference/con			encoder/controlle
processed	trol no.			r
5.Avail of the	Release of credit	None	10 minutes	Social Worker
requested	slip guarantee			
assistance	letter/referral slip			
TOTAL		None	1 hour, 10	
	IOIAL		minutes	

## 3.3. Transportation Assistance

Office or Division:	Crisis Intervention Management			
Classification:	Simple			
Type of	G2C – Government t	o Citizen		
Transaction:				
Who may avail:	Indigents residents o	f South Cota	abato	
CHECKLIST OF RE QUIREMENTS WHERE TO SECURE				
Referral from the physician or meding photocopy)		Attending I	Physician	
Registered Dea of burial assistance	ath Certificate in case ce (2, Photocopy)	City/Municipal Civil registrar		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Inquire for checklist of requirements	Refer client to next step	None	5 Minutes	Clerk/Encoder
2.Submit complete documents & Secure priority Number	2. Give the log book to the client and issue priority number	None	15 Minutes	Officer of the day
3.Submit self to interview/assess ment	3.Verify and Photocopy document 3.1.Conduct assessment/evaluat ive	None	30 minutes	Social Worker



	3.2. Issue credit slip/guarantee letter/referral slip			
4.Wait for the	4. Encode vital	None	10 minutes	Clerk
assistance to be	data/reference/Cont			encoder/controlle
processed	rol No.			r
5.Avail of the	5. Release of credit	None	10 minutes	Social Worker
requested	slip guarantee			
assistance	letter/referral slip			
	TOTAL	None	1 hour, 10	
			minutes	

#### 4. PROVISION OF NUTRITION SERVICES

To address the malnutrition problem of South Cotabato, the Provincial Social Welfare and Development Office implements the Nutrition Program, this involves supplementary feeding to undernourished preschool and school children in the province as identified by BNS assigned in the area.

Office or	Community Welfare and Development Division				
Division:					
Classification:	Highly Technical				
Type of	G2C – Government t	o Citizen			
Transaction:					
Who may avail:	Undernourished Pre-school and School children				
CHECKLIST OF I	REQUIREMENTS		O SECURE		
1. Letter Request	<u> </u>		ared by Requestir	•	
2. List of Beneficia			Nutrition Scholar/E	BLGU	
CLIENTS	AGENCY ACTION	FEES TO	PROCESSING	PERSON	
STEPS		BE PAID	TIME	RESPONSIBLE	
1. Prepare and Submit Request Letter with Attached List of Beneficiaries Address to the Provincial Governor	1. Forward Request to the Provincial Governor for Approval. Cc: PSWDO & PNAO	None	5 days	PGO, Nutrition Staff, PNAO	
2. Coordinate with Nutrition Staff Regarding the Request Submitted	2. Forward Approved Letter of Request to Nutrition Section/Provincial Nutrition Committee for an Appropriate Action	None	1 day	Nutrition Staff	
3. Coordinate with Nutrition Staff Regarding	3.Validation and Analysis	None	1 day	Nutrition Staff	



the Request Submitted				
4.Coordinate with Nutrition Staff Regarding the Request Submitted	4.Conduct Social Preparation Conduct Orientation to BNS and Nutrition Committee, Mothers of Targeted Beneficiaries	None	1 day	MNAO, Provincial Nutrition Staff, Municipal Nutrition Coordinators
	5. Launching of Supple mental Feeding	None	2 hours	Weekly records of weights status of underweight and severely
	5.1 Provision of Supplementary Feeding for 42 days		42	underweight pre- schoolers Provincial Nutrition Staff, Municipal Nutrition Coordinator
TOTAL		None	54 days & 2 hours	



# Provincial Treasurer's Office External Services



### 1. BILLING AND COLLECTION FOR WALK-IN TAXPAYERS

It is the direct taxes imposed on the privilege to use real property such as land, building, machinery and other improvements, unless exempted. May also be taxes imposed on the sale, donation, barter, or any mode of transfer of ownership or title of real property within the territorial jurisdiction of South Cotabato.

### 1.1. Simple Transaction

Office or	Office of the Provincial Treasurer- Field Supervision Division			
Division:				
Classification:	Simple			
Type of	G2C- Government to Citizen			
Transaction:				
Who may avail:	Real Property Own	ers		
CHECKLIST OF R	EQUIREMENTS	WHERE TO	SECURE	
Any document/s ind	dicating the tax			
declaration number	of the property/lot			
requested (original/	photocopy)			
CLIENTS STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
1. Fill-out office	1. Check and	None	9 minutes	LTOO III
request form,	review if the			LTOO I
secure priority	details in the			RCC II
number and wait	office request			RCC I
for the issuance	form are correct			Admin. Aide V
of the billing				Admin. Aide IV
statement	1.2 Verify Tax			Ticket Checker
	Payments if			
	updated			
	1.3 Compute			
	Delinquent Real			
	Property Tax, if			
	any			
	1.4 Issue the			
	billing statement			
	to taxpayer thru			
	the office file copy			
1. Pay the Bill at	2.1 Accept the	Amount	8 minutes	LRCO III
the Cash	payment	indicated		LTOO I
Receipts Division	2.2 Issue and	in the RPT		LRCO I
	release the	Billing		RC II
	Official Receipt to			Administrative
	the taxpayer			Aide VI
TOTAL	<u> </u>	As	17 minutes	
		indicate in		
		the RPT		
		Billing		



## 1.2. Complex Transaction

Office or	Office of the Provin	cial Treasure	er- Field Supervisi	on Division
Division:	0: 1			
Classification:	Simple	. 0:::		
Type of	G2C- Government	to Citizen		
Transaction:	D 10 10			
Who may avail:	Real Property Own		20000	
CHECKLIST OF R		WHERE TO	SECURE	
Any document/s inc				
declaration number				
requested (original/		FFFC TO	DDOCESSING	DEDCON
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1.1 Check and	None		LTOO II
1. Fill-out office	review if the	None	3 days	LTOO II
request form and	details in the			RCC II
wait for the				RCC I
issuance of	office request form are correct			Admin. Aide V
acknowledgement	1.2 Prepare and			Admin. Aide V
receipt	issue			Ticket Checker
receipt	acknowledgement			TIONOL OTTOOKOT
	receipt indicating			
	among others the			
	date for the			
	issuance of the			
	billing statement			
	to the taxpayer			
	1.3 Verify Tax			
	Payments if			
	updated. Call or			
	visit the			
	concerned			
	Minicipal			
	Treasurer's			
	Office, if			
	necessary			
	1.4 Compute			
	Delinquent Real			
	Property Tax, if			
	any			
	1.5 Prepare billing			
O Claire that	statement		0	
2. Claim the	2.1 Issue the		2 minutes	
billing statement	billing statement			
	to the taxpayer thru the office file			
	сору			



3. Pay the Bill at	2.1 Accept the payment	Amount indicated	8 minutes	LRCO II LTOO I
the Cash	2.2 Issue and	in the RPT		LRCO I
Receipts Division	release the	Billing		RC II
	Official Receipt to			Administrative
	the taxpayer			Aide VI
		As	3 days & 10	
TOTAL		indicate in	minutes	
	IOIAL	the RPT		
		Billing		

# 2. CLAIMING OF SALARIES, WAGES, HONORARIUM, AND INCENTIVES BY MEANS OF CASH

Cash payment of payroll for salaries, wages, bonus, clothing, incentives, allowances & honorarium which cannot be conveniently paid by check or through ATM accounts of payees.

