

#### MUNICIPAL GOVERNMENT OF DELFIN ALBANO, ISABELA

CITIZEN'S CHARTER 2024 (Revised Edition)



#### I. Mandate:

The Local Government of Delfin Albano, Isabela shall endeavor to become autonomous and self-reliant and to effectively exercise the powers and discharge the functions vested upon it by the Local Government Code, including devolved functions and responsibilities of national agencies, and those which are necessary, appropriate, or incidental to efficient, effective, and equitable provision of basic services and facilities for its constituents.

#### II. Vision:

A center of Agro-industrial development in Northern Isabela with God-loving and empowered citizens living in a disasterresilient communities and ecologically-sound environment with an integrated infrastructure support system and vibrant economy led by responsive and transparent leadership.

#### III. Mission:

To improve the quality of life for all residents of Delfin Albano by maximizing opportunities for social and economic development in order to become the Agro-industrial center of Northern Isabela while retaining vibrant, secure and sustainable environment.

#### IV. Service Pledge:

We, the Municipal Officials and Employees of the Local Government of Delfin Albano, Isabela, do hereby pledge our firm commitment to perform our duties and functions to:

Serve effectively and efficiently our people with utmost respect and with the highest degree of professionalism;

Enable and empower our people to become effective partners in our pursuit for sustainable countryside development;

Readily respond to the challenges of local governance and the ever changing environment;



Vigilantly conduct all our dealings and transactions to ensure that accountability and transparency are observed at all times;

nitiate a model public service marked with excellence and competence that will serve as an example for others to emulate;

Catapult Delfin Albano into an exemplary LGU and as the Center of Agro-Industrial Development in Northern Isabela;

Ensure that available resources are optimized and judiciously used and that the environment is sustainably developed and preserved for future generations of Delfin Albanians.

So help us God.



#### **List of Service**

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#### OFFICE OF THE MUNICIPAL MAYOR

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# EQUITY-ENHANCING SERVICES



## OFFICE OF THE MAYOR

The office exercises general supervision and control over all programs, projects, services and activities of the Government. It ensures that the works of the barangays are within the scope of their prescribed powers and functions.

The delivery of basic services, provision of adequate facilities the generation and full utilization of resources also includes the Office's functions.



## > ISSUANCE OF MAYOR'S CLEARANCE, JOB RECOMMENDATIONS AND CERTIFICATIONS

The Mayor's Clearance is issued to individuals needing this document which states that he/she has no pending case filed within the Municipality. Certifications are issued to affirm the validity of information. Job recommendations are also issued to job seekers.

| OFFICE / DIVISION:   | Office of the M   | Office of the Mayor  |                    |   |  |  |
|--|---|--|--------------------|---|--|--|
| CLASSIFICATION:  | Simple  | Simple   |                    |   |  |  |
| TYPE OF TRANSACTION:   | Government to   | o Government   |                    |   |  |  |
| WHO MAY AVAIL:   | All   |  |                    |   |  |  |
| CHECKLIST OF REQUIR  | EMENTS  |  | WHERE T            | O SECURE  |  |  |
| <ul> <li>Barangay Clearance (1 of Residence certificate (cultivate)</li> <li>Police Clearance (1 copyright)</li> <li>Official Receipt</li> <li>*Job Recommendations – FRE</li> </ul> | rrent year) /)  | Respective Barang<br>Barangay Treasure<br>Delfin Albano Mun<br>Treasury Office |                    |   |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION  | FEES TO BE<br>PAID   | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |  |
| 1. Sign in Client Log Book   | 1.Give the<br>Log Book to<br>the client                                     | None   | 3 MINUTES          | Rogelio s. Albano jr. Contract of Service Mayor's Office  |  |  |
| 2. Submit the required documents for initial assessment and verification.  | 2. Receive<br>the<br>accomplished<br>forms and<br>check for<br>completeness | None   | 5 MINUTES          | Richmond H. Pazzibugan HRM Asst. or Charisma A. Barut Labor ad Employment Officer II Mayor's Office or Grace D. Acidera Asst. Information Officer |  |  |



|  | TOTAL   | P 50.00 | 38 MINUTES |   |
|--|---|---------|------------|---|
| 5. Affixation of signature of Municipal Mayor  | 5. Issue the<br>Certificate or<br>Clearance to<br>the client. | None    | 10 MINUTES | <b>Arnold Edward P. Co</b><br>Municipal Mayor<br>Mayor's Office   |
| 4. Return to the Mayor's Office for the processing and release of Clearance or Certification | 4. Check the<br>Official<br>Receipt                           | None    | 10 MINUTES | Richmond H. Pazzibugan HRM Asst. or Charisma A. Barut Labor and Employment Officer II Mayor's Office or Grace D. Acidera Asst. Information Officer Mayor's Office |
| 3. Pay the required fees at Treasury Office by showing the Order of Payment.                 | 3. Start processing the request.                              | P 50.00 | 10 MINUTES | Errol M. Briones License Inspector I or Christopher T. Gabriel Meter Reader I Office of the Municipal Treasurer   |



## > ISSUANCE OF ENDORSEMENT LETTER TO OTHER NON-GOVERNMENTAL AGENCIES FOR MEDICAL AND FINANCIAL ASSISTANCE

Clients that seek aid from the non-governmental organizations such as the Philippine Charity Sweepstakes Office and other agencies are required to secure the endorsement from the Municipal Mayor.

| OFFICE / DIVISION:   | Office of the Mayor   |                    |                    |   |  |  |
|--|---|--------------------|--------------------|---|--|--|
| CLASSIFICATION:  | Simple  |                    |                    |   |  |  |
| TYPE OF TRANSACTION:   | Government to Governm                                       | ent/Governme       | nt to Citizen      |   |  |  |
| WHO MAY AVAIL:   | All   |                    |                    |   |  |  |
| CHECKLIST OF REC   | UIREMENTS   |                    | WHERE '            | TO SECURE   |  |  |
| <ul> <li>Case study obtained fro<br/>Development Office.</li> <li>Medical Abstract (1 copy)</li> </ul> | Municipal Welfare & Development Office  Attending Physician |                    |                    |   |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |  |
| 1. Sign in Client Log Book   | 1.Give the Log<br>Book to the client                        | None               | 3 MINUTES          | Rogelio S. Albano Jr. Contract of service or Herald A. Macadangdang Contract of service or Richmond H. Pazzibugan HRM Asst. Mayor's office or Grace D. Acidera Asst. Information Officer Mayor's office |  |  |



| 2. Submit the required documents. | 2. Check the required documents for completeness and receive. | None | 5 MINUTES  | Richmond H. Pazzibugan HRM Asst. Or Charisma A. Barut Labor and Employment Officer II Mayor's office or Grace D. Acidera Asst. Information Officer Mayor's office |
|-----------------------------------|---|------|------------|---|
|                                   | 2.1start processing<br>the endorsement<br>letter              | None | 5 MINUTES  | Richmond H. Pazzibugan HRM Asst. or Charisma A. Barut Labor and Employment Officer II Mayor's office or Grace D. Acidera Asst. Information Officer Mayor's office |
|                                   | 2.2 Affixation of signature of the Municipal Mayor            | None | 10 MINUTES | Arnold Edward P. Co<br>Municipal Mayor<br>Mayor's Office  |
|                                   | TOTAL   | NONE | 23 MINUTES |   |



## > GRANTING OF TECHNICAL/FINANCIAL ASSISTANCE FOR BARANGAY & CIVIL SOCIETY ORGANIZATIONS (CSO) PROJECTS

The Government considers the barangays, people and civil society organizations as partners in governance. It encourages them to formulate projects and programs that uplifts the well-being of the community and provides financial assistance to them for the realization of their projects.

| OFFICE / DIVISION:                                    | Office of the Mayor   |                    |                    |   |  |  |
|---|---|--------------------|--------------------|---|--|--|
| CLASSIFICATION: Si                                    | Simple  |                    |                    |   |  |  |
| TYPE OF TRANSACTION: G                                | vernment to Government  |                    |                    |   |  |  |
| WHO MAY AVAIL:  | rangay/Civil Society Organi                                     | zation             |                    |   |  |  |
| CHECKLIST OF RE                                       | QUIREMENTS  |                    | WHERE TO           | SECURE  |  |  |
| <ul> <li>Letter of request and pro</li> </ul>         | ect proposal (1 copy)   | Requesting Pa      | rty                |   |  |  |
| <ul> <li>Approved request letter/p</li> </ul>         | roject proposal (1 copy)  |                    |                    |   |  |  |
| <ul> <li>Prepared vouchers/perso</li> </ul>           | nal appearance  |                    |                    |   |  |  |
| CLIENT STEPS  | AGENCY<br>ACTION  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |  |
| 1. Sign in client log book                            | 1.Give the Log Book to the client                               | None               | 3 MINUTES          | Rogelio S. Albano Jr. Contract of service or Herald A. Macadangdang Contract of service Mayor's Office  |  |  |
| 2. Present request and proposa the Mayor for approval | to 2. Check the request letter or project proposal and receive. | None               | 5 MINUTES          | Richmond H. Pazzibugan HRM Asst. or Charisma A. Barut Labor and Employment Officer II Mayor's Office or |  |  |



|   |  |      |                              | Grace D. Acidera Asst. Information Officer Mayor's office  |
|---|--|------|------------------------------|--|
|   | 3. Present request letter or project proposal to the Municipal Mayor | None | 1 HOUR                       | Arnold Edward P. Co<br>Municipal Mayor<br>Mayor's Office   |
| 3.Go to accounting office for the preparation of vouchers | Preparation of vouchers  | None | 30 MINUTES                   | Christy Dela Cruz Admin. Aide VI or Jesica Dumocloy Accounting Clerk or Marjorie B. Garro Admin. Aide IV Accounting Office |
|   |  |      |                              | Signatories<br>OM/MBO/ACCOUNTING/  |
| 4. Signing of vouchers by signatories                     | 4. Start processing the vouchers/                                    | None | 1 HOUR                       | Henry V. Dumaua, CPA Acting Municipal Treasurer Office of the Municipal Treasurer  |
| 5. Present process vouchers                               | 5. Release and recording of check                                    | None | 15 MINUTES                   |  |
|   | TOTAL  | NONE | 2 HOURS<br>AND 53<br>MINUTES |  |



## > ENDORSEMENT LETTER FOR PUNONG BARANGAYS AND CIVIL SOCIETY ORGANIZATIONS (CSOs)

All resolutions, project proposals and letter of request are handed to the Office of the Mayor for the LCE's information and notation.

| OFFICE / DIVISION:                          | Office of the Mayor                             |   |                       |                       |  |  |
|---|---|---|-----------------------|-----------------------|--|--|
| CLASSIFICATION:                             | Simple  |   |                       |                       |  |  |
| TYPE OF TRANSACTION:                        | Government to Government, Government to Citizen |   |                       |                       |  |  |
| WHO MAY AVAIL:                              | Barar   | ngay/Civil Society Organization   | n                     |                       |  |  |
| CHECKLIST O                                 | FREG  | QUIREMENTS  |                       | WHERE T               | O SECURE   |  |
| <ul> <li>Resolutions/Project Pro</li> </ul> | posal   | Letter of Request (1 copy)  | Requestin             | ng Party              |  |  |
| CLIENT STEPS                                |   | AGENCY<br>ACTION  | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME    | PERSON RESPONSIBLE   |  |
| Sign in Client Log Book                     |   | 1.Give the Log Book to the client   | None                  | 3 MINUTES             | Rogelio S. Albano Jr. Contract of service or Herald A. Macadangdang Contract of service Mayor's Office   |  |
| 2. Submit the required docume               | ents  | Check the required documents for completeness and receive      Start process the endorsement letter | None<br>None          | 30 MINUTES 30 MINUTES | Richmond H. Pazzibugan HRM Asst. or Charisma A. Barut Labor and Employment Officer II or Grace D. Acidera Asst. Information Officer Mayor's office |  |



| 2.2 Affixation of signature of the Municipal Mayor | None | 30 MINUTES            | Arnold Edward P. Co<br>Municipal Mayor<br>Mayor's Office |
|--|------|-----------------------|--|
| TOTAL  | NONE | 1 HOUR, 33<br>MINUTES |  |

#### > GRANTING/PROVIDING OF FINANCIAL ASSISTANCE FOR MEDICAL AND BURIAL REQUEST

This service is intended to grant/provide financial assistance for medical and burial request.

| OFFICE / DIVISION:  | Office of the Mayor  |                    |                    |   |  |
|---|--|--------------------|--------------------|---|--|
| CLASSIFICATION:   | Simple   |                    |                    |   |  |
| TYPE OF TRANSACTION:  | Government to Government   |                    |                    |   |  |
| WHO MAY AVAIL:  | All  |                    |                    |   |  |
| CHECKLIST OF REQU   | UIREMENTS WHERE TO SECURE  |                    |                    |   |  |
| <ul> <li>Request letter (1 copy)</li> <li>Medical certificate/Hospit</li> <li>*For burial:</li> <li>Death certificate (1 copy)</li> <li>Barangay Indigency (1 copy)</li> <li>Latest CTC (1 copy)</li> </ul> | Requesting Pa<br>Attending Phy  /)  Copy)  Municipal Civi Barangay Hal |                    |                    |   |  |
| CLIENT STEPS  | AGENCY<br>ACTION   | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |
| 1. Sign in Client Log Book  | 1.Give the Log<br>Book to the<br>client                                | None               | 2 MINUTES          | Rogelio S. Albano Jr. Contract of service or Herald A. Macadangdang Contract of service |  |
| 2. Submit the required documen  | 2. Check the required documents for                                    | None               | 5 MINUTES          | Mayor's Office  Richmond H. Pazzibugan  HRM Asst.                                       |  |



|  |   |      |            | OABLE  |
|--|---|------|------------|--|
|  | completeness<br>and receive   |      |            | Or Charisma A. Barut Labor and Employment Officer II Mayor's office or Grace D. Acidera Asst. Information Officer Mayor's office |
| 3. Proceed to MSWDO to undergo interview | 3. Present<br>request letter<br>with required<br>documents to<br>the Municipal<br>Mayor for<br>approval | None | 10 MINUTES | Arnold Edward P. Co<br>Municipal mayor<br>Mayor's office   |
| 4. Signing of vouchers by signatories    | 4. Submit approved request letter   | None | 1 HOUR     | Rosalie L. Marquez MSWDO  Municipal Social Welfare and Development Office  |
|  | 4.1 Interview<br>the client for the<br>case study   | None |            | Development Onice  |
|  | 4.2 Prepare voucher  Affix signature to letter request.   | None |            |  |
|  | to letter request.  |      |            |  |



| 5.Present process vouchers | 5. Release and recording of | None | 5 MINUTES                | Henry V. Dumaua, CPA Acting Municipal Treasurer |
|----------------------------|-----------------------------|------|--------------------------|---|
|                            | Financial assistance        |      |                          | Office of the Municipal Treasurer               |
|                            | TOTAL                       | NONE | 1 HOUR and 22<br>MINUTES |   |

## > PROCESSING OF VOUCHERS (OFFICE SUPPLIES, REIMBURSEMENT, LIQUIDATION OF CASH ADVANCES)

The Office of the Mayor is the processing center of all vouchers. This will determine the validity of vouchers being transacted.

| OFFICE / DIVISION:                       | Office of the Mayor   | Office of the Mayor |                    |  |  |
|--|-----------------------|---------------------|--------------------|--|--|
| CLASSIFICATION:                          | Simple                | Simple              |                    |  |  |
| TYPE OF TRANSACTION:                     | Government to Governi | ment                |                    |  |  |
| WHO MAY AVAIL:                           | All                   |                     |                    |  |  |
| CHECKLIST OF RE                          | QUIREMENTS            |                     | WHERE TO S         | ECURE  |  |
| <ul> <li>Disbursement Voucher</li> </ul> | r(s)                  | Concerned Office    |                    |  |  |
| CLIENT STEPS                             | AGENCY<br>ACTION      | FEES TO BE<br>PAID  | PROCESSING<br>TIME | PERSON RESPONSIBLE   |  |
| 1. Present vouchers                      | 1.Check vouchers      | None                | 2 MINUTES          | Richmond H. Pazzibugan HRM Asst. or Charisma A. Barut Labor and Employment Officer II Mayor's office or Grace D. Acidera Asst. Information Officer |  |



| 2. None | 2. Signing of vouchers                                   | None | 1 HOUR                | Arnold Edward P. Co<br>Municipal Mayor<br>Mayor's Office   |
|---------|--|------|-----------------------|--|
| 3. None | 3. Record and submit signed vouchers to concerned office | None | 10 MINUTES            | Rogelio S. Albano Jr. Contract of service or Herald A. Macadangdang Contract of service Mayor's Office |
|         | TOTAL  | NONE | 1 HOUR, 12<br>MINUTES |  |

## ➤ TECHNOLOGY FOR EDUCATION, EMPLOYMENT, ENTREPRENUERSHIP AND ECONOMIC DEVELOPMENT (TECH4ED)/COMMUNITY eCENTER (CeC) SERVICES (Tech4ED Web Portal, Digital Literacy)

One of the best practices of LGU-Delfin Albano is to establish sustainable TECH4ED center as a delivery channel for relevant ICT-enabled services and content for socio-economic development of unserved and underserved communities towards improved quality of life.

The Tech4Ed package includes laptops, printer, webcam, CCTV and headsets for use of computer enthusiast given by the Department of Information & Communication Technology (DICT).

| OFFICE / DIVISION:                                 | Information & Communication Technology Office |                  |  |
|--|---|------------------|--|
| CLASSIFICATION:                                    | Simple  |                  |  |
| TYPE OF TRANSACTION:                               | Government to Citizen                         |                  |  |
| WHO MAY AVAIL:                                     | All   |                  |  |
| CHECKLIST OF REQUIREMENTS                          |   | WHERE TO SECURE  |  |
| <ul> <li>Valid Identification Card (ID)</li> </ul> |   | Requesting Party |  |



| CLIENT STEPS  | AGENCY<br>ACTION  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE   |
|---|---|--------------------|--------------------|--|
| 1.Sign in client Log Book   | 1.Give the Log<br>Book to the client  | None               | 2 MINUTES          | Rhomel G. Salvador<br>Tech4ED Center Manager<br>Tech4Ed Center |
| 2. Log-in at the Tech4ED Web portal                                   | 2. Assist the client in logging-in at the Web portal especially the new user (username and password)  | None               | 2 MINUTES          | Rhomel G. Salvador Tech4ED Center Manager Tech4Ed Center       |
| 3. The client will choose which services he/she would like to browse. | 3. Present the<br>Tech4Ed portal<br>(eEducSkills,<br>eHealth,<br>eFarming,<br>eGovtServises,<br>etc.) | None               | 5 MINUTES          | Rhomel G. Salvador<br>Tech4ED Center Manager<br>Tech4Ed Center |
| 4. Log-out at the Tech4Ed Web portal                                  | 4. Logging-out of the Tech4Ed Web portal.   | None               | 2 MINUTES          | Rhomel G. Salvador<br>Tech4ED Center Manager<br>Tech4Ed Center |
|   | TOTAL   | NONE               | 11 MINUTES         |  |



#### > DIGITAL LITERACY

The establishment of multi-purpose community public access points and providing affordable or free of charge access to the various communication resources, notably the internet has addressed digital divide to the community. It seeks to enable, empower and transform communities. Digital literacy is a necessity to every Juan wherein nowadays goes with the Digital World.

| OFFICE / DIVISION:   | Information & Communication Technology Office  |                    |                    |  |  |
|--|--|--------------------|--------------------|--|--|
| CLASSIFICATION:  | Simple   |                    |                    |  |  |
| TYPE OF TRANSACTION:   | Government to Citizen  |                    |                    |  |  |
| WHO MAY AVAIL:   | All  |                    |                    |  |  |
| CHECKLIST OF REC   | QUIREMENTS   |                    | WHERE TO           | SECURE   |  |
| <ul> <li>Valid Identification Card</li> </ul>  | (ID)   | NONE               |                    |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE   |  |
| 1.Sign in client Log Book  | 1.Give the Log<br>Book to the client   | None               | 2 MINUTES          | Rhomel G. Salvador Tech4ED Center Manager Tech4Ed Center       |  |
| 2. Attend orientation for the sco of modules.  | pe 2. Present the modules comprising of multimedia presentations, Microsoft Word, Microsoft Excel etc. | None               | 1 HOUR             | Rhomel G. Salvador Tech4ED Center Manager Tech4Ed Center       |  |
| 3. Attend lectures, presentation: *Digital Literacy takes ten (10) days of attending classes and workshops.  **Digital Literacy can be cater of line | on on Microsoft<br>Applications,<br>Internet and Social  | None               | 1 HOUR             | Rhomel G. Salvador<br>Tech4ED Center Manager<br>Tech4Ed Center |  |



| 4. Get your Certificate of Completion | Issue certificate of Completion | None | 5 MINUTES             | Rhomel G. Salvador Tech4ED Center Manager Tech4Ed Center |
|---------------------------------------|---------------------------------|------|-----------------------|--|
|                                       | TOTAL                           | NONE | 2 HOURS, 7<br>MINUTES |  |

## > Issuance of Certificate of No Objection to License Recruitment Agencies (Special Recruitment Activity-Overseas)

This activity is granted to an agency to conduct recruitment outside its registered business address approved by the Administration and provide all the necessary documents in accordance with existing rules and regulations.

| OFFICE / DIVISION:                           | Office of the Mayor-PESO           |                    |                    |   |  |
|--|------------------------------------|--------------------|--------------------|---|--|
| CLASSIFICATION:                              | Simple                             |                    |                    |   |  |
| TYPE OF TRANSACTION:                         | G2B-Government to Busi             | iness entity       |                    |   |  |
| WHO MAY AVAIL:                               | Licensed Recruitment Ag            | jencies            |                    |   |  |
| CHECKLIST OF RI                              | EQUIREMENTS                        |                    | WHERE TO S         | SECURE  |  |
| <ol> <li>Request letter/letter of</li> </ol> | f Intent ( 1 original copy)        | Recruitment Age    | ency               |   |  |
| 2. Company Profile (1 p                      | hotocopy)                          | Recruitment Age    | ency               |   |  |
| <ol><li>Updated POEA Licens</li></ol>        | se ( 1 clear photocopy)            | Recruitment Age    | ency               |   |  |
| <ol><li>Affidavit of Undertakin</li></ol>    | gs ( 1 original copy)              | Recruitment Age    | ency               |   |  |
| 5. Authority to conduct the                  | ne activity ( 1 photocopy)         | DOLE               |                    |   |  |
| 6. Job Orders/List of Job                    | Vacancy (1 photocopy)              | Recruitment Agency |                    |   |  |
| CLIENT STEPS                                 | AGENCY<br>ACTION                   | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |
| 1. Sign in the client log book               | 1. Give the log book to the client | None               | 5 MINUTES          | Rogelio S. Albano Jr. Contract of service or Herald A. Macadangdang Contract of service |  |



| 2. Submit the required documents                    | 2. Check the required documents for completeness and receive  | None     | 30 MINUTES             | Charisma A. Barut<br>Local Employment Officer II<br>/PESO Manger-Designate<br>Mayor's Office   |
|---|---|----------|------------------------|--|
| 3. NONE   | 3. Verify the status of the recruitment agency in the POEA website  | None     | 2 HOURS                | Charisma A. Barut<br>Local Employment Officer II<br>/PESO Manger-Designate<br>Mayor's Office   |
| 4. NONE   | 4.1. Start process the certificate of "no objection"  4.2. Affixation of signature of the Municipal Mayor | None     | 1 HOUR                 | Charisma A. Barut Local Employment Officer II /PESO Manger-Designate Mayor's Office  Arnold Edward P. Co Municipal Mayor  Mayor's Office                     |
| 5. Proceed at the Local Treasury Office for payment | Waller Wayor  | P 200.00 | 30 MINUTES             | Errol M. Briones License Inspector I or Mirriam T. Obedoza Collecting Officer or Christopher T. Gabriel Collecting Officer Office of the Municipal Treasurer |
| 6. Present receipt of payment                       | 5. Release the certification  | NONE     | 30 MINUTES             | Charisma A. Barut Local Employment Officer II /PESO Manger-Designate Mayor's Office  |
|   | TOTAL   | P 200.00 | 4 HOURS and 35 MINUTES |  |



## OFFICE OF THE MUNICIPAL ADMINISTRATOR

Ensures responsive, people friendly administration and accomplishes the quantity and quality of work expected within set limits of cost and time.



#### > SIGNING/APPROVAL OF DISBURSEMENT VOUCHERS

Ensures responsive, people friendly administration and accomplishes the quantity and quality of work expected within set limits of cost and time.

| OFFICE / DIVISION:   | Office of the Municipal Adn  | ninistrator           |                  |   |  |  |
|--|--|-----------------------|------------------|---|--|--|
| CLASSIFICATION:  | Simple   |                       |                  |   |  |  |
| TYPE OF TRANSACTION:   | Government to Citizen  | Government to Citizen |                  |   |  |  |
| WHO MAY AVAIL:   | All  | •                     |                  |   |  |  |
| CHECKLIST OF F   |  |                       | WHERE TO         | SECURE  |  |  |
| Reports, Waste Materia   | quest/Purchase order, Acceptance<br>aste Material Support, Obligation<br>abursement Vouchers, Checks |                       | Requesting Party |   |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO<br>BE PAID    | PROCESSING TIME  | PERSON RESPONSIBLE  |  |  |
| 1. Sign in client logbook  | 1. Give the Log Boo to the client  | k None                | 5 MINUTES        | Bethelyn P. Natividad Contract of Service or Rizafe R. Ramos Admin. Asst. III Mun. Admin Office |  |  |
| 2.The assigned personnel sha<br>present the documents to the<br>Municipal Administrator for<br>affixation of signature | 2. Receive documents and check for completeness.   | None                  | 8 HOURS          | Jocelyn A. Manibog<br>Municipal Administrator<br>Mun. Admin Office                              |  |  |
| 3. Review and record all signe documents   | 3.The MA affix his/her signature   |                       | 5 MINUTES        | Bethelyn P. Natividad<br>Contract of Service<br>or  |  |  |



|       |      |                        | Rizafe R. Ramos<br>Admin. Asst. III |
|-------|------|------------------------|-------------------------------------|
|       | None |                        | Mun. Admin Office                   |
| TOTAL | NONE | 8 HOURS, 10<br>MINUTES |                                     |

## > FINANCIAL ASSISTANCE FOR INDIGENT RESIDENTS (in case the Local Executive is out/has official business)

The program is intended for the indigent families who are in need of medical or burial assistance and other emergency needs.

| OFFICE / DIVISION:  | Office of the Municipal Administrator |  |                    |   |  |
|---|---------------------------------------|--|--------------------|---|--|
| CLASSIFICATION:   | Simple                                |  |                    |   |  |
| TYPE OF TRANSACTION:  | Government to Citizen                 |  |                    |   |  |
| WHO MAY AVAIL:  | All                                   |  |                    |   |  |
| CHECKLIST OF RI   | EQUIREMENTS                           |  | WHERE TO           | SECURE  |  |
| <ul> <li>Request letter addressed</li> <li>Hospitalization billing state</li> <li>Residence tax certificate</li> <li>Barangay clearance/cert</li> </ul> | tement (1 copy)<br>(current year)     | Requesting Party  Barangay Treasurer/Municipal Treasury Office Barangay Hall |                    |   |  |
| CLIENT STEPS  | AGENCY<br>ACTION                      | FEES TO<br>BE PAID   | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |
| 1.Sign in client Log Book   | 1. Give the Log Book to the client    | None   | 5 MINUTES          | Bethelyn P. Natividad Contract of Service or Rizafe R. Ramos Admin. Asst. III Bethelyn P. Natividad Contract of Service |  |



| 2. Review the request letter and documents presented   | 2. Receive documents and check for completeness.  | None | 2 HOURS | or<br><b>Rizafe R. Ramos</b><br>Admin. Asst. III<br>Mun. Admin Office  |
|--|---|------|---------|--|
| 3. The assigned personnel shall present the documents to the Municipal Administrator for the affixation of signature | 3.The MA affix his/her signature  | None | 1 HOUR  | Jocelyn A. Manibog<br>Municipal Administrator<br>Mun. Admin Office   |
|  | 3.1 Record all signed documents   | None | 1 HOUR  | Bethelyn P. Natividad Contract of Service or Rizafe R. Ramos Admin. Asst. III Mun. Admin Office                            |
|  | Check duly approved request letter, Medical Certificates/Abstract/ Certificate of Confinement/Certific ate of Indigency signed by Punong Barangay/Residence Certificate | None | 1 HOUR  | Rosalie L. Marquez, RSW  MSWDO  or  Vanessa A. Acosta  SWO  or  Fresma D. Casayuran  SWA/MPO  Municipal Social Welfare and |
|  |   |      |         | Rosalie L. Marquez, RSW MSWDO  |



| 4. Intake the interview for the accomplishment of Form 200  | 4. Concerned signatories will affix their signature |      |                       | Or Haydee G. Viernes SWO II or Vanessa A. Acosta SWO or Fresma D. Casayuran SWA/MPO Municipal Social Welfare and Development Office              |
|---|---|------|-----------------------|--|
| 5. Wait at the designated waiting area while MSWDO staff facilitates the processing and signing of documents  |   | None | 1 HOUR                | Arnold Edward P. Co Municipal Mayor Mayor's Office  Jocelyn A. Manibob Mun. Budget Officer Budget Office   |
| 6. Go to Mayor's Office, MBO,<br>Accounting Office for vouchers<br>signature and get financial<br>assistance (cash/check) at the<br>Treasury Office |   | None |                       | Bernard F. Cañero, CPA OIC-Mun. Accountant Accounting Office  Henry V. Dumaua, CPA Acting Municipal Treasurer  Office of the Municipal Treasurer |
|   | TOTAL   | NONE | 8 HOURS, 5<br>MINUTES | 110000101  |



#### > SIGNING/APPROVAL OF TRAVEL ORDERS/TRIP TICKETS

The program is intended for the indigent families who are in need of medical or burial assistance and other emergency needs.

| OFFICE / DIVISION:  | Office of the Municipal Adm  | inistrator                    |                     |  |  |
|---|--|-------------------------------|---------------------|--|--|
| CLASSIFICATION:   | Simple   |                               |                     |  |  |
| TYPE OF TRANSACTION:  | Government to Citizen  |                               |                     |  |  |
| WHO MAY AVAIL:  | All  |                               |                     |  |  |
| CHECKLIST OF RI   |  |                               | WHERE TO            |  |  |
| <ul> <li>Travel order, Trip Ticket. Disbursement Vouchers<br/>and Obligation Request and communications.</li> </ul> |  | OFFICE OF THE MUNICIPAL MAYOR |                     |  |  |
| CLIENT STEPS  | AGENCY<br>ACTION   | FEES TO<br>BE PAID            | PROCESSING<br>TIME  | PERSON RESPONSIBLE   |  |
| 1.Sign in client Log Book   | 1. Give the Log Book to the client  1.1 Receive documents and check for completeness | None<br>None                  | 5 MINUTES 5 MINUTES | Bethelyn P. Natividad Contract of Service or Rizafe R. Ramos Admin. Asst. III Mun. Admin Office  Bethelyn P. Natividad Contract of Service or Rizafe R. Ramos Admin. Asst. III Mun. Admin Office |  |
| 2. Signing of documents   | 2. The MA affix her signature  | None                          | 1 HOUR              | Jocelyn A. Manibog<br>Municipal Administrator  |  |



| 3. Record signed documents |       | None | 5 MINUTES              | Bethelyn P. Natividad<br>Contract of Service     |
|----------------------------|-------|------|------------------------|--|
|                            |       |      |                        | or<br><b>Rizafe R. Ramos</b><br>Admin. Asst. III |
|                            |       |      |                        | Mun. Admin Office                                |
|                            | TOTAL | NONE | 1 HOURS, 15<br>MINUTES |  |



## OFFICE OF THE MUNICIPAL CIVIL REGISTRAR

The office is responsible for the civil registration program in the local government unit, pursuant to the civil registry law, the Civil code and other pertinent laws, rules and regulations issued to implement them.



#### > ISSUANCE OF CERTIFIED COPY OF BIRTH, MARRIAGE AND DEATH CERTIFICATES

Civil registry documents such as birth, marriage and death certificates maybe availed of by securing a certified transcript from the Civil Registry Office.

| OFFICE / DIVISION:   | Office of the Municipal Civil Registrar |                    |                    |  |  |
|--|---|--------------------|--------------------|--|--|
| CLASSIFICATION:  | Simple                                  |                    |                    |  |  |
| TYPE OF TRANSACTION:   | Government to Citizen                   |                    |                    |  |  |
| WHO MAY AVAIL:   | All                                     |                    |                    |  |  |
| CHECKLIST OF R   | REQUIREMENTS                            |                    | WHERE TO S         | SECURE   |  |
| NONE   |   | NONE               |                    |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION                        | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |  |
| 1.Sign in client Log Book and conduct interview  | 1. Give the Log Book to the client      | None               | 3 MINUTES          | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI         |  |
|  |   |                    |                    | Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador  Messenger  MCR Office |  |
| <ol> <li>Wait for verification of the<br/>availability of the civil registry<br/>documents in the computer<br/>database/register book of birth<br/>marriage and death and get or<br/>of payment</li> </ol> | ·                                       | None               | 10 MINUTES         | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  |  |



|   |  |          |            | Aiveeh P. Salvador<br>Admin. Aide VI  |
|---|--|----------|------------|---|
|   |  |          |            | Princess Diana P. Tagufa<br>Admin. Aide VI  |
|   |  |          |            | Felmar S. Salvador  Messenger  MCR Office   |
| 3. Pay the required fee at the Municipal Treasury Office          | 3. The MTO receive payment -Check Official | P 200.00 | 5 MINUTES  | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer                       |
|   | Receipt                                    |          |            | Errol M. Briones<br>License Inspector I   |
|   |  |          |            | Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office |
| 4. Get your requested document duly signed by the Municipal Civil | 4. The MCR staff issue document            | None     | 5 MINUTES  | <b>Marlon T. Mata</b><br>Municipal Civil Registrar                                |
| Registrar or authorized signatories                               |  |          |            | Eunice A. Gaspar<br>Registration Officer I  |
|   |  |          |            | <b>Aiveeh P. Salvador</b><br>Admin. Aide VI                                       |
|   |  |          |            | Princess Diana P. Tagufa<br>Admin. Aide VI  |
|   |  |          |            | Felmar S. Salvador<br>Messenger   |
|   | TOTAL                                      | P 200.00 | 23 MINUTES |   |



#### > ISSUANCE OF REGISTRATION OF LIVE BIRTH AND MARRIAGE

Republic Act No. 3753 mandates the acts, events, legal instruments and court order/decrees concerning the civil status of persons shall be recorded. The birth of a child must be registered within thirty (30) days from birth at the civil registrar office. The certificate of marriage of a civil or church wedding must be submitted within (15) days after the solemnization of marriage.

| OFFICE / DIVISION:   | Office of the Municipal Civil                  | Registrar          |                    |   |
|--|--|--------------------|--------------------|---|
| CLASSIFICATION:  | Simple   |                    |                    |   |
| TYPE OF TRANSACTION:   | Government to Citizen                          |                    |                    |   |
| WHO MAY AVAIL:   | All  |                    |                    |   |
| CHECKLIST OF R   | EQUIREMENTS                                    |                    | WHERE TO S         | ECURE   |
| NONE   |  | NONE               |                    |   |
| CLIENT STEPS   | AGENCY<br>ACTION                               | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1.Sign in client Log Book and conduct interview  | 1. Give the Log Book to the client             | None               | 3 MINUTES          | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador |
|  |  |                    |                    | Messenger<br>MCR Office   |
| 2. Wait for verification of the availability of the civil registry documents in the computer database/register book of birth | 2. The MCR staff verify the CRD's if available | None               | 25 MINUTES         | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar  |
| Entered Stock of Since   | 1  |                    |                    | Registration Officer I  |



| marriage and death and cat  | 1  | 1        |            | T .   |
|---|--|----------|------------|---|
| marriage and death and get order of payment   |  |          |            | <b>Aiveeh P. Salvador</b><br>Admin. Aide VI                                       |
|   |  |          |            | Princess Diana P. Tagufa<br>Admin. Aide VI  |
|   |  |          |            | Felmar S. Salvador<br>Messenger   |
| 3. Pay the required fee at the Municipal Treasury Office                                  | 3. The MTO receive payment -Check Official | P 200.00 | 2 MINUTES  | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer                       |
|   | Receipt                                    |          |            | Errol M. Briones<br>License Inspector I   |
|   |  |          |            | Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office |
| 4. Get your requested document duly signed by the Municipal Civil Registrar or authorized | 4. The MCR staff issue document            | None     | 3 MINUTES  | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar                        |
| signatories   |  |          |            | Registration Officer I  Aiveeh P. Salvador  Admin. Aide VI                        |
|   |  |          |            | Princess Diana P. Tagufa<br>Admin. Aide VI  |
|   |  |          |            | Felmar S. Salvador<br>Messenger   |
|   | TOTAL                                      | P 200.00 | 33 MINUTES |   |



### > ISSUANCE AND REGISTRATION OF DEATH CERTIFICATES

The registration of the Death Certificate (DC) with the Civil Registry Office within the period of thirty (30) days is mandatory.

| OFFICE / DIVISION:                                  | Office of | of the Municipal Civil Re              | gistrar            |                    |  |
|---|-----------|--|--------------------|--------------------|--|
| CLASSIFICATION:                                     | Simple    |  |                    |                    |  |
| TYPE OF   | Govern    | ment to Citizen                        |                    |                    |  |
| TRANSACTION:  |           |  |                    |                    |  |
| WHO MAY AVAIL:                                      | All       |  |                    |                    |  |
| CHECKLIST O   | F REQU    | IREMENTS                               |                    | WHERE TO S         | ECURE  |
| NONE  |           |  | NONE               |                    |  |
| CLIENT STEPS  |           | AGENCY<br>ACTION                       | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| 1. Sign client logbook                              |           | 1. Give the Log Book to the client     | None               | 3 MINUTES          | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |
| 2. Wait for the preparation<br>Certificate of death | of        | 2. The MCR staff prepare the documents | None               | 15 MINUTES         | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador  Admin. Aide VI  |



|  |   |          |            | Princess Diana P. Tagufa<br>Admin. Aide VI  |
|--|---|----------|------------|---|
|  |   |          |            | Felmar S. Salvador<br>Messenger<br>MCR Office                                     |
| 3. Pay the required fees at the Treasury Office  | 3. The MTO receive payment & issue official receipt | P 200.00 | 2 MINUTES  | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer                       |
|  |   |          |            | Errol M. Briones<br>License Inspector I   |
|  |   |          |            | Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office |
| 4. Bring the COD to the attending Physician for signature and the MHO for review and signature | 4. The MHO review and sign the document             | None     | 25 MINUTES | Client  |
| 5. Get death certificate   | 5. The MCR release the document                     | None     | 3 MINUTES  | Eunice A. Gaspar<br>Registration Officer I  |
|  |   |          |            | Aiveeh P. Salvador<br>Admin. Aide VI  |
|  |   |          |            | Princess Diana P. Tagufa<br>Admin. Aide VI  |
|  |   |          |            | Felmar S. Salvador<br>Messenger   |
|  | TOTAL   | P 200.00 | 48 MINUTES |   |



## > APPLICATION FOR DELAYED REGISTRATION OF BIRTH, MARRIAGE AND DEATH

Delayed registration of birth, marriage or death must be filed at the Civil Registry Office following the lapse of the prescribed period of 30 calendar days from birth, marriage or death.

| OFFICE /<br>DIVISION:                                | Office of the Municipal Civil Registra | r   |
|--|--|---|
| CLASSIFICATION:                                      | Simple                                 |   |
| TYPE OF  | Government to Citizen                  |   |
| TRANSACTION:   |  |   |
| WHO MAY AVAIL:                                       | All                                    |   |
| CHECKL   | IST OF REQUIREMENTS                    | WHERE TO SECURE                             |
|  | egistration of birth:                  | - Philippine Statistics Authority           |
|  | tistics Authority negative result      |   |
| •  | tificates/voter's registration record  |   |
|  | ficate if the applicant is married     | -Church/COMELEC                             |
|  | o disinterested persons                |   |
| - Medical Reco                                       | - · <del>- ·</del>                     | -PSA/Delfin Albano CRO (if married in D.A.) |
| -Barangay Cer  |  |   |
| -School record                                       |  | -Attorney                                   |
|  | live birth (prepared by hospitals,     | -Hospital                                   |
|  | ses or attending physicians)           | -Office of the Barangay Captain             |
|  | egistration of marriage:               | -School                                     |
| -Philippine Statistics Office negative certification |  | -Hospital/LCRO                              |
| - Affidavit of two disinterested persons             |  |   |
| -Certificate of r                                    | marriage                               | Philipping Statistics Authority             |
| Cobodule of to                                       | 001                                    | - Philippine Statistics Authority           |
| Schedule of fe                                       |  |   |
| Birth certificate                                    | <del>?-</del> P500.00                  |   |



| Marriage certificate – 500.00<br>Death Certificate - 500.00 |  | -Attorney          |                    |  |
|---|--|--------------------|--------------------|--|
| CLIENT STEPS  | AGENCY<br>ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| 1. Sign client logbook                                      | 1. Give the Log Book to the client                         |                    | 2 MINUTES          | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |
| 2. Submit documents for review                              | 2. The MCR staff check & assess the necessary requirements |                    | 15 MINUTES         | Marlon T. Mata<br>Municipal Civil Registrar  |
| 3. Return after 10 working days and get order of payment    | 3. Review & check the information on the official receipt  |                    | 10 working<br>days | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |



| 4. Pay the required fees at the Treasury Office   | 4. The MTO receive payment & issue official receipt to the client | P 500.00 | 2 MINUTES               | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer  Errol M. Briones License Inspector I                   |
|---|---|----------|-------------------------|---|
|   |   |          |                         | Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office                                   |
| 5. Get certificate of registration Note: For endorsement and request for security paper | 5. The MCR staff released the approved document                   |          | 10 MINUTES              | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI |
|   |   |          |                         | Felmar S. Salvador<br>Messenger<br>MCR Office   |
|   | TOTAL   | P 500.00 | 10 DAYS & 34<br>MINUTES |   |