Office or	Office of the Provincial Treasurer- Cash Disbursement Division			
Division:				
Classification:	Simple			
Type of	G2C- Government to	o Citizen		
Transaction:	G2G- Government to			
Who may avail:	LGU Officials and employees, BNS, DCW, SPES, Scholarship			
	Grantees, non-government organization or individuals			
CHECKLIST OF R	·	WHERE T	O SECURE	
Any Two Valid IDs	with Signature of		h Cotabato, Posta	I Office, GSIS,
the Payee:		SSS, PSA,	LTO	
a. Office ID/Compa				
b. Postal ID(1 Origi				
c. GSIS/SSS ID (1				
d. Passport (1 Origi	•			
e. Driver's License	(1 Original)			
16 1 1 1 1	4 1 1	1 011 0		
If claimed through a	authorized	LGU- South Cotabato, Postal Office, GSIS,		
representative:	contative and Daves	SSS, PSA, LTO, BIR, DFA, PRC		
<u>-</u>	sentative and Payee	Claimants	Сору	
(1 Original)				
b. Claimant Authori	zation (1 Original)			
b. Claimant Authori	Zation (1 Onginal)			
CLIENTS STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON
		BE PAID	TIME	RESPONSIBLE
1.Proceed to	1. Accommodate	None	2 minutes	Administrative
Payroll In-charge	necessary			Aide VI
	inquiries of the			RCC-I
	client			Administrative
				Officer III



payee		Aide VI RCC-I Administrative Officer III Administrative Officer V Office of the Provincial Treasurer- Cash Disbursement Division
3.Affix Signature in "Received Payment" portion  Payment" portion  3.1 Review if the received portion of the disbursement voucher were completely filled up 3.2 Release the amount of cash to the claimant	2 minutes	Administrative Aide VI RCC-I Administrative Officer III Administrative Officer V Office of the Provincial Treasurer- Cash Disbursement Division
given by the disbursing officer "paid"	minute  minutes	Administrative Aide VI RCC-I Administrative Officer III Administrative Officer V Office of the Provincial Treasurer- Cash Disbursement Division



# 3.COMPUTATION & BILLING OF TAX ON TRANSFER OF REAL PROPERTY OWNERSHIP

These are the taxes for: Sand and gravel, Amusement, Printing and Publication, Franchise, Professional and Delivery Van/Truck, and fees and charges for use/rent from the Economic Enterprises (South Cotabato Gymnasium and Cultural Center, Zip line, Protech and South Cotabato Sports Complex), Certifications, health waste treatment and other fees

Office or Division:	Office of the Provincial Treasurer- Revenue Operations Division				
Classification:	Cimple				
	Simple G2C- Government to Citizen				
Type of Transaction:	G2C- Government to	o Cilizen			
	All Dool Droporty To	O			
Who may avail:	All Real Property Ta		O SECURE		
CHECKLIST OF R			O SECURE		
Any of the following		Attorney's	Office		
(1 original and 1 ph	огосору)				
a) Deed of Sales	22				
b) Deed of Donation					
c) Extra Judicial Sed b) Extra Judicial Sa					
		Municipal	Treasurer's Office	/ Provincial	
Photocopy or origin  1. Tax Clearance	iai oi iiie iollowiiig.	Treasurer's		I FIUVIIIUIAI	
2. Updated Tax De	claration				
3. Special Power O		Provincial Assessor's Office			
applicable	i Alloiney, ii	Attorney's Office			
Certification of No Improvements		Municipal Assessors Office / Provincial			
4. Certification of N	o improvements	Assessor's		Tiovincial	
CLIENTS STEPS	AGENCY ACTION	FEES TO		PERSON	
OZIZINIO OTZI O	AGENOT AGIIGN	BE PAID	TIME	RESPONSIBLE	
1. Present	1.1 Receives,	None	22 minutes	Clerk	
pertinent	checks and verify			Ticket Checker	
documents	pertinent			Administrative	
needed for	documents from			Aide IV	
Transfer of Real	walk-in clients			LTOO-I	
Property	needed for transfer			LTOO-II	
Ownership to	of Real Property			LTOO- IV	
Office of the	Ownership				
Provincial	1.2 Issue priority				
Treasurer-	number				
Revenue	1.3 Computes and				
Operations	prepares bill on				
Division and	Property Transfer				
secure priority	Tax				
number	1.4 Reviews and				
	L Validataa Tay	1	İ	1	
	Validates Tax Payments Due				



	1.5 Issues Billing statement and inform the client to return to PTO-Land Tax Division for validation of pertinent documents and approval of Property Transfer Tax			
2. Proceed to the PTO Cash Division and pay necessary amount reflected in the Billing Statement	2.1 Accepts the payment 2.2 Issues and releases the Official Receipt to the client	60% of 1%- Current Fair Market Value/ Zonal Valuation of BIR/ Amount of considera tion (Whichev er comes higher)	8 minutes	PTO Cashier
3. Return to Revenue Operations Division and endorse the Official Receipt and pertinent documents, and wait for the validation and approval of Property Transfer Tax	3.1 Validates pertinent documents and stamp "Transfer Tax Paid" and provide the following data: 1. Name; 2. Location; 3. Lot #; 4. Area; 5. Tax due; 6. OR #; and 7. Date  3.2 Revenue Operations Division approve the pertinent documents stampe	None	8 minutes	Clerk Ticket Checker Administrative Aide IV LTOO-I LTOO-II LTOO- IV



	with "Transfer Tax Paid" 3.3 Release of receipt/s and approved documents through office logbook			
TOTAL		As	38 minutes	
		indicated		

### 4. DISBURSEMENT OF CHECKS

### 4.1. For Individual claimants

A check is a document that orders a bank to pay a specific amount of money from the provincial government's bank account to the person in whose name the check has been issued.