#### > APPLICATION FOR MARRIAGE LICENSE

All couples (either one or both residents of Delfin Albano) of legal age intending to get married must apply for marriage license at the Civil Registry Office. A marriage license is valid in any part of the Philippines for a period of 120 days from the date of issue.

| OFFICE / DIVISION:   | Office of the Municipal Civil Registrar |   |                    |                           |
|--|---|---|--------------------|---------------------------|
| CLASSIFICATION:  | Highly Technical                        |   |                    |                           |
| TYPE OF TRANSACTION:   | Government to Citizen                   |   |                    |                           |
| WHO MAY AVAIL:   | All                                     |   |                    |                           |
| CHECKLIST OF RE  | QUIREMENTS                              |   | WHERE TO SE        | CURE                      |
|  |   |   |                    |                           |
| <ul> <li>Birth certificates of applying couple</li> <li>Personal consent (for applicant 18-20 yrs. Old)</li> <li>Parental advice for applicant 21-24 years old)</li> </ul> |   | <ul><li>Philippine Statistics Authority</li><li>Both parents</li><li>Parents (Father, Mother or Guardian)</li></ul> |                    |                           |
| Other requirements:  |   | -respective embardure -concerned party  | //PSA              | reign Nationals/Citizens) |
| CLIENT STEPS   | AGENCY<br>ACTION                        | FEES TO BE<br>PAID  | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE     |



| 1. Sign client logbook   | 1. Give the Log<br>Book to the client                                 | 3 MINUTES  | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger  MCR Office |
|--|---|------------|---|
| Secure marriage application form                                       | 2. The MCR staff check the information & other necessary requirements | 10 MINUTES | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger  MCR Office |
| Get order of payment while the LCRO personnel prepare the application. | 3. The MCR staff prepare the Application for Marriage License         | 15 MINUTES | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI   |



|    |  |  |          |                         | Felmar S. Salvador<br>Messenger<br>MCR Office  |
|----|--|--|----------|-------------------------|--|
| 4. | Pay the required fees at the Treasury Office   | 4. Proceed to the<br>Treasury Office &<br>present the<br>Official Receipt  | P 500.00 | 3 MINUTES               | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer  Errol M. Briones License Inspector I  Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office |
| 5. | Go back to the Civil Registry Office for signature of application and signature of MCR                           | 5. Check the<br>Official Receipt &<br>review the prepared<br>AML           |          | 10 MINUTES              | Marlon T. Mata Municipal Civil Registrar  MCR Office   |
| 6. | Attend the Pre-marriage counseling (PMC) seminar which is conducted every Friday of the week at the MSWDO office | 6. MSWD<br>Staff/Hospital Staff<br>conduct the PMC<br>seminar              |          | 1 DAY                   | Randy B. Coloma, RN<br>Eulador G. Tumamao, RN<br>Rosalie L. Marquez RSW<br>(Counselor Managers)  |
| 7. | Return after 10 working days to get marriage license   | 7. The MCR sign & register the document and released the approved document |          | 10 DAYS                 | Marlon T. Mata<br>Municipal Civil Registrar<br>MCR Office  |
|    |  | TOTAL  | P 500.00 | 11 DAYS & 41<br>MINUTES |  |



# > CHANGE OF FIRST NAME, NICKNAME AND FOR CORRECTION OF CLERICAL OR TYPOGRAPHICAL ERROR

Republic Act 9048 authorized the Municipal Registrar to:

- a. Correct clerical or typographical errors in an entry
- b. Change of first name or nickname

In the civil registry without need of a judicial order, however, any petition to correct error that would subsequently change the nationality, age or status of a person is not allowed and must be filed with the proper court.

| OFFICE / DIVISION:  | Office of the Municipal C                                   | ivil Registrar  |  |  |
|---|---|---|--|--|
| CLASSIFICATION:   | Highly Technical  |   |  |  |
| TYPE OF TRANSACTION:  | Government to Citizen                                       |   |  |  |
| WHO MAY AVAIL:  | All   |   |  |  |
| CHECKLIST OF RE   | QUIREMENTS  | WHERE TO SECURE   |  |  |
| <ul> <li>Certificate of live birth</li> <li>Certificate of marriage</li> <li>Certificate of Death</li> <li>Change of first name:</li> <li>Requirements:</li> <li>Certificate of the birth in</li> <li>Certificate of baptism of 137, diploma</li> <li>Police clearance</li> <li>NBI Clearance</li> <li>Employer's clearance wardministrative case, if eno income/affidavit of unemployed</li> <li>Voter's registration recomplex</li> </ul> | rith no pending mployed or affidavit of nemployment, if not | MCR Office/PSA  - Philippine Statistics Authority  -Church/Religious authorities/School -PNP Headquarter -NBI Office  -Employer |  |  |



- Driver's license, (if applicable)
- Marriage contract (if applicable)
- Birth certificate of children (if applicable)
- Business permit, if self employed

#### Correction of clerical error:

- Certificate of live birth
- Certificate of live birth in PSA security paper
- · Certificate of baptism
- School records (Form 137, diploma)
- marriage contract, if applicable

# Additional requirements for correction of parent's name:

- Birth certificate of father or mother
- Marriage contract of parents and petitioner
- birth certificate of at least 2 siblings of father or mother
- Voter registration record or valid ID of petitioner
- Certificate of marriage
- Certificate of marriage in PSA security document
- Certificate of live birth in PSA security paper
- Certificate of baptism of petitioner
- Birth certificate of at least 2 siblings
- School records (Form 137, diploma)
- Certificate of Death
- · Certificate of death in PSA security
- Certificate of live birth in PSA security paper
- · Certificate of death from hospital
- Certificate of burial rites from church
- Certificate of baptism

#### -COMELEC

- -LTO
- ¬ MCR Office/PSA
- -Licensing Officer
- -MCR Office/PSA
- -Church/Religious Authorities
- -School
- -MCR Office/PSA

-MCR Office/PSA

-COMELEC

-MCR Office/PSA

- -Church/Religious Authorities
- -MCR Office/PSA
- -School



|  |  |   |                              | SABEL   |
|--|--|---|------------------------------|---|
|  |  |   | e/PSA<br>ligious Authorities |   |
| CLIENT STEPS   | AGENCY<br>ACTION                       | FEES TO<br>BE PAID  | PROCESSING<br>TIME           | PERSON RESPONSIBLE  |
| 1. Sign client logbook                               | 1. Give the Log<br>Book to the client  | Change of<br>first name –<br>P3,000.00<br>Correction of<br>clerical error-<br>P1,000.00 | 3 MINUTES                    | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office                                |
| Inform personnel of problems in your registry record | 2. The MCR inform the problem on CRD's |   | 5 MINUTES                    | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger |



| 3. | MCR personnel prepare the petition  | 3. The MCR prepare & process the petition |          | 35 MINUTES                      | Marlon T. Mata Municipal Civil Registrar  MCR Office   |
|----|---|---|----------|---------------------------------|--|
| 4. | Pay the required fees at the Treasury Office                                    | 4. The MTO issue<br>Official Receipt      | P 500.00 | 1 MINUTE                        | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer  Errol M. Briones License Inspector I  Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office                   |
| 5. | Return to the Civil Registrar office to submit proof of payment                 | 5. The MCR check Official receipt         |          | 2 WEEKS, 10<br>CALENDAR<br>DAYS | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |
| 6. | For petition for change of name have your petition publish in a local newspaper | 6. The MCR process petition &             |          | 2 WEEKS                         |  |



| of general circulation for 2<br>consecutive weeks.<br>Note: For all other correction,<br>disregard Step No. 6  | publish in Local<br>Newspaper  |  | Publisher Newspaper  |
|--|--|--|--|
| 7. Return to the MCR Office after two weeks to submit proof of publication   | 7. The MCR receive the proof of publication a. Affidavit of publication of editor b. Newspapers where petition was published   | 3 MONTHS OR<br>UPON THE<br>APPROVAL OF<br>THE PSA-<br>OCRG | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger            |
| 8. After three months from submission of proof of publication, get affirmed petition with the certificate of finality to be submitted to the Philippine Statistics Authority | 8. Processing of affirmed petitions indefinite as it depends on the action & return affirmed petitions from PSA Legal Services | 10 MINUTES   | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |



| TOTAL | P 500.00 | 3 MONTHS, 2 |  |
|-------|----------|-------------|--|
|       |          | WEEKS, 55   |  |
|       |          | MINUTES     |  |

#### > LEGITIMATION OF NATURAL CHILD

Legitimation is a remedy by which those who were born out of wedlock to be considered legitimate. Only children conceived and born outside of wedlock of parents at the time of conception of the former, were not disqualified by any impediment to marry each other, may be legitimated. Legitimation of children by subsequent marriage of parents shall be recorded in the civil registry office where the birth was recorded.

| OFFICE / DIVISION:   | Office of the Municipal Civil Registrar  |                            |  |   |  |
|--|--|----------------------------|--|---|--|
| CLASSIFICATION:  | Simple   |                            |  |   |  |
| TYPE OF TRANSACTION:   | Government to Citizen  |                            |  |   |  |
| WHO MAY AVAIL:   | All  |                            |  |   |  |
| CHECKLIST OF REQ   | UIREMENTS  |                            | WHERE TO S                                   | ECURE                                       |  |
| <ul> <li>Joint affidavit of legitimat</li> <li>Certificate of live birth in</li> <li>Marriage contract of pare</li> <li>Affidavit of admission paracknowledged</li> <li>Certificate of no marriage parents(CENOMAR)</li> </ul> | - Parents of the pare |                            | f the child<br>Statistics Authority<br>e/PSA |   |  |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE<br>PAID         | PROCESSING<br>TIME                           | PERSON RESPONSIBLE                          |  |
| Sign client logbook  | 1. Give the Log Book to the client   | Legitimation fee – P500.00 | 2 MINUTES                                    | Eunice A. Gaspar<br>Registration Officer I  |  |
|  |  |                            |  | <b>Aiveeh P. Salvador</b><br>Admin. Aide VI |  |



|  |   | Annotated birth certificate – P100.00 |            | Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador  Messenger   |
|--|---|---------------------------------------|------------|--|
| Pay the required fee at the Treasury office                                    | 2. Issue the<br>Official Receipt                          |                                       | 4 MINUTES  | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer  Errol M. Briones License Inspector I  Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office                   |
| Wait for the processing of the annotated registry document                     | 3. The MCR evaluate & process annotated registry document |                                       | 30 MINUTES | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |
| Return to the Civil Registry     Office after the annotated Civil     Registry | 4. Release the<br>Certified True<br>Copy of annotated     |                                       | 1 MINUTE   | <b>Marlon T. Mata</b><br>Municipal Civil Registrar   |



|                               | Civil Registry |                  |            | Eunice A. Gaspar                           |
|-------------------------------|----------------|------------------|------------|--|
| Note: Submit documents to the | Document       |                  |            | Registration Officer I                     |
| PSA, Tuguegarao City,         |                |                  |            | Aireah D. Calvadan                         |
| Cagayan for endorsement and   |                |                  |            | Aiveeh P. Salvador                         |
| request for Security Pape     |                |                  |            | Admin. Aide VI                             |
| (SECPA)                       |                |                  |            | Princess Diana P. Tagufa<br>Admin. Aide VI |
|                               |                |                  |            | Felmar S. Salvador<br>Messenger            |
|                               | TOTAL          | Legitimation fee | 37 MINUTES | _  |
|                               |                | – P500.00        |            |  |
|                               |                | Annotated birth  |            |  |
|                               |                | certificate -    |            |  |
|                               |                | P100.00          |            |  |

#### > LEGITIMATION AND ANNOTATION OF COURT DECREE AND LEGAL INSTRUMENT

Court decisions concerning the status of a person must be registered in the Civil Registry office where the court is functioning within ten (10) days after the court decree/order has become final and executor.

Court decisions that must be registered are the following:

- -Decree of adoption
- -Decree of nullity of marriage/declaration of nullity of marriage
- -Decree of legal separation
- -Court decisions or orders to correct, change, cancel or delete entries in any certificate of birth, marriage or death
- -Declaration of presumptive death
- -Registration or voluntary renunciation of citizenship
- -Court decisions recognizing or acknowledging natural children or impugning or denying such recognition or acknowledgement
- -Judicial determination of maternity affiliation



-aliases

Legal instrument that have to be registered

Affidavit of reappearance

Marriage settlement

Admission of paternity and acknowledgement, legitimation, voluntary emancipation of minor, parental authorization or ratification nor artificial insemination

Acknowledgement

Acquisition of citizenship

Option to elect Philippine citizenship

Partition and distribution of properties of spouses and delivery of the children legitimize

Waiver of right's interest of absolute community

| OFFICE / DIVISION:  | Office of the Municip                    | al Civil Registrar |                       |  |
|---|--|--------------------|-----------------------|--|
| CLASSIFICATION:   | Highly Technical                         |                    |                       |  |
| TYPE OF TRANSACTION:  | Government to Citizen                    |                    |                       |  |
| WHO MAY AVAIL:  | All                                      |                    |                       |  |
| CHECKLIST OF REQU   | IREMENTS                                 |                    | WHERE TO S            | ECURE  |
| <ul> <li>Certificate of registration<br/>concerned civil registrar<br/>order was rendered</li> <li>For legal instrument</li> <li>Affidavit or sworn statem</li> </ul> | where the court                          | Office of the Mu   | nicipal Civil Registr | ar, Ground Floor, Center   |
| CLIENT STEPS  | AGENCY<br>ACTION                         | FEES TO BE<br>PAID | PROCESSING<br>TIME    | PERSON RESPONSIBLE   |
| 1. Sign in client logbook   | 1. Give the Log<br>Book to the<br>client |                    | 3 MINUTES             | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI |



| 2. Submit documents for review  3. Pay the required fee at the Treasury Office | 2. The MCR evaluate & process annotated registry document  3. Receive & issue Official Receipt | For court orders/decrees: Correction of Entry – P1,000.00 Adoption P2,000.00 Annulment - P5,000.00 Presumptive death-P1,000.00 Certification Fee P50.00 Certified photocopy-P20.00 For legal instrument: Registration fee P100.00 Certification fee P50.00 | 30 MINUTES  4 MINUTES | Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office  Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger  Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer  Errol M. Briones License Inspector I Christopher T. Gabriel |
|--|--|--|-----------------------|---|
|  |  |  |                       | Meter Reader 1/ Special<br>Collecting Officer<br><i>Treasury Office</i>   |



| 4. Return to the Civil registry office after payment of fees and get annotated civil registry document Note. Submit to Philippine StatisticsAuthority, Tuguegarao City for Security papers(SECPA) | 4. The MCR verify payment & release annotated CRD |  | 10 MINUTES | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger |
|---|---|--|------------|---|
|   | TOTAL   | For court orders/decrees: Correction of Entry – P1,000.00 Adoption P2,000.00 Annulment - P5,000.00 Presumptive death-P1,000.00 Certification Fee P50.00 Certified photocopy-P20.00 For legal instrument: | 47 MINUTES | MCR Office  |



| P100.00<br>Certification fee<br>P50.00 |  |  |  |
|--|--|--|--|
|--|--|--|--|

There are instances when the Philippine Statistics Authority has no available records requested by clients as a last remedy; clients check the availability of records at the Civil Registry office. If the document is available, the Civil Registrar submits civil registry documents to the office of the Civil Registrar General (OCRG).

| OFFICE / DIVISION:  | Office of the Municipal                  | pal Civil Registra   | ar                      |  |  |
|---|--|--|-------------------------|--|--|
| CLASSIFICATION:   | Simple                                   | Simple   |                         |  |  |
| TYPE OF TRANSACTION:  | Government to Citiz                      | en   |                         |  |  |
| WHO MAY AVAIL:  | All                                      |  |                         |  |  |
| CHECKLIST OF REQU   | IREMENTS                                 |  | WHERE TO S              | ECURE  |  |
| <ul> <li>Philippine Statistics Auth<br/>Certification result issued within</li> </ul> |  | Office of the M  | lunicipal Civil Registr | ar, Ground Floor, Center   |  |
| CLIENT STEPS  | AGENCY<br>ACTION                         | FEES TO<br>BE PAID   | PROCESSING<br>TIME      | PERSON RESPONSIBLE   |  |
| 1. Sign client logbook  | 1. Give the Log<br>Book to the<br>client | Birth certificate fee – P200.00 Marriage certificate – P200.00 Death certificate P200.00 | 3 MINUTES               | Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |  |



| Submit documents for endorsement and get order of payment  | 2. The MCR staff review & evaluate documents and order of payment | 10 MINUTES | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |
|--|---|------------|--|
| 3. Pay the required fee at the Treasury office   | 3. The MTO receive payment & issue official receipt               | 5 MINUTES  | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer  Errol M. Briones License Inspector I  Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office                   |
| 4. Go back to civil registry office and get registry documents. Note. Submit to Philippine Statistics Authority, Tuguegarao City for endorsement and | 4. Issue document/s   | 2 MINUTES  | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI   |



| request for Security Paper(SECPA) |       |  |            | Princess Diana P. Tagufa Admin. Aide VI Felmar S. Salvador |
|-----------------------------------|-------|--|------------|--|
|                                   |       |  |            | Messenger<br>MCR Office                                    |
|                                   | TOTAL | Birth certificate fee – P200.00 Marriage certificate – P200.00 Death certificate P200.00 | 20 MINUTES |  |

#### > ISSUANCE OF SUPPLEMENTAL REPORT

A supplemental report for birth, death and marriage may be filed to supply information inadvertently omitted when the document was registered.

Every supplemental report shall contain the following items except in the case of Certificate of Marriage wherein items (f) and (g) are not applicable.

- a. Province
- b. City/municipality
- c. Registry no.
- d. Information inadvertently omitted in the original registration
- e. Name (of child, deceased or containing parties, as the case may be)
- f. Informant (of the supplemental report)



- g. Prepared byh. Received at the office of the civil registrar

| OFFICE / DIVISION:   | Office of the Municipal Civil Registrar  |   |               |   |
|--|--|---|---------------|---|
| CLASSIFICATION:  | Simple   |   |               |   |
| TYPE OF TRANSACTION:   | Government to Citizen  |   |               |   |
| WHO MAY AVAIL:   | All  |   |               |   |
| CHECKLIST OF RE  | QUIREMENTS   |   | WHERE TO SE   | CURE  |
| paper photocopy of the   | Philippine statistics authority in security paper photocopy of the affected civil registry record (birth, death, marriage)   |   | ics Authority |   |
| <ul> <li>Supplemental affidavit, executed by the document owner of legal age or by the parents if under age</li> </ul> |  | -Concerned party  |               |   |
| Form 137/ID's/baptism record for birth certification.  |  | -School   |               |   |
| <ul><li>Death certificate (chur</li><li>Joint affidavit of 2 disir</li><li>Marriage certificate (at</li></ul>          | <ul> <li>Death certificate (church certification)</li> <li>Joint affidavit of 2 disinterested persons</li> <li>Marriage certificate (affidavit of husband and</li> </ul> |   |               |   |
| Note: All requirements must I  | wife) Note: All requirements must be submitted in 3 Xerox copies together with the original.   |   |               |   |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE PROCESSING PERSON PAID TIME RESPONSIBLE                  |               |   |
| Sign in client logbook   | 1. Give the Log Book to the client   | Birth certificate 3 MINUTES Eunice A. Gaspar Registration Officer I |               |   |
|  |  |   |               | <b>Aiveeh P. Salvador</b><br>Admin. Aide VI |



|  |   | Marriage<br>certificate<br>P200.00<br>Death certificate<br>P200.00 |            | Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador  Messenger  MCR Office   |
|--|---|--|------------|--|
| Submit documents for review and get order of payment | 2. The MCR staff review documents                   |  | 10 MINUTES | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI  Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador Messenger MCR Office |
| 3. Pay the required fee at the Treasury office       | 3. The MTO receive payment & issue official receipt |  | 4 MINUTES  | Mirriam T. Obedoza Admin. Aide I/Special Collecting Officer  Errol M. Briones License Inspector I  Christopher T. Gabriel Meter Reader 1/ Special Collecting Officer Treasury Office                   |



| Return to Civil registry     office and get registry     document     Note: Submit to Philippine     Statistics Authority, Tuguegarao     City for endorsement request for     Security Paper (SECPA) | 4. The MCR release the civil registry document |  | 5 MINUTES                  | Marlon T. Mata Municipal Civil Registrar  Eunice A. Gaspar Registration Officer I  Aiveeh P. Salvador Admin. Aide VI |
|---|--|--|----------------------------|--|
|   |  |  |                            | Princess Diana P. Tagufa Admin. Aide VI  Felmar S. Salvador  Messenger  MCR Office                                   |
|   | TOTAL  | Birth certificate<br>fee P200.00<br>Marriage<br>certificate<br>P200.00<br>Death certificate<br>P200.00 | (1-2 months)<br>22 MINUTES |  |



# OFFICE OF THE MUNICIPAL HEALTH SERVICES

The office formulates the implementation guidelines of the LGU's health program. Its functions also include sanitary inspection of all establishments, conduct of health information campaigns and coordination with concerned entities for the promotion and delivery of appropriate health services



# **RURAL HEALTH UNIT**

#### > MEDICAL CONSULTATION OF OUT-PATIENT

This provides medical assistance to any individual who needs medical attention. This aims to diagnose, treat illnesses and provide appropriate medical assistance.

| OFFICE / DIVISION:                      | Office                       | of the Municipal Heal                 | th Services        |                    |  |
|---|------------------------------|---------------------------------------|--------------------|--------------------|--|
| CLASSIFICATION:                         | Simple                       | Simple                                |                    |                    |  |
| TYPE OF TRANSACTION:                    | Government to Citizen        |                                       |                    |                    |  |
| WHO MAY AVAIL:                          | All                          |                                       |                    |                    |  |
| CHECKLIST OF REQUIREME                  | REQUIREMENTS WHERE TO SECURE |                                       |                    |                    |  |
| NONE                                    |                              | NONE                                  |                    |                    |  |
| CLIENT STEPS                            |                              | AGENCY<br>ACTION                      | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| 1. Sign-in the patient's log book       |                              | 1. Give the Log<br>Book to the client | None               | 5 MINUTES          | Marites Ramirez Public Health Nurse/Nurse I or Rose Basa Midwife Rural Health Unit |
| 2. Wait for the patient's number issued | to be                        | 2. Issuance of patient's number       | None               | 5 MINUTES          | Marites Ramirez Public Health Nurse/Nurse I or Rose Basa Midwife Rural Health Unit |



| 3. Receives OPD Form with vital signs taken               | 3. Register patient (if new)/retrieval of patient record, and taking of vital signs and chief compliant of the patient | None | 15 MINUTES | Marites Ramirez Public Health Nurse/Nurse I or Rose Basa Midwife Rural Health Unit |
|---|--|------|------------|--|
| Wait for the patient's number to be called for assessment | 4. Conducts check-up and prescription of medications   | None | 25 MINUTES | <b>Dr. Katrene Cay R. Acera</b> Municipal Health Officer Rural Health Unit         |
|   | TOTAL  | NONE | 50 MINUTES |  |

#### > PROVISION OF BASIC HEALTH SERVICES

- a. Immunization
- b. Pre-natal and Postnatal services
- c. Family planning
- d. Tuberculosis Control
- e. Dengue Control
- f. Control of Non-communicable disease

| OFFICE / DIVISION:   | Office of the Municipal Health Services |
|----------------------|---|
| CLASSIFICATION:      | Simple                                  |
| TYPE OF TRANSACTION: | Government to Citizen                   |
| WHO MAY AVAIL:       | All                                     |



| CHECKLIST OF RE  | QUIREMENTS   | WHERE TO SECURE    |                      |   |
|--|--|--------------------|----------------------|---|
| Immunization record     TB referral form     Home-based maternal record Phil PEN referral Form |  | Rural Health Un    | it Lying In, Left Si | de of DAMH  |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE<br>PAID | PROCESSING<br>TIME   | PERSON RESPONSIBLE  |
| Sign-in the patient's log book   | 1. Log in client's name into the OPD Logbook   | None               | 5 MINUTES            | Marites Ramirez Public Health Nurse/Nurse I All RHU Midwife   |
| 2. Wait for the patient's number to be issued  | 2. Issuance of patient's number  | None               | 5 MINUTES            | Rural Health Unit  Marites Ramirez  Public Health Nurse/Nurse I  All RHU Midwife  Rural Health Unit |
| 3. Receives OPD Form with vital signs taken  | 3. Register patient (if new)/retrieval of patient record, and taking of vital signs and chief compliant of the patient | None               | 15 MINUTES           | Marites Ramirez Public Health Nurse/Nurse I All RHU Midwife Rural Health Unit                       |
| 4. Wait for the patient's number to be called for assessment                                   | 4. Conducts check-up and prescription of medications   | None               | 25 MINUTES           | Dr. Katrene Cay R. Acera Municipal Health Officer Rural Health Unit                                 |
|  | TOTAL  | NONE               | 50 MINUTES           |   |



#### > ISSUANCE OF SANITARY PERMIT

This provides medical assistance to any individual who needs medical attention. This aims to diagnose, treat illnesses and provide appropriate medical assistance.

| OFFICE / DIVISION:                       | Office of the Municipal I                 | Health Services       |                    |  |  |  |
|--|---|-----------------------|--------------------|--|--|--|
| CLASSIFICATION:                          | Simple                                    | Simple                |                    |  |  |  |
| TYPE OF TRANSACTION:                     | Government to Citizen                     | Government to Citizen |                    |  |  |  |
| WHO MAY AVAIL:                           | All                                       |                       |                    |  |  |  |
| CHECKLIST OF RE                          | QUIREMENTS                                |                       | WHERE TO S         | SECURE   |  |  |
| NONE                                     |   | NONE                  |                    |  |  |  |
| CLIENT STEPS                             | AGENCY<br>ACTION                          | FEES TO BE<br>PAID    | PROCESSING<br>TIME | PERSON RESPONSIBLE   |  |  |
| 1. Sign in client's logbook              | Log in client's name into the OPD Logbook | None                  | 5 MINUTES          | Jonard F. Cañero Rural Sanitary Inspector Rural Health Unit      |  |  |
| 2. Fill out application form             | 2. Issue Application<br>Form              | None                  | 5 MINUTES          | Jonard F. Cañero<br>Rural Sanitary Inspector<br>Rural Health Uni |  |  |
| 3. Receives scheduled date of inspection | 3. Issue schedule of inspection           | None                  | 5 MINUTES          | Jonard F. Cañero Rural Sanitary Inspector Rural Health Unit      |  |  |
| 4. Wait for the release of permit        | 4. Conduct inspection of establishment    | None                  | 1 DAY              | Jonard F. Cañero<br>Rural Sanitary Inspector                     |  |  |



|   | 4.1Prepares Sanitary Permit to operate            | None | 15 MINUTES           | Jonard F. Cañero<br>Rural Sanitary Inspector                               |
|---|---|------|----------------------|--|
|   | 4.2Approves/Sign<br>Sanitary Permit               | None | 3 MINUTES            | <b>Dr. Katrene Cay R. Acera</b> Municipal Health Officer Rural Health Unit |
| 5.Receives Certificate of<br>Sanitary Permit to operate | 5. Records and release Sanitary Permit to Operate | None | 5 MINUTES            | Jonard F. Cañero<br>Rural Sanitary Inspector                               |
|   |   |      |                      | Rural Health Unit  |
|   | TOTAL   | NONE | 1 DAY, 38<br>MINUTES |  |

## > ISSUANCE OF MEDICAL CERTIFICATE

| OFFICE / DIVISION:        | Office of the Municipa                        | Office of the Municipal Health Services           |                    |                      |  |
|---------------------------|---|---|--------------------|----------------------|--|
| CLASSIFICATION:           | Simple  | Simple  |                    |                      |  |
| TYPE OF TRANSACTION:      | Government to Citizer                         | Government to Citizen                             |                    |                      |  |
| WHO MAY AVAIL:            | All   | All   |                    |                      |  |
| CHECKLIST OF RE           | QUIREMENTS                                    | WHERE TO SECURE                                   |                    |                      |  |
| NONE                      |   | NONE FEES TO BE   PROCESSING   PERSON RESPONSIBLE |                    |                      |  |
| CLIENT STEPS              | ENT STEPS AGENCY ACTION                       |   | PROCESSING<br>TIME | PERSON RESPONSIBLE   |  |
| Sign in patient's logbook | 1. Log in patient's name into the OPD Logbook | None  | 5 MINUTES          | ROSE BASA<br>Midwife |  |



| 2. Fill out request slip   | 2. Issue Request Slip   | None   | 5 MINUTES  | Rose Basa<br>Midwife   |
|--|---|--|------------|--|
| 3. Client receives laboratory request for laboratory examination | 3. Undergoes laboratory examination upon the advice of the MHO        | None   | 1 HOUR     | Rural Health Unit  Mary Rose G. Bacani  Medical Technologist  Delfin Albano Memorial  Hospital |
| 4. Pay corresponding laboratory fees                             | 4. Undergoes physical examination and submission of laboratory result | CBC -<br>P200.00<br>UA- P100.00<br>FA- P100.00 | 15 MINUTES | Marites Ramirez Public Health Nurse/Nurse I Rural Health Unit                                  |
| 5.Receives Medical<br>Certificate                                | 5. Records and release<br>Medical Certificate                         | Medical<br>Certificate-<br>P100.00             | 5 MINUTES  | Marites Ramirez<br>PHN<br>Rural Health Unit  |
|  | TOTAL   | Depends on the transaction                     | 2 HOURS    |  |

## > PROVISION OF LABORATORY

| OFFICE / DIVISION:        | Office of the Municipal Health Services |                 |  |
|---------------------------|---|-----------------|--|
| CLASSIFICATION:           | Simple                                  |                 |  |
| TYPE OF TRANSACTION:      | Government to Citizen                   |                 |  |
| WHO MAY AVAIL:            | All                                     |                 |  |
| CHECKLIST OF REQUIREMENTS |   | WHERE TO SECURE |  |
| NONE                      |   | NONE            |  |



| CLIENT STEPS                                    | AGENCY<br>ACTION  | FEES TO BE<br>PAID  | PROCESSING<br>TIME     | PERSON RESPONSIBLE  |
|---|---|---|------------------------|---|
| 1. Sign in patient's logbook                    | Log in patient's name into the OPD Logbook                          | None  | 5 MINUTES              | Mary Rose G. Bacani<br>Medical Technologist<br>Delfin Albano Memorial<br>Hospital |
| Presents laboratory request for laboratory test | 2. Advice patient to pay laboratory fee and obtain official receipt | None  | 5 MINUTES              | Grace C. Pataray Billing Clerk  Delfin Albano Memorial Hospital                   |
| 3. Patient undergoes specimen collection        | 3. Labelling and conduct of specimen collection                     | CBC - P200.00 UA- P100.00 FA- P100.00 Bld. Typing- P100.00 Preg. Test- P100.00 DNSI-P100.00 RBS-P100.00 FBS-P100.00 CHOLE-P100.00 Uric Acid-P200.00 | 30 MINUTES             | Mary Rose G. Bacani<br>Medical Technologist<br>Delfin Albano Memorial<br>Hospital |
| 4. Wait for the result of the laboratory test   | 4. Processing and conduct testing of specimen                       | None  | 30 MINUTES             | Mary Rose G. Bacani<br>Medical Technologist<br>Delfin Albano Memorial<br>Hospital |
| 5.Receives Laboratory Test result               | 5. Records laboratory result and releases laboratory test result    | Medical<br>Certificate-<br>P100.00  | 5 MINUTES              | Mary Rose G. Bacani<br>Medical Technologist<br>Delfin Albano Memorial<br>Hospital |
|   | TOTAL   | Depends on the transaction  | 2 HOURS&<br>25 MINUTES |   |



#### > ISSUANCE OF CERTIFICATE OF IMMUNIZATION

OFFICE / DIVISION: Office of the Municipal Health Services

CLASSIFICATION: Complex

TYPE OF TRANSACTION: Government to Citizen

| WHO MAY AVAIL: All  |   |                    |                    |   |  |
|---|---|--------------------|--------------------|---|--|
| CHECKLIST OF REQUIRE  | EMENTS  | WHERE TO SECURE    |                    |   |  |
| NONE  |   | NONE               | NONE               |   |  |
| CLIENT STEPS  | AGENCY<br>ACTION  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |
| 1. Sign in patient's logbook  | 1. Log in patient's name into the OPD Logbook                       | None               | 5 MINUTES          | Rose Basa<br>Midwife<br>Rural Health Unit                           |  |
| Fill-up record slip and submit immunization record     Note:     In the absence of immunization record of client, retrieves record to the Midwife in-charge the particular barangay | 2. Advice patient to pay laboratory fee and obtain official receipt | None               | 5 MINUTES          | Rose Basa<br>Midwife<br>Rural Health Unit                           |  |
| Patient undergoes specimen collection   | 3. Labelling and conduct of specimen collection                     | None               | 30 MINUTES         | Rose Basa<br>Midwife<br>Rural Health Unit                           |  |
| 4. Wait for the approved certification  | 4. Processing and conduct testing of specimen                       | None               | 5 MINUTES          | Dr. Katrene Cay R. Acera Municipal Health Officer Rural Health Unit |  |



| 5.Receives Certificate of Immunization | 5. Records laboratory result and releases laboratory test result | Medical<br>Certificate-<br>P100.00 | 5 MINUTES  | Rose Basa<br>Midwife<br>Rural Health Unit |
|--|--|------------------------------------|------------|---|
|  | TOTAL  | P 100.00                           | 50 MINUTES |   |



### **DELFIN ALBANO MEMORIAL HOSPITAL**

#### > MEDICAL CONSULTATION OF OUT-PATIENT

| OFFICE / DIVISION:  | Delfin Albano Memorial Hospital                                       |                 |                  |  |
|---|---|-----------------|------------------|--|
| CLASSIFICATION:   | Simple  |                 |                  |  |
| TYPE OF TRANSACTION:  | Government to Citizen   |                 |                  |  |
| WHO MAY AVAIL:  | All   |                 |                  |  |
| CHECKLIST OF REC  | QUIREMENTS  |                 | WHERE TO         | SECURE   |
| Health Record Number (If availa   | able)   | Delfin Albano N | Memorial Hospita | al   |
| PWD Identification Card (If appl<br>Senior Citizen Identification Car   | ,   |                 |                  |  |
| CLIENT STEPS  |   |                 |                  | PERSON RESPONSIBLE   |
| 92,2,11, 9,2,19   | ACTION  | PAID            | TIME             |  |
| Secure Health Record Form, out and submit to window 1 (Records Section) | fill Pull out previous/old records and/or issue health record number. | NONE            | 2 MINUTES        | Staff nurse/Nursing Aide/Medical Records Officer/Clerk.  Delfin Albano Memorial Hospital |
| 2. Proceed to OPD and hand over Hospital Record to Nurse or Micon duty. |   | NONE            | 5 MINUTES        | Staff Nurse, Midwife  Delfin Albano Memorial Hospital                                    |



| 4. Proceed to waiting area.   | Call the patient to proceed to the consultation room. The Physician will assess the patient, provide lab/diagnostic request (if necessary) and instruct to proceed to Window 2 (Billing) | NONE                                      | 10 MINUTES | Staff Nurse/Nursing Aide/Physician on Duty  Delfin Albano Memorial Hospital |
|---|--|---|------------|---|
| 5. Proceed to Window 2 (Billing) and give Laboratory/Diagnostic Request | Receive the laboratory/diagn ostic request. Compute fees to be paid and instruct the patient to proceed to window 3 (Cashier)  |   | 2 MINUTES  | GRACE C. PATARAY Billing Clerk  Delfin Albano Memorial Hospital             |
| Proceed to window 3 (Cashier) and pay corresponding amount              | Receive<br>payment and<br>issue Official<br>Receipt.<br>Instruct patient to<br>proceed to  | CBC-<br>Php 200<br>Urinalysis-<br>Php 100 | 2 MINUTES  | RANDY B. COLOMA, RN<br>Special Collecting Officer                           |



| 6. Present the laboratory/diagnostic request and official receipt. Wait for further instructions. | Receive laboratory/diagn ostic request and OR. Proceed to specimen collection and perform procedure. Provide laboratory/diagn ostic results and instruct the patient to proceed to the out-patient department. | Fecalysis- Php100  Blood Typing- Php100  Please see other laboratory/dia gnostic procedures available.  NONE | 2-3 HOURS – Laboratory examination procedures 15 MINUTES - X-ray Proceudre Only  2-3 DAYS – X-ray result  Every Friday – ultrasound procedure and releasing of result | Medical Technologist  Radiologic Technologist  Delfin Albano Memorial Hospital |
|---|--|--|---|--|
|   |  |  |   |  |



| Give the laboratory/diagnostic results to OPD Nurse/Aide and wait | OPD Nurse/Aide will call on the | NONE | 1 HOUR | Staff Nurse/Nursing Aide |
|---|---------------------------------|------|--------|--------------------------|
|   |                                 |      |        | and Physician on Duty.   |
| for instructions.   | patient to                      |      |        |                          |
|   | proceed to the                  |      |        |                          |
|   | consultation                    |      |        |                          |
|   | room. The                       |      |        |                          |
|   | physician will                  |      |        |                          |
|   | check on                        |      |        |                          |
|   | laboratory/diagn                |      |        |                          |
|   | ostic results,                  |      |        |                          |
|   | provide and                     |      |        |                          |
|   | instruct the                    |      |        |                          |
|   | patient for home                |      |        |                          |
|   | medications.                    |      |        |                          |
|   | Initiate non-                   |      |        |                          |
|   | pharmacologic                   |      |        |                          |
|   | and/or                          |      |        |                          |
|   | pharmacologic                   |      |        |                          |
|   | management (if                  |      |        |                          |
|   | necessary).                     |      |        |                          |
|   | Instruct to                     |      |        |                          |
|   | proceed to                      |      |        |                          |
|   | hospital                        |      |        |                          |
|   | pharmacy.                       |      |        |                          |
|   |                                 |      |        |                          |
|   | For Admission:                  |      |        |                          |
|   | Follow the                      |      |        |                          |
|   | admission                       |      |        |                          |
|   | process                         |      |        |                          |
|   | •                               |      |        | Dalfin Albana Manassist  |
|   |                                 |      |        | Delfin Albano Memorial   |
|   |                                 |      |        | Hospital                 |



| Proceed to pharmacy and present prescription. | Receive prescription, dispense medicines (if available) and instruct patient. | NONE  | 5 MINUTES  | Pharmacist  Delfin Albano Memorial Hospital                                     |
|---|---|---|--|---|
| 9. Proceed to window 3 (Cashier)              | Receive consultation, supplies, and medicines fee. Provide official receipt.  | Consultation<br>Fee <b>Php 100</b>  | 2 MINUTES  | RANDY B. COLOMA, RN Special Collecting Officer  Delfin Albano Memorial Hospital |
|   | TOTAL   | It may depend<br>on the<br>medications<br>and<br>laboratory<br>and/or<br>diagnostic<br>procedures<br>availed. | Consultation with laboratory procedures and examinations- 4 HOURS and 28 MINUTES.  Consultation without Laboratory or Diagnostic Procedure – 24 minutes  Consultation with x-ray procedure excluding |   |



| result – 1<br>HOUR and 36<br>MINUTES                        |
|---|
| Consultation with x-ray procedure including result 2-3 DAYS |

#### > EMERGENCY CASE MANAGEMENT

| OFFICE / DIVISION:   | Delfin Albano Community Hospital |                    |                    |                          |
|--|----------------------------------|--------------------|--------------------|--------------------------|
| CLASSIFICATION:  | Simple                           |                    |                    |                          |
| TYPE OF TRANSACTION:   | Government to Citizen            |                    |                    |                          |
| WHO MAY AVAIL:   | All                              |                    |                    |                          |
| CHECKLIST OF RE  | EQUIREMENTS WHERE TO SECURE      |                    |                    | SECURE                   |
| None   |                                  | None               |                    |                          |
| CLIENT STEPS   | AGENCY<br>ACTION                 | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE       |
| The patient may bring to the triage and treatment area provided in front of the hospital | Staff will classify              | None               |                    | Triage Nurse/Staff Nurse |



|                                   | <ul> <li>a.) Emergency     Case-Immediate     simultaneous     assessment and     treatment.</li> <li>b.) Urgent Case-     Assessment and</li> </ul>  |      | 15 MINUTES | Physician on Duty, Staff<br>Nurse, Nursing Aide |
|-----------------------------------|---|------|------------|---|
|                                   | treatment  c.) Non-urgent or Ambulatory   |      | 60 MINUTES | Physician on Duty, Staff<br>Nurse, Nursing Aide |
|                                   | Case-<br>Assessment and<br>Treatment.   |      | 3 HOURS    | Physician on Duty, Staff<br>Nurse, Nursing Aide |
|                                   |   |      |            | Delfin Albano Memorial<br>Hospital              |
| 2. Wait for further instructions. | The Physician will inform the patient and/or the Significant others on what to do. (Inform the patient or Significant Others the need for admission or referral to other health facility and/or special | None | 10 MINUTES | Physician on Duty, Staff<br>Nurse               |



| procedures to be done). The Nurse will carry out Doctor's orders.  For admission: follow the admission process/steps For referral: follow the referral |      |  | Delfin Albano Memorial<br>Hospital |
|--|------|--|------------------------------------|
| process/steps  TOTAL   | NONE | Emergent Case- 25 MINUTES  Urgent Case- 70 MINUTES  Non-urgent- 3 HOURS and 10 MINUTES |                                    |



#### > ADMISSION FOR NORMAL SPONTANEOUS DELIVERY AND OTHER DISEASES/ILLNESSES

| OFFICE / DIVISION:   | Delfin Albano Community  | Hospital                  |                    |   |
|--|--|---------------------------|--------------------|---|
| CLASSIFICATION:  | Simple   |                           |                    |   |
| TYPE OF TRANSACTION:   | Government to Citizen  |                           |                    |   |
| WHO MAY AVAIL:   | All  |                           |                    |   |
| CHECKLIST OF RE  | QUIREMENTS   | JIREMENTS WHERE TO SECURE |                    |   |
| PWD Identification Card (If ap Senior Citizen Identification Card PhilHealth Identification Card Record (If available) Proof of payment contribution applicable) Properly Accomplished CF1 (i Health Declaration (if applicable) For Normal Spontaneous Delifollowing additional documents Home Based-Maternal Record Birth certificate of Newborn | ard (If applicable) or Updated Member Data to PhilHealth (if f applicable) le) very, submit copy of the s:                                     |                           |                    |   |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE<br>PAID        | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1. Sign into the consent form  | Explain the importance of consent form to the patient. Secure signature of patient or Significant Others on the consent form before admission. | None                      | 5 MINUTES          | Physician on Duty/<br>Staff Nurse<br>Delfin Albano Memorial<br>Hospital |



| 2. Answer necessary questions.  | The Physician will Gather additional information like patient and family history. Fill up assigned pages on the admission chart and hand over to the staff nurse.  | None | 15 MINUTES | Physician on Duty  Delfin Albano Memorial Hospital |
|---|--|------|------------|--|
| 3. Wait for further instructions and management. Provide necessary documents if needed. | Receives the admission chart, log the patient in the admission logbook, fill up other entries in the admission forms and carry out Doctor's orders. If the patient is a member or dependent with active PhilHealth- secure PhilHealth ID or Member Data Record, fill up member eligibility form and instruct the Significant Other to proceed to the PhilHealth Assistance Desk. | None | 1 HOUR     | Staff Nurse  Delfin Albano Memorial Hospital       |
| 4. The Significant Other will proceed to the PhilHealth                                 | Log in to the PhilHealth Portal and check for  | None | 10 MINUTES | Grace C. Pataray                                   |



|   | TOTAL:   | NONE | 1 HOUR and 40 MINUTES |  |
|---|--|------|-----------------------|--|
|   | Room For Other Cases: Ward   |      |                       | Delfin Albano Memorial<br>Hospital                                   |
| (PBEF) and wait for assistance.                                 | Eligibility Form (PBEF) and attach to the admission forms. Assist the patient to the designated area. For Normal Spontaneous Delivery: Labor Room/Delivery   |      |                       | mstitutional worker  |
| 5. Give the printed PhilHealth Benefit Eligibility Form         | Receives printed PhilHealth Benefit  | None | 10 MINUTES            | Staff Nurse, Midwife,<br>Institutional worker                        |
| Assistance Desk and give the filled-up Member Eligibility Form. | member eligibility. Print out PhilHealth Benefit Eligibility Form (PBEF) and hand over to Significant Other. Update the patient with information provided by PhilHealth and instruct to proceed to the Emergency Room or Treatment Room. |      |                       | Billing Clerk, PhilHealth In-charge  Delfin Albano Memorial Hospital |



#### > DISCHARGE OR REFERRAL OF PATIENT

| OFFICE / DIVISION:   | Delfin Albano Memorial Hospital   |                    |                    |                       |
|--|---|--------------------|--------------------|-----------------------|
| CLASSIFICATION:  | Simple  |                    |                    |                       |
| TYPE OF TRANSACTION:   | Government to Citizen   |                    |                    |                       |
| WHO MAY AVAIL:   | All   |                    |                    |                       |
| CHECKLIST OF REC   | UIREMENTS   |                    | WHERE TO SEC       | URE                   |
| PWD Identification Card (If appli  | icable)   |                    |                    |                       |
| Senior Citizen Identification Care   | d (If applicable)   |                    |                    |                       |
| PhilHealth Identification or Upda<br>Record (If applicable)  | ited Member Data  |                    |                    |                       |
| Proof of payment contribution to PhilHealth (if applicable)  |   |                    |                    |                       |
| Properly Accomplished CF1 (if a  | applicable)   |                    |                    |                       |
| For Normal Spontaneous Delive additional documents:  - Home Based-Maternal Received and the second s | ecords  |                    |                    |                       |
| CLIENT STEPS   | AGENCY<br>ACTION  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
| 1. Wait for the order of the physician on duty if for referral to other health facility or for discharge (May Go Home).  | The Physician will assess and inform the patient and Significant Other the need for referral or for | None               | 15 MINUTES         | Physician on Duty     |



|   | discharge (May Go<br>Home).  |   |            | Delfin Albano Memorial<br>Hospital                               |
|---|--|---|------------|--|
| 2. Wait for the ward Nurse for further instructions.  | Nurse will carry out doctor's order and prepare Statement of Account and discharge slip. The nurse will also instruct the Significant Other to proceed to the billing section together with the Statement of Account (SOA), discharge slip, and printed PhilHealth Eligibility Form (PBEF) if available. | None  | 15 MINUTES | Staff Nurse, Nursing<br>Aide  Delfin Albano Memorial<br>Hospital |
| 3. Proceed to Window 2 (Billing) and give the documents to the billing clerk. Pay for the corresponding amount. | Checks the data input in accounting system Statement of Account (SOA) to ensure the accuracy of final bill. calculate bills receivable (Order amounts, discount rates, etc.).  | FOR IN-<br>PATIENT<br>AND<br>EMERGENCY<br>ROOM<br>DISCHARGE<br>OR MAY GO<br>HOME (MGH): | 15 MINUTES | Grace C. Pataray Billing Clerk, PhilHealth In-charge             |



| T                      |                     | I | I |
|------------------------|---------------------|---|---|
| If with valid          | <u>Confinement</u>  |   |   |
| PhilHealth, the        | Fee for In-         |   |   |
| Statement of Account   | <u>patient-</u> Php |   |   |
| (SOA) and other        | 300                 |   |   |
| attached documents     | (excluding          |   |   |
| will be forwarded to   | used                |   |   |
| the PhilHealth In-     | medicines,          |   |   |
| charge.                | supplies,           |   |   |
| If without PhilHealth  | laboratory and      |   |   |
| and for referral to    | diagnostics,        |   |   |
| other hospital-        | and other           |   |   |
| receives payment and   | procedures)         |   |   |
| issue official receipt | ,                   |   |   |
| and instruct the       |                     |   |   |
| Significant Other to   |                     |   |   |
| proceed to ward or     | <b>Emergency</b>    |   |   |
| Emergency Room.        | Room Fee for        |   |   |
|                        | ER Patient-         |   |   |
|                        | Php 100             |   |   |
|                        | Free for            |   |   |
|                        | patient with        |   |   |
|                        | active              |   |   |
|                        | PhilHealth          |   |   |
|                        |                     |   |   |
|                        | Other               |   |   |
|                        | Municipality        |   |   |
|                        | Confinement         |   |   |
|                        | Fee for In-         |   |   |
|                        | patient-Php         |   |   |
|                        | 400                 |   |   |
|                        |                     |   |   |
| 1                      |                     | I | 1 |



|  | 1,52 |
|--|------|
| (excluding   |      |
| used   |      |
| medicines,   |      |
| supplies, lab  |      |
| and  |      |
| diagnostics,   |      |
| and other  |      |
| procedures)  |      |
|  |      |
| <u>Emergency</u>   |      |
| Room Fee for   |      |
| ER Patient-  |      |
| Php 100  |      |
| Free for   |      |
| patient with   |      |
| active   |      |
| PhilHealth Philes   P |      |
|  |      |
| FOR PATIENT  |      |
| REFERRAL TO  |      |
| OTHER  |      |
| HEALTH   |      |
| INSTITUTION-   |      |
|  |      |
| O and fine are and   |      |
| Confinement  |      |
| Fee for In-  |      |
| patient-   |      |
| 300 (excluding   |      |
| used   |      |
| medicines,   |      |
|  |      |



| <br>   |
|--|
| supplies, lab and diagnostics, and other procedures)                                     |
| Emergency Room Fee for ER Patient- Php 100   |
| Other Municipality Confinement fee- Php 400 (excluding used medicines, supplies, lab and |
| diagnostics, and other procedures)  Emergency  |
| Room Fee for ER Patient- Php 100  Ambulance Conduction                                   |



|  |   | Fee- Php 500 (within the province). Outside the province and the region-the gasoline consumption will be shouldered by the patient. |            |  |
|--|---|---|------------|--|
|  |   |   |            | Delfin Albano Memorial                       |
| 4. Sign in the PhilHealth Claim or Pay in Cash and proceed to Emergency Room or Ward. Wait for further instructions. | Receives and check the accomplished PhilHealth claim, Official Receipt, and discharge slip.  For In-patient and emergency room discharge/May Go Home (MGH) -discharge and instruct home | None  | 20 MINUTES | Hospital<br>Staff Nurse,<br>Ambulance Driver |



| medications and facilitate health teaching.  For Patient Referral to other health institution -transfer patient to other health facility using the ambulance service. |  |                         | Delfin Albano Memorial |
|---|--|-------------------------|------------------------|
|   |  |                         | Hospital               |
| TOTAL:  | It may depend<br>on the<br>medications<br>and laboratory<br>and/or<br>diagnostic<br>procedures<br>availed. | 1 HOUR and 5<br>MINUTES | •                      |



## > ISSUANCE OF MEDICAL CERTIFICATE FOR EMPLOYMENT AND ISSUANCE OF MEDICAL CERTIFICATE/ABSTRACT FOR OTHER PURPOSES.

|  | Delfin Albano Commun   | ity Hospital       |                    |  |  |
|--|--|--------------------|--------------------|--|--|
| CLASSIFICATION:  | Simple   |                    |                    |  |  |
| TYPE OF TRANSACTION:   | Government to Citizen  |                    |                    |  |  |
| WHO MAY AVAIL:   | All  |                    |                    |  |  |
| CHECKLIST OF REQU  | JIREMENTS  |                    | WHERE TO S         | ECURE  |  |
| Health Record Number (If available PWD Identification Card (If application Citizen Identification (If application Citizen Identification)  | able)  |                    |                    |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |  |
| 1.Proceed to the records section and present Health Record Number (If available)  NOTE: For client securing medical certificate for employment-follow the steps from 1 to 7.  For client securing medical certificate/abstract for other purposes- follow the steps from 1 | Pull out previous/old records or issue health record number for new patient. | None               | 5 MINUTES          | Staff nurse/Nursing<br>Aide/Medical Records<br>Officer/Clerk  Delfin Albano Memorial<br>Hospital |  |
| 4. 2. Wait for OPD form and health record number and present it to t OPD Nurse/Aide  | For issuance of med. Cert. for employment-Gather data and                    | None               | 10 minutes         | Staff Nurse, Midwife   |  |



|   | take vital signs. Instruct the patient/client to wait for his/her  |      |            |  |
|---|--|------|------------|--|
|   | turn.  For issuance of medical certificate/abstra ct for other purposes-receives OPD form and take note of concerns. Instruct patient to wait for his or her turn. |      |            |  |
|   | Call the patient to proceed to the consultation room.  |      |            | Delfin Albano Memorial<br>Hospital             |
| 3. Wait for your name/turn to be called and proceed to consultation room. | Call the patient to proceed to the consultation room. The Physician will conduct the following   | None | 15 MINUTES | Staff Nurse/Nursing<br>Aide/Physician on Duty. |



| 4. Proceed to the Billing Section                                    | according to patient needs:  For issuance of med. Cert. for employment - The Physician will check the patient, instruct and provide laboratory/diagn ostic request and instruct the patient to proceed to the billing section.  For issuance of medical certificate/abstra ct for other purposes- issue medical certificate/abstra ct and instruct patient to proceed to the billing section. | CBC-                   | 5 MINUTES | Delfin Albano Memorial<br>Hospital       |
|--|---|------------------------|-----------|--|
| 4. Proceed to the Billing Section. Pay for the corresponding amount. | For issuance of med. Cert. for employment -   | CBC-<br><b>Php 200</b> | 5 MINUTES | <b>Grace C. Pataray</b><br>Billing Clerk |



| receives the       | Urinalysis-     |  |  |
|--------------------|-----------------|--|--|
| laboratory/diagn   | Php 100         |  |  |
| ostic request,     | Fecalysis-      |  |  |
| payment, provide   | Php100          |  |  |
| Official receipt   | Blood Typing-   |  |  |
| and instruct       | Php100          |  |  |
| patient to         | Pregnancy Test- |  |  |
| proceed to the     | Php 100         |  |  |
| laboratory         | NS1-            |  |  |
| department         | Php 350         |  |  |
| and/or to the      | RBS-            |  |  |
| radiology          | Php 100         |  |  |
| department         | FBS-            |  |  |
| room.              | Php 100         |  |  |
|                    | Cholesterol-    |  |  |
| For issuance of    | Php 100         |  |  |
| medical            | Uric Acid-      |  |  |
| certificate/abstra | Php 200         |  |  |
| ct for other       | ECG-            |  |  |
| purposes-          | Php 150         |  |  |
| receives the       | X-ray-          |  |  |
| properly filled up | Php 350/view    |  |  |
| medical            | Rapid Antigen-  |  |  |
| certificate/abstra | Php 1,200       |  |  |
| ct and payment.    | Med. Cert-      |  |  |
| Log into the       | Php 100         |  |  |
| medical            |                 |  |  |
| certificate        |                 |  |  |
| logbook and        |                 |  |  |
| provide control    |                 |  |  |
| number. Produce    |                 |  |  |



|  | a copy for filling. Release the said document to the patient or significant other.  Receives laboratory/diagn ostic request and execute laboratory/diagn ostic procedures and procedures. Provide laboratory/diagn ostic results and Instruct the patient to proceed to the out-patient department. |  | Delfin Albano Memorial<br>Hospital              |
|--|---|--|---|
| 5. Present the laboratory/diagnostic request and official receipt. Wait for further instructions | Call the patient<br>to proceed to the<br>consultation<br>room. The<br>physician will<br>check on<br>laboratory/diagn  | 2 HOURS – Laboratory examination and procedures 1 DAY – X- ray | Medical Technologist<br>Radiologic Technologist |



|  | ostic results and issue medical certificate if applicable. Instruct the patient to proceed to the billing section.  |                       | Examination<br>and<br>procedure           | Delfin Albano Memorial<br>Hospital   |
|--|---|-----------------------|---|--|
| 6. Give the laboratory/diagnostic results to OPD Nurse/Aide and wait for further instructions. | Receives the medical certificate, and payment. Log into the med. cert. logbook and provide control number. Produce a copy for filling. Release the said document to the patient/client. |                       | 15 MINUTES                                | Staff Nurse/Nursing Aide and Physician on Duty.  Delfin Albano Memorial Hospital |
| 7. Proceed to billing section. Pay for the corresponding amount.                               |   | Php 100               | 3 MINUTES                                 | Grace C. Pataray Billing Clerk  Delfin Albano Memorial Hospital                  |
|  | TOTAL   | Depends on medication | For issuance of med. Cert. for employment |  |



| (steps 1 to    |
|----------------|
| 7)- 1 DAY, 3   |
| HOURS and      |
| 28 MINUTES     |
|                |
| For issuance   |
| of medical     |
| certificate/ab |
| stract for     |
| other          |
| purposes       |
| (steps 1 to    |
| 4)- 35         |
| MIŃUTES        |

#### > ISSUANCE OF MEDICO-LEGAL CERTIFICATE

| OFFICE / DIVISION:   | Delfin Albano Community Hospital |            |             |             |
|----------------------|----------------------------------|------------|-------------|-------------|
| CLASSIFICATION:      | Simple                           |            |             |             |
| TYPE OF TRANSACTION: | Government to Citizen            |            |             |             |
| WHO MAY AVAIL:       | All                              |            |             |             |
| CHECKLIST OF RE      | QUIREMENTS                       |            | WHERE TO SE | CURE        |
| Request letter       |                                  |            |             |             |
| CLIENT STEPS         | AGENCY                           | FEES TO BE | PROCESSING  | PERSON      |
| CLILINI STEI S       | ACTION                           | PAID       | TIME        | RESPONSIBLE |



|   | TOTAL  | P 100.00 | 20 MINUTES |   |
|---|--|----------|------------|---|
| 2. Receive the copy of medico-legal certificate and proceed to the billing section. Pay for the corresponding amount. | to the Physician. The Physician will check the previous records and issue medico-legal certificate if necessary. Check the medico-legal certificate, produce a copy for filling, and secure receiving notes. Issue Official Receipt. | Php 100  | 5 MINUTES  | Delfin Albano Memorial<br>Hospital  Grace C. Pataray Billing Clerk  Delfin Albano Memorial Hospital |
|   | record of the patient and refer  |          |            |   |



## > AVAILMENT OF LABORATORY AND DIAGNOSTIC PROCEDURES FOR WALK-IN PATIENTS/CLIENTS

| OFFICE / DIVISION:   | Delfin | Albano Community H   | ospital  |                    |   |
|--|--------|--|--|--------------------|---|
| CLASSIFICATION:  | Simpl  | Simple   |  |                    |   |
| TYPE OF TRANSACTION:   | Gove   | Government to Citizen  |  |                    |   |
| WHO MAY AVAIL:   | All    |  |  |                    |   |
| CHECKLIST OF R   | EQUIR  | REMENTS  |  | WHERE TO SE        | CURE  |
| Laboratory and/or Diagnostic F   | Reques | st form  |  |                    |   |
| CLIENT STEPS   | ·      | AGENCY<br>ACTION   | FEES TO BE<br>PAID   | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| Present the laboratory or diagnostic request to the OPD Nurse/Aide         | /ER    | Check on the request and instruct the patient to proceed to the billing section.   | None   | 2 MINUTES          | Staff Nurse/Nursing<br>Aide<br>Delfin Albano Memorial<br>Hospital |
| 2. Give the request to the billing clerk and pay for the correspondamount. | _      | Checks the request, calculate the total amount of the procedures to be done, receive the payment and issue official receipt. Instruct the patient to proceed to laboratory and/or to radiology department. | CBC- Php 200  Urinalysis-Php 100  Fecalysis- Php100  Blood Typing- Php100  Pregnancy Test- Php 100  NS1- Php 350  RBS- Php 100 | 3 MINUTES          | GRACE C. PATARAY Billing Clerk                                    |



| 3. Present the laboratory/diagnostic request and official receipt. Wait for further instructions. | Receives laboratory/diagnosti c request and execute the procedures. Provide lab results and Instruct the patient to proceed to the out-patient | FBS-P Php 100 Cholesterol- Php 100  Uric Acid- Php 200  ECG- Php 150  X-ray- Php 350/view  Rapid Antigen- Php 1,200  None | 2 HOURS –<br>Laboratory<br>examination<br>and<br>procedures<br>1 DAY – X-<br>ray<br>Examination<br>and | Delfin Albano Memorial<br>Hospital<br>Medical Technologist,<br>Radiologic<br>Technologist |
|---|--|---|--|---|
|   | to the out-patient department.   |   | and<br>procedure   | Delfin Albano Memorial<br>Hospital  |
|   | TOTAL  | Depends on<br>diagnostic<br>procedures  | Availment of Laboratory procedures and examinations – 2 HOURS and                                      |   |



| 5 MINUTES   |  |
|---|--|
| Availment of Diagnostic procedures and examinations - 1 DAY and 5 MINUTES |  |

## > PROCESS OF DISCHARE OR REFERRAL OF ADMITTED COVID-19 SUSPECT, PROBABLE, AND CONFIRMED ASYMPTOMATIC AND MILD PATIENT

| OFFICE / DIVISION:  | Delfin Albano Community Isolation Unit  |                    |                    |                                       |  |
|---|---|--------------------|--------------------|---------------------------------------|--|
| CLASSIFICATION:   | Simple  | Simple             |                    |                                       |  |
| TYPE OF TRANSACTION:  | Government to Citizen   |                    |                    |                                       |  |
| WHO MAY AVAIL:  | All   |                    |                    |                                       |  |
| CHECKLIST OF RE   | EQUIREMENTS   |                    | WHERE TO S         | ECURE                                 |  |
| None  |   | None               |                    |                                       |  |
| CLIENT STEPS  | AGENCY<br>ACTION  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                 |  |
| Receive notification from     Nurse on duty for possible     discharge or referral. | 1. Carry out Doctors order of possible discharge or referral  For May Go Home (MGH)  1. Health teachings should be done | None               | 5 MINUTES          | Physician/Staff<br>Nurse/Nursing Aide |  |



| <ol> <li>Inform Patient what time he/she will be picked up by relatives.</li> <li>Home meds shall be given if applicable</li> <li>For Transfer to other Facility:         <ol> <li>Inform patient and relatives for possible transfer.</li> </ol> </li> </ol> |      |   |                                       |
|---|------|---|---------------------------------------|
| Inform other staff like     IW and ambulance driver   |      | 1 hour  | Physician/Staff<br>Nurse/Nursing Aide |
| <ul><li>3. Communi-cate and endorse patient to referral facillity.</li><li>4. Conduct transfer of patient.</li></ul>  |      | It depends on<br>the<br>availability of<br>slot of the<br>referral facility | Physician/Staff<br>Nurse/Nursing Aide |
| TOTAL   | NONE | For MGH<br>patient- 1<br>HOUR and 5<br>MINUTES                              |                                       |



| For Transfer   |
|----------------|
| of Patient- It |
| depends on     |
| the            |
| availability   |
| of slot of the |
| referral       |
| facility       |

#### > PROVISION OF ANIMAL BITE TREATMENT

| OFFICE / DIVISION:                                 | Delfin Albano Memorial Hospital |                                 |                    |                       |  |
|--|---------------------------------|---------------------------------|--------------------|-----------------------|--|
| CLASSIFICATION:                                    | Simple                          |                                 |                    |                       |  |
| TYPE OF TRANSACTION:                               | Government to Citizen           |                                 |                    |                       |  |
| WHO MAY AVAIL:                                     | All                             |                                 |                    |                       |  |
| CHECKLIST OF R                                     | EQUIREMENTS                     | WHERE TO SECURE                 |                    |                       |  |
| Health Record Number (If avail                     | able)                           | Delfin Albano Memorial Hospital |                    |                       |  |
| PWD Identification Card (If applicable)            |                                 |                                 |                    |                       |  |
| Senior Citizen Identification Card (If applicable) |                                 |                                 |                    |                       |  |
| Anti-rabies Vaccination Card (if available)        |                                 |                                 |                    |                       |  |
| PhilHealth Card/MDR (If Available)                 |                                 |                                 |                    |                       |  |
| CLIENT STEPS                                       | AGENCY<br>ACTION                | FEES TO BE<br>PAID              | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |  |



| Secure Health Record Form, fill out and submit to window 1 (Records Section) | Pull out previous/old records and/or issue health record number.   | NONE  | 2 MINUTES  | Staff nurse/Nursing Aide/Medical Records Officer/Clerk.  Delfin Albano Memorial Hospital |
|--|--|---|------------|--|
| 2. Proceed to OPD and hand over Hospital Record to Nurse or Midwife on duty. | Gather data and take vital signs.  | NONE  | 5 MINUTES  | Staff Nurse, Midwife<br>Delfin Albano Memorial<br>Hospital                               |
| 3. Proceed to waiting area.  | Call the patient to proceed to the consultation room. The Physician will assess and categorize exposure. | NONE  | 10 MINUTES | Staff Nurse/Nursing<br>Aide/Physician on Duty  |
|  | Instruct to proceed to Window 2 (Billing)  |   |            | Delfin Albano Memorial<br>Hospital   |
| 4. Proceed to Window 2 (Billing) and give OPD Form (Form 1)                  | Receive the OPD Form and calculate amount to be paid.  |   | 2 MINUTES  | GRACE C. PATARAY Billing Clerk   |
|  | Instruct to proceed to Window 3 (Cashier)  |   |            | Delfin Albano Memorial<br>Hospital   |
| 5. Proceed to window 3 (Cashier) and pay corresponding amount                | Receive payment and issue Official Receipt. Instruct patient to proceed to Animal Bite Treatment Center  | If with PhilHealth –<br>None  If without PhilHealth Php 300 excluding ATS/TT, home medication | 2 MINUTES  | RANDY B. COLOMA, RN<br>Special Collecting<br>Officer                                     |
|  |  |   | 21 MINUTES |  |



# OFFICE OF THE MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT

The office is the frontline in the provision of basic social services and support to the needy, vulnerable, disadvantaged individuals, families and communities. It also takes care of programs to enforce the rights of women, children, elderly, youth and disabled. It is in the forefront in relief and rehabilitation activities in times of natural and man-made calamities.



#### > PROVISION OF ASSISTANCE TO INDIVIDUAL IN CRISIS SITUATION

|  |                          |                                   |            | ne Municipal Social Welfare & Development  |  |  |  |
|--|--------------------------|-----------------------------------|------------|--|--|--|--|
| CLASSIFICATION:  |                          |                                   |            |  |  |  |  |
| TYPE OF TRANSACTION:                                   | ent to Citizen           |                                   |            |  |  |  |  |
| WHO MAY AVAIL:   |                          |                                   |            |  |  |  |  |
| CHECKLIST OF REQUIREMENTS                              |                          | WHERE TO SECURE                   |            |  |  |  |  |
| Medical Certificate                                    |                          | Requesting Party, Hospital        |            |  |  |  |  |
| Referral slip from Mayor's Office                      | Office of the Mayor      |                                   |            |  |  |  |  |
| Residence Certificate                                  |                          | Office of the Municipal Treasurer |            |  |  |  |  |
| CLIENT STEPS   | AGENCY                   | FEES TO BE                        | PROCESSING | PERSON RESPONSIBLE   |  |  |  |
|  | ACTION                   | PAID                              | TIME       |  |  |  |  |
| 1. Sign client logbook                                 | Assist client to sign-in | None                              | 5 MINUTES  | Marites B. Obedoza Social Welfare Aide or Mary Ann A. Puyot Admin. Aide III or Warren D. Resurreccion Contract of Service  |  |  |  |
| 2. Intake interview for the accomplishment of Form 200 | Accomplish intake form   | None                              | 25 MINUTES | Fresma D. Casayuran SWA/MPO-Designate or Vanessa Gay A. Acosta, RSW SWO 1 or Haydee G. Viernes, RSW SWO II Rosalie I. Marquez, RSW MSWDO Social Welfare Development Office |  |  |  |



| 3. Wait for processing of your papers at the designated waiting area while MSWDO staff facilitate processing of documents | Prepare & accomplish form 200 & vouchers                | None | 30 MINUTES               | Rosalie I. Marquez, RSW MSWDO Social Welfare Development Office |
|---|---|------|--------------------------|---|
| 4.Get financial assistance cash/ check at the Treasurer's Office  | Ensure that client receive his/her financial assistance | None | 10 MINUTES               | Henry V. Dumaua, CPA Acting Municipal Treasurer Treasury office |
|   | TOTAL   | NONE | 1 HOUR AND 10<br>MINUTES |   |

## > PREPARATION OF SOCIAL CASE STUDY REPORT/ ASSESSMENT FOR MEDICAL / BURIAL / EDUCATIONAL ASSISTANCE FROM DIFFERENT GOVERNMENT AGENCIES

This is a requirement for families who wish to avail of medical / burial/ educational assistance from the different government agencies.

| OFFICE / DIVISION:                    | Office of the Municipal Social Welfare & Development |                 |  |
|---------------------------------------|--|-----------------|--|
| CLASSIFICATION:                       | Simple   |                 |  |
| TYPE OF TRANSACTION:                  | Government to Citizen                                |                 |  |
| WHO MAY AVAIL:                        | All  |                 |  |
| CHECKLIST OF REQUIREMENT              | ΓS   | WHERE TO SECURE |  |
| Medical Abstract/ medical certificate |  |                 |  |
| Hospital Statement of Account         |  |                 |  |
| Personal Letter Request               |  |                 |  |
| Prescriptions                         |  |                 |  |
| Certificate of indigency              |  |                 |  |



| CLIENT STEPS  | AGENCY<br>ACTION                          | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE   |
|---|---|--------------------|--------------------|--|
| 1. Sign client log book                                       | Assist client to log-<br>in               | None               | 10 MINUTES         | Fresma D. Casayuran Social Welfare Assitant Or Jayson F. Hernandez Admin. Aide III Warren Resurreccion Contract of Service Social Welfare Development Office                 |
| 2. You will be interviewed for the social case study report   | Interview client & accomplish intake form | None               | 10 MINUTES         | Mary Ann Puyot Admin. Aide III or Marites Obedoza Social Welfare Aide or Vanessa Gay A. Acosta, RSW SWO I or Haydee G. Viernes, RSW SWO II Social Welfare Development Office |
| 3. Home visit and preparation of the Social case Study Report | Conduct home visitation & validation      | None               | 1 DAY              | Vanessa Gay A. Acosta, RSW SWO I or Haydee G. Viernes, RSW SWO II Social Welfare Development Office  |
| 4.Get social case study and go to the Mayor's Office to       |   | None               | 5 MINUTES          | Fresma D. Casayuran<br>SWA<br>Or   |



|       |       |            | or  |
|-------|-------|------------|---|
|       |       |            | Haydee G. Viernes, RSW                            |
|       |       |            | SWO II<br><b>Rosalie L. Marquez, RSW</b><br>MSWDO |
|       |       |            | Social Welfare Development Office                 |
| TOTAL | NONE  | 1 DAY, 25  |   |
| _     | TOTAL | TOTAL NONE | TOTAL NONE 1 DAY, 25 MINUTES                      |

### > ISSUANCE OF SENIOR CITIZEN'S IDENTIFICATION CARD (ID)

The senior citizen's identification card, purchase booklet for groceries and medicines is issued to individuals identified as beneficiaries to avail of benefits embodied in the senior citizen's law.

| OFFICE / DIVISION:   | Office of the Municipal Social Welfare & Development |                     |                    |   |
|--|--|---------------------|--------------------|---|
| CLASSIFICATION:  | Simple   |                     |                    |   |
| TYPE OF TRANSACTION:   | Government to Citiz                                  | zen                 |                    |   |
| WHO MAY AVAIL:   | All  |                     |                    |   |
| CHECKLIST OF REQUIREME   | NTS WHERE TO SECURE                                  |                     |                    | CURE  |
| Birth Certificate  |  | Respective Barangay |                    |   |
| Application Form   |  | Office of the Mayor |                    |   |
| CLIENT STEPS   | AGENCY<br>ACTION                                     | FEES TO BE<br>PAID  | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                           |
| Get Application Form from Senior Citizens barangay president and accomplish the same | Give Form  | None                | 5 MINUTES          | Senior Citizens President Senior Citizen Office |
|  |  |                     |                    |   |



| 2. Go to the Office of the<br>Senior Citizen Affair's<br>/MSWDO for the signature of<br>the OSCA Head | Affix signature | None | 10 MINUTES | Vanesa Gay Acosta, RSW SWO-I  Marites B. Obedoza Social Welfare Aide  Senior Citizen Office  |
|---|-----------------|------|------------|--|
| 3. Wait while the OSCA Staff facilitate the completion of the Identification Card                     |                 | None | 10 MINUTES | Vanesa Gay Acosta, RSW<br>SWO-I<br>Marites B. Obedoza<br>Social Welfare Aide   |
| 4.Get Identification Card   | Issue ID        | None | 10 MINUTES | Vanesa Gay Acosta, RSW<br>SWO I<br>Marites B. Obedoza<br>Social Welfare Aide<br>Nieto M. Guillen<br>OSCA Head<br>Senior Citizen Office |
|   | TOTAL           | NONE | 35 MINUTES |  |



## > ISSUANCE OF PERSON'S WITH DISABILITY (PWD) IDENTIFICATION CARD (ID), PURCHASE BOOKLET FOR MEDICINES AND GROCERIES

The PWD ID, purchase booklet for groceries and medicines is issued to individuals identified as beneficiaries to avail of benefits embodied in the PWD law.

| OFFICE / DIVISION:   | Office of the Municipal Social Welfare & Development |                    |                    |                                |  |
|--|--|--------------------|--------------------|--------------------------------|--|
| CLASSIFICATION:  | Simple   |                    |                    |                                |  |
| TYPE OF TRANSACTION:   | Government to Citizen                                |                    |                    |                                |  |
| WHO MAY AVAIL:   | All  |                    |                    |                                |  |
| CHECKLIST OF REQUIREMENTS  |  | WHERE TO SECURE    |                    |                                |  |
| Birth Certificate  | Respective Barangay                                  |                    |                    |                                |  |
| Application Form   | Office of the Mayor                                  |                    |                    |                                |  |
| CLIENT STEPS   | AGENCY<br>ACTION                                     | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE          |  |
| Get Application Form from PDAO /PWD Focal Person   | Assist client to fill up form                        | None               | 3 MINUTES          | Warren Resurreccion            |  |
| 2. Go to the Persons Disability Affairs Office for signature   | Affix signature                                      | None               | 2 MINUTES          | Contract of Service            |  |
| 3. Wait while the Staff facilitate the completion of the Identification Card and purchase booklet for medicine/groceries |  | None               | 8 MINUTES          | Vanessa Gay A. Acosta<br>SWO-I |  |
| 4.Get Identification Card & purchase booklet   | Issue ID & purchase booklet                          | None               | 2 MINUTES          | Warren Resurreccion<br>COS     |  |
|  | TOTAL  | NONE               | 15 MINUTES         |                                |  |



### > ISSUANCE OF SOLO PARENT'S IDENTIFICATION CARD

The Solo Parent's Identification card is issued to individuals identified as beneficiaries to avail of benefits embodied in the solo parent welfare act.

| OFFICE / DIVISION:  | Office of the Municipal Social Welfare & Development |                    |                    |   |
|---|--|--------------------|--------------------|---|
| CLASSIFICATION:   | Simple   |                    |                    |   |
| TYPE OF TRANSACTION:  | Government to Citiz                                  | en                 |                    |   |
| WHO MAY AVAIL:  | All  |                    |                    |   |
| CHECKLIST OF REQUI  | REMENTS  |                    | WHERE TO S         | ECURE   |
| Birth Certificate   |  | Respective Bar     | rangay             |   |
| Application Form  |  | Office of the Ma   | ayor               |   |
| CLIENT STEPS  | AGENCY<br>ACTION                                     | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1. Sign client log book   | Assist client to log in                              | None               | 10 MINUTES         | Fresma D. Casayuran Social Welfare Assitant Or Jayson F. Hernandez Admin. Aide III or Warren Resurreccion Contract of Service |
| Accomplish application form after which you will be interviewed |  | None               | 20 MINUTES         | Jayson F. Hernandez Job Order Employee  Mary Ann A. Puyot Admin Aide III  Haydee G. Viernes, RSW SWO II                       |



| 3. Wait for the processing of Identification card |          | None | 10 MINUTES | Rosalie L. Marquez, RSW<br>MSWDO |
|---|----------|------|------------|----------------------------------|
|   |          |      |            | or                               |
|   |          |      |            | Haydee G. Viernes                |
|   |          |      |            | SWO II                           |
|   |          |      |            | Social Welfare                   |
|   |          |      |            | Development Office               |
| 4.Get Identification Card                         | Issue ID | None | 5 MINUTES  | Haydee G. Viernes                |
|   |          |      |            | SWO-II                           |
|   |          |      |            | Social Welfare                   |
|   |          |      |            | Development Office               |
|   | TOTAL    | NONE | 45 MINUTES |                                  |

### > ISSUANCE OF CERTIFICATE OF IDINGENCY

The certification of Indigency is issued to individuals wish to avail financial or legal assistance from other institution/agency.

| OFFICE / DIVISION:                            | Office of the Municipal Social Welfare & Development |                    |                    |  |
|---|--|--------------------|--------------------|--|
| CLASSIFICATION:                               | Simple   |                    |                    |  |
| TYPE OF TRANSACTION:                          | Government to Citizen                                |                    |                    |  |
| WHO MAY AVAIL:                                | All  |                    |                    |  |
| CHECKLIST OF REQU                             | JIREMENTS  | WHERE TO SECURE    |                    |  |
| Certification of Indigency duly sign Barangay | ned by the Punong                                    | Respective Barar   | ngay               |  |
| CLIENT STEPS                                  | AGENCY<br>ACTION                                     | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                |
| Sign client log book                          |  | None               | 2 MINUTES          | Fresma D. Casayuran<br>Social Welfare Assitant<br>Or |



|  |       |      |            | Jayson F. Hernandez Admin. Aide III or Warren Resurreccion Contract of Service                  |
|--|-------|------|------------|---|
| 2. You will be interviewed for the purpose of securing certification |       | None | 7 MINUTES  | Mary Ann A. Puyot Admin. Aide III or Rosalie L. Marquez MSWDO Social Welfare Development Office |
| 3.Get the certification of Indigency                                 |       | None | 1 MINUTE   | Jayson F. Hernandez Admin Aide III  Social Welfare Development Office                           |
|  | TOTAL | NONE | 10 MINUTES | ·   |

### > PRE-MARRIAGE COUNSELING SERVICES

Engaged couples must attend seminar as a pre-requisite for securing marriage license as per P.D. 965.

| OFFICE / DIVISION:        | Office of the Municipal Social Welfare & Development |                                       |  |
|---------------------------|--|---------------------------------------|--|
| CLASSIFICATION:           | Simple   |                                       |  |
| TYPE OF TRANSACTION:      | Government to Citizen                                |                                       |  |
| WHO MAY AVAIL:            | All  |                                       |  |
| CHECKLIST OF REQUIREMENTS |  | WHERE TO SECURE                       |  |
| Residence Certificate     |  | Philippine Charity Sweepstakes Office |  |



| CLIENT STEPS  | AGENCY<br>ACTION | FEES TO BE<br>PAID | PROCESSING<br>TIME     | PERSON<br>RESPONSIBLE   |
|---|------------------|--------------------|------------------------|---|
| 1. Sign client log book   |                  | None               | 5 MINUTES              | Warren D. Resurreccion Contract of Service Social Welfare Development Office      |
| 2. Intake interviews of client  |                  | None               | 7 MINUTES              | Fresma D. Casayuran<br>SWA/MPO Designate  |
| Conduct marriage expectation and inventory                                      |                  | None               | 10 MINUTES             | Social Welfare<br>Development Office  |
| 4. Counseling Proper  |                  | None               | 4 HOURS                | Randy B. Coloma, RN Eulador G. Tumamao, RN Rosalie L. Marquez, RSW PMC Counselors |
| 5. Issuance of Pre-marriage counseling certificate                              |                  | None               | 3 MINUTES              | Fresma D. Casayuran SWA/MPO Designate Social Welfare Development Office           |
| 6. Submission of PMC certificate to the Office of the Municipal Civil Registrar |                  | None               | 2 MINUTES              | Marlon T. Mata<br>MCR<br>MCR Office   |
|   | TOTAL            | NONE               | 4 HOURS, 27<br>MINUTES | WICK Office   |



# OFFICE OF THE MUNICIPAL DISASTER RISK REDUCTION AND MANAGEMENT (MDRRMO)



# > REQUEST FOR EMERGENCY MEDICAL SERVICES (EMS) & SEARCH AND RESCUE (SAR) ASSISTANCE

| OFFICE / DIVISION:   |  |                    | anagement Office   | (MDRRMO) & Delfin Albano   |
|--|--|--------------------|--------------------|--|
|  | Rescue Team 13 (DART13)  |                    |                    |  |
| CLASSIFICATION:  | Simple   |                    |                    |  |
| TYPE OF TRANSACTION:   | Government to Citizens;  | Agency to Agence   | СУ                 |  |
| WHO MAY AVAIL:   | Anyone   |                    |                    |  |
| CHECKLIST OF REQUIREMENTS  |  | WHE                | ERE TO SECURE      |  |
| NONE   |  |                    |                    |  |
| CLIENT STEPS   | AGENCY ACTION  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE   |
| 1. Call the Delfin Albano Rescue Team 13 Hotlines or Walk – in; Letter of Request for EMS/SAR Assistance) if available | <ol> <li>Let the Client Signin on the Logbook.</li> <li>Received the Letter of Request (if available)</li> <li>Ask the details of the event/s that needs EMS Assistance</li> </ol> | None               | 5 Minutes          | Patrick B. Madrid LDRRMO II or Ligaya A. Agcaoili LDRRMA or Jhon Eric M. Salvador Comm. Equip. Optr II/Operations and Warning Officer-Designate or Nathaniel G. Barrozo Admin. Aide III / Admin & Training Officer – Designate or Norelyn B. Argonza COS/DRRM Staff DRRM and DART13 Personnel (Augmentation) |



| For the Preparation before the day of the Event:  1. Activation of Incident Command System (ICS)  2. Incident Briefing  3. Tactics Meeting  4. Preparing for Planning Meeting  5. Planning Meeting  6. Incident/Event Action Plan Preparation and Approval  7. Operational Period Briefing  8. Execute Plan & Assess Progress  9. Check -In (ICS Form 211)  10. Deployment  11. Demobilization (ICS Form 221)  TOTAL | None | 35 minutes              | (Other Frontliners like BFP, PNP and other EMS/SAR allied personnel may include in augmentation) |
|--|------|-------------------------|--|
| IOTAL  | None | วว กกกนเ <del>ย</del> ร |  |



### > REQUEST FOR EMERGENCY MEDICAL SERVICES (EMS) & SEARCH AND RESCUE with URGENCY

| OFFICE / DIVISION:  | Municipal Disaster Risk Reduction and Management Office (MDRRMO) & Delfin Albano Rescue Team 13 (DART13)   |                    |  |   |  |
|---|--|--------------------|--|---|--|
| CLASSIFICATION:   | Simple   |                    |  |   |  |
| TYPE OF TRANSACTION:  | Government to Citizens   | s; Agency to Ag    | gency  |   |  |
| WHO MAY AVAIL:  | All  |                    | •  |   |  |
| CHECKLIST OF REQUIREMENT  | S  | WHE                | RE TO SECURE                                   |   |  |
| NONE  |  |                    |  |   |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO<br>BE PAID | PROCESSING TIME                                | PERSON<br>RESPONSIBLE   |  |
| Call the Delfin Albano Rescue Team 13 Hotlines and tell the emergency situation / Walk-in: Specific Location or landmarks of the Incident/Accident;  Details on Mechanism of Injury (MOI) or Nature of Illness (NOI)  Number of patients involved;  Name of Caller(s) | Received call and verifying the MOI and NOI  For Trauma and Medical: Do the Primary Assessment  For Trauma: Rapid Trauma Assessment (Head to Toe – Detailed Examination) | None               | 2 Minutes  1 minute on the scene (if critical) | DART13 On-Duty Dispatcher / Call Taker  DART13 On-duty Emergency Medical Responders |  |
| For SAR:  | Check Vital Signs  |                    | 10 minutes golden time in                      | For SAR:  |  |



| Detailed identity of victim/s, Age,<br>Address & Gender | Secondary Assessment on Trauma: DCAPBTLS (Deformities Contusions,  | the field if not critical | On-call SAR Technician to be deployed             |
|---|--|---------------------------|---|
|   | Abrasions, Punctures/Penetrati ons, Burns, Tenderness, Lacerations,  |                           |   |
|   | Swelling);  And  SAMPLE History (Signs and Symptoms, Allergies, Medication, Past Medical History, Last Oral Intake, Events leading to Illness) |                           | DART13 On-duty<br>Emergency Medical<br>Responders |
|   | For Medical:<br>Check Vital Signs  |                           |   |



| Upon enroute: (for conscious     patients)     Secondary     Assessment     OPQRST (Onset, Provocation,     Quality, Radiation,     Severity, and Time);      And  SAMPLE History     (Signs and     Symptoms,     Allergies,     Medication,     Past Medical     History,     Last Oral Intake,     Events leading to     Illness) | 2 minutes BLS-CPR with<br>Automated<br>External<br>Defibrillator (5<br>cycles) | DART13 On-duty<br>Emergency Medical<br>Responders |
|--|--|---|
| For Search & Retrieval Operation: Augmentation, Activation of ICS  |  |   |



| and Preposition of<br>SAR Equipment                                 |      |            |  |
|---|------|------------|--|
| For Unconscious Patient/Victim: Perform Basic Life Support with AED |      |            |  |
| TOTAL   | None | 15 minutes |  |

### > REQUEST FOR DISASTER PREPAREDNESS TRAININGS AND SEMINARS

| OFFICE / DIVISION:                          | Municipal Disaster Risk Reduction and Management Office (MDRRMO) & Delfin Albano Rescue Team 13 (DART13)  |                    |                    |  |
|---|---|--------------------|--------------------|--|
| CLASSIFICATION:                             | Simple  | ,                  |                    |  |
| TYPE OF TRANSACTION:                        | Government to Citizens;   | Agency to Agen     | СУ                 |  |
| WHO MAY AVAIL:                              | <u>.</u>  |                    |                    |  |
| CHECKLIST OF REQUIREMENTS                   |   | WHI                | ERE TO SECURE      |  |
| Communication Letter                        |   |                    |                    |  |
| CLIENT STEPS                                | AGENCY ACTION   | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE   |
| 1. Letter of Request on conduct of Training | <ol> <li>Let the Client Signin on the Logbook.</li> <li>Received the Letter of Request</li> <li>Ask how many participants and venue</li> <li>(Training Preparations)</li> </ol> | None               | 5 Minutes          | Patrick B. Madrid LDRRMO II or Ligaya A. Agcaoili LDRRMA or Nathaniel G. Barrozo Admin. Aide III / Admin & Training Officer – Designate or Norelyn B. Argonza COS/DRRM Staff |
|   | TOTAL   | None               | 5 minutes          |  |



# GROWTH-ORIENTED SERVICES



# OFFICE OF THE SANGGUNIANG BAYAN SECRETARY

The Office provides administrative and technical assistance to the members of the Sangguniang Bayan. It also serves as custodian of office and non-confidential records and keeps them open to the public during office hours. Other functions include the assessment, verification as well as issuance of Franchise or Motorized Tricycle Operation Permit (MTOP).