Office or Division:	Office of the Provincial Treasurer- Cash Disbursement Division			
Classification:	Simple			
Type of	G2C- Government to	o Citizen		
Transaction:	G2B- Government to	o Business E	Entity	
	G2G- Government to		-	
Who may avail:	All			
CHECKLIST OF R	EQUIREMENTS	WHERE TO	O SECURE	
1.1 Original Valid ID with signature: a. Office ID/Company ID b. Postal ID c. GSIS/SSS ID d. Passport e. Driver's License		LGU- South Cotabato, Postal Office, GSIS, SSS, PSA, LTO		
If claimed through a representative: a. 1 Original Valid I with signature; b. 1 Original Valid I signature; c. 1 Original/Photoc Letter signed by the	D of representative D of Payee with copy Authorization		h Cotabato, Posta LTO, BIR, DFA, F copy	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1.Proceed to Releasing Officer or call the PTO Cash Division to inquire the availability of check to be claimed	Check availability of check in the FMS and PTO cabinets and drawers, and prepare the same	None	1 minute	Administrative Aide VI Ticket Checker Job Order Office of the Provincial Treasurer- Cash Disbursement
2.Present applicable documentary requirement/s (payee or representative) to the PTO in charge	Check the identification requirement/s given, verify the name of the payee, and instruct the client to accomplish the Disbursement Voucher and Check Registrar Sheet	None	2 minutes	Division
3.Affix signature, indicate name, and date in the "Received Payment" portion of the Disbursement Voucher and Check Register Sheet, and claim the check	Review the details provided by client in the Check Register Sheet and Disbursement Voucher, stamp the Disbursement Voucher "PAID", and release the check to the client	None	1 minute	
	TOTAL	None	4 minutes	

### 4.2. For Contractors/Dealers/Suppliers

A check is a document that orders a bank to pay a specific amount of money from the provincial government's bank account to the person in whose name the check has been issued.

Office or	Office of the Provincial Treasurer- Cash Disbursement Division			
Division:				
Classification:	Simple			
Type of	G2C- Government to Citizen			
Transaction:	G2B- Government to Business Entity			
	G2G- Government to Government			
Who may avail:	All			
CHECKLIST OF RE	QUIREMENTS WHERE TO SECURE			



1.1 Original Valid ID of client with signature f. Office ID/Company ID g. Postal ID h. GSIS/SSS ID i. Passport j. Driver's License 2.Official Receipt/s or Collection Receipt (fif previously issued Sales invoice) for the check/s to be claimed		LGU- South Cotabato, Postal Office, GSIS, SSS, PSA, LTO  Respective Business Establishments		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to Releasing Officer or call the PTO Cash Division to inquire the availability of check to be claimed	Check availability of check/s in the FMS and PTO cabinets and drawers, and prepare the same	None	1 minute	Administrative Aide IV Ticket Checker Job Order Office of the Provincial Treasurer- Cash Disbursement
2.Present 1 original valid ID with signature and the Official Receipt or Collection Receipt(if previously issued Sales Invoice) indicating the name of the company/payee.	Check the ID given and verify the name of the payee in the Official Receipt	None	2 minutes	Division
3. Issued Official Receipt/s or Collection Receipt/s (if previously issued Sales Invoice) indicating details on the check/s and Disbursement Voucher/s	Verify the correvtness of the Official Receipt/s or Collection Receipt and instruct the client to ccomplish the Disbursement Voucher/s and Check Register Sheet	None	3 minutes	
4.Affix signature, indicate name, and date in the "Received Payment" portion	Review the details provided by client in the Check Register Sheet and	None	1 minute	



of the	Disbursement			
Disbursement	Voucher, stamp			
Voucher and	the Disbursement			
Check Register	Voucher "PAID",			
Sheet, and claim	and release the			
the check	check to the client			
	TOTAL	None	7 minutes	

### 5. ISSUANCE OF ACCOUNTABLE FORMS

Accountable forms is a document that acknowledges the receipt of money or issued for value that uses a sequential number or is a pre- numbered form used by different agencies in their monetary transactions.

Office or	Office of the Pro	Office of the Provincial Treasurer- Administrative Support Section				
Division:						
Classification:	Simple					
Type of	G2G- Governme	nt to Governm	ent			
Transaction:						
Who may avail:	All Municipal Treasurers and Accountable Officers, other LGUs,					
	Government Leagues and Associations and other National					
	Government Age					
CHECKLIST OF RE		WHERE TO				
1. Request Letter -A		Office of the I	Requesting Party			
Provincial Treasurer	· • ·					
2. Requisition Issue	Slip (RIS) (3 Office of the Requesting Party					
original)	Description Description Transfer					
3. Approved Fidelity						
Disbursing Officer at						
Office (1 certified Ph	1 7 /					
CLIENTS STEPS	ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
	1.1 Receives	None	5 minutes	Data Encoder I		
1. Present all the	all the	110110		Office of the		
requirements to	requirements			Provincial		
the Accountable	presented			Treasurer		
Forms In-charge	1.2 Reviews					
	the					
	requirements					
	as to					
	authenticity					
	and					
	completeness	eness				
	and issue order	nd issue order				
	of payment					
2. Pay the amount		AF# 51-	5 minutes	LRCO III		
to the Cashier	I	P180.00/	1	LRCO II		
to the Cashler	stub LTOO I					



	3. Receives payment and issue OR	AF#52- P330.00/ stub AF#53- P220.00/ stub AF#54- P240.00/ stub AF#55- C, D, E, F- P160.00/ stub AF#56- P275.00/ stub AF#57- P170.00/ stub AF#58- P150.00/ stub BIR 0016- Individual- P130.00/ stub BIR 0017- Corporation - P150.00/ stub		Administrative Assistant I Administrative Aide VI RCC I Office of the Provincial Treasurer -Cash Receipts Division
3.Present the official Receipt as proof of payment to the Accountable Form In Charge	3. Receives and review the Official Receipt. 3.1 Prepares Invoice and Receipt of Accountable Form (duly signed)	None	5 minutes	Data Encoder I Provincial Treasurer Office of the Provincial Treasurer
4. Check and receive the Accountable Forms requested and sign the logbook of the AF In charge	4.Releases the Accountable Forms requested	None	5 minutes	Data Encoder I Office of the Provincial Treasurer



TOTAL	Total Fee is based on the amount indicated	20 minutes	
	above		

# 6.ISSUANCE OF OFFICIAL RECEIPTS FOR SECRETARY'S FEE, ASSESSOR'S FEE, PHRMO (LEAVE CREDITS AND SERVICE RECORDS)

Official receipt is issued by the cashier upon collection of payment to customer as evidence and proof for every sale of properties and services, payment of different taxes, fees and charges.

Office or Division:	Office of the Provincial Treasurer- Cash Disbursement Division			
Classification:	Simple			
Type of	G2C- Government to Citizen			
Transaction:	G2G- Governmer	nt to Governm	ent	
Who may avail:	Real Property Ow	ners, Employ	ees	
CHECKLIST OF RE				
Payment Slip (1 Orig	ginal)	Assessor's C	Office, PHRMO, S	Р
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Presentation of Payment Slip from the requesting office (Assessor's Office /PHRMO/SP)	1. Review and verify the payment slip given	None	2 minutes	LRCO III LRCO II LTOO I Administrative Assistant II Administrative Aide VI RCC II Office of the Provincial Treasurer -Cash Receipts Division
2. Pay the necessary amount indicated in the slip to the cashier	2.1 Accept the payment 2.2 Issue and release the Official Receipt to the client	Php 130.00 Secretary's Fee and Document ary Stamp	3 minutes	LRCO III LRCO II LRCO II LTOO I Administrative Assistant II Administrative Aide VI RCC I Office of the Provincial Treasurer -Cash



			Receipts Division
TOTAL	Php 130.00	5 minutes	

# 7.ISSUANCE OF OFFICIAL RECEIPTS FOR THE BILLS FROM REVENUE OPERATIONS DIVISION (ROD) AND FIELD SUPERVISION DIVISION (FSD)

Official receipt is issued by the cashier upon collection of payment to customer as evidence and proof for every sale of properties and services, payment of different taxes, fees and charges.

Office or Division:	Office of the Provincial Treasurer- Cash Receipts Division			
Classification:	Simple			
Type of	G2G- Governme	ent to Governm	ent	
Transaction:	G2C- Governme	ent to Citizen		
	G2B- Governme	ent to Business	Entity	
Who may avail:	All		•	
CHECKLIST OF RE	QUIREMENTS	WHERE TO S	ECURE	
		Office of the P	rovincial Treasure	er -Revenue
1. Tax due Workshe	et (1 Original)	Operations Div	vision	
from ROD	, ,			
		Office of the P	rovincial Treasure	er -Field
2. Bill (1 Original) fro	om FSD	Supervision Division		
( 2 3 24)		·		
CLIENTS STEPS	AGENCY	FEES TO	PROCESSING	PERSON
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	TIME	PERSON RESPONSIBLE
1.Presentation of	ACTION 1. Verify the			RESPONSIBLE LRCO III
	ACTION  1. Verify the given billing	BE PAID	TIME	RESPONSIBLE LRCO III LRCO II
1.Presentation of	ACTION 1. Verify the	BE PAID	TIME	RESPONSIBLE LRCO III
1.Presentation of Tax due	ACTION  1. Verify the given billing	BE PAID	TIME	RESPONSIBLE LRCO III LRCO II
1.Presentation of Tax due Worksheet from	ACTION  1. Verify the given billing statement if	BE PAID	TIME	RESPONSIBLE LRCO III LRCO II LTOO I
1.Presentation of Tax due Worksheet from either Revenue	ACTION  1. Verify the given billing statement if correctly	BE PAID	TIME	RESPONSIBLE LRCO III LRCO II LTOO I Administrative
1.Presentation of Tax due Worksheet from either Revenue Operations	ACTION  1. Verify the given billing statement if correctly encoded	BE PAID	TIME	RESPONSIBLE  LRCO III  LRCO II  LTOO I  Administrative  Assistant II
1.Presentation of Tax due Worksheet from either Revenue Operations Division or Billing	ACTION  1. Verify the given billing statement if correctly encoded through the	BE PAID	TIME	RESPONSIBLE  LRCO III  LRCO II  LTOO I  Administrative  Assistant II  Administrative
1.Presentation of Tax due Worksheet from either Revenue Operations Division or Billing from Field	ACTION  1. Verify the given billing statement if correctly encoded through the system	BE PAID	TIME	RESPONSIBLE  LRCO III  LRCO II  LTOO I  Administrative  Assistant II  Administrative  Aide VI
1.Presentation of Tax due Worksheet from either Revenue Operations Division or Billing from Field Supervision	ACTION  1. Verify the given billing statement if correctly encoded through the system or through	BE PAID	TIME	RESPONSIBLE  LRCO III  LRCO II  LTOO I  Administrative  Assistant II  Administrative  Aide VI  RCC II
1.Presentation of Tax due Worksheet from either Revenue Operations Division or Billing from Field Supervision Division to the	ACTION  1. Verify the given billing statement if correctly encoded through the system or through manual	BE PAID	TIME	RESPONSIBLE  LRCO III  LRCO II  LTOO I  Administrative  Assistant II  Administrative  Aide VI  RCC II  Office of the
1.Presentation of Tax due Worksheet from either Revenue Operations Division or Billing from Field Supervision Division to the	ACTION  1. Verify the given billing statement if correctly encoded through the system or through manual	BE PAID	TIME	RESPONSIBLE  LRCO III LRCO II LTOO I Administrative Assistant II Administrative Aide VI RCC II Office of the Provincial



2.Pay the necessary amount indicated in the worksheet or bill to the cashier	2.1 Accept the payment 2.2 Issue and release the Official Receipt to the client	Amount Due found in the Billing Statement from Revenue Operations Division or Field Supervision Division	2 minutes	LRCO III LRCO II LTOO I Administrative Assistant II Administrative Aide VI RCC II Office of the Provincial Treasurer -Cash Receipts Division
	TOTAL	Amount Due found in the Billing Statement from Revenue Operations Division or Field Supervision Division	5 minutes	

### **8.ISSUANCE OF PTO TAX CLEARANCE**

A tax clearance is issue to real property units with full payment on current accounts and no delinquency on prior- years accounts.

Office or	Office of the Provincial Treasurer- Field Supervision Division				
Division:					
Classification:	Simple				
Type of	G2C- Governme	ent to Citizen			
Transaction:					
Who may avail:	All Real Propert	y Tax Owners	}		
CHECKLIST OF RE	QUIREMENTS	WHERE TO	SECURE		
Tax Declaration (1 F	Photocopy)	Municipal As	sessors Office / Pr	rovincial	
		Assessor's Office			
Official Receipts (1	Official Receipts ( 1 Original)		Provincial Treasurer's Office		
*for tax clearance					
<b>CLIENTS STEPS</b>	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTION	BE PAID	TIME	RESPONSIBLE	
1.Presentation of		None	10 minutes	Ticket Checker	
Documents to	2. Check and			Administrative	
Office of the	review if the			Aide IV	
Provincial	details in the			RCC-I	
Treasurer- Field				LTOO- I	



	TOTAL	Php 130.00	25 minutes	Provincial Treasurer
3. Return to the Field Supervision Division for the release of Tax Clearance.	3.1 Check the Official Receipt 3.2 Release the Tax Clearance to the Client	None	5 minutes	Ticket Checker Administrative Aide IV RCC-I LTOO- I LTOO-III LTOO-IV Office of the
2.Pay the Clearance Fee at the Cash Receipts Division	2.1 Accept the payment 2.2 Issue and release the Official Receipt	Clearance Fee- Php 130.00	10 minutes	LRCO III LRCO II LTOO I Administrative Assistant II Administrative Aide VI RCC II Office of the Provincial Treasurer -Cash Receipts Division
Supervision Division	documents are correct.  1.2 Verification of Tax Payments 1.3 Preparation of PTO Tax Clearance 1.4 Signature of Division Chief			LTOO-III LTOO-IV Office of the Provincial Treasurer



### 9. VERIFICATION OF RPT CLEARANCE ISSUED BY MTO

Verifies that tax clearance is updated and certifies that taxpayer has either paid all taxes due and he is not liable to any taxes