### > RECEIVING & RELEASING OF COMMUNICATIONS & LEGISLATIVE DOCUMENTS

Being the Secretariat to the Sangguniang Bayan, the Office receives legislative documents and communications from the different barangays and agencies which are referred for review/approval and appropriate action of the Sangguniang Bayan.

| Office or Division:                                       | Sangguniang Bayan Secretary Office                     |  |                    |                    |   |  |
|---|--|--|--------------------|--------------------|---|--|
| Classification:   | Simple   | Simple, Complex, Highly Technical  |                    |                    |   |  |
| Type of Transaction:                                      | G2C-   | G2C- Government to Citizen / G2G – Government to Government                                  |                    |                    |   |  |
| Who may Avail:  | All  | All  |                    |                    |   |  |
| CHECKLIST OF  | REQUIR   | REMENTS  |                    | WHERE TO           | SECURE  |  |
| Incoming communications and transmittal or receiving copy | Incoming communications and legislative documents with |  | None               |                    |   |  |
| CLIENT STEPS  |  | AGENCY ACTION  | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |
| 1.Sign in the Clients' Log Book Logging-in of Clients     | <b>(</b> /   | Give the log book to the client  | none               | 5 minutes          | Felisa R. Acosta<br>Admin. Aide II<br>SB Secretary Office   |  |
|   |  | 2. Receive and record incoming communications & legislative documents.                       | none               | 20 minutes         | Jayson M. Salvador<br>Records Officer I<br>SB Secretary Office  |  |
|   |  | 3. Route/Refer communications or legislative documents to concerned person/s or committee/s. | none               | 15 minutes         | Jayson M. Salvador Records Officer I SB Secretary Office or Atty. Ruben M. Dumlao SB Secretary SB Secretary |  |



| 4. Action of concerned person/committee.  | none | -Within 10 days after receipt of letter -Within 30 days upon receipt of legislative documents | Concerned<br>person/committee<br>Sangguniang Bayan Office  |
|---|------|---|--|
| 5. Prepare answer to received communication or review action to legislative document. | none | 5 hours for<br>communications;<br>& 30 minutes for<br>review actions                          | Aldwin C. Balubal Board Secretary I SB Secretary Office or Abegail R. Aguinaldo Admin. Aide IV SB Secretary Office |
| 6. File communication or legislative document in incoming file folder                 | none | 15 minutes  | Jayson M. Salvador Records Officer I SB Secretary Office or Maricris T. Buela Admin. Aide II SB Secretary Office   |
| 7. Mail/deliver outgoing communication or review action                               | none | I hour for<br>mailing; 5 hours<br>for delivery  | Maricris T. Buela Admin. Aide II SB Secretary Office   |
| Recording of outgoing communications.   | none | 15 minutes  | Jayson M. Salvador Records Officer I SB Secretary Office or Roderick G. Acojido L.L.S.E.II                         |



| 9. File duplicate/received copy in outgoing communication file folder. | none | 10 minutes                                | Jayson M. Salvador Records Officer I SB Secretary Office or Maricris R. Buela Admin. Aide II SB Secretary Office |
|--|------|---|--|
| TOTAL:   |      | 30 days and 12<br>hours and 50<br>minutes |  |

### > ISSUANCE OF FRANCHISE (MOTORIZED TRICYCLE OPERATORS PERMIT-MTOP)

The Office is in-charge of the assessment, verification, and processing of franchise and issuance of stickers of tricycles in the Municipality. Also the Office maintains databases for Franchise operations for the efficient monitoring of tricycle units and operators in the Municipality.

| Office or Division                         | : Sang   | Sangguniang Bayan Secretary Office           |                 |                       |                    |  |
|--|--|--|-----------------|-----------------------|--------------------|--|
| Classification                             | : Simp   | Simple                                       |                 |                       |                    |  |
| Type of Transaction                        | : G2C  | - Government to Citizen                      |                 |                       |                    |  |
| Who may Avail                              | : All  | All  |                 |                       |                    |  |
| CHECKLIST OF I                             | REQUIR   | REMENTS                                      | WHERE TO SECURE |                       |                    |  |
|  | Photocopy of latest CR/MVRR issued by LTO for old applicants and Delivery Receipt for New Applicants |  |                 | Applicant's documents |                    |  |
| Community Tax Certificate for Current Year |  | Municipal Treasurer's Office – Clerk Section |                 |                       |                    |  |
| CLIENT STEPS                               |  | AGENCY                                       | FEES TO BE      | PROCESSING            | PERSON RESPONSIBLE |  |
|  |  | ACTION                                       | PAID            | TIME                  |                    |  |



| Presentation of necessary documents | Verify     received     documents | None  | 5 minutes  | Aldwin C. Balubal Board Secretary I SB Secretary Office or   |
|-------------------------------------|-----------------------------------|---|------------|--|
|                                     | 2. Assess fees.                   | None  | 5 minutes  | Roderick G. Acojido L.L.S.E. II SB Office or Abegail R. Aguinaldo Admin. Aide IV SB Secretary Office                                     |
| 2. Presentation of assessment form  | 3. Pay fees                       | For Delfin Albano: Annual Franchise Fee- P300.00 Number Sticker-P50.00 Fare Matrix- P50.00 Driver's ID Card- P 50.00 Filling fee for amendment of MTOP- P 100 Penalty: P50.00 for 1st month and P10.00 for @ succeeding month | 30 minutes | Wendell G. Agriam Licensing Officer I Office of the Mun. Treasurer  or Christoper T. Gabriel Meter Reader I Office of the Mun. Treasurer |



|                                     |                       | For D.A Tumauini: Annual Franchise Fee- P150.00 Number Sticker-P50.00 Fare matrix- 50.00 Driver's ID Card- P 50.00 Penalty: P50.00 for 1st month and P10.00 for @ succeeding month |            |  |
|-------------------------------------|-----------------------|--|------------|--|
| 3. Presentation of Official Receipt | 4. Encode<br>MTOP     | None   | 10 minutes | Abegail R. Aguinaldo Admin. Aide IV SB Secretary Office or Roderick G. Acojido L.L.S.E. II Sb Secretary Office |
|                                     | 5. Verify franchise.  | None   | 5 minutes  | Aldwin C. Balubal Board Secretary I SB Secretary Office  |
|                                     | 6. Confirm franchise. | None   | 5 minutes  | Atty. Ruben M. Dumlao SB Secretary SB Secretary Office   |



| 7. Approve franchise.                     | None | 10 minutes                | Hon. Thomas A. Pua Jr.  Municipal Vice Mayor  SB Secretary Office  |
|---|------|---------------------------|--|
| 8. Record and release franchise.          | None | 5 minutes                 | Abegail R. Aguinaldo Admin. Aide IV SB Secretary Office or Roderick G. Acojido L.L.S.E. II SB Secretary Office |
| 9. Issue tricycle stickers & fare matrix. | None | 20 minutes                | Abegail R. Aguinaldo Admin. Aide IV SB Secretary Office or Roderick G. Acojido L.L.S.E. II SB Secretary Office |
| TOTAL:                                    |      | 1 hour &<br>45<br>minutes | ·  |



#### > FILING OF ADMINISTRATIVE COMPLAINT

The Sangguniang Bayan is empowered by the Local Government Code of 1991 (RA 7160) in the exercise of its quasi-judicial functions, specifically in hearing, trying, and deciding complaints against any elected barangay official. Also, the collegial body is given the authority by law to implement guidelines prescribing the mechanics and protocols to be followed in the conduct of administrative investigations.

| Office or Division  | : Sa  | ingguniang Bayan Secreta  | ary Office      |  |   |  |
|---|-------|---|-----------------|--|---|--|
| Classification  | : Hiç | ghly Technical  |                 |  |   |  |
| Type of Transaction   | : G2  | 2C- Government to Citizer   | 1               |  |   |  |
| Who may Avail   |       | Barangay Officials  |                 |  |   |  |
| CHECKLIST OF F  | EQUI  | REMENTS   | V               | <b>VHERE TO SECU</b>                         | RE  |  |
| Verified (notarized) complaint which shall contain the following:  a. Full name and address of the complainant  b. Full name, address and position of the person complained  c. Narrative of the relevant and material facts which shows the acts or omissions allegedly committed; |       |   |                 |  |   |  |
| d. Certified true copies of documents affidavits of his witnesses, if any   | •     | y evidence and  |                 |  |   |  |
| e. Certification or statement of n  |       | um shoppina.  |                 |  |   |  |
| CLIENT STEPS  |       | AGENCY ACTION   | FEES TO BE PAID | PROCESSING TIME                              | PERSON<br>RESPONSIBLE   |  |
| Complainant files verified complaint at the SB Secreta Office   | ry    | 1.Receiving & recording of verified complaint.                        | None            | 15 minutes                                   | Aldwin C. Balubal<br>Board Secretary I<br>SB Secretary Office |  |
| 2. Respondents receives notic   | e     | 2.Sending of notice to and requiring verified answer from respondent. | None            | Seven(7) days<br>after the<br>administrative | Atty. Ruben M.  Dumlao  SB Secretary                          |  |



|   |  |      | complaints is filed  |                   |
|---|--|------|--|-------------------|
| Respondent files verified answer at the SB Secretary Office   | 3.Submission of verified answer by the respondent.                     | None | 15 days from receipt of the requisition to submit verified answer; *Unreasonable failure of the respondent to file his verified answer within 15 days from receipt of the complaint shall be considered a waiver of his rights to present evidence in his behalf | Respondent        |
| 4. Both Complainant & Respondent receive Notice of Conduct of Preliminary Investigation/Hearings/Final Investigation, and attend the same | 4.Conduct of: -Preliminary investigation/hearings -Final investigation | None | Within 10 days after receipt of the verified answer and shall be terminated within 90 days from the start thereof  | Sangguniang Bayan |



| 5.   | 5.Drafting & adoption of the decision.              | None | Within thirty (30) days after the end of the investigation   | Sangguniang Bayan         |
|--|---|------|--|---------------------------|
| <ol><li>Both Complainant &amp; Respondent receive copies of decision</li></ol> | 6.Serving of the decision.                          | None |  | Secretariat               |
| 7. Complainant and respondent files appeal before the Sangguniang Panlalawigan | 7.Filing of appeal to the Sangguniang Panlalawigan. | None | Within 30 days<br>from receipt of<br>the decision<br>otherwise the<br>decision shall<br>become final<br>and executor | Complainant or respondent |
|  | TOTAL:  |      | 1 month, 32<br>days & 15<br>minutes  |                           |

### > PROCESSING OF FINANCIAL ASSISTANCE REQUEST

This service is intended to assist individuals who are in need of financial assistance from the Sangguniang Bayan members in aid of their medical, educational, and other emergency needs.

| Office or Division                                     | :      | Sangguniang Bayan Office                |   |  |  |
|--|--------|---|---|--|--|
| Classification   | :      | Simple                                  |   |  |  |
| Type of Transaction                                    | :      | G2C- Government to Citize               | G2C- Government to Citizen , G2G – Government to Government |  |  |
| Who may Avail  | :      | All                                     |   |  |  |
| CHECKLIST (  | OF RE  | QUIREMENTS WHERE TO SECURE              |   |  |  |
|  | ~      | ~ · · · · · · · · · · · · · · · · · · · | WHERE TO SESSIVE  |  |  |
| Request for medical Ass                                |        | •                                       | WHERE TO SECORE   |  |  |
| Request for medical Ass<br>Request letter duly noted l | istanc | e:                                      | Client/ Barangay Office                                     |  |  |



| Certificate of Indigency                  |                                    | Barangay                  |                           |                                |  |
|---|------------------------------------|---------------------------|---------------------------|--------------------------------|--|
| Hospital billing statement                |                                    | Hospital (Private         | Hospital (Private/Public) |                                |  |
| Estimates of expenses                     |                                    | Hospital (Private/Public) |                           |                                |  |
| <b>Request for Educational Assista</b>    | nce:                               |                           |                           |                                |  |
| Request letter duly noted by the Pu       | unong Barangay                     | Client/ Barangay          | y Office                  |                                |  |
| Enrollment card                           |                                    | School (Private/          | Public)                   |                                |  |
| Assessment form                           |                                    | School (Private/          | Public)                   |                                |  |
| Copy of grades                            |                                    | School (Private/          | Public)                   |                                |  |
| Request for miscellaneous Assis           | stance:                            |                           |                           |                                |  |
| Request letter duly noted by the Pu       | unong Barangay or                  | Office of the Pur         | nong Barangay             |                                |  |
| Agency Head                               |                                    |                           |                           |                                |  |
| Cost estimates                            |                                    |                           | nicipal Engineer          |                                |  |
| Bill of materials                         |                                    |                           | nicipal Engineer          |                                |  |
| CLIENT STEPS                              | AGENCY ACTION                      | FEES TO BE                | PROCESSING                | PERSON RESPONSIBLE             |  |
|   |                                    | PAID                      | TIME                      |                                |  |
| Sign in the client Log Book /             | Give the log book                  | None                      | 5 minutes                 |                                |  |
| Logging-in of Clients                     | to the client                      |                           |                           |                                |  |
| Present request letter                    | 2. Receive and record              | None                      | 15 minutes                |                                |  |
| O. D Lt. MOMD Off f                       | letter request                     | NI                        | 45                        | De leviel O Accille            |  |
| 3. Proceed to MSWD Office for             | 3. Refer letter request            | None                      | 15 minutes                | Roderick G. Acojido            |  |
| the assessment of the                     | to the concerned                   |                           |                           | L.L.S.E. II                    |  |
| assistance needed                         | official/s                         | None                      | 30 minutes                | Sangguniang Bayan Office<br>Or |  |
| 4. Submit request letter to the           | 4. Secure approval of              | None                      | 30 minutes                | Felisa R. Acosta               |  |
| Vice Mayor & Sangguniang<br>Bayan Members | request letter to the Vice Mayor & |                           |                           | Admin. Aide II                 |  |
| Dayan Members                             | Sangguniang                        |                           |                           |                                |  |
|   | Bayan Members                      | Sangguniang Bayan Office  |                           |                                |  |
| 5. Proceed to MSWD Office for             | 5. Prepare voucher for             | None                      | 30 minutes                |                                |  |
| General Intake Sheet &                    | the approved                       | INOTIC                    | Jo minutes                |                                |  |
| Contrai intako Checi d                    | request letter                     |                           |                           |                                |  |



| Signature of the MSWD<br>Officer   |                                  |      |            |  |
|--|----------------------------------|------|------------|--|
| 6. Obtain signature of the Municipal Mayor, Municipal Budget Officer and Municipal Treasurer | 6. Sign voucher (by signatories) | None | 15 minutes | Concerned Signatories  |
| 7. Record cash or check released by the Municipal Treasurer                                  | 7. Release check                 | None | 5 minutes  | Henry V. Dumaua, CPA OIC-Mun. Treasurer Office of the Mun. Treasurer   |
|  | 8. Record check                  | None | 5 minutes  | Roderick G. Acojido L.L.S.E. II Sangguniang Bayan Office Or Felisa R. Acosta Admin. Aide II Sangguniang Bayan Office |
|  | TOTAL:                           |      | 2 hours    |  |



# OFFICE OF THE MUNICIPAL PLANNING AND DEVELOPMENT COORDINATOR

The Office formulates integrated socio-economic and other development plans of the Municipal Government. It undertakes studies and researches for the innovation of the Municipal plans and programs of development. It prepares the socio-economic profile of the Municipal based on data and statistics gathered up to the barangay level.



## > APPLICATION AND ISSUANCE OF LOCATIONAL / ZONING CLEARANCE FOR ANY CONSTRUCTION, EXPANTION AND RENOVATION AND CHANGE OF USE

All Private Person and Business Enterprises constructing a new building or undergo expansion/renovation are required to apply and secure a locational clearance prior to the application of building permit. This should be done before the start of construction to ensure that the building/business is allowed in the chosen location as per Comprehensive Land Use Plan (CLUP) of the municipality of Delfin Albano.

| OFFICE / DIVISION:                                     | Office of the Municipal F   | Planning and Development Coordinator/Zoning Administrator |  |  |  |
|--|---|---|--|--|--|
| CLASSIFICATION:  | Highly Technical  |   |  |  |  |
| TYPE OF TRANSACTION:                                   | G2C- Government to Citizen, G2G-Government to Government, Government to |   |  |  |  |
|  | Business Entity   |   |  |  |  |
| WHO MAY AVAIL:   | All   |   |  |  |  |
| CHECKLIST OF REQU                                      | JIREMENTS   | WHERE TO SECURE   |  |  |  |
| BASIC REQUIREMENTS (two co                             | ppies per document)   |   |  |  |  |
| 1. Duly accomplished and notarize                      | ed Application Form.  |   |  |  |  |
| 2. Any of the following requirement                    |   | Office of the Municipal Planning & Development            |  |  |  |
| <ul> <li>a. If the property is registered i</li> </ul> | n the name of applicant   | Coordinator   |  |  |  |
| a.1) Certificate of Tittle or La                       | atest Tax Declaration   |   |  |  |  |
| a.2) Pro-forma affidavit                               |   |   |  |  |  |
| b. In case the property is not re                      | egistered in the name of  | Office of the Municipal Assessor                          |  |  |  |
| the applicant  |   |   |  |  |  |
| b.1) Duly Notarized Deed of                            | •   | Office of the Municipal Planning & Development            |  |  |  |
| b.2) Duly Notarized Deed of                            | Donation, or  | Coordinator   |  |  |  |
| b.3) Contract of Lease, or                             |   |   |  |  |  |
| b.4) Affidavit of No Rental, o                         |   |   |  |  |  |
| b.5) Notarized Authorization to use the Land, plus     |   |   |  |  |  |
| b.6) Additional Requirement                            |   | Owner/Client  |  |  |  |
| b.6.1) Owner's Certificate                             | of Tittle or Latest Tax   |   |  |  |  |
| Declaration  |   |   |  |  |  |
| b.6.2) Pro-forma Affidavit a                           | as described on item a.   |   |  |  |  |



b.6.3) Affidavit of Heirship

- c. In case the Land is under the contract of mortgage
  - c.1) Certificate of Non-Objection from the Mortgage
  - c.2) All stated requirements on item b which is applicable
- 3. Vicinity Map showing the project location within radius of 500 meters or more from periphery of project lot. Indicate vital buildings, structures, and land marks including land uses surrounding the project lot as basis for inspectors/monitors to easily locate the site and/or for purposes of better assessment of the project area
- **4.** Site Development Plan showing the project lot and its boundaries, and proposed layout of improvements therein.
- **5.** Bill of Materials/Project Cost Estimate
- 6. Barangay Certificate

### ADDTIONAL REQUIREMENTS APPLICABLE (two copies per document)

- **1.** For *ALL PROJECTS* to be situated in Tenanted rice and/or Corn Lands:
  - 1.1. Endorsement/Recommendation from the Department of Agrarian Reform for the conversion into other uses
- 2. For manufacturing projects:

DESCRIPTION OF INDUSTRY citing among others the following:

- Office of the Municipal Assessor
- Office of the Municipal Planning & Development Coordinator
- Mortgagor
- > To be prepared by appropriate Licensed Professional

- To be prepared by appropriate Licensed Professional
- > To be prepared by appropriate Licensed Professional
- > Barangay Government where the project is located



| 2.1. Types and volume of raw nused:  2.2. Products manufactured or 2.3. Average production output day/week/month:  2.4 Industrial wastes and plans  2.5. Description on process flow processes:  2.6. Manpower Requirement  3. Environmental Compliance Cer (ECC)/Certificate of Non-Cover.  4. For applications filed by author  4.1. Sworn Special Power Of Arrepresentative to file/ follow up ap decision on the application.  5. Other additional documents as projects of national significance we exhaustive evaluation.  (Original and/or Certified True Complete in the complete in t | stored: /capacity per  for pollution control: v or manufacturing  tificate age (CNC) ized representative: ttorney for the plication, and to claim may be needed for hich require a more |                    | ·                   | ent Bureau (EMB)                       |
|--|---|--------------------|---------------------|--|
| Official Receipt of Certification Fee (Original copy)  |   | ➤ Office o         | of the Municipal Tr | reasurer                               |
| CLIENT STEPS   | AGENCY<br>ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME  | PERSON RESPONSIBLE                     |
| 1. Sign in the Client Log Book   | Cause the signing of client in the logbook  | None               | 1 minute            | Fredison G. Acosta Contract of Service |



|  |  |      |          | or Zhemiel Obedoza Contract of Service or Gladys E. Balagat Job Order  Office of the Municipal Planning and Development Coordinator  |
|--|--|------|----------|--|
| Secure and Accomplishment     of Basic and Additional     Requirement for Locational     Clearance | Give Application form<br>and Pro-forma<br>Affidavit to client          | None | Half Day | Mary Joy D. Albano and Engr. Merlito B. Soliman Jr. Planning Officer I or Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA  Office of the Municipal Planning and Development Coordinator |
| Submit Application Form with complete documents (original & photocopy)                             | Verification as to completeness of requirements                        | None | 1 Day    | Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA  Office of the Municipal Planning and Development Coordinator   |
| Wait for the Ocular     Inspection Report  | Conduct ocular inspection and validation of the project/structure site | None | 7 days   | Mary Joy D. Albano and<br>Engr. Merlito B. Soliman Jr.<br>Planning Officer I<br>Or<br>Neil Ryan P. Gamido, EnP<br>MPDC / MENRO / ZA  |



|  |   |                                  |            | Office of the Municipal Planning and Development   |
|--|---|----------------------------------|------------|--|
| 5. Wait for the computation of fees and charges  | Compute fees and charges and issue order of payment | None                             | 1 hour     | Coordinator  Mary Joy D. Albano Planning Officer I  Engr. Merlito B. Soliman Jr. Planning Officer I  Evangelyn C. Haber Administrative Aide IV  Fredison G. Acosta Contract of Service  Zhemiel Obedoza Contract of Service  Gladys E. Balagat Job Order  Office of the Municipal Planning and Development |
| 6. Pay Locational Clearance and required fees at the Office of the Municipal Treasurer | Issue Official Receipt upon payment                 | (Computed<br>Locational<br>Fees) | 30 minutes | Coordinator  Errol M. Briones  License Inspector I Or Christopher T. Gabriel Meter Reader I Or Miriam T. Obedoza Admin. Aide I  Municipal Treasury Office  |



| 7. Return to the Office of the MPDC and show proof of payment and wait for the endorsement of application to the Zoning Administrator | Photocopy the Official Receipt, double check the document and give to signatory for review and affixation of signature. | None | 30 minutes | Mary Joy D. Albano Planning Officer I  Engr. Merlito B. Soliman Jr. Planning Officer I  Evangelyn C. Haber Administrative Aide IV  Fredison G. Acosta Contract of Service  Zhemiel Obedoza Contract of Service  Office of the Municipal Planning and Development Coordinator |
|---|---|------|------------|--|
| 8. Wait while document is endorsed for approval of the Zoning Administrator.  | Review, approve and affix signature.  | None | 20 minutes | Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA  Office of the Municipal Planning and Development Coordinator   |
| 9. Wait while preparing the Locational Clearance (for conforming projects only)  9.1 Receive the Locational Clearance                 | Affix signature of the MPDC/Zoning Administrator  Issue the Locational Clearance  | None | 3 days     | Neil Ryan P. Gamido, EnP<br>MPDC / MENRO / ZA  Mary Joy D. Albano<br>Planning Officer I  Engr. Merlito B. Soliman Jr.<br>Planning Officer I  |



|       |   |                                    | Evangelyn C. Haber<br>Administrative Aide IV                 |
|-------|---|------------------------------------|--|
|       |   |                                    | Fredison G. Acosta Contract of Service                       |
|       |   |                                    | Zhemiel Obedoza Contract of Service                          |
|       |   |                                    | Office of the Municipal Planning and Development Coordinator |
| TOTAL | Computed<br>Locational<br>Clearance<br>Fees | 11 ½ days 2<br>hours 21<br>minutes |  |

## > ISSUANCE OF LOCATIONAL / ZONING CERTIFICATE

The Certification is issued to individuals or business entities who desire to secure Locational / Zoning Certificate of their property within the municipality.

| OFFICE / DIVISION:            | Office of the Municipal Planning and Development Coordinator/Zoning Administrator |   |  |
|-------------------------------|---|---|--|
| CLASSIFICATION:               | Complex   |   |  |
| TYPE OF TRANSACTION:          | G2C- Government to Citizer  | n, G2G-Government to Government, Government to Business         |  |
|                               | Entity  |   |  |
| WHO MAY AVAIL:                | All   |   |  |
| CHECKLIST OF F                | REQUIREMENTS  | WHERE TO SECURE   |  |
| 1. Duly Notarized Application | Form  | Office of the Municipal Planning and Development<br>Coordinator |  |
|                               |   | To be prepared by appropriate Licensed Professional             |  |



| <b>2.</b> Vicinity Map drawn to appropriate scale showing the |
|---|
| property in question and indicating appropriate               |
| landmarks   |

- ie |
- **3.** TCT (or any proof of ownership or right over the land / Tax Declaration / Approved Sketch Plan
- Office of the Punong Barangay where the property is located

4. Barangay Certification

Notary Public

Owner/Client

**5.** Special Power of Attorney (for Authorized Representative)

Office of the Municipal Treasurer

**6.** Official Receipt of Zoning Certification

| 6. Official Receipt of Zoffing Certification                        |  |                    |                    |  |
|---|--|--------------------|--------------------|--|
| CLIENT STEPS  | AGENCY<br>ACTION                             | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON RESPONSIBLE   |
| Sign in the Client Log Book and inform the staff about the request. | Cause the signing of client into the logbook | None               | 1 minute           | Fredison G. Acosta Contract of Service Or                    |
|   |  |                    |                    | Zhemiel Obedoza Contract of Service or                       |
|   |  |                    |                    | Gladys E. Balagat<br>Job order                               |
|   |  |                    |                    | Office of the Municipal Planning and Development Coordinator |
| Present needed requirements     (Original and Photocopy)            | Verify authenticity of presented documents   | None               | Half Day           | Mary Joy D. Albano<br>Planning Officer I                     |
|   |  |                    |                    | Engr. Merlito B. Soliman Jr.<br>Planning Officer I           |



|   |  |      | T      |   |
|---|--|------|--------|---|
|   |  |      |        | Evangelyn C. Haber Administrative Aide IV or Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA Office of the Municipal Planning and Development Coordinator                                |
| 3. Wait for the site/ocular inspection report   | Conduct site/ocular inspection report                  | None | 5 days | Mary Joy D. Albano and Engr. Merlito B. Soliman Jr. Planning Officer I  Or Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA  Office of the Municipal Planning and Development Coordinator |
| 4. Wait while validating the request in the Zoning Map after the conduct of site inspection | Verify the location/zone of property in the Zoning Map | None | 1 hour | Mary Joy D. Albano Planning Officer I  Engr. Merlito B. Soliman Jr. Planning Officer I  Evangelyn C. Haber Administrative Aide IV  Or Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA    |



|   |   |  |            | Office of the Municipal Planning and Development Coordinator  |
|---|---|--|------------|---|
| 5. Wait for the computation of fees and charges   | Compute fees and charges and issue order of payment | None   | 1 hour     | Mary Joy D. Albano Planning Officer I or Engr. Merlito B. Soliman Jr. Planning Officer I or Evangelyn C. Haber Administrative Aide IV or Fredison G. Acosta Contract of Service or Zhemiel Obedoza Contract of Service Office of the Municipal Planning and Development Coordinator |
| 6. Pay Locational Certificate and required fees at the Office of the Municipal Treasurer. | Issue Official<br>Receipt upon<br>payment           | P 200.00 (if<br>Lot is less<br>than 1<br>hectare)<br>P 720.00 (if<br>Lot is more<br>than or equal<br>to 1 hectare) | 30 minutes | Errol M. Briones License Inspector I Or Christopher T. Gabriel Meter Reader I Or Miriam T. Obedoza Admin. Aide I  Municipal Treasury Office   |
| 7. Return to the Office of the MPDC and show proof of                                     | Photocopy the<br>Official Receipt,<br>prepare the   | None   | 30 minutes | Mary Joy D. Albano<br>Planning Officer I  |



| payment and wait for the endorsement of Certification to the Zoning Administrator | document and give to signatory for review and affixation of signature. |   |                                   | Engr. Merlito B. Soliman Jr. Planning Officer I  Evangelyn C. Haber Administrative Aide IV  Fredison G. Acosta Contract of Service  Zhemiel Obedoza Contract of Service  Office of the Municipal Planning and Development |
|---|--|---|-----------------------------------|---|
| 8. Wait while document is endorsed for approval of the Zoning Administrator.      | Review, approve and affix signature.                                   | None  | 20 minutes                        | Coordinator  Neil Ryan P. Gamido, EnP  MPDC / MENRO / ZA  Office of the Municipal  Planning and Development  Coordinator  |
| 9. Receive the Locational / Zoning Certificate                                    | Issue the Locational<br>Clearance                                      | None  |                                   | Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA  Office of the Municipal Planning and Development Coordinator  |
|   | TOTAL  | Computed<br>Locational<br>Certification<br>Fees | 5 ½ days 3<br>hours 21<br>minutes |   |



## > ISSUANCE OF CERTIFICATION ON EXISTING ROAD

The Certification is issued to individuals/entity who desire to secure Certificate of Existing Road in the municipality.

| Office or Division:  | Office of the Municipal Planning and Development Coordinator/Zoning Administrator |                                   |                    |  |
|--|---|-----------------------------------|--------------------|--|
|  | Complex   |                                   |                    |  |
| Type of Transaction:   | G2C, G2B, G2G   |                                   |                    |  |
| Who May Avail:   | All   |                                   |                    |  |
| CHECKLIST OF R   | EQUIREMENTS   |                                   | WHERE TO SE        | CURE   |
| Barangay Certification   |   | Office of the is located          | e Punong Baranga   | ay where the existing road   |
| 2. Lot Survey Plan   |   | Office of the                     | e Municipal Asses  | sor  |
| Official Receipt of Locational / Zoning Certificate (Original and Photocopy) |   | Office of the Municipal Treasurer |                    |  |
| CLIENT STEPS   | AGENCY ACTION   | FEES TO BE<br>PAID                | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| Sign in the Client Log Bool and inform the staff about request.              | 0 0   | None                              | 1 minute           | Fredison G. Acosta Contract of Service Or Zhemiel Obedoza Contract of Service Or Gladys E. Balagat Job Order |
| 2. Present needed requirements (Original and Photocopy)                      | Verify authenticity of presented documents  | None                              | Half Day           | Mary Joy D. Albano Planning Officer I  Engr. Merlito B. Soliman Jr. Planning Officer I                       |



|  |   |      |        | Evangelyn C. Haber<br>Administrative Aide IV   |
|--|---|------|--------|--|
|  |   |      |        | Fredison G. Acosta Contract of Service   |
|  |   |      |        | Zhemiel Obedoza<br>Contract of Service   |
|  |   |      |        | Or<br><b>Neil Ryan P. Gamido, EnP</b><br>MPDC / MENRO / ZA                               |
|  |   |      |        | Office of the Municipal Planning and Development Coordinator                             |
| Wait for the site/ocular inspection report   | Conduct site/ocular inspection report               | None | 5 days | Mary Joy D. Albano<br>Planning Officer I   |
|  |   |      |        | Engr. Merlito B. Soliman Jr.<br>Planning Officer I                                       |
|  |   |      |        | Or<br><b>Neil Ryan P. Gamido, EnP</b><br>MPDC / MENRO / ZA                               |
|  |   |      |        | Office of the Municipal Planning and Development Coordinator                             |
| Wait for the computation of fees and charges | Compute fees and charges and issue order of payment | None | 1 Hour | Mary Joy D. Albano Planning Officer I or Engr. Merlito B. Soliman Jr. Planning Officer I |



|   |   |         |            | or Evangelyn C. Haber Administrative Aide IV or Fredison G. Acosta Contract of Service or Zhemiel Obedoza Contract of Service Office of the Municipal Planning and Development Coordinator |
|---|---|---------|------------|--|
| 5. Pay Certification and required fees at the Office of the Municipal Treasurer   | Issue Official Receipt upon payment   | P 50.00 | 30 minutes | Errol M. Briones License Inspector I Or Christopher T. Gabriel Meter Reader I Or Miriam T. Obedoza Admin. Aide I Treasury Office   |
| 6. Return to the Office of the MPDC and show proof of payment and wait for the endorsement of Certification to the Zoning Administrator | Photocopy the Official<br>Receipt, prepare the<br>document and give to<br>signatory for review<br>and affixation of<br>signature. | None    | 30 minutes | Mary Joy D. Albano Planning Officer I or Engr. Merlito B. Soliman Jr. Planning Officer I or Evangelyn C. Haber Administrative Aide IV or Fredison G. Acosta Contract of Service            |



|  |                                      |         |                                   | or  Zhemiel Obedoza  Contract of Service  Office of the Municipal |
|--|--------------------------------------|---------|-----------------------------------|---|
|  |                                      |         |                                   | Planning and Development Coordinator                              |
| 7. Wait while document is endorsed for approval of the | Review, approve and affix signature. | None    | 20 minutes                        | Neil Ryan P. Gamido, EnP<br>MPDC / MENRO / ZA                     |
| Zoning Administrator.                                  |                                      |         |                                   | Office of the Municipal Planning and Development Coordinator      |
| 8. Receive the Certificate                             | Issue the Certificate                | None    |                                   | Neil Ryan P. Gamido, EnP<br>MPDC / MENRO / ZA                     |
|  |                                      |         |                                   | Office of the Municipal Planning and Development Coordinator      |
|  | TOTAL                                | P 50.00 | 5 ½ days 2<br>hours 21<br>minutes |   |

## > PROVISION OF TECHNICAL INFORMATION

The Municipal Government provides technical information such as the Socio-Economic Profile, Development Plans, Investment Plans, Accomplishment Reports and other vital documents to researchers, businessmen and others who need it for specific / legal purpose.

| Office or Division:  | Office of the Municipal Planning and Development Coordinator/Zoning Administrator |
|----------------------|---|
| Classification:      | Simple  |
| Type of Transaction: | G2C, G2B, G2G   |



| Who May Avail: All  |   |                 |                   |  |  |  |
|---|---|-----------------|-------------------|--|--|--|
| CHECKLIST OF REQUI  | REMENTS   | WHERE TO SECURE |                   |  |  |  |
| Request letter addressed to the Lo                                  | Requester / Client  |                 |                   |  |  |  |
| Official Receipt (Original and Photo                                | ,   |                 | the Municipal Tre | easurer  |  |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE      | PROCESSING        | PERSON   |  |  |
|   |   | PAID            | TIME              | RESPONSIBLE  |  |  |
| Sign in the Client Log Book and inform the staff about the request. | Cause the signing of client into the logbook                        | None            | 1 minute          | Fredison G. Acosta Contract of Service or Zhemiel Obedoza Contract of Service Or Gladys E. Balagat Job Order Office of the Municipal Planning and Development Coordinator          |  |  |
| Give the request letter for the information of the staff who assist | Receive request<br>letter and prepare<br>the requested<br>documents | None            | 1 Day             | Mary Joy D. Albano Planning Officer I  Engr. Merlito B. Soliman Jr. Planning Officer I or Evangelyn C. Haber Administrative Aide IV  or Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA |  |  |
| Pay required fees at the Office of the Municipal Treasurer          | Compute required fees and issue                                     | P 50.00         | 30 minutes        | Errol M. Briones<br>License Inspector I<br>Or  |  |  |



|   | Official Receipt upon payment. |      |            | Christopher T. Gabriel  Meter Reader I  Or  Miriam T. Obedoza  Admin. Aide I  Municipal Treasury Office   |
|---|--------------------------------|------|------------|---|
| 4. Return to the Office of the MPDC and show proof of payment  Output  Description: | Check Official<br>Receipt      | None | 30 minutes | Mary Joy D. Albano Planning Officer I or Engr. Merlito B. Soliman Jr. Planning Officer I or Evangelyn C. Haber Administrative Aide IV or Fredison G. Acosta Contract of Service or Zhemiel Obedoza Contract of Service Office of the Municipal Planning and Development Coordinator |
| 5. Wait for the MPDC review and approval of the documents request                   | Review and approve             | None | 20 minutes | Neil Ryan P. Gamido,<br>EnP<br>MPDC / MENRO / ZA<br>Office of the Municipal<br>Planning and<br>Development Coordinator  |



| 6. Receive the documents | Issue requested | None    |              | Neil Ryan P. Gamido,   |
|--------------------------|-----------------|---------|--------------|--|
| request                  | documents       |         |              | EnP<br>MPDC / MENRO / ZA                                     |
|                          |                 |         |              | Office of the Municipal Planning and Development Coordinator |
|                          | TOTAL           | P 50.00 | 1 day 1 hour |  |
|                          |                 |         | 21 minutes   |  |

## > IMPLEMENTATION OF 20% DEVELOPMENT FUND (DF)

The Municipal Government monitors the utilization and ensures the full implementation of the 20% Economic Development Fund for developmental projects in the municipality.

| Office or Division:      | Office of the Mu    | Office of the Municipal Planning and Development Coordinator |            |  |  |
|--------------------------|---------------------|--|------------|--|--|
| Classification:          | Simple              | -  |            |  |  |
| Type of Transaction:     | G2C, G2B, G2C       | G2C, G2B, G2G  |            |  |  |
| Who May Avail:           | All                 | All  |            |  |  |
| CHECKLIST OF RE          | QUIREMENTS          | EMENTS WHERE TO SECURE                                       |            |  |  |
| Complete set of vouchers |                     | Concerned Office   |            |  |  |
| CLIENT STEPS             | AGENCY ACTION       | FEES TO BE PROCESSING PERSON PAID TIME RESPONSIBLE           |            |  |  |
| 1. Submit voucher        | Receive the voucher | None   | 15 minutes | Fredison G. Acosta Contract of Service or Zhemiel Obedoza Contract of Service Or |  |



|   |   |      |        | Gladys E. Balagat Job Order or Evangelyn C. Haber Administrative Aide IV  Office of the Municipal Planning and Development Coordinator   |
|---|---|------|--------|--|
| Wait while the voucher is being recorded by the staff           | Check the voucher<br>and record in the<br>20% EDF logbook | None | 1 Day  | Fredison G. Acosta Contract of Service or Zhemiel Obedoza Contract of Service or Gladys E. Balagat Job Order or Evangelyn C. Haber Administrative Aide IV Office of the Municipal Planning and Development Coordinator |
| Wait while the voucher is being reviewed and signed by the MPDC | Review and sign the voucher                               | None | 1 hour | Neil Ryan P. Gamido, EnP MPDC / MENRO / ZA Office of the Municipal Planning and Development Coordinator  |
| Receive approved     voucher                                    | Release approved voucher                                  | None |        | Fredison G. Acosta Contract of Service or  |



|       |      |                            | Zhemiel Obedoza Contract of Service or Gladys E. Balagat Job Order or |
|-------|------|----------------------------|---|
|       |      |                            | Evangelyn C. Haber<br>Administrative Aide IV                          |
|       |      |                            | Office of the Municipal<br>Planning and<br>Development Coordinator    |
| TOTAL | NONE | 1 day 1 hour<br>15 minutes |   |



# OFFICE OF THE MUNICIPAL ASSESSOR

The office ensures the implementation of laws and policies governing appraisal and assessment of real properties for taxation purposes. It recommends ways and means to enhance practices in the valuation of real properties.