Office or	Office of the Provincial Treasurer- Field Supervision Division			
Division:				
Classification:	Simple			
Type of	G2C- Government to Citizen			
Transaction:				
Who may avail:	Real Property C		CECUPE	
CHECKLIST OF		WHERE TO	SECURE	
Tax Clearance from	MTO (1	Municipal Tre	easurers Office	
Original or Photocop	`	iviumcipai me	asuleis Office	
Official Receipt (1 O		Municipal Tre	easurers Office	
photocopy) if necess	_	Mariicipai 116	dadiera Office	
CLIENTS STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
1.Presentation of	1.1.Check and	None	10 minutes	Ticket Checker
Original Copy of	review if all			Administrative
Municipal Tax	the details in			Aide IV
Clearance to	the Tax			RCC-I
Office of the	Clearance is			LTOO- I
Provincial	correct.			LTOO-III
Treasurer- Field	1.2 Verify if			LTOO-IV
Supervision	OR No.			Office of the
Division	corresponds			Provincial
* Present OR if	with MTO			Treasurer
necessary	Clearance.			
	a. Verify if			
	MTO			
	clearance			
	corresponds			
	with PTO			
	Records.			
	b. Signature of			
	Division Chief			
	is required for			
	confirmation.			
	1.4 Ready to			
	Release the			
	RPT			
	Clearance.			
TOTA	\L	None	10 minutes	



# Provincial Veterinary Office External Services



### 1. ALAY SA BARANGAY PROGRAM

It is a conduct of animal deworming, vitamins supplementation and vaccination against hog cholera, hemosept, and avian flu in the barangays of South Cotabato

1				
Office or	PVET			
Division:				
Classification:	Simple			
Type of	Government to Citize	en		
Transaction:				
Who may	All animal owners in	South Cotab	ato	
avail:				
CHECKLIST O	F REQUIREMENTS		WHERE TO SE	CURE
Letter requ	est (1 Original)	А	RTA Task Force	of PVET
CLIENTS STEP	S AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
1. Call, visit or send letter request to the Provincial Veterinary Office for Alay sa Barangay Program	1. Secure detailed information for the request through the letter request 2.Inform the Department Head for the request to be forwarded to Division Head in- charge 3.Schedule the Alay sa Barangay	None	30 minutes	Step 1. Administrative Officer/Officer of the Day Step 2 and 3. Division Head or Provincial Veterinarian
	TOTAL	None	30 minutes	

## 2. ANIMAL TREATMENT (WALK-IN)

A treatment that an animal receives such as animal care, animal husbandry and humane treatment by providing them its medical needs. Includes Avitaminosis and Deworming

Office or Division:	PVET
Classification:	Simple
Type of	Government to Citizen
Transaction:	
Who may	All animal/pet owners in South Cotabato
avail:	



CHECKLIST OF		WHERE TO SECURE		
	REMENTS			
Fecal and blood samples if		ARTA Task	Force of PVET (	Veterinarians)
	(actual blood			
	cimen)			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Presentation of Animal for - History taking - Physical Examination	1.Perform examination/ Diagnosis -Laboratory Exam (if necessary) -Prescription -Treatment -Issuance of Payment Slip	None	1 hour	Available veterinarian at PVET
2.Payment of fees	1.Receive Payment  2.Issue Official Receipt	35% of drugs cost administered	10 minutes	PTO Cashier
3.Presentation of Official Receipt	Recording of Official Receipt and issuance of documents	None	10 minutes	Clerk-in-charge (Animal Clinic)
то	TAL	35% of drugs cost administered	1 hour and 20 minutes	

### 3. CASTRATION/SPAYING/MINOR SURGERIES FOR DOGS/CATS

It is minor surgical operations made to prevent pets from reproducing as animal prevention control program and for welfare of these animals.

Office or	PVET		
Division:			
Classification:	Simple		
Type of	Government to Citi	zen	
Transaction:			
Who may	All pets owners in South Cotabato		
avail:			
<b>CHECKLIST OF</b>	REQUIREMENTS	WHERE TO SECURE	
<ol> <li>Animal mu</li> </ol>	ust be at least six		
(6) month	s old (actual )	ARTA Task Force of PVET (Veterinarians)	
<ol><li>Updated r</li></ol>	abies vaccination		



- (1 original)
  3. Bathe the dog/cat before the schedule date
- 4. No food intake for 12 hours
- before surgery
  5. Confirm your schedule at 228-2413

228-2413				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit or Call PVET for schedule and pre-surgical orientation	1.Accept clients for scheduling and conduct pre- surgical orientations	None	10 minutes	Clerk in-charge (Animal Clinic) and Veterinarian
2.Presentation of dogs/cats	2.Physical assessment of dogs/cats  May perform the following:  1. Pre- operation/ surgical procedure 2. Surgical Procedure 3. Post- operation/ surgical procedure	None	10 minutes	Veterinarian
3.Payment of Fees	3.1.Receive Payment 3.2.Issue Official Receipt	2. Castration (cats/dogs) – P 300.00 2. Spaying – P 500.00	10 minutes	Clerk in-charge (Animal Clinic)
4.Presentation of Official Receipt	4.Recording of Official Receipt and prescription of drugs	None	10 minutes	Clerk in-charge (Animal Clinic) and Veterinarian
тс	DTAL	1. Castration (cats/dogs) - P 300.00 2. Spaying - P 500.00	2 hours and 40 minutes	



### 4. ISSUANCE OF TRANSPORT PERMIT/VETERINARY HEALTH CERTIFICATE FOR LIVESTOCK, POULTRY AND ITS BY -PRODUCT

It is a requirement needed to be presented in the Veterinary Quarantine Checkpoint/s and Veterinary Quarantine in General Santos City for legal transport of animals and its by-product.

Office or	PVET					
Division:						
Classification:	Simple					
Type of	Government	to Citizen or Government to Business				
Transaction:						
Who may	All livestock	and poultry owners				
avail:						
CHECKLI		WHERE TO SECURE				
REQUIRE						
For Large Anima						
Certificate of Ow	nership	ARTA Task Force of identified agencies availing the				
(original), viz:		services				
a. Barangay						
from origin						
b. Police Cle						
	cipal police					
Station	_					
c. Certificate						
Ownershi						
d. Animals b	-					
transporte						
Inspection						
e. Cattle and						
ا breeding should be	•					
negative o						
For dogs, cats, p						
swine, animal pro	•	ARTA Task Force of identified agencies availing the				
by- products, (or		services				
a. Wildlife –		3CI VIOC3				
Clearance						
b. Goat – for						
purposes,						
tested and						
negative o						
_	rthritis and					
Encephali						
c. Sheep – r						
tested and						
negative o	of Surra					
d. Dogs – Ce	ertificate of					
Rabies Va	accination					



- e. Duck must be tested and certified negative of Avian Influenza
- f. Poultry/Duck –
  Certificate of
  Newcastle Disease
  Vaccination and no
  Newcastle incidence
  within 21 days prior to
  transport. Must be
  tested and certified
  negative of Avian
  Influenza
- g. Swine
- Backyard:
  - Barangay Certification
  - Livestock Inspection Certificate
    - Certificat
       e of Hog
       Cholera
       Vaccinati
       on
  - African Swine Fever negative test result and Certificate of Free Status
- > Commercial:
  - Veterinary Health Certificate issued by Farm
    - Veterinarian
  - African Swine
     Fever negative
     test result and
     Certificate of
     Free Status
  - Farm
     Registration
     and Animal
     Welfare Act
     Certification