## > ISSUANCE OF UPDATED TAX DECLARATION

The Tax Declaration is issued to real property owners needing this document that states among others the updated market value and latest assessed value of real properties. This document is issued to affirm the ownership and updated payment of real property taxes.

| Office or Division:   | Office of the Munic                                      | Office of the Municipal Assessor |                    |   |  |
|---|--|----------------------------------|--------------------|---|--|
| Classification:   | Simple   |                                  |                    |   |  |
| Type of Transaction:  | G2C, G2B, G2G  |                                  |                    |   |  |
| Who May Avail:  | Owners of declare  | d real propert                   | ies                |   |  |
| CHECKLIST OF REQUI  | REMENTS  |                                  | WHER               | E TO SECURE   |  |
| Official Receipt of Current Year Rea  | l Property Tax   | Office of the                    | Municipal Treasu   | ırer  |  |
| Payment   |  |                                  |                    |   |  |
| (Original or photocopy)   |  |                                  |                    |   |  |
| Official Receipt of Certification Fee   |  | Office of the                    | : Municipal Treasu | ırer  |  |
| (Original copy)   |  | _                                |                    |   |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO<br>BE PAID               | PROCESSING<br>TIME | PERSON RESPONSIBLE  |  |
| <ol> <li>Sign in the Client Log Book<br/>and inform the employee about<br/>the request.</li> </ol>                        | Give the logbook to the client                           | None                             | 1 minute           | <b>Rhea A. Manayan</b><br>Admin Aide IV<br>or                               |  |
| ·   |  |                                  |                    | Annavic D. Battung<br>RCC-1   |  |
| <ol> <li>Wait while data is being<br/>verified at the Electronic Real<br/>Property Tax System's Data<br/>Base.</li> </ol> | Verify name of owner on eRPTS' database or FAAS on file. | None                             | 30 minutes         | Charlie May S. Puducay Assessment Clerk II Or Rhea A. Manayan Admin Aide IV |  |
|   |  |                                  |                    | or<br>Windy C. Salvador<br>C.O.S  |  |



|  | TOTAL:   | Computed<br>RPT +<br>P50.00 | 1 hour and 42 minutes |   |
|--|--|-----------------------------|-----------------------|---|
| a. Receive updated Tax<br>Declaration  | Issue the TD.  |                             |                       | Annavic D. Battung<br>RCC-1<br>Windy C. Salvador<br>C.O.S.  |
| 6. Wait while TD is being recorded and numbered.   | Record TD.   | None                        | 1 minute              | <b>Rhea A. Manayan</b><br>Admin Aide IV<br>or   |
| 5. Wait while document is endorsed for approval of the Municipal Assessor or her Alternate Officer.                | Review, approve and affix signature.   | None                        | 10 minutes            | Arcenyrose S. Rivera  Municipal Assessor  or  Ohmar L. Amurao  LAOO-1   |
| payment.  a. Wait while TD is being prepared   | Prepare TD and let signatories review and affix signature.                     |                             |                       | or<br><b>Charlie May S. Puducay</b><br>Assessment Clerk II<br>or<br><b>Rhea A. Manayan</b><br>Admin Aide IV   |
| required fees at the Office of the Municipal Treasurer.  4. Return to the Office of the Assessor and show proof of | property tax and issue Official Receipt upon payment.  Check Official Receipt; | RPT +<br>P50.00             | 30 minutes            | License Inspector I Office of the Municipal Treasurer or Jievy Ann Pagaddu Revenue Collection Clerk I Office of the Municipal Treasurer Windy C. Salvador C.O.S |
| 3. Pay Real Property Tax and   | Compute real   | Computed                    | 30 minutes            | Errol M. Briones  |



## > ISSUANCE OF CERTIFICATION

The Certification is issued to individuals or business entities needing this document that states ownership, aggregate landholding, improvement and others depending on request.

| Office or Division:   | Office of the Munic   | Office of the Municipal Assessor |                    |  |  |
|---|---|----------------------------------|--------------------|--|--|
| Classification:   | Simple  |                                  |                    |  |  |
| Type of Transaction:  | G2C, G2B, G2G   |                                  |                    |  |  |
| Who May Avail:  | All   |                                  |                    |  |  |
| CHECKLIST OF REQUI  | REMENTS   |                                  | WHERE              | TO SECURE  |  |
| Official Receipt of Certification (Original copy)   |   | Office of the M                  | lunicipal Treasure | r  |  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE<br>PAID               | PROCESSING<br>TIME | PERSON RESPONSIBLE   |  |
| Sign in the Client Log Book and inform the staff about the request.                               | Give the logbook to the client  | None                             | 1 minute           | Rhea A. Manayan Admin Aide IV or Annavic D. Battung RCC-1  |  |
| Wait while data is being verified at the Electronic Real Property Tax System's (eRPTS) Data Base. | Verify name of owner on database/system or FAAS on file and determine the type of certification to be issued. | None                             | 30 minutes         | Charlie May S. Puducay Assessment Clerk II or Rhea A. Manayan Admin Aide IV or Windy C. Salvador C.O.S |  |
| Pay required fees at the Office of the Municipal Treasurer.                                       | Compute real property tax and issue Official  | P50.00                           | 30 minutes         | Errol M. Briones License Inspector I Office of the Municipal Treasurer or                              |  |



|  | Receipt upon payment.  |        |                       | Jievy Ann Pagaddu Revenue Collection Clerk I Office of the Municipal Treasurer |
|--|--|--------|-----------------------|--|
| Return to the Office of the Assessor and show proof of payment.                  | Check Official Receipt, prepare the document and let signatories review and affix their signature. | None   | 30 minutes            | Windy C. Salvador C.O.S or Charlie May S. Puducay Assessment Clerk II          |
| 5. Wait while document is being endorsed for approval of the Municipal Assessor. | Review, approve and affix signature.   | None   | 10 minutes            | Arcenyrose S. Rivera<br>Municipal Assessor                                     |
| 6. Wait while Certification is being recorded and numbered.                      | Record the Certification.  | None   | 1 minute              | Rhea A. Manayan Admin Aide IV Or Annavic D. Battung RCC-1                      |
| 6.1 Receive copy of Certification  | Issue the certification  |        |                       | Windy C. Salvador<br>C.O.S.  |
|  | TOTAL:   | P50.00 | 1 hour and 42 minutes |  |



## > ISSUANCE OF RE-CLASSIFICATION of TAX DECLARATION OF REAL PROPERTY

The Certification is issued to individuals or business entities who would like to cancel or correct assessments on their real property. The document states the re-classification of land-use other than the original classification based on actual inspection.

| Office or Division:   | Office of the Municipal Assesso   | r                  |                     |  |
|---|---|--------------------|---------------------|--|
| Classification:   | Complex   |                    |                     |  |
| Type of Transaction:  | G2C, G2B, G2G   |                    |                     |  |
| Who May Avail:  | Real Property Owners with Exis  | ting Record on F   | ile                 |  |
| CHECKLIST OF I  | REQUIREMENTS  |                    | WHERE TO S          | ECURE  |
| Official Receipt of Current Year Re<br>(Original for validation and 1 set p               |   | Office of the M    | lunicipal Treasurei | -  |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO BE<br>PAID | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE  |
| Sign in the Client Log Book and inform the employee about the request.                    | Give the logbook to the client  Redirect client to employee responsible of the service.                   | None               | 1 minute            | Rhea A. Manayan Admin Aide IV or Annavic D. Battung RCC-1  |
| Wait while data is being verified at the Electronic Real Property Tax System's Data Base. | Verify name of owner on database/system or FAAS on file and to check original classification of the land. | None               | 30 minutes          | Charlie May S. Puducay Assessment Clerk II Or Rhea A. Manayan Admin Aide IV or Windy C. Salvador C.O.S |



| Accompany Staff in the actual inspection of the real property for assessment purposes.   | Conduct actual inspection.   | None            | 1 day  | Ohmar L. Amurao LAOO-1 or Arcenyrose S. Rivera Municipal Assessor  |
|--|--|-----------------|--------|--|
| Return to the Office of the Municipal Assessor the following day.  |  |                 |        |  |
| 5. Proceed to the Office of the Municipal Treasurer for payment of eRPT  | Compute real property tax and issue Official Receipt upon payment.   | Computed<br>RPT |        | Errol M. Briones License Inspector I Office of the Municipal Treasurer or Jievy Ann Pagaddu Revenue Collection Clerk I Office of the Municipal Treasurer |
| <ul><li>6. Return to the Office of the Municipal Assessor and show proof of payment.</li><li>6.1 Wait while employee prepares the documents.</li></ul> | Check Original Receipt  Prepare the following based on inspection.  Field Appraisal/Assessment Sheet (FAAS)  Tax Declaration  Notice of Assessment | None            | 1 hour | Ohmar L. Amurao LAOO-1 or Charlie May S. Puducay Assessment Clerk II or Rhea A. Manayan Admin Aide IV or Windy C. Salvador C.O.S                         |



|  | <ul><li>Actual Photos of<br/>Property</li></ul> |      |                                  |   |
|--|---|------|----------------------------------|---|
| 7. Wait while documents are being signed by the LAOO-1 and the Municipal Assessor for her recommendation to the PAO. | Affix signature                                 | None | 10 minutes                       | Ohmar L. Amurao LAOO-1 or Arcenyrose S. Rivera Municipal Assessor                               |
| 8. Wait for approval of documents for approval of the Office of the Provincial Assessor.                             | Submit transaction for approval                 | None | 5 days                           | Ohmar L. Amurao LAOO-1 or Charlie May S. Puducay Assessment Clerk II or Windy C. Salvador C.O.S |
| 9. Receive copy of Tax  Declaration.   | Issue copy of Tax Declaration                   | None | 5 minutes                        | Rhea A. Manayan Admin Aide IV Or Annavic D. Battung RCC-1                                       |
|  | TOTAL:  | None | 6 days, 1<br>hour, 46<br>minutes |   |



## > TRANSFER OF OWNERSHIP OF TITLED LAND

An updated owner's copy of tax declaration is issued upon **transfer of ownership** of subject property from the previous to the new owner or as a result of sale, subdivision or consolidation of real property.

| Office or Division:  | Office of the Municipal Asse       | Office of the Municipal Assessor |                   |   |  |  |
|--|------------------------------------|----------------------------------|-------------------|---|--|--|
| Classification:  | Complex                            | Complex                          |                   |   |  |  |
| Type of Transaction:   | G2C, G2B, G2G                      | G2C, G2B, G2G                    |                   |   |  |  |
| Who May Avail:   | New Owner / Buyer of Real          | Property                         |                   |   |  |  |
| CHECKLIST OF RE  | QUIREMENTS                         |                                  | WHERE TO          | SECURE                                  |  |  |
| Notarized Deed of Sale or Deed of Dona   | ation or Extra-Judicial Sale (2    |                                  |                   |   |  |  |
| sets photocopy for attachment)   |                                    |                                  |                   |   |  |  |
| Approved Subdivision Plan (1 set photo   |                                    |                                  |                   |   |  |  |
| Certificate of Land Title (original copy fo attachment)  | r validation; 2 sets photocopy for |                                  |                   |   |  |  |
| Official Receipt of Real Property Tax  |                                    | Office of the                    | Municipal Treasur | er                                      |  |  |
| (Original copy for validation and 1 set ph   |                                    |                                  |                   |   |  |  |
| Original copy of Certificate Authorizing Registration (CAR) for Validation (2 sets photocopy for attachment) |                                    | Bureau of Internal Revenue       |                   |   |  |  |
| CLIENT STEPS   | AGENCY ACTION                      | FEES TO<br>BE PAID               | PROCESSING TIME   | PERSON<br>RESPONSIBLE                   |  |  |
| <ol> <li>Sign in the Client Log Book and<br/>inform the employee about the</li> </ol>                        | Give the logbook to the client     | None                             | 1 minute          | <b>Rhea A. Manayan</b><br>Admin Aide IV |  |  |
| request.   | Redirect client to employee        |                                  |                   | or                                      |  |  |
|  | responsible of the service.        |                                  |                   | Annavic D. Battung<br>RCC-1             |  |  |
| 2. Present requirements.   | Validate requirements.             | None                             | 20 minutes        | <b>Ohmar L. Amurao</b><br>LAOO-1        |  |  |
|  |                                    |                                  |                   |   |  |  |



|  |  |                 |            | or<br><b>Charlie May S. Puducay</b><br>Assessment Clerk II   |
|--|--|-----------------|------------|--|
| 3. Wait while data is being verified in the Electronic Real Property Tax System's (eRPTS) Data Base. | Verify name of owner on eRPT system or FAAS on file.   | None            | 30 minutes | Rhea A. Manayan Admin Aide IV or Windy C. Salvador C.O.S   |
| 4. Wait while employee prepares the documents.   | Prepare the following:  Field  Appraisal/Assessment  Sheet (FAAS)  Tax Declaration  Notice of Assessment | None            | 1 hour     | Ohmar L. Amurao LAOO-1  or  Charlie May S. Puducay Assessment Clerk II   |
| 5. Pay real property tax at the Office of the Municipal Treasurer.                                   | Compute real property tax and issue Official Receipt upon payment.                                       | Computed<br>RPT |            | Errol M. Briones License Inspector I Office of the Municipal Treasurer or Jievy Ann Pagaddu Revenue Collection Clerk I Office of the Municipal Treasurer |
| 6. Return to the Office of the Assessor and show proof of payment.                                   | Check Official Receipt   | None            |            | Rhea A. Manayan<br>Admin. Aide IV<br>Or<br>Windy C. Salvador<br>C.O.S  |



| <ol> <li>Wait while documents are being signed</li> <li>LAOO-1 (for confirmation of</li> </ol> | Review, approve and sign the transaction/documents.  | None           |                                 | Ohmar L. Amurao<br>LAOO-1<br>And<br>Arcenyrose S. Rivera              |
|--|--|----------------|---------------------------------|---|
| appraisal Municipal Assessor (for her recommendation to the PAO).                              |  |                |                                 | Municipal Assessor  |
| 8. Submit documents at the Office of the Provincial Assessor's Office for approval             | Process documents Requires declarant to pay the following:   |                |                                 | Provincial Assessor's<br>Office                                       |
| 8.1 Pay transfer tax   | > Transfer Tax   | To be computed | 1 hour                          | RCC<br>Provincial Treasurer's<br>Office                               |
| Return to the Office of the     Provincial Assessor and present proof     of payment.          | Verify payment and process the request.  | None           | 6 days                          | Provincial Assessor's<br>Office                                       |
| 9.1 Leave transaction and proceed to<br>the Office of the Municipal Assessor<br>after 6 days   | Inform client that approved copy of the transaction will be forwarded to the Local Assessor's Office after 6 days. |                |                                 |   |
| 10. Receive copy of the newly approved Tax Declaration.  | Issue approved Tax Declaration   | None           | 10 minutes                      | Charlie May S. Puducay Assessment Clerk II or Windy C. Salvador C.O.S |
|  | TOTAL:   | None           | 6 days, 3<br>hours, 1<br>minute |   |



## > TRANSFER OF OWNERSHIP OF UNTITLED LAND

An updated owner's copy of tax declaration is issued upon **transfer of ownership** of subject property from the previous to the new owner or as a result of sale, subdivision or consolidation of real property.

| Office or Division:  |           | Office of the Municipal Assessor       |                    |                  |  |  |
|--|-----------|--|--------------------|------------------|--|--|
| Classification:  |           | Complex                                |                    |                  |  |  |
| Type of Transaction:                                       |           | G2C, G2B, G2G                          |                    |                  |  |  |
| Who May Avail:   |           | New Owner / Buyer of R                 | eal Property       |                  |  |  |
| CHECKLIST OF F   | REQUIRE   | EMENTS                                 |                    | WHERE TO         | SECURE   |  |
| Notarized Waiver of Rights/Docum photocopy for attachment) | ent of De | ed of transfer (2 sets                 |                    |                  |  |  |
| Approved Subdivision Plan (1 set p                         | hotocop   | y for attachment)                      |                    |                  |  |  |
| Official Receipt of Real Property Ta                       | ax        | ,                                      | Office of the      | Municipal Treasu | rer  |  |
| (Original copy for validation and 1 s                      | set photo | copy for attachment)                   |                    | ·                |  |  |
| CLIENT STEPS   | /         | AGENCY ACTION                          | FEES TO<br>BE PAID | PROCESSING TIME  | PERSON<br>RESPONSIBLE  |  |
| 1. Sign in the Client Log Book                             | Give th   | e logbook to the client                | None               | 1 minute         | Rhea A. Manayan Admin Aide IV or Annavic D. Battung RCC-1            |  |
| 2. Present requirements.                                   | Validate  | e requirements.                        | None               | 20 minutes       | Ohmar L. Amurao LAOO-1 or Charlie May S. Puducay Assessment Clerk II |  |
| Wait while data is being verified in the Electronic Real   |           | name of owner on eRPT or FAAS on file. | None               | 30 minutes       | Windy C. Salvador<br>C.O.S<br>or                                     |  |



| Property Tax System's Data Base.   |  |                 |            | Rhea A. Manayan<br>Admin. Aide IV  |
|--|--|-----------------|------------|--|
| 3. Present requirements.   | Evaluate the requirements submitted.   | None            | 10 minutes | Ohmar L. Amurao LAOO-1  Arcenyrose S. Rivera Mun. Assessor   |
| 4. Wait while employee prepares the documents.                               | Prepare the following based on inspection.  Field Appraisal/Assessment Sheet (FAAS) Tax Declaration Notice of Assessment | None            | 1 hour     | Ohmar L. Amurao LAOO-1 or Charlie May S. Puducay Assessment Clerk II or Windy C. Salvador C.O.S  |
| 5. Pay real property tax at the Office of the Municipal Treasurer.           | Compute real property tax and issue Official Receipt upon payment.   | Computed<br>RPT | 1 hour     | Errol M. Briones License Inspector I Office of the Municipal Treasurer or Jievy Ann Pagaddu Revenue Collection Clerk I Office of the Municipal Treasurer |
| 6. Return to the Office of the Municipal Assessor and show proof of payment. | Check Official Receipt   | None            | 5 minutes  | Rhea A. Manayan<br>Admin. Aide IV<br>or  |



|                                   |                                 |          |            | Windy C. Salvador<br>C.O.S |
|-----------------------------------|---------------------------------|----------|------------|----------------------------|
| 7. Wait while documents are       | Review, approve and sign the    | None     |            | Ohmar L. Amurao            |
| being signed by the LAOO-1 and    | transaction/documents.          |          |            | LAOO-1                     |
| the Municipal Assessor for her    |                                 |          |            | and                        |
| recommendation to the PAO.        |                                 |          |            | Arcenyrose S. Rivera       |
|                                   |                                 |          |            | Municipal Assessor         |
| 8. Submit documents at the Office | Process documents               |          |            | Provincial Assessor's      |
| of the Provincial Assessor's      | Requires declarant to pay the   |          |            | Office                     |
| Office for approval               | following:                      |          |            |                            |
|                                   |                                 |          |            | RCC                        |
| 8.1 Pay transfer tax              |                                 | To be    | 1 hour     | Provincial Treasurer's     |
|                                   | Transfer Tax                    | computed |            | Office                     |
| 9.Return to the Office of the     | Verify payment and process the  | None     | 6 days     | Provincial Assessor's      |
| Provincial Assessor and present   | request.                        |          |            | Office                     |
| proof of payment.                 |                                 |          |            |                            |
|                                   |                                 |          |            |                            |
| 9.1 Leave transaction and         | Inform the client that approved |          |            |                            |
| proceed to the Office of the      | copy of transaction will be     |          |            |                            |
| Municipal Assessor after 6 days   | forwarded to the local          |          |            |                            |
|                                   | Assessor's Office after 6 days. |          |            |                            |
| 10.Receive copy of the newly      | Issue approved Tax Declaration  | None     | 10 minutes | Charlie May S. Puducay     |
| approved Tax Declaration.         |                                 |          |            | Assessment Clerk II        |
|                                   |                                 |          |            | or                         |
|                                   |                                 |          |            | Windy C. Salvador          |
|                                   |                                 |          |            | C.O.S                      |
|                                   | TOTAL:                          | None     | 6 days, 4  |                            |
|                                   |                                 |          | hours, 16  |                            |
|                                   |                                 |          | minutes    |                            |



## > APPRAISAL AND ASSESSMENT OF NEW BUILDING OR MACHINERY

This service is requested by a taxpayer who wants to declare his newly constructed building or newly installed machinery and be issued an owner's copy of tax declaration.

| Office or Division:   | Office of the Municipal   | Assessor           |                 |   |
|---|---|--------------------|-----------------|---|
| Classification:   | Complex   | Complex            |                 |   |
| Type of Transaction:  | G2C, G2B, G2G   | G2C, G2B, G2G      |                 |   |
| Who May Avail:  | Real Property Owners  |                    |                 |   |
| CHECKLIST OF RE   | EQUIREMENTS   |                    | WHERE TO S      | ECURE   |
| Actual pictures of the subject property back)  Bill of Materials (if available)  Building Plan (if available) | (1 copy of front, both sides and  |                    |                 |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO<br>BE PAID | PROCESSING TIME | PERSON<br>RESPONSIBLE   |
| Sign in the Client     Log Book. Inform the employee     about the request.                                   | Give the logbook to the client.  Re-direct client to employee responsible of the service. | None               | 1 minute        | Rhea A. Manayan Admin Aide IV or Annavic D. Battung RCC-1         |
| Accompany Staff in the actual inspection of the real property for assessment purposes.                        | Conduct actual inspection.  | None               | 1 day           | Ohmar L. Amurao LAOO-1 Or Arcenyrose S. Rivera Municipal Assessor |



| Return to the Office of the     Assessor the following day and     bring required documents.  |  |      |            |  |
|---|--|------|------------|--|
| 3.1 Wait while employee prepares the documents.   | Verify documents submitted and prepare the following based on inspection.  Field Appraisal/Assessment Sheet (FAAS) Tax Declaration Notice of Assessment Attach Actual Photos of Property | None | 1 hour     | Ohmar L. Amurao LAOO-1 or Charlie May S. Puducay Assessment Clerk II or Rhea A. Manayan Admin Aide IV or Windy C. Salvador C.O.S |
| 4. Wait while documents are being signed by the LAOO-1 and the Municipal Assessor for her recommendation to the Provincial Assessor's Office. | Affix signature  | None | 10 minutes | Ohmar L. Amurao LAOO-1 or Arcenyrose S. Rivera Municipal Assessor  |
| 5. Wait for approval of documents for approval of the Office of the Provincial Assessor.  | Submit transaction for approval  | None | 5 days     | Ohmar L. Amurao LAOO-1 or Charlie May S. Puducay Assessment Clerk II Or Windy C. Salvador  |



|                                     |                               |      |                                  | C.O.S   |
|-------------------------------------|-------------------------------|------|----------------------------------|---|
| 6. Receive copy of Tax Declaration. | Issue copy of Tax Declaration | None | 5 minutes                        | Annavic D. Battung RCC-I or Windy C. Salvador C.O.S |
|                                     | TOTAL:                        | None | 6 days, 1<br>hour, 16<br>minutes |   |



## OFFICE OF THE MUNICIPAL ENGINEER

Business enterprises are required to secure Building inspection approval from the Municipal engineer's Office before the start of commercial operations during the annual renewal of business permits. This is part of the process of securing a Business License/Mayor's permit.



#### > ISSUANCE OF BUILDING PERMIT

A building permit is required prior to construction, erection, alteration, repair, conversion, use, occupancy, moving or demolition of any building or structure by private persons, firms or corporation including agency or instrumentalities of the government (P.D. 1096 or National Building Code).

The permit becomes null and void if work is not commenced within one (1) year from the date of issuance or if the building work is suspended or abandoned at any time after it has been commenced for period of 120 days.

Refers to applications of any of the following structures whose floor area shall not exceed 1,500 square meters:

- (1) Single dwelling residential building of not more than three (3)floor/storey
- (2) Commercial buildings of not more than two (2) Floor/ storeys
- (3) Renovation within a mall with issued building permit
- (4) Warehouse storing non-hazardous substance

| Office or Division:  | Office of the Municipal Engineer   |  |  |  |  |
|----------------------|--|--|--|--|--|
| Classification:      | Highly Technical   |  |  |  |  |
| Type of Transaction: | G2C, G2B, G2G  |  |  |  |  |
| Who May Avail:       | All, Firm, Partnership, or Corporation, Agency or any government             |  |  |  |  |
|                      | instrumentality who intend to construct, erect, alter, repair, convert, move |  |  |  |  |
|                      | or demolish any building may apply for building permit.                      |  |  |  |  |

Any person desiring to obtain a building permit and any ancillary/accessory permit/s together with a Building Permit shall file application/s therefor on the prescribed application forms.

Together with the accomplished prescribed application form/s, the following shall be submitted to the Office of the Building Official (OBO).

#### CHECKLIST OF REQUIREMENTS WHERE TO SECURE

Five (5) sets (printed on A3 size paper) of survey plans, design plans, specifications and other documents prepared, signed and sealed over the printed names of the duly licensed and registered professionals.



#### Architectural Documents

#### a. Architectural Plans/Drawings

- Vicinity Map/Location Plan within a 2.00 kilometer radius for commercial, industrial, and institutional complex and within a half-kilometer radius for residential buildings, at any convenient scale showing prominent landmarks or major thoroughfares for easy reference.
- Site Development Plan showing technical description, boundaries, orientation and position of proposed building/structure in relation to the lot, existing or proposed access road and driveways and existing public utilities/services. Existing buildings within and adjoining the lot shall be hatched and distances between the proposed and existing buildings shall be indicated.
- Perspective drawn at a convenient scale and taken from a vantage point (bird's eye view or eye level).
- Floor Plans drawn to scale of not less than 1:100 showing: gridlines, complete identification of rooms or functional spaces.
- Elevations, at least four (4), same scale as floor plans showing: gridlines; natural ground to finish grade elevations; floor to floor heights; door and window marks, type of material and exterior finishes; adjoining existing structure/s, if any, shown in single hatched lines.
- Sections, at least two (2), showing: gridlines; natural ground and finish levels; outline of cut and visible structural parts; doors and windows properly labeled reflecting the direction of opening; partitions; built-in cabinets, etc.; identification of rooms and functional spaces cut by section lines.

> Architect for Architectural Plans and documents



- Reflected ceiling plan showing: design, location, finishes and specifications of materials, lighting fixtures, diffusers, decorations, air conditioning exhaust and return grills, sprinkler nozzles, if any, at scale of at least 1:100.
- Details, in the form of plans, elevations/sections:
  - (a) Accessible ramps
  - (b) Accessible stairs
  - (c) Accessible lifts/elevators
  - (d) Accessible entrances, corridors and walkways
  - (e) Accessible functional areas/comfort rooms
  - (f) Accessible switches, controls
  - (g) Accessible drinking fountains
  - (h) Accessible public telephone booths
  - (i) Accessible audio visual and automatic alarm system
  - (j) Accessible access symbols and directional signs
  - (k) Reserved parking for disabled persons
  - (I) Typical wall/bay sections from ground to roof
  - (m) Stairs, interior and exterior
  - (n) Fire escapes/exits
  - (o) Built-in cabinets, counters and fixed furniture
  - (p) All types of partitions
- Schedule of Doors and Windows showing their types, designations/marks, dimensions, materials, and number of sets.



- Schedule of Finishes, showing in graphic form: surface finishes specified for floors, ceilings, walls and baseboard trims for all building spaces per floor level.
- Details of other major Architectural Elements.
- b. Architectural Interiors/Interior Design
  - Space Plan/s or layout/s of architectural interior/s.
  - Architectural interior perspective/s.
  - Furniture/furnishing/equipment/process layout/s.
  - Access plan/s, parking plan/s and the like.
  - Detail design of major architectural interior elements.
  - Plan and layout of interior, wall partitions, furnishing, furniture, equipment/appliances at a scale of at least 1:100.
  - Interior wall elevations showing: finishes, switches, doors and convenience outlets, cross window sections with interior perspective as viewed from the main entrance at scale of atleast 1:100.
  - Floor/ceiling/wall patterns and finishing details.
  - List of materials used.
  - · Cost Estimates.
- c. Plans and specific locations of all accessibility facilities of scale of at least 1:100.
- d. Detailed design of all such accessibility facilities outside and around buildings/structures including parking areas, and their safety requirements all at scale of 1:50 or any convenient scale.
- e. Fire Safety Documents
  - Layout plan of each floor indicating the fire evacuation route to safe dispersal areas, standpipes with fire hose, fire extinguishers, first aid kits/cabinets, fire alarm, fire operations room, emergency lights, signs, etc.



- Details of windows, fire exits with grilled windows and ladders.
- Details of fire-resistive construction of enclosures for vertical openings.
- Details of fire-resistive construction materials and interior decorative materials with fire resistive/fireretardant/fire-spread ratings
- Other Related Documents

### f. Other related documents

### Civil/ Structural Documents

### a. Site Development Plan

Site Development Plan showing technical description, boundaries, orientation and position of proposed non-architectural horizontal structure such as: sewerage treatment plan (STP), silos, elevated tanks, towers, fences, etc. building/structure in relation to the lot, existing or proposed access road and driveways and existing public utilities/services. Existing buildings within and adjoining the lot shall be hatched and distances between the proposed and existing buildings shall be indicated.

Civil/Structural Engineer for Civil and Structural plans and documents

### b. Structural Plans

- Foundation Plans and Details at scale of not less than 1:100.
- Floor/Roof Framing Plans and Details at scale of not less than 1:100.
- Details and Schedules of structural and civil works elements including those for deep wells, water reservoir, pipe lines and sewer system.



c. Structural Analysis and Design for all buildings/structures except for one storey and single detached building/structure with a total floor area of 20.00 sq. meters or less.

### d. Boring and Load Tests

Buildings or structures of three (3) storeys and higher, boring tests and, if necessary, load tests shall be required in accordance with the applicable latest approved provisions of the National Structural Code of the Philippines (NSCP). However, adequate soil exploration (including boring and load tests) shall also be required for lower buildings/structures at areas with potential geological/geotechnical hazards. The written report of the civil/geotechnical engineer including but not limited to the design bearing capacity as well as the result of tests shall be submitted together with the other requirements in the application for a building permit. Boring test or load test shall also be done according to the applicable provisions of the NSCP which set forth requirements governing excavation, grading and earthwork construction, including fills and embankments for any building/structure and for foundation and retaining structures.

e. Seismic Analysis

#### f. Other related documents

### Electrical Documents

Electrical plans and technical specifications containing the following:

a. Location and Site Plans

Electrical Engineer for electrical plan and signed and sealed by Professional Electrical Engineer



| b. Legend or Symbols  c. General Notes and/or Specifications  d. Electrical Layout e. Schedule of Loads, Transformers, Generating/UPS Units (Total kVA for each of the preceding items shall be indicated in the schedule) f. Design Analysis g. One Line Diagram   |   |
|---|---|
| <ul> <li>Mechanical Documents</li> <li>a. Location Plan and Key Plan</li> <li>b. General Layout Plan for each floor, drawn to a scale of not less than 1:100, indicating the equipment in heavier lines than the building outline with names of machinery and corresponding brake horsepower shall be indicated.</li> <li>c. Longitudinal and Transverse Sections of building and equipment base on the section lines drawn to scale of at least 1:100 showing inter-floor relations and defining the manner of support of machines/equipment. Sections shall run longitudinally and transversely through the building length or width other than particularly detailed section for each machinery/equipment (fired and unfired pressure vessel, elevator, escalator, dumbwaiter, etc.).</li> <li>d. Isometric drawing of gas, fuel, oil system showing: Assembly of pipes on racks and supports, Legend and General Notes, Capacity per outlet and Complete individual piping system.</li> </ul> | Professional Mechanical Engineer for mechanical documents |



- e. Plans drawn to scale of 1:100 indicating location of store rooms, fuel tanks, fire extinguishing systems, fire doors, fire escape ladders and other protective facilities.
- f. Detailed drawings of all duct work installations, indicating dampers, controls, filters, fireproofing, acoustical and thermal insulation.
- g. Detailed Plans of machinery foundations and supports drawn to scale of at least 1:50.
- h. Detailed Plans of boilers and pressure vessels with a working pressure of above 70 kPa regardless of kilowatt rating.
- i. Design Computations and Detailed Plans of elevators, escalators, and the like drawn to scale of 1:50.
- j. For all installations, additions or alterations involving machinery of at most 14.9 kW, the signature of a duly licensed Mechanical Engineer shall be sufficient except fired and unfired pressure vessels, elevators, escalators, dumbwaiters, central/split/packaged type air conditioners and piping systems of steam, gas or fuels.
- k. Detailed plans of fire suppression systems, location of automatic and smoke detectors and alarm and initiating devices used to monitor the conditions that are essential for the proper operation including switches for the position of gate valves as well as alert and evacuation signals; the detailed layout of the entire safe area to be protected and the heat/smoke ventilation system.



| <ul> <li>Sanitary Documents</li> <li>a. For deep well, water purification plants, water collection and distribution systems, reservoirs, drainage and sewer systems, sewage treatment plants, malaria control structures, and sewage disposal systems:         <ul> <li>Location Plan and Site Plan</li> <li>Detailed Plan and layout drawings of minimum scale 1:100</li> <li>Design Analysis and Technical Specifications</li> <li>Cost Estimates</li> </ul> </li> <li>c. For pest and vermin control, sanitation, and pollution control facilities:         <ul> <li>Detailed plan, layout and drawing of abatement and control device of minimum scale 1:100</li> <li>Design analysis and technical specification</li> <li>Cost Estimates</li> </ul> </li> </ul> | Professional Sanitary Engineer for sanitary plans<br>and documents |
|--|--|
| Plumbing Documents  For all plumbing installations, additions and/or alterations involving hot and cold water supply, fixtures, sewage drainage and vent system, storm drainage and sewerage system within or adjacent to the building:  a. Location Plan and Site Plan of minimum scale 1:2000  b. Plumbing Plans, Layouts and Details, of minimum scale 1:50  c. Legend and General Notes  d. Isometric drawings of the systems  e. Design analysis and technical specifications  f. Cost Estimates  | Master Plumber for Plumbing plans and documents                    |



| wireless telecommunications systems, broadcasting systems, including radio and TV broadcast equipment for commercial and training purposes, cable or wireless television systems, information technology (IT) systems, security and alarm systems, electronic fire alarm systems, sound-reinforcement systems, navigational aids and controls, indoor and outdoor signage's, electronically-controlled conveyance systems, electronic/computerized process controls and automation systems, including automation, management and control systems, including, but not limited to the following: a. General layout plans with legends b. Single line diagram c. Riser diagram d. Isometry of the system e. Equipment specifications f. Design analysis, as applicable g. Cost estimates   Felectronics Engineer for electronics Documents  Felectronics Engineer for electronics Documents |   |  |
|--|---|--|
| Electronic plans and technical specifications for wired or wireless telecommunications systems, broadcasting systems, including radio and TV broadcast equipment for commercial and training purposes, cable or wireless television systems, information technology (IT) systems, security and alarm systems, electronic fire alarm systems, sound-reinforcement systems, navigational aids and controls, indoor and outdoor signage's, electronically-controlled conveyance systems, electronicy/computerized process controls and automation systems, building automation, management and control systems, including, but not limited to the following: a. General layout plans with legends b. Single line diagram c. Riser diagram d. Isometry of the system e. Equipment specifications f. Design analysis, as applicable g. Cost estimates  P Geodetic Documents  Lot Survey Plans, including but not limited to: a. Vicinity Map/Location Plan b. Lot Plan c. Relocation Survey Plan and Report d. Line and Grade e. Detailed Topographic Plan of the site and immediate vicinity  Clearance from the government agencies exercising regulatory function.  Such regulatory agencies are:  | ► Fleetrenies Desuments   |  |
| Lot Survey Plans, including but not limited to: a. Vicinity Map/Location Plan b. Lot Plan c. Relocation Survey Plan and Report d. Line and Grade e. Detailed Topographic Plan of the site and immediate vicinity  Clearance from the government agencies exercising regulatory function.  Such regulatory agencies are:  | Electronics Documents  Electronic plans and technical specifications for wired or wireless telecommunications systems, broadcasting systems, including radio and TV broadcast equipment for commercial and training purposes, cable or wireless television systems, information technology (IT) systems, security and alarm systems, electronic fire alarm systems, sound-reinforcement systems, navigational aids and controls, indoor and outdoor signage's, electronically-controlled conveyance systems, electronic/computerized process controls and automation systems, building automation, management and control systems, including, but not limited to the following:  a. General layout plans with legends  b. Single line diagram  c. Riser diagram  d. Isometry of the system  e. Equipment specifications  f. Design analysis, as applicable  g. Cost estimates | ➤ Electronics Engineer for electronics Documents |
| Such regulatory agencies are:  | ➤ Geodetic Documents  Lot Survey Plans, including but not limited to: a. Vicinity Map/Location Plan b. Lot Plan c. Relocation Survey Plan and Report d. Line and Grade e. Detailed Topographic Plan of the site and immediate vicinity  | Geodetic Engineer for Survey and Lot Plan        |
| Locational/Zoning Clearance Municipal Planning and Development Office  |   | tory function.                                   |
|  | Locational/Zoning Clearance   | Municipal Planning and Development Office        |



|                               | Fire Department Certificate   |                             |   | Fire Protection     |             |
|-------------------------------|---|-----------------------------|---|---------------------|-------------|
| >                             | ECC and CNC for commercial,   | institution, industrial     | Department of Natural Resources/Environmental |                     |             |
|                               | buildings and cell sites  |                             |   | ent Bureau          |             |
| >                             | For building/structures exceeding   | ng 45m in heights and       | Air Transp                                    | ortation Office     |             |
|                               | near airports   |                             |   |                     |             |
|                               | For tourist oriented Projects   |                             |   | Tourism Authority   |             |
|                               | For Construction Safety and He  |                             |   | nt of Labor and Emp |             |
| >                             | For projects near or above water  | erways, creeks and river    | Barangay                                      | or Sangguniang Pa   | nglungsod   |
| >                             | Application form for:   |                             |   |                     |             |
|                               | <ul> <li>Building Permit</li> </ul>                                       |                             |   |                     |             |
|                               | Electrical Permit   |                             |   |                     |             |
|                               | <ul> <li>Sanitary /Plumbing Perm</li> </ul>                               | it                          | Municipal                                     | Engineering Office  |             |
|                               | Mechanical Permit   |                             |   |                     |             |
|                               | <ul> <li>Electronics Permit</li> </ul>                                    |                             |   |                     |             |
|                               |   |                             |   |                     |             |
|                               | e the applicant is the registere  |                             |   |                     |             |
| >                             | Certified true copy of Original C   | ertificate of Title (OCT)/  |   |                     |             |
| Transfer Certificate of title |   |                             |   |                     |             |
|                               |   |                             | Registry of                                   | f Deeds             |             |
|                               |   |                             |   |                     |             |
| >                             | Current Real Property Tax Rece  | eipt                        |   |                     |             |
|                               |   | Municipal Assessor's Office |   |                     |             |
|                               | e the applicant is not the regis  | tered owner of the          |   |                     |             |
| lot:                          |   |                             | DENE ( ) D                                    |                     |             |
|                               | D   |                             | DENR/ LR                                      |                     |             |
|                               | Duly notarized copy of Contract   | of Lease or Deed of         | Notary Pul                                    | DIIC                |             |
|                               | Absolute Sale   |                             |   |                     |             |
| HOW                           | TO AVAIL OF THE SERVICE   |                             |   |                     |             |
|                               | CLIENT STEPS  | AGENCY ACTION               | FEES TO BE                                    | PROCESSING          | PERSON      |
|                               |   |                             | PAID  | TIME                | RESPONSIBLE |
| Α.                            | A. Secure building permit application Form with the List of requirements. |                             |   |                     |             |
|                               |   |                             |   |                     |             |



| 1.Sign in client log book  | Give the logbook to the client  | NONE | 2 MINUTES | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I       |
|--|---|------|-----------|--|
| 2. Secure building Permit application Forms with the List of requirements  | Provide Application Forms for: Building Permit (6copies) Electrical Permit (2copies) Sanitary /Plumbing Permit (2copies) Mechanical Permit (2copies) Electronics Permit (2copies) | NONE | 5 MINUTES | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Servicet  Engr. Nomer Jay S. Macalinao Engineer I  Jet-Jesoar Bagain, CE Engineer I |
| B. Complying Building Permit A   |   |      |           |  |
| Sign in the Client Log Book and submit Duly accomplished application form, including building requirements with complete | Give the logbook to the client and received the plans and Documentary   | NONE | 2 MINUTES | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  |



| clearances for verification and proper evaluation   | requirements for verification  |                           |            | Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I   |
|---|--|---------------------------|------------|---|
| 2. Wait while the submitted requirements is being verified/assessed by the Building Official/ Staff   | Verify/Assessed the Plans and specification submitted if it conforms to the Technical requirements of the National Building Code and other applicable laws and ordinances, | NONE                      | 2 HOURS    | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I |
| 3. If the application and supporting documents are found to be in order and has complied with all the requirements, secure amount of regulatory fees/order of payment, otherwise secure evaluation checklist stating the documents needed | If complete: Reviewed and provide order of payment  If Incomplete: provide evaluation checklist stating the documents needed for the completeness of requirements          | NONE                      | 1 HOUR     | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I       |
| 4. Proceed to Treasurers Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) and return to OBO   | 4. Issue Order of Payment As prescribed in the implementing rules and regulations of the National Building Code (P. D 1096)  | Refer to Order of Payment | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II / DPLO Designate/DWS Administrator  Or  Christopher T. Gabriel Meter Reader I  Or   |



|   |  |       |            | <b>Miriam T. Obedoza</b><br>Admin. Aide I        |
|---|--|-------|------------|--|
|   |  |       |            | Treasury Office                                  |
| 5. Return to the Office of the Building Officials with the Official | Record official receipt number in the      | NONE  | 10 MINUTES | Engr. Cathlene S. Balagat Contract of Service    |
| Receipt (O.R) to be attached and                                    | application form and attached photocopy of |       |            | Engr. Jeremie M. Mendieta<br>Contract of Service |
| recorded in the application form                                    | O.R.                                       |       |            | <b>Jet-Jesoar Bagain, CE</b><br>Engineer I       |
|   |  |       |            | Engr. Nomer Jay S. Macalinao<br>Engineer I       |
| 6. Approval of Building Permits including ancillary permits         | Review, approve and affixed signature.     | NONE  | 1 MINUTE   | ELIZABETH A. PUDUCAY  Municipal Engineer         |
|   |  |       |            |  |
| C. Issuance of Building Permit in                                   | ncluding ancillary pern                    | nits. |            |  |
| 1. Sign in the Client Log Book                                      | Give the logbook to the client.            | NONE  | 2 MINUTES  | Reynald Acerit<br>Contract of Service            |
|   |  |       |            | Engr. Cathlene S. Balagat<br>Contract of Service |
|   |  |       |            | Engr. Jeremie M. Mendieta<br>Contract of Service |
|   |  |       |            | <b>Noel I. Acoba</b><br>Engineering Aide I       |
|   |  |       |            | Boysen Salvador<br>Engineering Aide I            |
| Secure building Permit application.                                 | Issue approved Building Permit             | NONE  | 5 MINUTES  | Engr. Cathlene S. Balagat Contract of Service    |
|   | including ancillary permits(Electrical,    |       |            | Engr. Jeremie M. Mendieta<br>Contract of Service |



| Sanitary and Mechanical Permit) |      |                        | Engr. Jet-Jesoar Bagain<br>Engineer I      |
|---------------------------------|------|------------------------|--|
|                                 |      |                        | Engr. Nomer Jay S. Macalinao<br>Engineer I |
| TOTAL                           | NONE | 3 hours and 57 minutes |  |