•	Livestock
	Handler's
	Permit

Livestock
 Transport
 Carrier
 License

CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBL E
1.Submit complete documentary requirements and apply for a Veterinary Health Certificate and Transport Permit	1. Check the completene ss of documents/ requiremen ts being presented  2. Issue priority number  3. Issue Payment Slip	None	6 minutes	Administrative Aide I Veterinary Aide
2.For pet animals only: Presentation of animals to be transported for inspection	1. Conduct actual inspection of the condition of the presented animals	None	10 minutes	Veterinarian IV
3.Proceed to PTO-Revenue Operations Division and endorse the Payment Slip	1. Issue priority number		10 minutes	LTOO IV LTOO II LTOO I Admin. Aide VI



		<del>,</del>		
for issuance of billing statement	2. Issue Billing Statement	None		Admin. Aide IV Revenue Collection Clerk I Ticket Checker Clerk
4.Payment of fees	1. Receive Payment 2. Issue Official Receipt	As indicated in the Billing Statement based on the rate indicated:  • Large animals (cattle/carabao/hor se) – P40.00/ head  • Small animals (Goat/swine/dog/s heep) – P 15.00/head  • Poultry  • Commercial ly produced broilers/lay ers estrus – P0.30/head  • Game fowl – P50.00/head d  • Days Old chicks/gosli ngs/ducklin gs – P0.20/head  • Adult fowls: native chicken, ducks, geese, turkeys –P 5.00/head  • By-Products (eggs) – P 0.25/tray	3 minutes	PTO Cashier



		<ul> <li>Exotic Animals         <ul> <li>P 10.00/head</li> </ul> </li> <li>Hide         <ul> <li>P12.00/piece</li> </ul> </li> <li>Hoof and horn         <ul> <li>P 10.00/sack</li> </ul> </li> <li>Animals waste         <ul> <li>and by-products</li> <li>P10.00/sack</li> </ul> </li> <li>Processed meat         <ul> <li>and fresh cut</li> <li>(10 kg and below)</li> <li>P5.00/kg</li> </ul> </li> </ul>		
5.Present Official Receipt and wait for the approval of the Veterinary Health Certificate and Transport Permit	1. Verify payment and Record Official Receipt 2. Prepare Veterinary Health Certificate and Local Transport Permit 3. Instruct the client to signing the office file copy 4. Issuance of Veterinary Health Certificate and Local Transport Permit	None	6 minutes	Administrative Aide I Veterinary Aide Veterinarian IV Provincial Veterinary
TOTA	AL	As indicated	35 minutes	
			l	

**Note:** All Veterinary Services at PVET Office will depend on the availability of Veterinarian/s



#### 5. RABIES VACCINATION (WALK-IN)

Injection of rabies vaccines to dogs/cats to prevent or control rabies in animals which is valid for 1 year.

Office or Division:	PVET				
Classification:	Simple				
Type of Transaction:	Government to Ci	tizen			
Who may avail:	All dogs/cats own	ers in South Co	otabato		
	CLIST OF REMENTS		WHERE TO SEC	CURE	
Dogs/cats must and above	be 3 months old	ARTA Task F	•	terinarians and/or	
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSING PERSON BE PAID TIME RESPONSIBLE			
1.Presentation of dog/cat for -History Taking -Physical	<ol> <li>Perform examination</li> <li>Vaccination</li> <li>Issuance of Payment Slip</li> </ol>	None	10 minutes	Veterinarians and/or Livestock Inspectors available	
2.Payment of fees	Receive     Payment     Substitute    Receipt	P50.00/head	10 minutes	PTO Cashier	
3.Presentation of Official Receipt	3. Recording of Official Receipt and issuance of vaccination certificate	None	10 minutes	Clerk in-charge (Animal Clinic)	
ТО	TAL	P50.00/head	10 minutes		



## Sangguniang Panlalawigan External Services



# 1. ISSUANCE OF CERTIFICATE OF POSTING FOR WATER PERMIT APPLICATION, ENERGY REGULATORY COMMISSION'S (ERC) AND NATIONAL TELECOMMUNICATIONS (NTC) NOTICES OF HEARING AND PUBLIC HEARING

Copies of Certificate of Posting for water permit application, ERC and NTC notice for posting is issued to the concerned agencies after compliance of the required posting.

Office or	SP Office – Legislative Records and Management Section			
Division:	<ul><li>Ordinance</li></ul>	and Resolut	ion Section	
Classification:	Simple			
Type of	G2G – Government to	Government		
Transaction:	G2C – Government to	Citizens		
Who May Avail:	ALL COMPONENT L	GU'S AND C	ONCERNED S	TAKEHOLDERS
CHECKLIST O	REQUIREMENTS	,	WHERE TO SE	CURE
1. Copies of Water Application (1,	Permit, ERC & NTC Original)	Concerned	agencies	
Copies of the notice of hearing on petitions and public hearing     (18, Photocopy)		From concerned agencies		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Sign in the visitor's/client's logbook at the Public Assistance Counter and Complaint Desk	Present the     Visitor's Logbook     to the client      1.1. Direct the     client to the     Records Section	None	2 minutes	Hannah Krissa Marie Arro <i>LRM</i> S



2. Submit the required documents to the receiving clerk for evaluation	2. Receive submitted documents for evaluation as to completeness of the number of required copies and subject to assessment by the Librarian III (Records Officer III)  2.1. Assess the completeness of the documents as to the necessary supporting papers and the number of copies submitted	None	5 minutes	Krissia Hannah Marie B. Arro <i>LRMS</i> Lennie Bernardo <i>LRMS</i> Krissia Hannah
	·			Marie B. Arro
2 Fill in request	2.2. Acknowledge receipt of submitted documents and record the same in the logbook and forward the same to Records Officer III  2.3. Prepare the documents and post the same in the Bulletin Board within the required number of days	Nana	10 minutes	Lennie Bernardo LRMS
3. Fill-in request form for the	<ol><li>Issue Certificate of Posting</li></ol>	None	10 minutes	Lennie Bernardo
issuance of Certificate of				LRMS
Posting				
	TOTAL	None	17 minutes	



#### 2. ISSUANCE OF CERTIFIED COPIES OF RESOLUTIONS/ ORDINANCES

Copies of resolutions and ordinances are issued to government agencies and individuals needing the documents duly certified by the Records Officer III.