### > ISSUANCE OF OCCUPANCY PERMIT

An Occupancy Permit is required before any building or structure is used or occupied. It is secured after the completion of the structure. It is also required if there is any change in the existing use or occupancy classification of a building structure or any portion thereof.

| HOW TO AVAIL OF THE SERVICE:                       |  |   |  |  |
|--|--|---|--|--|
| Office or Division:                                | Office of the Munic  | cipal Engineer                                  |  |  |
| Classification:                                    | Highly Technical   |   |  |  |
| Type of Transaction:                               | G2C, G2B, G2G  |   |  |  |
| Who May Avail:                                     | All, Firm, Partnership or Corporation, Agency or any government instrumentality who had been issued a building permit may apply for occupancy permit after the building construction has been completed. |   |  |  |
| CHECKLIST OF REQUIREM                              | VIREMENTS WHERE TO SECURE  |   |  |  |
|  |  |   |  |  |
| Approved Permits                                   |  | (Secured during application of building permit) |  |  |
| <ul> <li>Building Permit (1 copy)</li> </ul>       |  |   |  |  |
| <ul> <li>Electrical Permit (1 copy)</li> </ul>     |  |   |  |  |
| <ul> <li>Plumbing Permit (1 copy)</li> </ul>       |  |   |  |  |
| <ul> <li>Mechanical Permit (1 copy)</li> </ul>     |  |   |  |  |
| <ul> <li>Electronics Permit (1 copy)</li> </ul>    |  |   |  |  |
| <ul> <li>Civil/Structural Permit (1 cop</li> </ul> | y)   |   |  |  |



| Certificate of Completion duly s<br>Engr./Arch. in-charge of Constr                 | •  | Prepared by Engr./Arch. in-charge of Construction |                      |  |
|---|--|---|----------------------|--|
| <ul> <li>As-built Plans duly signed and scharge of Construction (3 sets)</li> </ul> |  | Prepared by Engr./Arch. in-charge of Construction |                      |  |
| Fire Safety Inspection Certificat   | e  | Bureau o  | f Fire Protection    |  |
| Logbook duly accomplished   |  | Prepared  | by Engr./Arch. in-ch | narge of Construction  |
| <ul> <li>Pictures showing posting of Bui<br/>and date issued on site</li> </ul>     | lding Permit number  | Prepared  | by Engr./Arch. in-ch | narge of Construction  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO BE<br>PAID                                | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE  |
| A. Secure Occupancy Permit  | application Form wit   | h the List of rec                                 | uirements.           |  |
| 1.Sign in client log book   | Give the logbook to the client   | NONE  | 2 MINUTES            | Reynald Acerit<br>Contract of Service  |
|   |  |   |                      | Engr. Cathlene S. Balagat<br>Contract of Service   |
|   |  |   |                      | Engr. Jeremie M. Mendieta<br>Contract of Service   |
|   |  |   |                      | <b>Noel I. Acoba</b><br>Engineering Aide I   |
|   |  |   |                      | <b>Boysen Salvador</b><br>Engineering Aide I   |
| 2. Secure Occupancy Permit application Forms with the List of requirements          | Provide Application Forms for: Certificate of Completion Form (2 copies) and give client a short brief in accomplishing the requirements | NONE  | 10 MINUTES           | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Nomer Jay S. Macalinao Engineer I  Engr. Jet-Jesoar Bagain |
|   | to be submitted.'  |   |                      | Engineer I   |



| B. Complying Occupancy Permit   | Application  |      |           |  |
|---|--|------|-----------|--|
| 1. Sign in the Client Log Book and submit Duly accomplished application form, including building requirements with complete clearances for verification and proper evaluation   | Give the logbook to<br>the client and received<br>the plans and<br>Documentary<br>requirements for<br>verification   | NONE | 2 MINUTES | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I |
| 2. Wait while the submitted requirements is being verified/assessed by the Building Official/ Staff   | Verify/Assessed the Plans and specification submitted if it conforms to the Technical requirements of the National Building Code and other applicable laws and ordinances, | NONE | 2 HOURS   | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I                              |
| 3. If the application and supporting documents are found to be in order and has complied with all the requirements, secure amount of regulatory fees/order of payment, otherwise secure evaluation checklist stating the documents needed | If complete: Reviewed and provide order of payment  If Incomplete: provide evaluation checklist stating the documents needed   | NONE | 1 HOUR    | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I                              |



|   | for the completeness   |                           |            |   |
|---|--|---------------------------|------------|---|
| 4. Proceed to Treasurery Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) and return to OBO | of requirements  4. Issue Order of Payment As prescribed in the implementing rules and regulations of the National Building Code (P. D 1096) | Refer to Order of Payment | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate/DAWS Administrator  Or Christopher T. Gabriel Meter Reader I Or Miriam T. Obedoza Admin. Aide I                |
| 5. Return to the Office of the Building Officials with the Official Receipt (O.R) to be attached and recorded in the application form     | Record official receipt number in the application form and attached photocopy of O.R.  | NONE                      | 10 MINUTES | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I |
| 6. Approval of Building Permits including ancillary permits   | Review, approve and affixed signature.   | NONE                      | 1 MINUTE   | ELIZABETH A. PUDUCAY<br>Municipal Engineer  |
| C. Issuance of Occupancy Permit   | t.   |                           |            |   |
| 1. Sign in the Client Log Book  | Give the logbook to the client.  | NONE                      | 1 MINUTE   | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  |



|                                      |                                 |  |                           | Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I  |
|--------------------------------------|---------------------------------|--|---------------------------|---|
| Secure Occupancy Permit application. | Issue approved Occupancy Permit | NONE   | 5 MINUTES                 | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I |
|                                      | TOTAL                           | Issue Order of Payment As prescribed in the implementing rules and regulations of the National Building Code (P. D 1096) | 3 hours and 61<br>minutes | M 22  |

# > ISSUANCE OF FENCING PERMIT

This Permit shall be secured prior to construction of fence.

| Office or Division:   | Office of the Municipal Engineer                      |   |  |  |
|---|---|---|--|--|
| Classification:   | Simple  |   |  |  |
| Type of Transaction:  | G2C, G2B, G2G   |   |  |  |
| Who May Avail:  | All business and property owners of the Municipality. |   |  |  |
| CHECKLIST OF REQUIREME  | EMENTS WHERE TO SECURE                                |   |  |  |
| <ul><li>Fencing Permit Application Forms (5 copies)</li></ul> |   | Municipal Engineering Office                |  |  |
| Fencing Plan (5 sets)   |   | Prepared by concerned Licensed Professional |  |  |



| Bill of Materials and Cost I                             | Estimate (5 copies)                             | Prepared by concerned Licensed Professional |             |  |  |
|--|---|---|-------------|--|--|
| Specifications   |   | Prepared by concerned Licensed Professional |             |  |  |
| Lot plan signed and sealed                               | d   | Prepared by Geodetic Engineer               |             |  |  |
| <b>HOW TO AVAIL OF THE SER</b>                           |   |   | ·           |  |  |
| CLIENT STEPS   | AGENCY  | FEES TO                                     | PROCESSING  | PERSON   |  |
|  | ACTION  | BE PAID                                     | TIME        | RESPONSIBLE                                      |  |
| A. Secure Fencing Permi                                  | t application Form with                         | the List of red                             | quirements. |  |  |
| 1.Sign in client log book                                | Give the logbook to the client                  | NONE  | 2 MINUTES   | Reynald Acerit<br>Contract of Service            |  |
|  |   |   |             | Engr. Cathlene S. Balagat<br>Contract of Service |  |
|  |   |   |             | Engr. Jeremie M. Mendieta<br>Contract of Service |  |
|  |   |   |             | <b>Noel I. Acoba</b><br>Engineering Aide I       |  |
|  |   |   |             | Boysen Salvador<br>Engineering Aide I            |  |
| 2. Secure Fencing Permit application Forms with the List | Provide Application Forms for:                  | NONE  | 10 MINUTES  | Engr. Cathlene S. Balagat<br>Contract of Service |  |
| of requirements  | Fencing Permit<br>(Five (5) copies)             |   |             | Engr. Jeremie M. Mendieta<br>Contract of Service |  |
|  |   |   |             | Engr. Jet-Jesoar Bagain<br>Engineer I            |  |
|  |   |   |             | Engr. Nomer Jay S. Macalinao<br>Engineer l       |  |
| B. Complying Fencing Permi                               | t Application                                   |   |             |  |  |
| Sign in the Client Log Book and submit Duly accomplished | Give the logbook to the client and received the | NONE  | 2 MINUTES   | Reynald Acerit Contract of Service               |  |
| application form, including building requirements with   | plans and Documentary requirements for          |   |             | Engr. Cathlene S. Balagat<br>Contract of Service |  |
| complete clearances for                                  | verification                                    |   |             | Engr. Jeremie M. Mendieta<br>Contract of Service |  |



| verification and proper   |  |                                 |            | Neell Asses   |
|---|--|---------------------------------|------------|---|
| evaluation  |  |                                 |            | <b>Noel I. Acoba</b><br>Engineering Aide I  |
|   |  |                                 |            | <b>Boysen Salvador</b><br>Engineering Aide I  |
| 2. Wait while the submitted requirements is being verified/assessed by the Building Official/ Staff   | Verify/Assessed the Plans and specification submitted if it conforms to the Technical requirements of the National Building Code and other applicable laws and ordinances, | NONE                            | 2 HOURS    | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Jet-Jesoar Bagain, CE Engineer I  Engr. Nomer Jay S. Macalinao Engineer I |
| 3. If the application and supporting documents are found to be in order and has complied with all the requirements, secure amount of regulatory fees/order of payment, otherwise secure evaluation checklist stating the documents needed | If complete: Reviewed and provide order of payment  If Incomplete: provide evaluation checklist stating the documents needed for the completeness of requirements          | NONE                            | 1 HOUR     | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Nomer Jay S. Macalinao Engineer I  Jet-Jesoar Bagain, CE Engineer I |
| 4. Proceed to Treasurery Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) and return to OBO   | 4. Issue Order of Payment As prescribed in the implementing rules and regulations of the National Building Code (P. D 1096)  | Refer to<br>Order of<br>Payment | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate/DAWS Administrator Or Christopher T. Gabriel Meter Reader I Or Miriam T. Obedoza Admin. Aide I               |



|   |   |                           |                        | Treasury Office  |
|---|---|---------------------------|------------------------|--|
| 5. Return to the Office of the Building Officials with the Official Receipt (O.R) to be attached and recorded in the application form | Record official receipt<br>number in the<br>application form and<br>attached photocopy of<br>O.R. | NONE                      | 15 MINUTES             | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Jet-Jesoar Bagain, CE Engineer I  Engr. Nomer Jay S. Macalinao Engineer I                                |
| 6. Approval of Building Permits including ancillary permits   | Review, approve and affixed signature.  | NONE                      | 1 MINUTE               | ELIZABETH A. PUDUCAY<br>Municipal Engineer   |
| C. Issuance of Fencing Perm   | it  |                           |                        |  |
| 1. Sign in the Client Log Book  | Give the logbook to the client.   | NONE                      | 2 MINUTES              | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I |
| Secure Fencing Permit application.  | Issue approved Fencing Permit   | NONE                      | 5 MINUTES              | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I                              |
|   | TOTAL   | Issue Order of<br>Payment | 3 HOURS AND<br>7 MINS. |  |



| As             |  |
|----------------|--|
| prescribed in  |  |
| the            |  |
| implementing   |  |
| rules and      |  |
| regulations of |  |
| the National   |  |
| Building Code  |  |
| (P. D 1096)    |  |

# > ISSUANCE OF DEMOLITION PERMIT

This Permit second prior to dismantling/removal of the structure.

| This Permit second prior to dismantling/removal of the structure.                                   |                                   |   |                     |                   |  |
|---|-----------------------------------|---|---------------------|-------------------|--|
| HOW TO AVAIL OF THE SE  | RVICE:                            |   |                     |                   |  |
| Office or Division:   | Office of the                     | ne Municipal Engir                          | neer                |                   |  |
| Classification:   | Simple                            | Simple                                      |                     |                   |  |
| Type of Transaction:  | G2C, G2B                          | , G2G                                       |                     |                   |  |
| Who May Avail:  | All, Firm, F                      | Partnership, or Co                          | rporation, Agency o | or any government |  |
|   | instrument                        | •   |                     | , 0               |  |
| CHECKLIST OF RE   | QUIREMENTS                        |   | WHERE TO SEC        | CURE              |  |
| Demolition Permit Forms   | s (5 copies)                      | Municipal                                   | Engineering Office  | Э                 |  |
| <ul> <li>Sketch plan/Lot plan sho<br/>demolished (5 copies)</li> </ul>                              | wing the area to be               | Prepared by concerned Licensed Professional |                     |                   |  |
| Certified true copy of Ori<br>(OCT)/ Transfer Certifica<br>applicant is the owner of<br>demolished. | ate of title showing that the     |   |                     |                   |  |
| Tax Declaration, and  | Municipal Assessor's Office       |   |                     |                   |  |
| Current Real Property Tag   | Current Real Property Tax Receipt |   |                     |                   |  |
| Site verification if all prov   | visions are complied.             |   | Engineering Office  | 9                 |  |
| CLIENT STEPS  | AGENCY ACTION                     |   |                     |                   |  |



| A. Secure Fencing Perr   | mit application Form with   | the List of requ | uirements. |  |
|--|---|------------------|------------|--|
| 1.Sign in client log book  | Give the logbook to the client  | NONE             | 1 MINUTE   | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I |
| Secure Demolition Permit application Forms with the List of requirements   | Provide Application<br>Forms for:<br>Demolition Permit<br>(Five (5) copies)                         | NONE             | 2 MINUTES  | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalina Engineer I                               |
| B. Complying Demo  | ition Permit Application  |                  | <u> </u>   |  |
| 1. Sign in the Client Log Book and submit duly accomplished application form, including fencing plans for verification and proper evaluation | Give the logbook to the client and received the plans and Documentary requirements for verification | NONE             | 1 MINUTE   | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I |



| 2. Wait while the submitted requirements is being verified/assessed by the Building Official/ Staff   | Verify/Assessed the Plans and specification submitted if it conforms to the Technical requirements of the National Building Code and other applicable laws and ordinances, | NONE                         | 2 HOURS    | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalina Engineer I   |
|---|--|------------------------------|------------|--|
| 3. If the application and supporting documents are found to be in order and has complied with all the requirements, secure amount of regulatory fees/order of payment, otherwise secure evaluation checklist stating the documents needed | If complete: Reviewed and provide order of payment  If Incomplete: provide evaluation checklist stating the documents needed for the completeness of requirements          | NONE                         | 1 HOUR     | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalina Engineer I   |
| 4. Proceed to Treasurery Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) and return to OBO   | 4. Issue Order of<br>Payment<br>As prescribed in the<br>implementing rules and<br>regulations of the<br>National Building Code<br>(P. D 1096)                              | Refer to Order<br>of Payment | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate/DAWS Administrator Or Christopher T. Gabriel Meter Reader I Or Miriam T. Obedoza Admin. Aide I  Treasury Office |
| 5. Return to the Office of the Building Officials with the Official Receipt (O.R) to be   | Record official receipt<br>number in the application<br>form and attached<br>photocopy of O.R.   | NONE                         | 10 MINUTES | Engr. Cathlene S. Balagat Contract of Service Engr. Jeremie M. Mendieta Contract of Service Engr. Jet-Jesoar Bagain  |



| attached and recorded in the                                |  |  |                         | Engineer I                                       |
|---|--|--|-------------------------|--|
| application form  |  |  |                         | Engr. Nomer Jay S. Macalina<br>Engineer I        |
| 6. Approval of Building Permits including ancillary permits | Review, approve and affixed signature. | NONE   | 1 MINUTE                | ELIZABETH A. PUDUCAY<br>Municipal Engineer       |
| C. Issuance of Demolition                                   | Permit                                 |  |                         |  |
| 1. Sign in the Client Log Book                              | Give the logbook to the client.        | NONE   | 1 MINUTE                | Reynald Acerit<br>Contract of Service            |
|   |  |  |                         | Engr. Cathlene S. Balagat<br>Contract of Service |
|   |  |  |                         | Engr. Jeremie M. Mendieta<br>Contract of Service |
|   |  |  |                         | <b>Noel I. Acoba</b><br>Engineering Aide I       |
|   |  |  |                         | <b>Boysen Salvador</b><br>Engineering Aide I     |
| 2. Secure Demolition Permit application.                    | Issue approved Demolition Permit       | NONE   | 5 MINUTES               | Engr. Cathlene S. Balagat<br>Contract of Service |
|   |  |  |                         | Engr. Jeremie M. Mendieta<br>Contract of Service |
|   |  |  |                         | Engr. Jet-Jesoar Bagain<br>Engineer I            |
|   |  |  |                         | Engr. Nomer Jay S. Macalina<br>Engineer I        |
|   | TOTAL                                  | Issue Order of Payment As prescribed in the implementing rules and regulations of the National Building Code (P. D 1096) | 3 HOURS AND<br>47 MINS. |  |



# > ISSUANCE OF CERTIFICATE OF ANNUAL INSPECTION

All buildings except residential buildings are subject to annual inspection after 1 year of occupancy to determine their architectural presentation, structural stability, electrical safety, mechanical safety, sanitary requirements and compliance to BP 344/RA 7277. The issuance of Annual Safety Inspection is required before a building is granted occupancy for renewal of business permit.

| HOW TO AVAIL OF THE SERVICE:        |                                |                 |                       |  |
|-------------------------------------|--------------------------------|-----------------|-----------------------|--|
| Office or Division:                 | Office of the                  | Municipal Engin | eer                   |  |
| Classification:                     | Simple                         |                 |                       |  |
| Type of Transaction:                | G2C, G2B, C                    | G2C, G2B, G2G   |                       |  |
| Who May Avail:                      | All establishr                 | nents (commerc  | ial, industrial, inst | tutional and                                     |
|                                     | educational)                   | educational)    |                       |  |
| CHECKLIST OF REQUIR                 | EMENTS                         |                 | WHERE TO SE           | CURE   |
| Granted previously occupancy period | mit                            |                 | I Engineering Office  | )  |
| Existence of business               |                                | Treasury        |                       |  |
| > Business Permit                   |                                | Treasury        |                       |  |
| Sketch of Location                  | A O THINK                      |                 | by concern profess    |  |
| CLIENT STEPS                        | AGENCY                         | FEES TO         | PROCESSING            | PERSON   |
|                                     | ACTION                         | BE PAID         | TIME                  | RESPONSIBLE                                      |
| A. Secure Fencing Permit applic     |                                |                 |                       | Down ald Accept                                  |
| 1.Sign in client log book           | Give the logbook to the client | NONE            | 1 MINUTE              | Reynald Acerit Contract of Service               |
|                                     |                                |                 |                       | Engr. Cathlene S. Balagat<br>Contract of Service |
|                                     |                                |                 |                       | Engr. Jeremie M. Mendieta<br>Contract of Service |
|                                     |                                |                 |                       | <b>Noel I. Acoba</b><br>Engineering Aide I       |
|                                     |                                |                 |                       |  |
|                                     |                                |                 |                       | Boysen Salvador<br>Engineering Aide I            |



| Secure Certificate of Annual Inspection List of requirements  | Provide Checklist  | NONE     | 2 MINUTES | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I                              |
|---|--|----------|-----------|--|
| B. Complying Certificate of A   | nnual Inspection App   | lication |           |  |
| Sign in the Client Log Book and submit duly accomplished application form, including fencing plans for verification and proper evaluation | Give the logbook to<br>the client and<br>received the plans<br>and Documentary<br>requirements for<br>verification | NONE     | 1 MINUTE  | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I |
| 2. Wait while the submitted requirements is being verified/assessed by the Building Official/ Staff                                       | Verify/Assessed the<br>Plans and<br>specification<br>submitted<br>requirements                                     | NONE     | 2 HOURS   | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I                              |



| 3. If the application and supporting documents are found to be in order and has complied with all the requirements, secure amount of regulatory fees/order of payment, otherwise secure evaluation checklist stating the documents needed | If complete: Reviewed and provide order of payment  If Incomplete: provide evaluation checklist stating the documents needed for the completeness of requirements | NONE  | 1 HOUR                 | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I  |
|---|---|---|------------------------|--|
| 4. Proceed to Treasurers Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) and return to OBO   | 4. Issue Order of<br>Payment<br>As prescribed in the<br>implementing rules<br>and regulations of the<br>National Building<br>Code (P. D 1096)                     | Refer to<br>Order of<br>Payment   | 30 MINUTES             | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate/DAWS Administrator Of Christopher T. Gabriel Meter Reader I Of Miriam T. Obedoza Admin. Aide I  Treasury Office |
| 5. Return to the Office of the Building Officials with the Official Receipt (O.R) to be attached and recorded in the application form   | Record official receipt<br>number in the<br>application form and<br>attached photocopy<br>of O.R.   | NONE  | 10 MINUTES             | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I  |
|   | TOTAL   | Issue Order of<br>Payment As<br>prescribed in the<br>implementing rules<br>and regulations of<br>the National<br>Building Code (P. D<br>1096) | 3 HOURS AND<br>44 MINS |  |



# > ISSUANCE OF A TEMPORARY ELECTRICAL PERMIT AND PERMIT FOR TEMPORARY SERVICE CONNECTION

Installation/Reconnection of temporary lighting facilities such as perimeter and construction lighting, residential structures (such as shanties, and traditional family dwellings) and other temporary structures are subject to the issuance of corresponding electrical permit in order for ISELCO to provide electrical connection.

| Office or Division:   | Office of the    | Office of the Municipal Engineer            |                     |  |  |
|---|------------------|---|---------------------|--|--|
| Classification:   | Simple           |   |                     |  |  |
| Type of Transaction:  | G2C, G2B, C      | G2G   |                     |  |  |
| Who May Avail:  | All residentia   | I, commercial, in                           | stitutional and ind | lustrial buildings                               |  |
| CHECKLIST OF REQUIREMENT  | NTS              |   | WHERE TO SE         | CURE   |  |
| Authority from land owner if the structure is   | on a private lot |   | by concerned person |  |  |
| Photocopy of Transfer Certificate of Title  |                  | Prepared                                    | by concerned person | on   |  |
| Certification from the barangay captain that<br>on a public property and not located on a d                                       |                  | Barangay                                    | Hall                |  |  |
| Sketch of Location.   |                  | Prepared by concerned professional          |                     |  |  |
| <ul> <li>A duly accomplished electrical permit application duly signed<br/>by a Master Electrician/Electrical Engineer</li> </ul> |                  | Prepared by concerned licensed professional |                     |  |  |
| Photocopy of Approved building permit for<br>involving perimeter and construction lightin   |                  | Prepared by concerned person                |                     |  |  |
| HOW TO AVAIL OF THE SERVICE:  |                  |   |                     |  |  |
| CLIENT STEPS  | AGENCY<br>ACTION | FEES TO<br>BE PAID                          | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE                            |  |
| A. Secure Fencing Permit application Form with the List of requirements.  |                  |   |                     |  |  |
| 1.Sign in client log book Give the logbook the client   |                  | NONE  | 1 MINUTE            | Reynald Acerit Contract of Service               |  |
|   |                  |   |                     | Engr. Cathlene S. Balagat<br>Contract of Service |  |
|   | 200              |   |                     | Engr. Jeremie M. Mendieta                        |  |



| 2. Secure Temporary Electrical Permit and Permit for Temporary Service Connection application Forms with the List of requirements  | Provide Application Forms for: Temporary Electrical Permit and Permit for Temporary Service Connection (two (2) copies)  | NONE                  | 2 MINUTES | Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I |
|--|--|-----------------------|-----------|--|
| B. Complying Temporary Electrical.  1. Sign in the Client Log Book and submit duly accomplished application form, including fencing plans for verification and proper evaluation | al Permit and Permit Give the logbook to the client and received the plans and Documentary requirements for verification | for Temporary<br>NONE | 1 MINUTE  | Reynald Acerit Contract of Service  Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Noel I. Acoba Engineering Aide I  Boysen Salvador Engineering Aide I   |



| Wait while the submitted requirements is being verified/assessed by the Building Official/ Staff  | Verify/Assessed the<br>Documentary<br>requirements  | NONE                      | 2 HOURS    | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I |
|---|---|---------------------------|------------|---|
| 3. If the application and supporting documents are found to be in order and has complied with all the requirements, secure amount of regulatory fees/order of payment, otherwise secure evaluation checklist stating the documents needed | If complete: Reviewed and provide order of payment  If Incomplete: provide evaluation checklist stating the documents needed for the completeness of requirements | NONE                      | 1 HOUR     | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  Engr. Nomer Jay S. Macalinao Engineer I |
| 4. Proceed to Treasurers Office, present the order of payment, pay prescribed fee/s and receive official receipt (O.R.) and return to OBO   | 4. Issue Order of<br>Payment<br>As prescribed in the<br>implementing rules<br>and regulations of the<br>National Building<br>Code (P. D 1096)                     | Refer to Order of Payment | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate/DAWS Administrator Of Christopher T. Gabriel Meter Reader I Or Miriam T. Obedoza Admin. Aide I Treasury Office |
| 5. Return to the Office of the Building Officials with the Official Receipt (O.R) to be attached and recorded in the application form   | Record official receipt<br>number in the<br>application form and<br>attached photocopy of<br>O.R.   | NONE                      | 10 MINUTES | Engr. Cathlene S. Balagat Contract of Service  Engr. Jeremie M. Mendieta Contract of Service  Engr. Jet-Jesoar Bagain Engineer I  |



|  |  |  |                      | Engr. Nomer Jay S. Macalinao<br>Engineer I                                       |
|--|--|--|----------------------|--|
| 6. Approval of Building Permits including ancillary permits                        | Review, approve and affixed signature.     | NONE   | 1 MINUTE             | ELIZABETH A. PUDUCAY<br>Municipal Engineer                                       |
| C. Issuance of Temporary Electrical Pe   | rmit and Permit for Te                     | emporary Servi   | ce Connection        |  |
| 1. Sign in the Client Log Book   | Give the logbook to the client.            | NONE   | 1 MINUTE             | Reynald Acerit Contract of Service Engr. Cathlene S. Balagat Contract of Service |
|  |  |  |                      | Engr. Jeremie M. Mendieta Contract of Service                                    |
|  |  |  |                      | <b>Noel I. Acoba</b><br>Engineering Aide I                                       |
|  |  |  |                      | Boysen Salvador<br>Engineering Aide I  |
| Secure Temporary Electrical Permit and     Permit for Temporary Service Connection | Issue approved Temporary Electrical        | NONE   | 5 MINUTES            | Engr. Cathlene S. Balagat<br>Contract of Service                                 |
| application.   | Permit and Permit for<br>Temporary Service |  |                      | Engr. Jeremie M. Mendieta<br>Contract of Service                                 |
|  | Connection                                 |  |                      | Engr. Jet-Jesoar Bagain<br>Engineer I  |
|  |  |  |                      | Engr. Nomer Jay S. Macalinao<br>Engineer I                                       |
|  | TOTAL                                      | Issue Order of Payment As prescribed in the implementing rules and regulations of the National Building Code (P. D 1096) | 3 hours and 51 mins. |  |



# OFFICE OF THE MUNICIPAL TREASURER

The office takes custody and exercises management of the Municipal Government funds and all others that may be entrusted by law or competent authority. It also maintains and updates the tax information system of the LGU.



## > COLLECTION OF REAL PROPERTY TAXES

Owner of land, machineries and buildings have to pay real property taxes annually. Taxes are base from the property's taxable value. Taxable value is based on the Municipal Assessor's Schedule of Assessed Value. Taxpayers may choose to pay on an Annual or Quarterly basis. Discounts are given to those who pay in prompt and/or advance payment.

| OFFICE / DIVISION:                           | Office of the I                             | Municipa | al Treasurer       |                    |   |
|--|---|----------|--------------------|--------------------|---|
| CLASSIFICATION:                              | Simple                                      |          |                    |                    |   |
| TYPE OF TRANSACTION:                         | G2C- Govern                                 | ment to  | Citizen, G2G-Gov   | vernment to Gove   | ernment, Government to  |
|  | Business Entity                             |          |                    |                    |   |
| WHO MAY AVAIL:                               | Real Property Tax Owners                    |          |                    |                    |   |
| CHECKLIST OF REQUIR                          |   |          |                    |                    |   |
| Notice of assessment or Tax I (one (1) copy) | eclaration Office of the Municipal Assessor |          |                    |                    |   |
| Previous Tax Receipt (0ne (1)                | 1) copy) Office of the Municipal Treasurer  |          |                    |                    |   |
| CLIENT STEPS                                 | AGEN<br>ACTIO                               |          | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1. Sign in Client Log Book                   | Give the lo                                 | gbook    | NONE               | 5 MINUTES          | Wendell Carl G. Agriam Licensing Officer II  Julius P. Barut LTOO I  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu RCC I |



|    |   |   |  |            | Christopher T. Gabriel  Meter Reader I  And Treasury Office Staff (JO/COS)   |
|----|---|---|--|------------|--|
| 2. | Go to Revenue Collection<br>Clerks for verification and<br>computation of Real<br>property tax due  | Verify the requirements for last payment and issue statement of account/ computation of taxes | NONE   | 45 MINUTES | Wendell Carl G. Agriam Licensing Officer II  Julius P. Barut LTOO I  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu RCC I  Christopher T. Gabriel Meter Reader I  And Treasury Office Staff (JO/COS) |
| 3. | Pay the amount indicated in<br>the bill/computation & get<br>official receipt<br>Note: For check payment<br>only Manager's check is<br>accepted | Accept the payment and issue Official Receipt   | Fees and charges may vary depending on the assessment and record of last payment.  a. Basic Real Property Tax= Assessed Value x 1% | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II  Julius P. Barut LTOO I  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu RCC I  |



|     | <b>b.</b> Additional        | Christopher T. Gabriel             |
|-----|-----------------------------|------------------------------------|
|     | Tax (Special                | Meter Reader I                     |
|     | Education                   | And Traceury Office Stoff          |
|     | Fund) =                     | And Treasury Office Staff (JO/COS) |
|     | Assessed                    | (0.0.000)                          |
|     | Value x 1%                  |                                    |
|     | c. Payment of               |                                    |
|     | Real Property               |                                    |
|     | Taxes in                    |                                    |
|     | Installments                |                                    |
|     | 1 <sup>st</sup> Installment |                                    |
|     | – on or before              |                                    |
|     | March 31                    |                                    |
|     | 2 <sup>nd</sup> Installment |                                    |
|     | – on or before              |                                    |
|     | June 30                     |                                    |
|     | 3 <sup>rd</sup> Installment |                                    |
|     | - on or before              |                                    |
|     | September 30                |                                    |
|     | 4 <sup>th</sup> Installment |                                    |
|     | - on or before              |                                    |
|     | December 31                 |                                    |
|     | Discount:                   |                                    |
|     | prompt                      |                                    |
|     | payment - 10%               |                                    |
|     | advance                     |                                    |
|     | payment (in full)           |                                    |
|     | - 15%                       |                                    |
|     | Interest:                   |                                    |
| I L |                             |                                    |



| TOTAL |  | 1 HOUR and<br>20 MINUTES |  |
|-------|--|--------------------------|--|
|       | unpaid Real Property Tax- 2% per month but not to exceed 72% |                          |  |

### > ISSUANCE OF COMMUNITY TAX CERTIFCATE

Community tax certificate is required when an individual or corporation acknowledges any document before a notary public, takes an oath of office upon election or appointment to any position in the government service, receives any license, certificate or permit from a public authority, pays any tax or fee, receives money from any public fund, transacts other official business. Community Tax Certificate can be availed at the Municipal Treasury Office.

| OFFICE / DIVISION:             | Office of the                     | Municipal Treasu  | rer          |                              |  |  |  |  |
|--------------------------------|-----------------------------------|-------------------|--------------|------------------------------|--|--|--|--|
| CLASSIFICATION:                | Simple                            |                   |              |                              |  |  |  |  |
| TYPE OF TRANSACTION:           | G2C-Government to Citizen         |                   |              |                              |  |  |  |  |
| WHO MAY AVAIL:                 | All citizens a                    | nd must be 18 yrs | s. and above |                              |  |  |  |  |
| CHECKLIST OF REQUIREMENTS      | WHERE TO SECURE                   |                   |              |                              |  |  |  |  |
| Previous CTC if available)     | Office of the Municipal Treasurer |                   |              |                              |  |  |  |  |
| Any Government issued ID       | Concerned government agency.      |                   |              |                              |  |  |  |  |
| CLIENT STEPS                   | AGENCY                            | FEES TO BE        | PROCESSING   | PERSON                       |  |  |  |  |
|                                | ACTION                            | PAID              | TIME         | ACTION PAID TIME RESPONSIBLE |  |  |  |  |
| Proceed to counter and fill up | Give the                          | NONE              |              |                              |  |  |  |  |



| Errol M. Briones                  |
|-----------------------------------|
| License Inspector I               |
|                                   |
| lievy Ann C. Pagaddu              |
| RCC I                             |
|                                   |
| Christopher T. Gabriel            |
| Meter Reader I                    |
|                                   |
| And Treasury Office Staff         |
| (JO/COS)<br>endell Carl G. Agriam |
| Licensing Officer II              |
| Licensing Officer if              |
| Julius P. Barut                   |
| LTOO I                            |
| L1001                             |
| Errol M. Briones                  |
| License Inspector I               |
| Electise mapeetor i               |
| ievy Ann C. Pagaddu               |
| RCC I                             |
| 11001                             |
| Christopher T. Gabriel            |
| Meter Reader I                    |
| Woter Redder I                    |
| And Treasury Office Staff         |
| (JO/COS)                          |
|                                   |
|                                   |
|                                   |
|                                   |
|                                   |
|                                   |
| A G                               |



|       | Tax: P2.00 for every P5,000.00 gross income -Penalty of 2%/month shall be imposed on individuals or corporations securing their Community Tax Certificate from March 1 up to the end of the year. |            |  |
|-------|---|------------|--|
| TOTAL |   | 20 MINUTES |  |

# > ISSUANCE OF PROFESSIONAL TAX RECEIPT (Provincial Imposition)

The Revenue Code provides for the imposition of an annual professional tax on each person in the exercise of practice of his/her profession requiring government examinations or not. Professionals employed in the government sector are exempt from the payment of the tax. The professional tax shall be paid before any profession can be exercised.

| OFFICE / DIVISION:              | Office of the Municipal Treasurer          |
|---------------------------------|--|
| CLASSIFICATION:                 | Simple                                     |
| TYPE OF TRANSACTION:            | G2C-Government to Citizen                  |
| WHO MAY AVAIL:                  | All citizens practicing their professions. |
| CHECKLIST OF REQUIREMENT        | TS WHERE TO SECURE                         |
| PRC ID or license of profession | PRC  |



| CLIENT STERS   | ACENCY   | FEEC TO BE   | DDOCECCING         | DEDCON  |
|--|--|--|--------------------|---|
| CLIENT STEPS   | AGENCY   | FEES TO BE   | PROCESSING         | PERSON  |
| 1. Proceed to counter                                      | Verifies IDENTIFICATION (ID) Card/License and other documents. | NONE   | TIME<br>10 MINUTES | RESPONSIBLE Wendell Carl G. Agriam Licensing Officer II  Julius P. Barut LTOO I  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu RCC I  Christopher T. Gabriel Meter Reader I  And Treasury Office Staff |
| Pay the required fee and get Community Tax     Certificate | Accept the payment and issue the official Receipts             | Professional<br>license fee<br>P300.00<br>Governor's<br>Fee<br>-P50.00 | 10 MINUTES         | (Jo/cos)  Wendell Carl G. Agriam Licensing Officer II  Julius P. Barut LTOO I  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu RCC I  Christopher T. Gabriel Meter Reader I                              |



|       |            | And Treasury Office Staff<br>(JO/COS) |
|-------|------------|---------------------------------------|
| TOTAL | 20 MINUTES |                                       |

# > APPLICATION OF BUSINESS PERMIT FOR SHARED PASSIVE TELECOMMUNICATION TOWER INFRASTRUCTURE (PTTI)

| OFFICE / DIVISION:                                | Office of the Municipal Treasurer/Business Permit and Licensing Division |                |   |                    |   |  |
|---|--|----------------|---|--------------------|---|--|
| CLASSIFICATION:                                   | Simple   |                |   |                    |   |  |
| TYPE OF TRANSACTION:                              | G2C-G  | overnmer       | nt to Citizen                                       |                    |   |  |
| WHO MAY AVAIL:                                    | All busi   | ness enti      | ty/group  |                    |   |  |
| CHECKLIST OF REQUIREME                            | NTS  |                | \   | WHERE TO SECU      | RE  |  |
| Barangay Clearance                                |  | Baranga        | ay  |                    |   |  |
| <b>Building Permit and Other Clearan</b>          | ces  | Office of      | of the Municipal                                    | Engineer           |   |  |
| CLIENT STEPS                                      |  | GENCY<br>CTION | FEES TO<br>BE PAID                                  | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |  |
| Accomplish application form of new business.      | Give   | es<br>lication | NO FEES<br>TO BE PAID<br>IN STEP 1<br>AND<br>STEP 2 | 20 MINUTES         | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I And Treasury Office Staff (JO/COS) |  |
| 2. One-time assessment of Taxes, Fees and Charges | Assessment and encoding of application                                   |                | FOR STEP 3 Mayor's Permit                           | 30 MINUTES         | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones  |  |



| 3. One-Time payment of fees and charges. Get receipt and claim of Mapermit and other regular clearances. | official official receipt, | 500.00-6,000.00  Plate and Sticker 250.00  Supervisory Fee 60.00-500.00  Inspection Fee 50.00-3,000.00  Sanitary Fee 100.00-1,400.00  Note: The assessment and range of fees are base on the nature of business, type and size of the business entity. | 30 MINUTES | License Inspector I And Treasury Office Staff (JO/COS)  Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu Revenue Collection Clerk I And Treasury Office Staff (JO/COS) |
|--|----------------------------|--|------------|--|
|--|----------------------------|--|------------|--|



| Business      |
|---------------|
| Tax shall be  |
| base from     |
| the BPLS.     |
| For           |
| Installment:  |
| -First        |
| Installment   |
| on or before  |
| January 20    |
| -Second       |
| Installment   |
| on or before  |
| April 20      |
| -Third        |
| Installment   |
| on or before  |
| July 20       |
| -Fourth       |
| Installment   |
| on or before  |
| October 20    |
| NOTE:         |
| Failure to    |
| pay within    |
| the time      |
| required      |
| shall subject |
| the taxpayer  |
| to a          |
| surcharge of  |



|       | twenty-five (25%) of the original amount plus one percent (1%) per month of the unpaid taxes including surcharge until fully paid. |                     |  |
|-------|--|---------------------|--|
| TOTAL |  | 1 HOUR & 20 minutes |  |

#### > PROCESSING AND ISSUANCE OF BUSINESS PERMITS (for Renewal of business)

The business permit is a requirement for all enterprises operating within the territorial jurisdiction of the Municipality. It is a document that affirms the legitimacy of the business as well as a proof that it has complied with mandatory requirements and has settled regulatory fees and taxes due to the local government. The office is equipped with electronic business permit licensing system (eBPLS) and assuming all the requirements are completed and processed.

| OFFICE / DIVISION:        | Office of the Municipal Treasurer/Business Permit and Licensing Division |  |  |  |
|---------------------------|--|--|--|--|
| CLASSIFICATION:           | Simple   |  |  |  |
| TYPE OF TRANSACTION:      | G2C-Government to Citizen  |  |  |  |
| WHO MAY AVAIL:            | All business entity/group with establishment                             |  |  |  |
| CHECKLIST OF REQUIREMEN   | TS WHERE TO SECURE   |  |  |  |
| Barangay Clearance        | Barangay   |  |  |  |
| Community Tax certificate | Barangay / BPLO  |  |  |  |



| Tax Identification Number and Income Tax    | BIR                                       |
|---|---|
| Return                                      |   |
| DTI Registration (single proprietor) or SEC | DTI / Negosyo Center / SEC / CDA / DOLE   |
| Registration for Corporation)               |   |
| Sanitary Permit Certificate                 | Rural Health Unit                         |
| BFP Clearance                               | Bureau of Fire                            |
| Locational Clearance/Zoning                 | Municipal Planning and Development Office |
| Building Permit                             | Office of the Municipal Engineer          |

| Building Permit                       | Office of the Municipal Engineer |             |            |  |  |  |
|---------------------------------------|----------------------------------|-------------|------------|--|--|--|
| CLIENT STEPS                          | AGENCY                           | FEES TO BE  | PROCESSING | PERSON   |  |  |
|                                       | ACTION                           | PAID        | TIME       | RESPONSIBLE                                    |  |  |
| 1. Accomplish application of renewal  | Gives                            | NO FEES TO  | 20 MINUTES | Wendell Carl G. Agriam                         |  |  |
| of business.                          | application                      | BE PAID IN  |            | Licensing Officer                              |  |  |
|                                       | form.                            | STEP 1 AND  |            | II/BPLO Designate                              |  |  |
|                                       |                                  | STEP 2      |            | F 1 M. D                                       |  |  |
|                                       |                                  |             |            | Errol M. Briones                               |  |  |
|                                       |                                  |             |            | License Inspector I And Treasury Office Staff  |  |  |
|                                       |                                  |             |            | (JO/COS  |  |  |
| 2. One-time assessment of Taxes,      | Assessment                       | FOR STEP 3  | 30 MINUTES | Wendell Carl G. Agriam                         |  |  |
| Fees and Charges                      | and encoding                     |             |            | Licensing Officer                              |  |  |
| , see and enanger                     | of application                   | Mayor's     |            | II/BPLO Designate                              |  |  |
|                                       | to the eBPLS                     | Permit      |            | Fund M. Dulamas                                |  |  |
|                                       | System.                          | 500.00-     |            | Errol M. Briones                               |  |  |
|                                       |                                  | 6,000.00    |            | License Inspector I  And Treasury Office Staff |  |  |
|                                       |                                  | ,           |            | (JO/COS)                                       |  |  |
| 3. One-Time payment of Taxes, fees    | Issues official                  | Plate and   | 25 MINUTES | Wendell Carl G.                                |  |  |
| and charges. Get official receipt and | receipt,                         | Sticker     |            | Agriam   |  |  |
| claim of Mayor's permit and other     | business                         | 250.00      |            | Licensing Officer                              |  |  |
|                                       | plate, permits                   |             |            | II/BPLO Designate                              |  |  |
| regulatory clearances.                | and licenses.                    | Supervisory |            | Funal M. Duianas                               |  |  |
|                                       |                                  | Fee 60.00-  |            | Errol M. Briones                               |  |  |
|                                       |                                  | 500.00      |            | License inspector i                            |  |  |
|                                       |                                  |             |            | License Inspector I                            |  |  |



| Weights and      | JIEVY ANN C. PAGADDU      |
|------------------|---------------------------|
| Measures         | Revenue Collection        |
| 60.00 –          | Clerk I                   |
| 2,000.00         |                           |
| 2,000.00         | And Treasury Office Staff |
| Inspection       | (Jo/cos)                  |
| Fee 50.00-       |                           |
| 3,000.00         |                           |
| 3,000.00         |                           |
| Sanitary Fee     |                           |
| 100.00-          |                           |
| 1,400.00         |                           |
| 1,400.00         |                           |
| Garbage Fee      |                           |
| 150.00-          |                           |
| 2,500.00         |                           |
| 2,000.00         |                           |
| Occupational     |                           |
| Permit Fee       |                           |
| 150.00-500.00    |                           |
| (Depending on    |                           |
| Nature of        |                           |
| Business and     |                           |
| Number of        |                           |
| Employees)       |                           |
| Linploy003)      |                           |
| Note: The        |                           |
| assessment       |                           |
| and range of     |                           |
| fees are base    |                           |
| on the nature    |                           |
| טוו נווס וומנעוס |                           |



|       |                 |             | T |
|-------|-----------------|-------------|---|
|       | of business,    |             |   |
|       | type and size   |             |   |
|       | of the          |             |   |
|       | business        |             |   |
|       | entity.         |             |   |
|       |                 |             |   |
|       | Business Tax    |             |   |
|       | shall be base   |             |   |
|       | from the        |             |   |
|       |                 |             |   |
|       | assessment      |             |   |
|       | of BPLS.        |             |   |
|       |                 |             |   |
|       | NOTE: Failure   |             |   |
|       | to pay within   |             |   |
|       | the time        |             |   |
|       | required shall  |             |   |
|       | subject the     |             |   |
|       | taxpayer to a   |             |   |
|       | surcharge of    |             |   |
|       | twenty-five     |             |   |
|       | (25%) of the    |             |   |
|       | original amount |             |   |
|       | plus one        |             |   |
|       | percent (1%)    |             |   |
|       | per month of    |             |   |
|       | the unpaid      |             |   |
|       | taxes including |             |   |
|       | surcharge until |             |   |
|       | fully paid.     |             |   |
| TOTAL |                 | 1 HOUR & 15 |   |
|       |                 | MINUTES     |   |



#### > PROCESSING AND ISSUANCE OF BUSINESS PERMITS (for new business)

The business permit is a requirement for all enterprises operating within the territorial jurisdiction of the Municipality. It is a document that affirms the legitimacy of the business as well as a proof that it has complied with mandatory requirements and has settled regulatory fees and taxes due to the local government. The office is equipped with electronic business permit licensing system (eBPLS) and assuming all the requirements are completed and processed.

| a | and processed.                               |                    |  |  |                 |   |  |  |
|---|--|--------------------|--|--|-----------------|---|--|--|
|   | OFFICE / DIVISION:                           | Office of          | Office of the Municipal Treasurer/Business Permit and Licensing Division |  |                 |   |  |  |
|   | CLASSIFICATION:                              | Simple             | Simple   |  |                 |   |  |  |
|   | TYPE OF TRANSACTION:                         | G2C-Go             | G2C-Government to Citizen  |  |                 |   |  |  |
|   | WHO MAY AVAIL:                               | All busin          | ness entity  | //group with estab                     | olishment       |   |  |  |
|   | CHECKLIST OF REQUIREM                        | ENTS               |  | WHERE TO SECURE                        |                 |   |  |  |
|   | Barangay Clearance                           |                    | Baranga  | ıy                                     |                 |   |  |  |
|   | Community Tax certificate                    |                    | Baranga  | ıy / BPLO                              |                 |   |  |  |
|   | Tax Identification Number                    |                    | BIR  |  |                 |   |  |  |
|   | DTI Registration (single propriet            | or) or             | DTI / Ne   | gosyo Center / S                       | EC / CDA / DOLE |   |  |  |
|   | SEC Registration for Corporation             | n)                 |  |  |                 |   |  |  |
|   | Sanitary Permit Certificate                  |                    | Rural Health Unit  |  |                 |   |  |  |
|   | BFP Clearance                                |                    | Bureau of Fire   |  |                 |   |  |  |
|   | Locational Clearance/Zoning                  |                    | Municipal Planning and Development Office                                |  |                 |   |  |  |
|   | Building Permit                              |                    | Office of the Municipal Engineer   |  |                 |   |  |  |
|   | CLIENT STEPS                                 | AGE                | NCY  | FEES TO BE                             | PROCESSING      | PERSON  |  |  |
|   |  | ACT                | ION  | PAID                                   | TIME            | RESPONSIBLE   |  |  |
|   | Accomplish application form of new business. | Gives<br>applicati | ion form.  | NO FEES TO<br>BE PAID IN<br>STEP 1 AND | 20 MINUTES      | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate              |  |  |
|   |  |                    |  | STEP 2                                 |                 | Errol M. Briones License Inspector I And Treasury Office Staff (JO/COS) |  |  |



| 2. One-time assessment of Taxes, Fees and Charges  | Assessment<br>and encoding of<br>application to<br>the EBPL<br>System. | FOR STEP 3  Mayor's Permit 500.00- 6,000.00  Plate and  | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  And Treasury Office Staff (JO/COS   |
|--|--|---|------------|---|
| 3.One-Time payment of Taxes, fees and charges. Get official receipt and claim of Mayor's permit and other regulatory clearances. | Issues official receipt, business plate, permits and licenses.         | Sticker 250.00  Supervisory Fee 60.00-500.00  Weights and Measures 60.00 – 2,000.00  Inspection Fee 50.00-3,000.00  Sanitary Fee 100.00-1,400.00  Garbage Fee 150.00-2,500.00 | 30 MINUTES | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu Revenue Collection Clerk I  And Treasury Office Staff (JO/COS) |



|       | Occupational<br>Permit Fee<br>150.00-500.00<br>(Depending on<br>Nature of<br>Business and<br>Number of<br>Employees) |                     |  |
|-------|--|---------------------|--|
|       | Note: The assessment and range of fees are base on the nature of business, type and size of the business entity.     |                     |  |
| TOTAL |  | 1 HOUR & 20 minutes |  |



#### > APPLICATION FOR CERTIFIED TRUE COPY OF BUSINESS PERMIT

| OFFICE / DIVISION:   | Office of the Municipal Treasurer/Business Permit and Licensing Division  |                      |                         |  |  |
|--|---|----------------------|-------------------------|--|--|
| CLASSIFICATION:  | Simple  | wuriicipai Treasurei | /Dusiness i emili       | and Licensing Division   |  |
| TYPE OF TRANSACTION:   |   | ment to Citizen      |                         |  |  |
| WHO MAY AVAIL:   | All business  |                      |                         |  |  |
| CHECKLIST OF REQUIRE   |   | January 91 0 ap      | WHERE TO SEC            | URE  |  |
| •  | Letter Request, Authorization Letter with owner, manager and/or President's signature or Secretary Certificate, if Corporation      |                      |                         |  |  |
| and/or Barangay Clearance to   | Original and Photocopy of the Business Permit and/or Barangay Clearance to be certified-Notarized Affidavit of Loss in case of loss |                      | Owner / BPLO / Barangay |  |  |
| Photocopy of ID of the requesting manager and/or President of the e    | owner   | Owner                |                         |  |  |
| For Corporation – Proof of Incorpo<br>SEC General Information Sheet/ G |   | Owner                |                         |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION  | FEES TO BE<br>PAID   | PROCESSING TIME         | PERSON<br>RESPONSIBLE  |  |
| 1. Sign in Client Log Book   | Give the logbook to   | NONE                 | 5 MINUTES               | HENRY V. DUMAUA, CPA<br>Acting Municipal Treasurer               |  |
| the client   |   |                      |                         | Wendell Carl G. Agriam<br>Licensing Officer<br>II/BPLO Designate |  |
|  |   |                      |                         | Errol M. Briones<br>License Inspector I                          |  |
|  |   |                      |                         | And Treasury Office Staff (JO/COS                                |  |



| Assessment of the complete attachments/ requirements of the requestor.  | Assessment and retrieving necessary records for the certification. | NONE   | 30 MINUTES | HENRY V. DUMAUA, CPA Acting Municipal Treasurer  Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  And Treasury Office Staff (JO/COS |
|---|--|--|------------|--|
| 3.One-Time payment of fees and charges for the Certification/True Copy. | Issues<br>official<br>receipt, and<br>Certification                | P200.00 /<br>Certificate and<br>P100.00 per<br>True Copy | 25 MINUTES | HENRY V. DUMAUA, CPA Acting Municipal Treasurer  Wendell Carl G. Agriam Licensing Officer II  JIEVY ANN C. PAGADDU Revenue Collection Clerk I  And Treasury Office Staff (JO/COS)    |
|   | TOTAL  | P200.00 /<br>Certificate and<br>P100.00 per<br>True Copy | 1 HOUR     | (30,000)   |



## > APPLICATION FOR ADDITIONAL LINE OF BUSINESS (SAME LOCATION/AREA)

| OFFICE / DIVISION:                                     |  | Municipal Treasure     | r/Business Permit | and Licensing Division  |
|--|--|------------------------|-------------------|---|
| CLASSIFICATION:  | Simple   |                        |                   |   |
| TYPE OF TRANSACTION:                                   | G2C-Govern   | ment to Citizen        |                   |   |
| WHO MAY AVAIL:   | All business   | entity/group           |                   |   |
| CHECKLIST OF REQUIR                                    | REMENTS  | EMENTS WHERE TO SECURE |                   |   |
| Copy of the existing business p                        | ermit  | Owner                  |                   |   |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE<br>PAID     | PROCESING<br>TIME | PERSON<br>RESPONSIBLE   |
| Sign in Client Log Book and accomplished unified Form. | Give the logbook to the client and unified application form.                                   | NONE                   | 20 MINUTES        | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  And Treasury Office Staff (JO/COS |
| Assessment of the unified application form.            | Assessment and retrieving necessary records for the updating and addition of line of Business. | NONE                   | 30 MINUTES        | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  And Treasury Office Staff (JO/COS |



| and cha | ne payment of fees<br>arge for the<br>ation/True Copy. | Issues official receipt, and Certification | Business Tax shall be base from the assessment of EBPLS.  NOTE: Failure to pay within the time required shall subject the taxpayer to a surcharge of twenty-five (25%) of the original amount plus two percent (2%) per month of the unpaid taxes including surcharge until fully paid. | 25 MINUTES          | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Jievy Ann C. Pagaddu Revenue Collection Clerk I  And Treasury Office Staff (JO/COS) |
|---------|--|--|---|---------------------|---|
|         |  | TOTAL                                      |   | 1 HOUR & 15 minutes |   |



## > APPLICATION FOR LINE OF BUSINESS (IN CASE OF ADDITIONAL CHANGE OF AREA)

| OFFICE / DIVISION:                                      | Office of | of the N                                  | Municipal Treasurer              | /Business Permit a | and Licensing Division   |
|---|-----------|---|----------------------------------|--------------------|--|
| CLASSIFICATION:   | Simple    |   | •                                |                    | _  |
| TYPE OF TRANSACTION:                                    | G2C-G     | overnr                                    | ment to Citizen                  |                    |  |
| WHO MAY AVAIL:  | All bus   | iness e                                   | entity/group with est            | ablishment         |  |
| CHECKLIST OF REQUIREMENT                                | NTS       |   | WH                               | IERE TO SECURI     |  |
| Barangay Clearance                                      |           | Baran                                     | gay / BPLO                       |                    |  |
| Community Tax certificate                               |           | Baran                                     | gay / BPLO                       |                    |  |
| Tax Identification Number                               |           | BIR                                       |                                  |                    |  |
| DTI Registration (single proprietor)                    | or or     | DTI / I                                   | Negosyo Center                   |                    |  |
| SEC Registration for Corporation)                       |           |   |                                  |                    |  |
| Sanitary Permit Certificate                             |           | Rural                                     | Health Unit                      |                    |  |
| BFP Clearance   |           | Bureau of Fire                            |                                  |                    |  |
| Locational Clearance/Zoning                             |           | Municipal Planning and Development Office |                                  |                    |  |
| Building Permit   |           |   | Office of the Municipal Engineer |                    |  |
| CLIENT STEPS  | AGEN      |   | FEES TO BE                       | PROCESSING         | PERSON   |
|   | ACTI      | ON  | PAID                             | TIME               | RESPONSIBLE  |
| Accomplish unified                                      | Gives     |   | NONE                             | 20 MINUTES         | Wendell Carl G. Agriam   |
| application form.                                       | applica   | ition                                     |                                  |                    | Licensing Officer II/BPLO Designate  |
|   | form.     |   |                                  |                    | II/BFLO Designate  |
| Note: in case of Additional                             |           |   |                                  |                    |  |
|   |           |   |                                  |                    | Errol M. Briones   |
| change of Area are same as                              |           |   |                                  |                    | Errol M. Briones<br>License Inspector I  |
| change of Area are same as<br>New Business Application. |           |   |                                  |                    | License Inspector I  |
|   |           |   |                                  |                    |  |
|   | Assess    | sment                                     | NONE                             | 30 MINUTES         | License Inspector I  And Treasury Office Staff (JO/COS  Wendell Carl G. Agriam                   |
| New Business Application.  2. One-time assessment of    | Assess    |   | NONE                             | 30 MINUTES         | License Inspector I  And Treasury Office Staff (JO/COS  Wendell Carl G. Agriam Licensing Officer |
| New Business Application.                               |           |   | NONE                             | 30 MINUTES         | License Inspector I  And Treasury Office Staff (JO/COS  Wendell Carl G. Agriam                   |
| New Business Application.  2. One-time assessment of    | , updat   | ing                                       | NONE                             | 30 MINUTES         | License Inspector I  And Treasury Office Staff (JO/COS  Wendell Carl G. Agriam Licensing Officer |



|  | records to<br>the EBPL<br>System.                   |   |                     | License Inspector I  And Treasury Office Staff (JO/COS   |
|--|---|---|---------------------|--|
| 3.One-Time payment of Taxes, fees and charges. Get official receipt and claim of Mayor's permit and other regulatory clearances. | Issues official receipt, business plate and permit. | Business Tax shall be base from the assessment of EBPLS.  NOTE: Failure to pay within the time required shall subject the taxpayer to a surcharge of twenty-five (25%) of the original amount plus one percent (1%) per month of the unpaid taxes including surcharge until fully paid. | 30 MINUTES          | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu Revenue Collection Clerk I  And Treasury Office Staff (JO/COS) |
|  | TOTAL   | Tamy pana.  | 1 HOUR & 20 minutes |  |



#### > REQUEST FOR CERTIFICATION OF BUSINESS RECORD

| OFFICE / DIVISION:   | Office of the Municipal Treasurer/Business Permit and Licensing Division |  |                    |   |  |  |  |
|--|--|--|--------------------|---|--|--|--|
| CLASSIFICATION:  | Simple   |  |                    |   |  |  |  |
| TYPE OF TRANSACTION:   | G2C-Government to Citizen  |  |                    |   |  |  |  |
| WHO MAY AVAIL:   |  | All business entity/group with establishment   |                    |   |  |  |  |
| CHECKLIST OI   | F REQUIREME  | NTS  | WHERE              | TO SECURE   |  |  |  |
| Photocopy of ID of the re<br>President                                     | questor and/or   | its manager or                                 | Owner              |   |  |  |  |
| Letter request duly signed by  | owner  |  | Owner              |   |  |  |  |
| Authorization Letter if rep Attorney.                                      | resentative/ S   | pecial power of                                | Owner              |   |  |  |  |
| For sole proprietor – Letter co<br>business                                | onsent from the  |  | Owner              |   |  |  |  |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO BE<br>PAID                             | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |  |  |  |
| Sign in Client Log Book and accomplished request Form.                     | Gives request form and verify necessary records for the request.         | NONE   | 45 MINUTES         | HENRY V. DUMAUA, CPA Acting Municipal Treasurer  Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  And Treasury Office Staff (JO/COS) |  |  |  |
| 2.One-Time payment of fees and charges. Get official receipt and claim the | Issues official receipt, Certification                                   | P50.00 /<br>Certificate and<br>P20.00 per True | 30 MINUTES         | HENRY V. DUMAUA, CPA Acting Municipal Treasurer Wendell Carl G. Agriam  |  |  |  |



| Certification or Records requested. | or Records requested. | Copy of any records. |                     | Licensing Officer II/BPLO<br>Designate             |
|-------------------------------------|-----------------------|----------------------|---------------------|--|
|                                     |                       |                      |                     | Errol M. Briones<br>License Inspector I            |
|                                     |                       |                      |                     | Jievy Ann C. Pagaddu<br>Revenue Collection Clerk I |
|                                     |                       |                      |                     | And Treasury Office Staff<br>(JO/COS)              |
|                                     | TOTAL                 |                      | 1 HOUR & 15 minutes |  |

#### > APPLICATION FOR RETIRING BUSINESS OPERATION

| OFFICE / DIVISION:             | Office of the Munic  | cipal Treasurer/Business Permit and Licensing Division |
|--------------------------------|----------------------|--|
| CLASSIFICATION:                | Simple               |  |
| <b>TYPE OF TRANSACTION:</b>    | G2C-Government       | to Citizen   |
| WHO MAY AVAIL:                 | All business entity/ | group with establishment                               |
| CHECKLIST OF REQU              | JIREMENTS            | WHERE TO SECURE  |
| Sworn statement of gross re-   | •                    | Owner  |
| reason and date of retiremen   | nt                   |  |
| Letter request to BPLO for cle | osure/retirement of  | Owner  |
| Business                       |                      |  |
| Barangay certification of Bus  | iness closure        | Barangay   |
| DTI certification of Business  | name cancellation    | DTI  |
| VAT or Percentage Tax Payments |                      | BIR  |
| Original Business Permit ar    | nd official receipts | Owner  |
| issued by the Treasury Depa    | rtment               |  |



| Sales Book   |  | Owner   |                     |   |
|--|--|---|---------------------|---|
| Board Resolution regarding closure (for corporation)   |  | Corporation   |                     |   |
| CLIENT STEPS   | AGENCY<br>ACTION   | FEES TO<br>BE PAID  | PROCESSING<br>TIME  | PERSON<br>RESPONSIBLE   |
| Sign in Client Log Book and accomplished retirement Form.  | Gives request form and verify necessary records.             | NONE  | 45 MINUTES          | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  |
|  |  |   |                     | Errol M. Briones License Inspector I  And Treasury Office Staff (JO/COS)  |
| One-Time payment of the unpaid taxes, fees and charges. Get official receipt and claim the Certification or Records requested. | Issues official receipt, Certification or Records requested. | Unpaid Taxes and P50.00 for the Retirement/ Closure Certificate | 30 MINUTES          | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu Revenue Collection Clerk I  And Treasury Office Staff (JO/COS) |
|  | TOTAL  |   | 1 HOUR & 15 minutes |   |



#### > APPLICATION FOR TRANSFER OF LOCATION/ BUSINESS ADDRESS

| OFFICE / DIVISION:  | Office of the Municipal Treasurer/ Business Permit and Licensing Division |                    |                         |  |  |  |
|---|---|--------------------|-------------------------|--|--|--|
| CLASSIFICATION:   | Simple  | ioipai i i oadai o | ., Basinoso i omini and | LISSING DIVIDION   |  |  |
| TYPE OF TRANSACTION:  | G2C-Governmen   | t to Citizen       |                         |  |  |  |
| WHO MAY AVAIL:  | All business entity   |                    | tablishment             |  |  |  |
| CHECKLIST OF REQUIR   |   |                    | WHERE TO SEC            | URE  |  |  |
| Letter request for transfer of busin                            | ess address   | Owner              |                         |  |  |  |
| Lease Contract (if lessee)                                      |   | Owner              |                         |  |  |  |
| DTI Registration (single proprietor                             | ) or SEC  | DTI / Negosy       | o Center                |  |  |  |
| Registration for Corporation)                                   |   |                    |                         |  |  |  |
| Original Copy of Mayor's/Busines                                |   | Owner / BPL        | .0                      |  |  |  |
| Location of business (Sketch/ Ma                                | ၁)  |                    | Owner                   |  |  |  |
| FSIC for Business Operations                                    | 1051101   | BFP                |                         |  |  |  |
| CLIENT STEPS  | AGENCY<br>ACTION  | FEES TO B<br>PAID  | E PROCESSING TIME       | PERSON<br>RESPONSIBLE  |  |  |
| Accomplish unified application form.                            | Gives application form.   | NONE               | 20 MINUTES              | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I  And Treasury Office Staff (JO/COS) |  |  |
| Updating of the applied transfer of location / Business Address | Assessment<br>and updating of<br>records in the<br>EBPL System.           | NONE               | 30 MINUTES              | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  Errol M. Briones License Inspector I                                     |  |  |



|       |      |            | And Treasury Office Staff (JO/COS) |
|-------|------|------------|------------------------------------|
| TOTAL | NONE | 50 minutes |                                    |

#### > ISSUANCE OF TRICYCLE PERMIT

Any individual who owns or operate tricycle within the territorial jurisdiction of this municipality will be imposed to pay the corresponding fees and charges.

| OFFICE / DIVISION:                         | Office of the Municipal Treasurer |                                   |              |                 |                     |
|--|-----------------------------------|-----------------------------------|--------------|-----------------|---------------------|
|  | Complex                           |                                   |              |                 |                     |
| TYPE OF TRANSACTION:                       | G2C-Governme                      | ent t                             | o Citizen    |                 |                     |
|  | Tricycle Owner                    | s (D                              | ATODA)       |                 |                     |
| CHECKLIST OF REQUIR                        | EMENTS                            |                                   | V            | WHERE TO SECURE |                     |
| Community Tax Certificate                  |                                   | Tre                               | asury Office |                 |                     |
| 2 pcs. 1x1 picture of driver               |                                   | Ow                                | ner          |                 |                     |
| Barangay Clearance (Photoco                | py)                               | Baı                               | rangay       |                 |                     |
| Photocopy of Driver's License              |                                   | LTO                               |              |                 |                     |
| Official Receipt/ Certificate of           | f Registration                    |                                   |              |                 |                     |
| (OR/CR)                                    |                                   |                                   |              |                 |                     |
| Certificate of Ownership from p            | revious owner                     | Office of the Municipal Treasurer |              |                 |                     |
| (1 copy)                                   |                                   |                                   |              |                 |                     |
| Insurance Policy of vehicle (1)            | ohotocopy)                        | Insurance Company                 |              |                 |                     |
| CLIENT STEPS                               | AGENCY                            |                                   | FEES TO BE   | PROCESSING      | PERSON              |
|  | ACTION                            |                                   | PAID         | TIME            | RESPONSIBLE         |
| <ol> <li>Proceed to counter for</li> </ol> | Verify reques                     | t                                 | NONE         | 10 MINUTES      | Errol M. Briones    |
| application, processing                    | and prepares the document         |                                   |              |                 | License Inspector I |



| and computation of tricycle permit.                                | needed for the application. |   |   | Jievy Ann C. Pagaddu Revenue Collection Clerk I  |
|--|-----------------------------|---|---|--|
|  |                             |   |   | Christopher T.<br>Gabriel<br>Meter Reader I  |
|  |                             |   |   | And Treasury Office<br>Staff (JO/COS)  |
| 2. Pay the required fee  | Issue Official              | a. For  | 5 MINUTES   | Errol M. Briones   |
|  | Receipt                     | prompt payment -P450 annually. For late or delayed payment - P450 + 25% of the gross amount P200.00 | 10 MINUTES  | Jievy Ann C. Pagaddu Revenue Collection Clerk I  Christopher T. Gabriel Meter Reader I  And Treasury Office Staff (JO/COS) |
| a. Proceed to PNP<br>Building for<br>inspection of<br>tricycle and |                             |   | 5<br>MINUTES<br>NOTE: For Bulk<br>Application (max of | PNP  |



| b. Return the signed documents to treasurer's Office for approval and issuance of sticker. | After accepting the signed documents, the office will issue the Tricycle Sticker and Tricycle permit. | For Bulk Application (more than 50 applications) – 5 days | Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu Revenue Collection Clerk I  Christopher T. Gabriel Meter Reader I  And Treasury Office |
|--|---|---|---|
|  | TOTAL   | 30 MINUTES  | Staff (JO/COS)  |



#### > APPLICATION FOR OCCUPATIONAL WORKING PERMIT

| OFFICE / DIVISION:                       | Office  | Office of the Municipal Treasurer |  |  |  |
|--|---------|-----------------------------------|--|--|--|
| CLASSIFICATION:                          | Simple  | Simple                            |  |  |  |
| TYPE OF TRANSACTION:                     | G2C-0   | Sovernment to Citizen             |  |  |  |
| WHO MAY AVAIL:                           | Tricycl | e Owners (DATODA)                 |  |  |  |
| NBI or Police Clearance                  |         | WHERE TO SECURE                   |  |  |  |
| NBI or Police Clearance                  |         | NBI / PNP                         |  |  |  |
| Health Certificate                       |         | RHU / HOSPITAL                    |  |  |  |
| Any valid Government issued              | ID      |                                   |  |  |  |
| Additional requirements for              |         |                                   |  |  |  |
| employees below 18 years old:            |         |                                   |  |  |  |
|  |         |                                   |  |  |  |
| Parental consent                         |         |                                   |  |  |  |
| Birth certificate/ baptismal certificate |         |                                   |  |  |  |
| Valid ID of parent/ guardian             | giving  |                                   |  |  |  |
| consent                                  |         |                                   |  |  |  |

| CLIENT STEPS   | AGENCY<br>ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
|--|---|--------------------|--------------------|--|
| Sign in Client Log Book and accomplished data Form.  | Give the logbook to the client and data form.             | NONE               | 15 MINUTES         | Wendell Carl G. Agriam Licensing Officer II/BPLO Designate  And Treasury Office Staff (JO/COS) |
| 2.One-Time assessment and payment of fees. Get official receipt and claim the Certification. | Verify documents<br>and preparation of<br>the certificate |                    | 20 MINUTES         | Wendell Carl G. Agriam<br>Licensing Officer II/BPLO<br>Designate                               |



| Issues official receipt and Certification. | P200.00 /<br>Certificate | 5 MINUTES  | Jievy Ann C. Pagaddu<br>Revenue Collection Clerk<br>I |
|--|--------------------------|------------|---|
|  |                          |            | And Treasury Office Staff (JO/COS)                    |
| TOTAL                                      |                          | 40 MINUTES |   |

## > CATTLE BRANDING (BARANGAY)

All large cattle's must be branded to ensure proper recording and to be recognize through its mark/brand. Branding of Large Cattle may be held to various barangays depending on the request.

| OFFICE / DIVISION:  | Offic   | Office of the Municipal Treasurer |                    |                 |   |  |
|---|---|-----------------------------------|--------------------|-----------------|---|--|
| CLASSIFICATION:   | Simp  | Simple                            |                    |                 |   |  |
| TYPE OF TRANSACTION:  | G2C   | G2C-Government to Citizen         |                    |                 |   |  |
| WHO MAY AVAIL:  | Larg  | e Cattle owner                    | S                  |                 |   |  |
| CHECKLIST OF REQUIREME  | NTS   |                                   | WH                 | ERE TO SECURE   |   |  |
| Request Letter from Barangay Captain                          | Barangay  |                                   |                    |                 |   |  |
| CLIENT STEPS  | AGENCY<br>ACTION  |                                   | FEES TO<br>BE PAID | PROCESSING TIME | PERSON<br>RESPONSIBLE   |  |
| Go to Treasurer's office for request of schedule for branding | Accepts request letter and gives schedule for branding. |                                   | NONE               | 15 MINUTES      | Wendell Carl G. Agriam Licensing Officer II  Julius P. Barut LTOO-I |  |
|   |   |                                   |                    |                 | Errol M. Briones  |  |



|  |                                  |                           |                                   | License Inspector I   |
|--|----------------------------------|---------------------------|-----------------------------------|---|
|  |                                  |                           |                                   | Christopher T. Gabriel<br>Meter Reader I                                      |
|  |                                  |                           |                                   | Marvin P. Montilla<br>Meter Reader I<br>And Treasury Office Staff<br>(JO/COS) |
| Branding of Large Cattle     (Cow, carabao & horse)    | Person responsible will          | none                      | 1 (one) DAY depending on          | Wendell Carl G. Agriam<br>Licensing Officer II                                |
| Note: Branding may be held on different barangays upon | go to barangay for the branding. |                           | the number of heads to be branded | Julius P. Barut<br>LTOO-l   |
| request of Barangay Captain.                           |                                  |                           |                                   | Errol M. Briones<br>License Inspector I                                       |
|  |                                  |                           |                                   | Christopher T. Gabriel<br>Meter Reader I                                      |
|  |                                  |                           |                                   | Marvin P. Montilla  Meter Reader I  And Treasury Office Staff  (JO/COS)       |
| 3.Pay the corresponding fee and get Official Receipt & |                                  | Ownership-<br>P100.00/hea |                                   | Wendell Carl G. Agriam Licensing Officer II                                   |
| Ownership copy   |                                  | d                         |                                   | Julius P. Barut   |
|  |                                  | Transfer-                 |                                   | LTOO-I  |
|  |                                  | P100.00/hea<br>d          |                                   | Errol M. Briones<br>License Inspector I                                       |



|       |                       | Christopher T. Gabriel<br>Meter Reader I                                      |
|-------|-----------------------|---|
|       |                       | Marvin P. Montilla<br>Meter Reader I<br>And Treasury Office Staff<br>(JO/COS) |
| TOTAL | 1 DAY & 15<br>MINUTES |   |

#### > ISSUANCE OF TAX CLEARANCE AND CERTIFICATION

Person/s securing clearances and certifications must pay the corresponding fees.

Office of the Municipal Treasurer

| OFFICE / DIVISION.             | Office of the Mufficipal Treasurer         |       |         |            |                            |  |
|--------------------------------|--|-------|---------|------------|----------------------------|--|
| CLASSIFICATION:                | Simple                                     |       |         |            |                            |  |
| TYPE OF TRANSACTION:           | G2C-Government to Citizen                  |       |         |            |                            |  |
| WHO MAY AVAIL:                 | All  |       |         |            |                            |  |
| CHECKLIST OF REQUIRE           | EMENTS WHERE TO SECURE                     |       |         |            |                            |  |
| For Tax Clearance - Tax Dec    | claration Office of the Municipal Assessor |       |         |            |                            |  |
| Official Receipt of Real Prope | erty Tax                                   | Owner |         |            |                            |  |
| paymet                         |  |       |         |            |                            |  |
| CLIENT STEPS                   | AGENCY                                     |       | FEES TO | PROCESSING | PERSON RESPONSIBLE         |  |
|                                | ACT  | ION   | BE PAID | TIME       |                            |  |
| 1. Go to Treasurer's office    | Accepts re                                 | •     |         | 30 MINUTES | HENRY V. DUMAUA, CPA       |  |
| for request of Tax             | letter and (                               | ,     |         |            | Acting Municipal Treasurer |  |
| Clearance or Certification     | schedule for                               |       |         |            | Julius P. Barut            |  |
|                                | branding.                                  |       |         |            | LTOO I                     |  |
|                                |  |       |         |            |                            |  |
|                                |  |       |         |            | Madelaine U. Tuscano       |  |
|                                |  |       |         |            | Administrative Aide VI     |  |



| and certification/clearance requested.    Certification or clearances.   P50.00   And P20.00   for extra copy | Acting Municipal Treasurer  Julius P. Barut LTOO I  Madelaine U. Tuscano Administrative Aide VI  Errol M. Briones License Inspector I  Jievy Ann C. Pagaddu Revenue Collection Clerk I  Miriam T. Obedoza Administrative Aide I  And Treasury Office Staff (JO/COS) |
|---|---|
| TOTAL   1 HOUR  |   |



### > ISSUANCE OF OWNERSHIP AND TRANSFER OF LARGE CATTLE (Walk-in Client)

Requiring all owners of large cattle to secure their document of ownership i acquired from different owner's transfer of ownership is recommended.

| OFFICE / DIVISION:                               | Office of the                              | Office of the Municipal Treasurer |                            |              |  |
|--|--|-----------------------------------|----------------------------|--------------|--|
| CLASSIFICATION:                                  | Simple                                     |                                   |                            |              |  |
| TYPE OF TRANSACTION:                             | G2C-Gove                                   | G2C-Government to Citizen         |                            |              |  |
| WHO MAY AVAIL:                                   | Large Cat                                  | tle ov                            | vners                      |              |  |
| CHECKLIST OF REQUIRE                             | EMENTS                                     |                                   | WHER                       | RE TO SECURE |  |
| Barangay Certification                           |  | Bara                              | angay                      |              |  |
| Markings/records of the Larg                     | e Cattle                                   | Owr                               | ner                        |              |  |
| Community Tax Certificate                        |  | Offic                             | ce of the Municipal Treasu | ırer         |  |
| CLIENT STEPS                                     | AGENC                                      |                                   | FEES TO BE PAID            | PROCESSING   | PERSON   |
|  | ACTIO                                      | N                                 |                            | TIME         | RESPONSIBLE  |
| Proceed to counter for verification of documents | Verify requand preparation form and permit | ares                              | NONE                       | 30 MINUTES   | Julius P. Barut LTOO I  Errol M. Briones License Inspector I  Christopher T. Gabriel Meter Reader I  Jievy Ann C. Pagaddu Revenue Collection Clerk I |



|                          |  |                           |            | And Treasury Office<br>Staff (JO/COS)                                       |
|--------------------------|--|---------------------------|------------|---|
| 2. Pay the               | Issue Official                         | Ownership-                | 10         | Julius P. Barut   |
| corresponding fee        | Receipt, and                           | P100.00/head              | MINUTES    | LTOO I  |
| and get the<br>Documents | the ownership or transfer certificate. | Transfer-<br>P100.00/head |            | Errol M. Briones License Inspector I  Christopher T. Gabriel Meter Reader I |
|                          |  |                           |            | Jievy Ann C. Pagaddu Revenue Collection Clerk I                             |
|                          |  |                           |            | And Treasury Office<br>Staff (JO/COS)                                       |
|                          | TOTAL                                  |                           | 40 MINUTES |   |



> ISSUANCE OF OFFICIAL RECEIPT FOR CLEARANCES AND CERTIFICATIONS (POLICE CLEARANCE, MAYORS CLEARANCE, CERTIFICATE OF NO IMPROVEMENT, CERTIFICATE OF DELINQUENCIES, ETC.)