Office or Division:	SP Office – Legislative Records and Management Section				
Classification:	Simple				
Type of	G2G – Government to Government				
Transaction:	G2C – Government	to Citizen			
Who May Avail:	All	1	WIEDE TO OF		
	REQUIREMENTS		VHERE TO SEO ng agency/indiv		
Request Letter (     agencies and indiv	riduals) (1, original)	From requesti	ng agency/mun	riuuai	
2. Identification Ca original)	rd of client (1,	From requesti	ng agency/indiv	vidual	
3. Request Form of (1, original)	uly accomplished	From SP Office Management	e, Legislative R Section	ecords and	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. Sign in the Visitor's/Client's Logbook at the Public Assistance Counter and	1. Present the visitor's logbook to the client  1.1. Direct the	None	2 minutes	Krissia Hannah Marie B. Arro LRMS	
Complaint Desk					
2. Fill in the request form properly	Attend to the client  2.1. Give the	None	5 minutes	Lennie Bernardo LRMS	
	required request form				
3. Submit the required documents to	3. Receive required documents for	Secretary's Fee:	3 minutes	Lennie Bernardo LRMS	
the Records Officer III for assessment of request and verification of	initial assessment of the request 3.1. Issue a	P100.00 for the first three (3) pages and P5.00 for each			
vermeation of	0.1.1330E a	I TOT COULT	1		



required documents	charge slip, if applicable.  3.2. Start processing the request	succeeding page		
4. Pay the required fees at the Provincial Treasurer's Office Cashier	4. Check the correctness of the Order of Payment  4.1. Accept payment and Issue an official receipt based on the order of payment		30 minutes	Provincial Treasurer's Office Cashier
5. Return to the Sangguniang Panlalawigan Office for the release of the requested document	5. Check the official receipt  5.1. Issue the certified copy of the requested document	None	5 minutes	Lennie Bernardo LRMS
	TOTAL	As indicated	45 minutes	

# 3. RECEIVING OF COMPLAINTS/ APPEALED CASES AGAINST OFFICIALS OF COMPONENT LGUS AND VARIOUS CONCERNS LODGED BY PRIVATE ENTITIES/ INDIVIDUALS REQUIRING APPROPRIATE ACTION BY THE SANGGUNIAN

Cases filed with and acted by the local sanggunian concerned against any erring local officials are lodged before this office for appeal and re-investigation by the SP and other complaints by the concerned complainant for investigation in aid of legislation.

Office or	SP Office – Legislative Records and Management Section
Division:	<ul> <li>Ordinance and Resolution Section</li> </ul>
Classification:	Simple
Type of Transaction:	G2G – Government to Government G2C – Government to Citizens



Who May Avail:	May Avail: ALL COMPONENT LGU'S AND CONCERNED STAKEHOLDERS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Verified complaint/s with attached supporting documents: (1, original)     1.1. Affidavits     1.2. Other Annexes		From LGU/agency/individual of origin		
2. Formal Compla	aint/position paper			
party	ire of concerned	From private	persons and oth	er stakeholders
(18, Photocopy	AGENCY ACTION	FEES TO PROCESSIN PERSON		
STEPS	AGENCY ACTION	BE PAID	G TIME	RESPONSIBLE
1. Sign in the visitor's logbook at the Public Assistance Counter and Complaint Desk	1. Present the visitor's logbook to the client  1.1. Direct the client to the Records Section	None	2 minutes	Krissia Hannah Marie B. Arro <i>LRM</i> S
2. Submit the required documents to the receiving clerk for evaluation	2. Receive required documents for evaluation as to completeness of the number of required copies and subject to assessment by the Board Secretary IV  2.1. Assess the completeness of the documents as to the necessary supporting	None	30 minutes	Krissia Hannah Marie B. Arro <i>LRMS</i> Faye Kim T. Wee Secretary IV
	papers and the number of copies submitted			Krissia Hannah Marie B. Arro <i>LRMS</i>



	2.2. Acknowledge receipt of submitted documents and record the same in the logbook  2.3. Forward the subject documents to the Ordinance and Resolution Section through the Board Secretary IV  2.4. Receive documents for inclusion in the Order of Business on First Reading for the scheduled session			Krissia Hannah Marie B. Arro LRMS  Faye Kim T. Wee Board Secretary IV  Delia Reboles Ordinance & Resolution Section
3. Receive copy of the SP Resolution	3. After referral, conduct committee meetings, render committee reports and pass resolution/s either approving or disapproving the resolutions, executive order, appropriation ordinance and other ordinances	None	3 minutes	Delia Reboles Ordinance & Resolution Section
	TOTAL	None	35 minutes	



### 4. RECEIVING OF RESOLUTIONS/ORDINANCES/ EXECUTIVE ORDERS OF COMPONENT LGU'S FOR SP REVIEW

Copies of approved Annual Investment Plan (AIP), ordinances and executive orders by component LGUs are submitted to this august body for review. In simple transaction, the subject for review passes two (2) readings only from the time the same is calendared for first reading until disposed of by the concerned committee.

The foregoing procedure shall also apply as regards to the governor's request requiring passage of resolution by the Sanggunian. In cases where a request necessitates enactment of an ordinance, the three-reading rule shall apply. However, when the governor's request is certified urgent so as to address public emergency and/or is necessary for the delivery of basic services, the sanggunian may pass the necessary legislation on second and third reading on the same session day or on the scheduled special session for such purpose.

Office or Division:	SP Office – Legislative Records and Management Section – Ordinance and Resolution Section		
Classification:	Highly Technical		
Type of Transaction:	G2G – Government to Government		
Who May Avail:	ALL COMPONENT L	GU'S	
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE	
signed ordinan	etter with copies of aces with the anexes (1, original)	From agency/LGU of origin	
1.1 Proof of the required conduct of public hearing or publication ( for ordinances with penal provisions) (1, original)		From agency/LGU of origin	
<ul> <li>1.2 Approved AIP and Project Profiles for Provincial Annual Appropriation Ordinance (18, Photocopy)</li> <li>1.3 Approved AIP ( for component LGUs) (18, photocopy)</li> </ul>		From agency/LGU of origin	
		From agency/LGU of origin	



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBL E
1. Sign in the Visitor's Logbook at the Public Assistance Counter and Complaint Desk	Present the     Visitor's Logbook     to the client	None	2 minutes	Krissia Hannah Marie B. Arro <i>LRMS</i>
2. Submit the required documents to the receiving clerk for evaluation and acknowledgment	2. Receive submitted documents for evaluation as to completeness of the number of required	None	5 minutes	Krissia Hannah Marie B. Arro <i>LRM</i> S
	copies and subject to assessment by the Board Secretary IV		10 minutes	Faye Kim Wee Board Secretary IV
	2.1 Assess the completeness of the documents as to the necessary supporting papers and the number of copies submitted		10 minutes	Krissia Hannah Marie B. Arro <i>LRM</i> S
	2.2 Acknowledge receipt of submitted documents and record the same in the logbook		10 minutes	Krissia Hannah Marie B. Arro <i>LRM</i> S
	2.3 Forward the subject documents		5 Minutes	Faye Kim T. Wee



to the Ordinance and Resolution Section through			Board Secretary IV
the Board Secretary IV  2.4 Receive documents for inclusion in the Order of Business on First Reading for the scheduled session		Simple – 30 working days From date of referral  Supplemental Budget – 35 working days from date of referral	Delia Reboles Ordinance & Resolution Section  Concerned SP Committee
2.5 After referral, conduct committee meetings, render committee reports and pass resolutions either approving or disapproving the resolution, executive order, appropriation ordinance and other ordinances		Complex/ Highly Technical – 45 Working days plus the allowed number of days of extension from date of referral  Appropriation Ordinance – 60 working days from date of	
TOTAL	None	referral 42 minutes	



#### FEEDBACK AND COMPLAINTS MECHANISM

FEE	FEEDBACK AND COMPLAINTS MECHANISM				
How to send a feedback?	Every provincial government department/office/division has an existing and fully functional feedback mechanism.				
	The client secure a feedback form from the Public Assistance and Complaints Desk In-charge/Officer of the Day of every office and drop it at the designated drop box located within the office premises.				
	Contact info: Complains.arta@pgsc.gov.ph; Contact No. of every department/office/division				
How feedback is processed?	Every Friday, the ARTA Focal Point Person of the agency opens the drop box and compiles and records all feedback submitted.				
	Feedback that requires answers will be forwarded to the concerned office and the latter will be required to take appropriate action/answer within three (3) working days from the receipt of the feedback.				
	The written answer/reply of the office concerned will then be relayed to the citizen by the ARTA Focal Point Person.				
	For inquiries and follow-ups, clients may contact 083-228-7708				
How to file a complaints:	Every provincial government department/office/division has an existing and fully functional complaint mechanism.				
	The client secure a complaint form from the Public Assistance and Complaints Desk In-charge/Officer of the Day of every office and drop it at the designated drop box located within the office premises.				
	Complaints can also be filed via telephone provided the following information are available:				
	1.Name of the person being complained of;     2.Detailed Narration of Incident complaint of;     3.Evidence				
	For inquiries and follow-ups, clients may contact 083-228-7708;				



How complaints are	The ARTA Focal Point Person opens the complaints drop
processed	box every Friday and evaluates each complaint.
	Upon evaluation, the ARTA Focal Point Person shall start the investigation and forward the complaint to the concerned office for their explanation.
	The ARTA Focal Point Person shall prepare and submit report to the Provincial Governor for appropriate action.
	The ARTA Focal Point Person shall officially give the feedback to the client.
	For inquiries and follow-ups, clients may contact 083-228-7708
<b>Contact Information</b>	ARTA:complaints@arta.gov.ph
of CCB,PCC,ARTA	8478 5093
	PCC:8888
	CCB:0908-881-6565(SMS)



#### **LIST OF OFFICES**

OFFICE	ADDRESS	CONTACT INFORMATION
Provincial Accountant's Office	Provincial Capitol Compound,Koronadal City,South Cotabato	228-3035
Provincial Administrator's Office	Provincial Capitol Compound,Koronadal City,South Cotabato	228-2007
Provincial Agriculture Office	Poblacion,Koronadal City,South Cotabato	228-3433
Provincial Assessor's Office	Provincial Capitol Compound,Koronadal City,South Cotabato	228-9543/2441
Provincial Budget Office	Provincial Capitol Compound,Koronadal City,South Cotabato	228-3143
Provincial Disaster Risk Reduction Management Office	Poblacion, Koronadal City, South Cotabato	228-8361/2076
Provincial Engineer's Office	Poblacion,Koronadal City,South Cotabato	228-3839
Provincial Environment Management Office	Provincial Capitol Compound,Koronadal City,South Cotabato	228-6700
Provincial General Services Offices	Provincial Capitol Compound,Koronadal City,South Cotabato	228-4251
Provincial Governor's Office- Executive Staff	Provincial Capitol Compound,Koronadal City,South Cotabato	228-3754
Provincial Governor's Office- APPC	Brgy. Tinongcop, Tantangan,South Cotabato	228-2413
Provincial Governor's office- ACTM	Poblacion, Koronadal City,South Cotabato	228-3447/878- 2140
Provincial Governor's Office Barangay Affairs Unit	Provincial Capitol Compound,Koronadal City,South Cotabato	228-2432
Provincial Governor's Office - Bids and Awards Division	Provincial Capitol Compound,Koronadal City,South Cotabato	228-9951/8570
Provincial Governor's Office- Inspectorate Unit	Provincial Capitol Compound,Koronadal City,South Cotabato	228-9502



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Provincial Governor's Office -	Provincial Capitol	228-7708
Internal Audit Unit	Compound, Koronadal City, South	
Drawing in Louis and Office	Cotabato	000 0004
Provincial Governor's Office	Provincial Capitol	228-2631
Kabugwason Office (KPSP)	Compound, Koronadal City, South	
	Cotabato	
Provincial Governor's Office-	Lake Sebu, South Cotabato	09560914156
SFPMU		
South Cotabato Economic	Alunan Avenue,Koronadal	228-9314
Enterprise Management	City,South Cotabato	
Office- South Cotabato		
Gymnasium and Cultural		
Center (SGCC)		
South Cotabato Economic	Protech Center,Koronadal	228-2072
Investment and Promotion	City,South Cotabato	
Center(SCEIPC)	-	
South Cotabato Rehabilitation	Bo.1,Koronadal City,South	228-2445
and Detention Center	Cotabato	
(SCRDC)		
South Cotabato Sports and	Poblacion, Koronadal City, South	228-2943
Youth Development Office	Cotabato	
South Cotabato Sports	Poblacion, Koronadal City, South	228-2943
Complex	Cotabato	
Provincial Security Unit-Radio	Provincial Capitol	228-3504
Room	Compound, Koronadal City, South	
	Cotabato	
Public Employment Service	Provincial Capitol	228-5439
Unit	Compound, Koronadal City, South	
	Cotabato	
Provincial Health Office	Poblacion, Koronadal City, South	228-
	Cotabato	2919/2289422
Provincial Hospitals	Provincial Capitol	
'	Compound, Koronadal City, South	
	Cotabato	
Norala District Hospital	Poblacion, Municipality of	234-1009
	Norala, South Cotabato	
Polomolok Municipal	Brgy. Pagalungan,Municipality of	225-2902
Hospital	Polomolok, South Cotabato	
South Cotabato Provincial	Poblacion, Koronadal City, South	228-8787
Hospital	Cotabato	
Provincial Human Resource	Provincial Capitol	228-9654
Management Office	Compound, Koronadal City, South	
	Cotabato	
Provincial Information Office	Provincial Capitol	228-4199
	Compound, Koronadal City, South	
	Cotabato	
	Oolabalo	



Provincial Legal Office	Provincial Capitol	228-2917
	Compound, Koronadal City, South	
	Cotabato	
Provincial Planning and	Provincial Capitol	228-3661
Development Office	Compound, Koronadal City, South	
	Cotabato	
Provincial Population Office	Provincial Capitol	228-2768/8087
	Compound, Koronadal City, South	
	Cotabato	
Provincial Sangguniang	Provincial Capitol	228-2338/877-
Panlalawigan Office	Compound, Koronadal City, South	5581
	Cotabato	
Provincial Social Welfare and	Poblacion, Koronadal City, South	228-3660
Development Office	Cotabato	
Provincial Treasurer's Office	Provincial Capitol	228-2249
	Compound, Koronadal City, South	
	Cotabato	
Provincial Veterinary Office	Provincial Capitol	228-2413
	Compound, Koronadal City, South	
	Cotabato	