Person/s securing clearances and certifications must pay the corresponding fees.

| OFFICE / DIVISION:      | Office of the Municipal Treasurer |                           |            |               |  |  |  |
|-------------------------|-----------------------------------|---------------------------|------------|---------------|--|--|--|
| CLASSIFICATION:         | Simple                            |                           |            |               |  |  |  |
| TYPE OF                 | G2C-Governi                       | G2C-Government to Citizen |            |               |  |  |  |
| TRANSACTION:            |                                   |                           |            |               |  |  |  |
| WHO MAY AVAIL:          | All                               |                           |            |               |  |  |  |
| CHECKLIST OF REQUI      | REMENTS                           |                           | W          | HERE TO SECUR | E  |  |  |
| Valid ID                |                                   | NONE                      |            |               |  |  |  |
| Community Tax Clearance |                                   | Treasu                    | ry Office  |               |  |  |  |
| CLIENT STEPS            | AGENC                             | Y                         | FEES TO BE | PROCESSING    | PERSON   |  |  |
|                         | ACTIO                             | N                         | PAID       | TIME          | RESPONSIBLE  |  |  |
| Proceed to counter.     | Verify reques                     | t                         | NONE       | 20 MINUTES    | HENRY V. DUMAUA, CPA Acting Municipal Treasurer  Julius P. Barut LTOO I  Errol M. Briones Licensing Officer I  Jievy Ann C. Pagaddu Revenue Collection Clerk I |  |  |



|   |   |   |            | Christopher T. Gabriel  Meter Reader I  And Treasury Office Staff (JO/COS)   |
|---|---|---|------------|--|
| 2. Pay the exact amount and get Official Receipt. | Int Issues Official Receipt, and the ownership or transfer certificate. | Police Clearance A. For Employme nt – P100  B. For Change of Name – P200.00 | 20 MINUTES | HENRY V. DUMAUA, CPA Acting Municipal Treasurer  Julius P. Barut LTOO I  Errol M. Briones Licensing Officer I  Jievy Ann C. Pagaddu Revenue Collection Clerk I |
|   |   | C. For Application for Filipino Citizenship – P500.00                       |            | Christopher T. Gabriel Meter Reader I  And Treasury Office Staff (JO/COS)  |
|   |   | D. For Passport/ Visa Application – P500.00                                 |            |  |



|   |                   | E. For Firearms Permit Application – P500.00  F. For PLEB Clearance – P200.00  Other Certificates and Clearances  For Clearance/Cer tificate – |            |                            |
|---|-------------------|--|------------|----------------------------|
|   | D: ( ): (         | P200.00  | 5 MANUETTO | LIENDY V DUMALIA           |
| 3. Proceed to the                         | Directs clients   | None   | 5 MINUTES  | HENRY V. DUMAUA,<br>CPA    |
| concerned agency/office where             | where to go next. |  |            | Acting Municipal Treasurer |
| the client requested the certification or |                   |  |            | Julius P. Barut<br>LTOO I  |
| clearance                                 |                   |  |            | Errol M. Briones           |
|   |                   |  |            | Licensing Officer I        |
|   |                   |  |            | Jievy Ann C. Pagaddu       |
|   |                   |  |            | Revenue Collection         |
|   |                   |  |            | Clerk I                    |



|       |            | Christopher T. Gabriel<br>Meter Reader I |
|-------|------------|--|
|       |            | And Treasury Office Staff<br>(JO/COS)    |
| TOTAL | 45 MINUTES |  |



## OFFICE OF THE MUNICIPAL AGRICULTURIST

The Office for Agricultural Services focuses on the development of farming, fishery and livestock production. It oversees the implementation and strengthening of the agricultural services to sustain food security and alleviate the quality of life of our present and future generation of farmer-fisher folk and low income consumers. To attain this mission, it focuses on the following mandates:



# > PROVISION OF TECHNICAL TRAININGS/FARMERS CLASS, DEMONSTRATION ON APPROVED TECHNOLOGY SUCH AS:

- 1. Integrated pest management on Rice and Corn
- 2. Rice and Corn production
- 3. Livestock production and health services
- 4. Fishery development and pond management
- 5. Soil and water conservation
- 6. Fish and meat processing
- 7. HVCDP, vegetable production, cassava production, cassava processing
- 8. Technical assistance on crop and other assistance provided by NGO's and NGA's

# > PROVISION OF TECHNICAL ASSISTANCE ON CROPS, LIVESTOCK AND FISH CULTURE PRODUCTION

| OFFICE / DIVISION:                   | Office of the Municipal Agriculturist |                           |            |   |  |
|--------------------------------------|---------------------------------------|---------------------------|------------|---|--|
| CLASSIFICATION:                      | Simple                                | Simple                    |            |   |  |
| TYPE OF TRANSACTION:                 | G2C-Government to                     | Citizen                   |            |   |  |
| WHO MAY AVAIL:                       | Farmers                               |                           |            |   |  |
| CHECKLIST OF REQUIR                  | REMENTS WHERE TO SECURE               |                           |            | SECURE  |  |
| -Farmer's identification (ID)        |                                       | Agencies issuing Valid ID |            |   |  |
| -Registry System for Basic Sector in | Agriculture Stub                      | LGU-Office                | ervices    |   |  |
| CLIENT STEPS                         | AGENCY                                | FEES TO                   | PROCESSING | PERSON  |  |
|                                      | ACTION                                | BE PAID                   | TIME       | RESPONSIBLE                                     |  |
| 1. Sign in Client Logbook            | Give the logbook to the client        | None                      | 3 Minutes  | Roejohn N. Padron<br>Admin. Aide III            |  |
|                                      |                                       |                           |            | Melchor P. Bustillos Administrative assistant I |  |



| 2. inquire/obtain information or     | Conduct orientation                 | None | 30 Minutes   | Ferdinand Balete Agricultural Technologist    |
|--------------------------------------|-------------------------------------|------|--------------|---|
| technical assistance on:             | and give                            |      |              |   |
| *Crop production technology          | brochure/IEC                        |      |              | Rafael L. Aguinaldo Agricultural Technologist |
| *Pest & disease management           | materials of                        |      |              | Agricultural Technologist                     |
| *Soil conservation                   | different                           |      |              | Mezthy O. Octoman                             |
| *Water management                    | commodities for the                 |      |              | Agricultural Technologist                     |
| *Post-harvest facilities             | management and                      |      |              | Melisa R. Morgado                             |
| *Demonstration trials                | control of different                |      |              | Meat Inpector                                 |
| *Promotion & development of          | field problems for                  |      |              | Emmalyn S. Ramos                              |
| fishery projects                     | every specific                      |      |              | Farm Worker I                                 |
| *Livestock production and            | commodity                           |      |              | Emil June B. Ranchez                          |
| management                           | ,                                   |      |              | Municipal Agriculturist                       |
| 3. Secure Crop and Life Insurance    | Assist/conduct                      | None | 10 Minutes   | Ferdinand D. Balete                           |
| form                                 | interview to the                    |      |              | Agricultural Technologist                     |
|                                      | client                              |      |              | Rafael L. Aguinaldo                           |
|                                      |                                     |      |              | Agricultural Technologist                     |
|                                      |                                     |      |              | Mezthy O. Octoman                             |
| 4. Provide basic information/details | Record/list all                     |      |              | Agricultural Technologist                     |
| to be insured                        | information/details                 |      | 10 Minutes   | Melisa R. Morgado                             |
| to be insured                        | needed                              |      | TO WILLIAMO  | Meat Inpector                                 |
|                                      | Ticcaca                             |      |              |   |
|                                      |                                     |      |              | Emmalyn S. Ramos Farm Worker I                |
| 5. Leave application form for        |                                     |      |              |   |
| submission                           | Consolidation of                    |      |              | Roejohn N. Padron                             |
| Juditiiggioti                        |                                     |      | 1 day        | Admin Aide III                                |
|                                      | application to be submitted at PCIC |      | 1 day        |   |
|                                      |                                     |      |              | Emil June R. Ranchez                          |
|                                      | region                              |      |              | Municipal Agriculturist                       |
|                                      | TOTAL                               |      | 1 Day and 53 |   |
|                                      | IOIAL                               |      | Minutes      |   |



# > PROVISION OF TECHNICAL ASSISTANCE ON SOIL SAMPLING

| OFFICE / DIVISION:                       | Office of the                          | Office of the Municipal Agriculturist |             |   |
|--|--|---------------------------------------|-------------|---|
| CLASSIFICATION:                          | Highly Ted                             |                                       |             |   |
| TYPE OF TRANSACTION:                     | <u> </u>                               | ernment to Citizen                    |             |   |
| WHO MAY AVAIL:                           | Farmers                                |                                       |             |   |
| CHECKLIST OF REQUIR                      | REMENTS                                | ENTS WHERE TO SECURE                  |             | RE  |
| Farmer's identification (ID)             |  | Agencies issuing \                    | /alid ID    |   |
| Sample air dried & properly la           |  | Production areas t                    | o be tested |   |
| CLIENT STEPS                             | AGENCY                                 | FEES TO BE                            | PROCESSING  | PERSON  |
|  | ACTION                                 | PAID                                  | TIME        | RESPONSIBLE   |
| Sign in Client Logbook                   | Give the logbook to the client         | None                                  | 3 Minutes   | <b>Marilyn G. Bumanglag</b><br>Admin. Aide II         |
|  |  |                                       |             | Melchor P. Bustillos Administrative assistant I       |
| 2. Secure and accomplished soil analysis | Assist the client t accomplished the   | -                                     | 5 Minutes   | Ferdinand Balete Agricultural Technologist            |
| form                                     | form                                   |                                       |             | Rafael L. Aguinaldo<br>Agricultural Technologist      |
|  |  |                                       |             | <b>Mezthy O. Octoman</b><br>Agricultural Technologist |
|  |  |                                       |             | Emmalyn S. Ramos<br>Farm Worker I                     |
|  |  |                                       |             | Melisa R. Morgado<br>Meat Inspector I                 |
|  |  |                                       |             | <b>Roejohn N. Padron</b><br>Admin Aide III            |
| 3. Gathering of soil sample              | Instruct/demonstr<br>ate proper way of |                                       | 10 Minutes  | Ferdinand Balete Agricultural Technologist            |



|   | TOTAL                                | None  | 20 Days & 26<br>Minutes |   |
|---|--------------------------------------|-------|-------------------------|---|
| 6. Get the result of Soil analysis at MAO | Release result of analysis to client | None  | 3 Minutes               | Emil June B. Ranchez<br>Municipal Agriculturist       |
|   |                                      |       |                         | Emil June B. Ranchez<br>Municipal Agriculturist       |
|   |                                      |       |                         | <b>Mezthy O. Octoman</b><br>Agricultural Technologist |
|   | analysis/recomme ndation             |       |                         | Rafael L. Aguinaldo<br>Agricultural Technologist      |
| analysis                                  | result of soil                       |       |                         | Agricultural Technologist                             |
| 5. Wait for the result of soil            | Follow-up/pick-up                    | None  | 20 Days                 | Ferdinand Balete                                      |
|   | DA-soil laboratory                   |       |                         | <b>Mezthy O. Octoman</b><br>Agricultural Technologist |
|   | submission to                        |       |                         | Agricultural Technologist                             |
|   | samples for                          |       |                         | Rafael L. Aguinaldo                                   |
| Submit soil sample                        | Received submitted soil              | None  | 5 Minutes               | Agricultural Technologist                             |
| A. Ouloneit anil annumb                   | Danahard                             | Nissa | E Minutes               | Ferdinand Balete                                      |
|   |                                      |       |                         | Mezthy O. Octoman<br>Agricultural Technologist        |
|   | labeling                             |       |                         | Agricultural Technologist                             |
|   | soil sampling and                    |       |                         | Rafael L. Aguinaldo                                   |

# > PROVISION OF VETERINARY SERVICES

| OFFICE / DIVISION:   | Office of the Municipal Agriculturist |
|----------------------|---------------------------------------|
| CLASSIFICATION:      | Simple                                |
| TYPE OF TRANSACTION: | G2C-Government to Citizen             |
| WHO MAY AVAIL:       | Farmers                               |



| CHECKLIST OF REQUI   | REMENTS  |                    | WHERE TO SECU | RE   |
|--|--|--------------------|---------------|--|
| Farmers Identification (ID)  |  | Agencies issuing \ | /alid ID      |  |
| CLIENT STEPS   | AGENCY   | FEES TO BE         | PROCESSING    | PERSON   |
|  | ACTION   | PAID               | TIME          | RESPONSIBLE                                      |
| Sign in Client Logbook   | Give the logbook to the client                             | None               | 3 Minutes     | Roejohn N. Padron<br>Admin. Aide III             |
|  |  |                    |               | Melchor P. Bustillos Administrative Assistant I  |
| 2. A. In case of home service:   |  | None               | 5 Minutes     | Rafael L. Aguinaldo<br>Agricultural Technologist |
| Give the livestock inspector basic information on the status of the animal | Conduct<br>interview/investig<br>ation (history<br>taking) |                    |               | Emil June B. Ranchez<br>Municipal Agriculturist  |
| Wait for the instruction of the Person in charge                           | Prepare needed medicine to be used                         |                    | 5 Minutes     |  |
| Accompany Person In charge   | Render<br>Veterinary<br>services                           |                    | 30 Minutes    |  |
| B. Scheduled services: Seek for the schedule                               | Communicate/di scuss                                       | None               | 5 Minutes     | Rafael L. Aguinaldo<br>Agricultural Technologist |
|  | convenience of client                                      |                    |               | Emil June B. Ranchez<br>Municipal Agriculturist  |
| Wait for the scheduled day   | Prepare needed   |                    |               |  |
| and time   | tools and  |                    | 1 Day         |  |



|   | TOTAL   |      | 1 day 1 Hour and<br>58 Minutes |  |
|---|---|------|--------------------------------|--|
|   | immediate<br>render veterinary<br>services                                    |      | 30 Minutes                     |  |
| Accompany person in charge  | Prepare tools and medicine  |      | 5 Minutes                      |  |
| Wait for the person in charge   | Conduct investigation thru interview  |      | 5 Minutes                      |  |
| Seek for veterinary services  |   |      |                                |  |
| C. Urgent request (Calving, furrowing, debilitated and wounded animals) Immediate response. |   | None |                                | Rafael L. Aguinaldo Agricultural Technologist  Emil June B. Ranchez  Municipal Agriculturist |
| Accompany Person In charge  | medicine to be used  Conduct Treatment, vaccination, deworming and castration |      | 30 Minutes                     |  |



# > TROUBLESHOOTING OF FIELD CROP PROBLEMS (PEST AND DISEASES)

| OFFICE / DIVISION:                          | Office of the Municipal Agriculturist  |                    |                    |  |  |
|---|--|--------------------|--------------------|--|--|
| CLASSIFICATION:                             | Simple   |                    |                    |  |  |
| TYPE OF TRANSACTION:                        | G2C-Government to Citizen  |                    |                    |  |  |
| WHO MAY AVAIL:                              | Farmers  |                    |                    |  |  |
| CHECKLIST OF REQUIREMENT                    | rs e   | WI                 | HERE TO SECURE     |  |  |
| Specimen sample of reported problem         | Gathered on i  | nfested prod       | uction areas       |  |  |
| CLIENT STEPS                                | AGENCY<br>ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |  |
| 1. Sign in Client Logbook                   | Give the logbook to the client   | None               | 3 Minutes          | Roejohn N. Padron Admin. Aide III  Melchor P. Bustillos Administrative assistant I   |  |
| 2. Present the encountered/observed problem | Gathered basic information re: the status of the crops A. Type and stage of crop B. Area C. Location | None               | 10 Minutes         | Ferdinand Balete Agricultural Technologist  Rafael L. Aguinaldo Agricultural Technologist  Mezthy O. Octoman Agricultural Technologist   |  |
| 3. Accompany DA personnel in the field      | Conduct field investigation, inspection/ verification and confirmation                               | None               | 5 Hours            | Ferdinand Balete Agricultural Technologist  Rafael L. Aguinaldo Agricultural Technologist  Mezthy O. Octoman Agricultural Technologist  Emil June B. Ranchez Municipal Agriculturist |  |



| 4. Wait on the result of field investigation and for the recommendations | Discuss result of field investigation and give proper recommendation | None | 30 Minutes                | Ferdinand Balete Agricultural Technologist  Rafael L. Aguinaldo Agricultural Technologist |
|--|--|------|---------------------------|---|
|  |  |      |                           | Mezthy O. Octoman Agricultural Technologist  Emil June B. Ranchez Municipal Agriculturist |
|  | TOTAL  | NONE | 5 Hours and 43<br>Minutes |   |

# > ISSUANCE OF AGRICULTURAL CERTIFICATION

| OFFICE / DIVISION:  | Office of              | Office of the Municipal Agriculturist |   |                    |  |
|---|------------------------|---------------------------------------|---|--------------------|--|
| CLASSIFICATION:   | Simple                 |                                       |   |                    |  |
| TYPE OF TRANSACTION:  | G2C-Gov                | G2C-Government to Citizen             |   |                    |  |
| WHO MAY AVAIL:  | Farmers                |                                       |   |                    |  |
| CHECKLIST OF REQUIREMEN   | WHERE TO SECURE        |                                       |   | E                  |  |
| -Farmer's identification (ID) -Registry System for Basic Sector in Agriculture Stub |                        |                                       | Agencies issuing Valid ID<br>_GU-Office for Agricultural Services |                    |  |
| CLIENT STEPS  |                        | ENCY<br>TION                          | FEES TO<br>BE PAID  | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| 1. Sign in Client Logbook   | Give the<br>the client | logbook to                            | None  | 3 Minutes          | Marilyn G. Bumanglag Admin. Aide II  Melchor P. Bustillos Administrative assistant I |



| 2. Request for Agricultural Certification  | Verify name of farmers in the filed general masterlist and instruct client to proceed at treasury office for the payment of the certificate | None  | 10 Minutes | Ferdinand Balete Agricultural Technologist  Rafael L. Aguinaldo Agricultural Technologist  Mezthy O. Octoman Agricultural Technologist  Roejohn N. Padron Admin. Aide III  |
|--|---|-------|------------|--|
| Proceed to Treasurers Office     to pay for the prescribed fees     and receive official receipt     and return to MAO | Verify the OR and Prepare agricultural certificate  | 50.00 | 15 Minutes | Errol M. Briones License Inspector I  Rafael L. Aguinaldo Agricultural Technologist  Ferdinand D. Balete Agricultural Technologist  Mezthy O. Octoman Agricultural Technologist  Melisa R. Morgado Meat Inspector I  Roejohn N. Padron Admin. Aide III |
| 4. Wait for the agricultural certificate   | Issue signed agricultural certificate   | None  | 3 Minutes  | Emil June B. Ranchez<br>Municipal Agriculturist  |
|  | TOTAL   | 50.00 | 31 Minutes |  |



# > ISSUANCE OF DATA/REPORTS TO PERSONS/ENTITY AND STAKEHOLDERS

| OFFICE / DIVISION:                    | Office of the Municipal Agriculturist |                           |  |
|---------------------------------------|---------------------------------------|---------------------------|--|
| CLASSIFICATION:                       | Simple                                |                           |  |
| TYPE OF TRANSACTION:                  | G2C-Government to Citizen             |                           |  |
| WHO MAY AVAIL:                        | All                                   |                           |  |
| CHECKLIST OF REQUIREMENTS             |                                       | WHERE TO SECURE           |  |
| Request letter address to Local Chief |                                       | Seek endorsement from LCE |  |
| Executive                             |                                       |                           |  |

| Executive                            |                                      |                    |                    |  |
|--------------------------------------|--------------------------------------|--------------------|--------------------|--|
| CLIENT STEPS                         | AGENCY<br>ACTION                     | FEES TO BE<br>PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| 1. Sign in Client Logbook            | Give the logbook to the client       | None               | 3 Minutes          | Roejohn N. Padron Admin. Aide III  Melchor P. Bustillos Administrative assistant I   |
| 2. Present the request letter        | Read/Review<br>the request<br>letter | None               | 5 Minutes          | Ferdinand Balete Agricultural Technologist  Rafael L. Aguinaldo Agricultural Technologist  Mezthy O. Octoman Agricultural Technologist  Emil June B. Ranchez Municipal Agriculturist |
| 3. Wait for the request data/reports | Prepare the needed data/reports      | None               | 20 Minutes         | Ferdinand Balete Agricultural Technologist  Rafael L. Aguinaldo Agricultural Technologist  Mezthy O. Octoman Agricultural Technologist  Melisa R. Morgado Meat Inspector I           |



| 4. Receive the requested data/reports | Issue verified requested data/reports | None | 3 Minutes  | Roejohn N. Padron Admin Aide III Ferdinand Balete Agricultural Technologist Rafael L. Aguinaldo Agricultural Technologist Mezthy O. Octoman Agricultural Technologist Emil June B. Ranchez Municipal Agriculturist |
|---------------------------------------|---------------------------------------|------|------------|--|
|                                       | TOTAL                                 | None | 31 Minutes |  |

# > ISSUANCE OF ANIMAL HEALTH CERTIFICATE

| OFFICE / DIVISION:  | Office of the Municipal Agriculturist |                                  |                    |   |  |
|---|---------------------------------------|----------------------------------|--------------------|---|--|
| CLASSIFICATION:   | Simple                                |                                  |                    |   |  |
| TYPE OF TRANSACTION:  | G2C-Government to                     | Citizen                          |                    |   |  |
| WHO MAY AVAIL:  | All                                   |                                  |                    |   |  |
| CHECKLIST OF REQU   | JIREMENTS                             |                                  | WHERE TO SEC       | CURE  |  |
| For Large Ruminants (cattle and of ownership                      | d carabao) certificate                | Treasury office                  |                    |   |  |
| For small animals/ruminants (sw sheep) certificate of ownership/t |                                       | Treasury office/Concern barangay |                    |   |  |
| CLIENT STEPS  | AGENCY<br>ACTION                      | FEES TO BE<br>PAID               | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                           |  |
| 1. Sign in Client Logbook   | Give the Logbook to the client        | None                             | 3 Minutes          | Roejohn N. Padron<br>Admin. Aide III            |  |
|   |                                       |                                  |                    | Melchor P. Bustillos Administrative assistant I |  |



| 2. Present certificate of ownership/barangay certification   | Verify proof of ownership/baranga y certification and instruct client to proceed at treasury office for the payment of the certificate | None    | 10 Minutes      | Rafael L. Aguinaldo Agricultural Technologist  Melisa R. Morgado Meat Inspector I  Emil June B. Ranchez Municipal Agriculturist                                       |
|--|--|---------|-----------------|---|
| Proceed to Treasurers     Office to pay for the     prescribed fees and     receive official receipt     and return to MAO | Verify the OR and Prepare animal health certificate  | P 50.00 | 15 minutes      | Errol M. Briones License Inspector I  Rafael L. Aguinaldo Agricultural Technologist  Melisa R. Morgado Meat Inspector I  Emil June B. Ranchez Municipal Agriculturist |
| Present the animals to be inspected  | Conduct ocular inspection on the markings and health status of the animals   | None    | 30 Minutes      | Rafael L. Aguinaldo Agricultural Technologist  Melisa R. Morgado Meat Inspector I  Emil June B. Ranchez Municipal Agriculturist                                       |
| 5. Wait for the animal health certificate  | Issue signed animal health certificate to client   |         | 3 Minutes       | Emil June B. Ranchez<br>Municipal Agriculturist   |
|  | TOTAL  | P 50.00 | 1 Hour 1 Minute |   |



# > FOR SEEDLING DISPERSAL OR URBAN GARDENING LECTURE SEMINAR

| OFFICE / DIVISION:                  | Office of the Municipa           | Office of the Municipal Agriculturist |               |   |  |  |  |
|-------------------------------------|----------------------------------|---------------------------------------|---------------|---|--|--|--|
| CLASSIFICATION:                     | Simple                           | Simple                                |               |   |  |  |  |
| TYPE OF TRANSACTION:                | G2C-Government to Citizen        |                                       |               |   |  |  |  |
| WHO MAY AVAIL:                      | All                              |                                       |               |   |  |  |  |
| CHECKLIST OF REQ                    | UIREMENTS                        |                                       | WHERE TO SECU | JRE   |  |  |  |
| Request letter address to Loca      | Chief Exsecutive                 | Seek endorsemer                       | nt from LCE   |   |  |  |  |
| CLIENT STEPS                        | AGENCY                           | FEES TO BE                            | PROCESSING    | PERSON  |  |  |  |
|                                     | ACTION                           | PAID                                  | TIME          | RESPONSIBLE                                     |  |  |  |
| Sign in Client Logbook              | Give the Logbook to the client   | None                                  | 3 Minutes     | Roejohn N. Padron<br>Admin. Aide III            |  |  |  |
|                                     |                                  |                                       |               | Melchor P. Bustillos Administrative assistant I |  |  |  |
| 2. Present the request letter       | Read/Review the request letter   | None                                  | 5 Minutes     | Emmalyn S. Ramos<br>Farm Worker I               |  |  |  |
|                                     |                                  |                                       |               | Emil June B. Ranchez  Municipal Agriculturist   |  |  |  |
| 3. Wait for the requested seedlings | Prepared the requested seedlings | None                                  | 10 Minutes    | Emmalyn S. Ramos<br>Farm Worker I               |  |  |  |
|                                     |                                  |                                       |               | Jomar S. Serdenia<br>COS                        |  |  |  |
|                                     |                                  |                                       |               | <b>Christopher L. Manibog</b><br>Job Order      |  |  |  |
| Receive requested seedlings         | Give the requested seedlings     | None                                  | 3 Minutes     | Emalyn S. Ramos<br>Farm Worker I                |  |  |  |
|                                     | TOTAL                            | None                                  | 21 Minutes    |   |  |  |  |



# **DELFIN ALBANO WATER SUPPLY SYSTEM**

The Office is in charge in the management and operation of the local economic enterprise of the Local Government Unit in the provision of a safe and potable water supply to its consumers for the whole day.



#### > APPLICATION FOR SERVICE CONNECTION

OFFICE / DIVISION: DAWSS Office

CLASSIFICATION: Simple

TYPE OF TRANSACTION: G2C-Government to Citizen

WHO MAY AVAIL: All

CHECKLIST OF REQUIREMENTS WHERE TO SECURE

NONE

| NONE  |   |                             |                    |  |
|---|---|-----------------------------|--------------------|--|
| CLIENT STEPS  | AGENCY<br>ACTION  | FEES TO BE<br>PAID          | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| Sign in Client Logbook                                | Give the log book to the client   | NONE                        | 2 MINUTES          | Henry A. Casayuran<br>Meter Reader I   |
|   |   |                             |                    | Crisostomo Felipe<br>Meter Reader I<br>DAWSS Office                                    |
| 2. Fill up Application Form for Approval and Contract | Verification as to completeness of requirements (CTC No. & photocopy of valid IDs |                             | 10 MINUTES         | Wendell Carl G. Agriam Licensing Officer I DAWSS Administrator- Designate DAWSS Office |
| 3. Pay registration fee and cash deposit              | Issue Official Receipt upon payments  | Installation Fee-P 4,500.00 | 3 MINUTES          | Henry A. Casayuran<br>Meter Reader I<br>Rodel Galamay<br>Supply Officer I              |
| 4. Assessment / Investigate                           | Contact plumbers  | NONE                        | 20 MINUTES         | Melvin Marquez Christopher Guzman Contract of Service DAWSS Office                     |



| 5. Schedule of service connection and installation. | Prepare available materials for service connection or request purchase request for materials |            | 5 MINUTES  | Wendell Carl G. Agriam Licensing Officer I DAWSS Administrator- Designate  JM Bacani Contract of Service DAWSS Office |
|---|--|------------|------------|---|
|   | TOTAL  | P 4,500.00 | 20 MINUTES |   |

# > PAYMENT OF WATER BILLS

| OFFICE / DIVISION:                  | Delfin Alba   | Delfin Albano Water Supply System (DAWSS) |              |                |   |  |
|-------------------------------------|---------------|---|--------------|----------------|---|--|
| CLASSIFICATION:                     | Simple        | Simple                                    |              |                |   |  |
| TYPE OF TRANSACTION:                | G2C-Gove      | rnmen                                     | t to Citizen |                |   |  |
| WHO MAY AVAIL:                      | All           |   |              |                |   |  |
| CHECKLIST OF REQUIREMEN             | NTS           |   | V            | WHERE TO SECUR | E   |  |
| Notice of Water Bill/ledger consume | er DAW        | /SS Of                                    | ffice        |                |   |  |
| CLIENT STEPS                        | AGENCY        | 1   | FEES TO      | PROCESSING     | PERSON  |  |
|                                     | ACTION        |   | BE PAID      | TIME           | RESPONSIBLE   |  |
| 1. Go to DAWSS Office or see the    | Prepare indiv | idual                                     |              | 5 MINUTES      | Henry A. Casayuran                                    |  |
| Bill Collector or consumers         | ledger consu  | mer                                       |              |                | Meter Reader I  |  |
| Statement of Account                |               |   |              |                | Crisostomo Felipe                                     |  |
|                                     |               |   |              |                | Meter Reader I  |  |
|                                     |               |   |              |                | Monaliza Sagabaen Filipina Delfin Contract of Service |  |



| 2. Payment of bills | Accepts payment<br>& issue Official<br>Receipt |      | 3 MINUTES | Henry A. Casayuran Meter Reader I  Crisostomo Felipe Meter Reader I  Rodel Galamay Supply Officer I |
|---------------------|--|------|-----------|---|
|                     | TOTAL  | NONE | 8 MINUTES |   |

# > REQUEST FOR TRANSFER / RE-INSTALLATION / REPAIR OF SERVICE CONNECTION

| OFFICE / DIVISION:                                 | Delfin Albano Water Supply System               |                           |            |            |   |  |
|--|---|---------------------------|------------|------------|---|--|
| CLASSIFICATION:                                    | Simple  |                           |            |            |   |  |
| TYPE OF TRANSACTION:                               | G2C-Gover                                       | G2C-Government to Citizen |            |            |   |  |
| WHO MAY AVAIL:                                     | All   |                           |            |            |   |  |
| CHECKLIST OF REQUIREM                              | MENTS WHERE TO SECURE                           |                           |            |            | RE  |  |
| Identify the name of Consumer/Locassess the Damage | ocation and DAWSS Office                        |                           |            |            |   |  |
| Consumer to buy/purchase neede                     | ed materials                                    | DAV                       | NSS Office |            |   |  |
| to be repaired                                     |   |                           |            |            |   |  |
| CLIENT STEPS                                       | AGENC   | Υ                         | FEES TO BE | PROCESSING | PERSON  |  |
|  | ACTION  | J                         | PAID       | TIME       | RESPONSIBLE   |  |
| 1. Go or call/text DAWSS Office<br>0916-8642366    | Report to th<br>Office &<br>contact<br>plumbers | ie                        | NONE       | 5 MINUTES  | Wendell Carl G. Agriam Licensing Officer I DAWSS Administrator- Designate |  |



| 2. Payment of transfer/re-installation water meter  | Issue Official<br>Receipt upon<br>payments | Transfer / Re-<br>Installation Fee<br>500.00 | 3 MINUTES                       | Henry A. Casayuran Meter Reader I  Crisostomo Felipe Meter Reader I  Rodel Galamay Supply Officer I  Jose Allapitan Jr. Meter Reader I |
|---|--|--|---------------------------------|--|
| 3. Job request for the plumbers to repair of damage | Request & contact the available plumbers   | P 500.00                                     | Depending on urgency  8 MINUTES | DAWSS Plumbers   |



# **DELFIN ALBANO PUBLIC MARKET OFFICE**

The Delfin Albano Public Market offers a variety of sections, to wit: dry goods and or RTW Section, grocery section, meat section, fish section, dried and salted marine products section. Fruits and vegetable section, livestock section and miscellaneous section which for occupancy and lease.



# > PROCESSING OF APPLICATIONS FOR MARKET STALLS

| OFFICE / DIVISION:  | Delfin Albano Public Market Office     |  |                       |  |  |
|---|--|--|-----------------------|--|--|
| CLASSIFICATION:   | Simple                                 |  |                       |  |  |
| TYPE OF TRANSACTION:  | G2C-Government to C                    | Citizen  |                       |  |  |
| WHO MAY AVAIL:  | All                                    |  |                       |  |  |
| CHECKLIST OF RE   | QUIREMENTS                             |  | WHERE TO SECU         | IRE  |  |
| Barangay Cleara   | nce                                    | Barangay Office  |                       |  |  |
| <ul> <li>Police Clearance</li> </ul>                              |  | Delfin Albano Mun  | icipal Police Statio  | n  |  |
| 2 pcs 2x2 picture   |  |  |                       |  |  |
| <ul> <li>duly notarized for</li> </ul>                            | m                                      | Delfin Albano Pub  | lic Market Office     |  |  |
| For old occupants   |  |  |                       |  |  |
|   | iability from Market &                 |  |                       |  |  |
| Treasury Office   | ·                                      |  |                       |  |  |
| CLIENT STEPS  | AGENCY                                 | FEES TO BE   | PROCESSING            | PERSON   |  |
|   | ACTION                                 | PAID   | TIME                  | RESPONSIBLE  |  |
| 1.Sign in client Logbook  | Assist client to sign in the logbook   | None   | 3 MINUTES             | Public Market Security Guard on-duty   |  |
| 2. Secure and accomplish application form to lease a market stall | Give application form                  | None   | 30 MINUTES            | Errol M. Briones License Inspector I  Office of the Municipal Treasurer  |  |
| 3.Pay the required fee  | Advise client to pay the required fees | P75,000.00/stall P25,000.00/stall –Fish and Meat Section | 15 MINUTES 15 MINUTES | Henry V. Dumaua, CPA Acting Municipal Treasurer Or Errol M. Briones License Inspector I  Office of the Municipal |  |
|   |  |  |                       | Treasurer  |  |



| 4.Submit Accomplished Application form for verification.                                |       | None                     | 30 MINUTES                        | Larry R. Madriaga Market Inspector Office of The Mayor |
|---|-------|--------------------------|-----------------------------------|--|
| 5.Wait for the approval of application (You will be notified by the specific committee) |       | None                     | 1 DAY                             | Larry R. Madriaga Market Inspector Office of The Mayor |
| 7.Get notice of award and<br>Market Stall and sign<br>contract of lease                 |       | None                     | 15 MINUTES                        | Larry R. Madriaga Market Inspector Office of The Mayor |
|   | TOTAL | Depends on stall applied | 1 DAY, 2<br>HOURS & 18<br>MINUTES | •  |

# > ISSUANCE OF MARKET CLEARANCE / CERTIFICATE

| OFFICE / DIVISION:                      | Delfin Albano Public Market Office |  |  |
|---|------------------------------------|--|--|
| CLASSIFICATION:                         | Simple                             |  |  |
| TYPE OF TRANSACTION:                    | G2C-Government to (                | Ditizen                                |  |
| WHO MAY AVAIL:                          | All                                |  |  |
| CHECKLIST OF REQU                       | JIREMENTS WHERE TO SECURE          |  |  |
| Barangay Clearance                      | <del></del>                        | Barangay Office                        |  |
| Police Clearance                        |                                    | Delfin Albano Municipal Police Station |  |
| <ul> <li>2 pcs 2x2 picture</li> </ul>   |                                    |  |  |
| <ul> <li>duly notarized form</li> </ul> |                                    | Delfin Albano Public Market Office     |  |
| For old occupants                       |                                    |  |  |



| Certificate of no liability f     Treasury Office | from Market &   |                    |                       |  |
|---|---|--------------------|-----------------------|--|
| CLIENT STEPS                                      | AGENCY<br>ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE  |
| 1.Sign in client Logbook                          | Assist client to sign in the logbook                          | None               | 3 MINUTES             | Public Market Security<br>Guard on-duty  |
| 2.Wait for the result of verification             | Verify and check documents                                    | None               | 1 HOUR                | Larry R. Madriaga Market Inspector Office of The Mayor   |
| 3.Pay Clearance / Certification                   | Advise client to pay clearance/ certification                 | P200.00            | 15 MINUTES            | Errol M. Briones License Inspector I or Christopher T. Gabriel Meter Reader I or Miriam T. Obedoza Administrative Aide I Office of the Municipal Treasurer |
| 4.Get market Clearance/certification              | Proceed to<br>Municipal<br>Administrator/Li<br>censing Office |                    | 30 minutes            | Jocelyn A. Manibog Mun. Administrator  Municipal Administrator's  Office   |
|   | TOTAL   | P 200.00           | 1 HOUR, 48<br>MINUTES |  |



#### > RESPONDING TO COMPLAINTS AGAINST VIOLATORS OF CONSUMERS WELFARE RIGHT

This service shall address complaints against violations of right of consumers

| OFFICE / DIVISION:  | Delfin Albano Public Ma                 | arket Office       |                       |   |
|---|---|--------------------|-----------------------|---|
| CLASSIFICATION:   | Simple                                  |                    |                       |   |
| TYPE OF TRANSACTION:  | G2C-Government to Ci                    | itizen             |                       |   |
| WHO MAY AVAIL:  | All                                     |                    |                       |   |
| CHECKLIST OF REC  | UIREMENTS                               |                    | WHERE TO SECU         | RE  |
| NONE  |   |                    |                       |   |
| CLIENT STEPS  | AGENCY<br>ACTION                        | FEES TO BE<br>PAID | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE   |
| 1.Sign in client Logbook  | Assist client to log in the logbook     | None               | 3 MINUTES             | Public Market<br>Security Guard on-<br>duty   |
| 2. Accomplish complaint form.   | Assist client and complaint be recorded | None               | 30 MINUTES            | Larry R. Madriaga Market Inspector Office of The Mayor  |
| 3. Approach the consumer welfare officer for inquiry regarding complaint. | Assist client                           | None               | 1 HOUR                | Larry R. Madriaga Market Inspector Office of The Mayor  Jocelyn A. Manibog Mun. Administrator |
|   | TOTAL                                   | NONE               | 1 HOUR, 33<br>MINUTES |   |



# DELFIN ALBANO SLAUGTHER HOUSE



# > INSPECTION AND CORAL OF FOOD ANIMALS PRIOR TO SLAUGHTER (Ante-Mortem Inspection)

Ante Mortem inspection is a service of the Slaughter House.

| OFFICE / DIVISION:   | Delfin Albano Slau  | ighter House              |                    |  |
|--|---|---------------------------|--------------------|--|
| CLASSIFICATION:  | Simple  | Simple                    |                    |  |
| TYPE OF TRANSACTION:   | G2C-Government  | G2C-Government to Citizen |                    |  |
| WHO MAY AVAIL:   | All   |                           |                    |  |
| CHECKLIST OF REQ   | UIREMENTS   |                           | WHERE TO SEC       | URE  |
| Certification of ownership/Ce Transfer   | rtification of  |                           |                    |  |
| CLIENT STEPS   | AGENCY<br>ACTION  | FEES TO BE<br>PAID        | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| 1.Present the animal to the slaughter house (for hogs only).                                       | Check for health certificate                              | None                      | 3 MINUTES          | Regie Salvador Heherson Valencia Alexander Galut Michael Estonillo Slaughterhouse Guards  Mayor's Office                       |
| 2.In case of large ruminants.  | Check for health certificate and certificate of ownership | None                      | 15 MINUTES         | Melisa R. Morgado Meat Inspector I or Emil June B. Ranchez Municipal Agriculturist Office of the Municipal Agriculturist       |
| 3. Wait for the inspection of the animals. The meat inspector shall conduct inspection of animals. | Physical examination of the animal                        | None                      | 5 MINUTES          | Melisa R. Morgado  Meat Inspector I  or  Emil June B. Ranchez  Municipal Agriculturist  Office of the Municipal  Agriculturist |



| 4.Leave animals in the coral for the quarantine purposes. | Observe the health status of the animal | None | 6 HOURS                 | Melisa R. Morgado Meat Inspector I or Emil June B. Ranchez Municipal Agriculturist  Office of the Municipal Agriculturist |
|---|---|------|-------------------------|---|
|   | TOTAL                                   | NONE | 6 HOURS & 20<br>MINUTES |   |

# > INSPECTION AND BRANDING OF FOOD ANIMALS CARCASSES, ORGAN AND PARTS (POST-MORTEM EXAMINATION)

After the slaughter of hogs and cattle, the Meat Inspector inspect the food animal's carcasses, organ and parts that is not afflicted with any disease or fit for human consumption. After which branding will ensure to show that the meat is inspected and safe when sold at the public market.

| OFFICE / DIVISION:        | Delfin Albano S                       | Slaughter House                                    |           |  |
|---------------------------|---------------------------------------|--|-----------|--|
| CLASSIFICATION:           | Simple                                |  |           |  |
| TYPE OF TRANSACTION:      | G2C-Governme                          | ent to Citizen                                     |           |  |
| WHO MAY AVAIL:            | All                                   |  |           |  |
| CHECKLIST OF REQ          | UIREMENTS                             | WHERE TO SECURE                                    |           |  |
| NONE                      |                                       |  |           |  |
| CLIENT STEPS              | AGENCY<br>ACTION                      | FEES TO BE PROCESSING PERSON PAID TIME RESPONSIBLE |           |  |
| 1.Inspecting and branding | Inspect carcass of slaughtered animal | None   | 5 MINUTES | Melisa R. Morgado  Meat Inspector I  or  Emil June B. Ranchez  Municipal Agriculturist  Office of the Municipal  Agriculturist |



| 2. Inspection of previously inspected carcasses and edible offal at public market. | Post abbatoir inspection | None  | 4 HOURS                 | Melisa R. Morgado Meat Inspector I or Emil June B. Ranchez Municipal Agriculturist Office of the Municipal Agriculturist |
|--|--------------------------|---|-------------------------|--|
| 3. Pay the required fee  |                          | Hogs: Slaughter fee P75.00 Permit to slaughter 50.00 Corral Fee 20.00 Misc. 20.00 Cattle/Carabao: Slaughter fee P200.00 Permit to slaughter 100.00 Corral Fee 20.00 Misc. 30.00 | 5 MINUTES               | Christopher T. Gabriel  Meter Reader I  Office of the Municipal  Treasurer   |
|  | TOTAL                    | Depends on transaction  | 4 HOURS & 10<br>MINUTES |  |



# INTERNAL SERVICES



# OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT



The office oversees personnel management and records keeping in accordance with the constitutional provisions on civil service, pertinent laws, rules and regulations thereon, including implementation of personnel mechanisms, policies, guidelines and standards as the Civil Service Commission may established.





#### PROCESSING OF APPLICATION FOR LEAVE OF ABSENCES

Permanent, temporary, and elective municipal government officials and employees are entitled to vacation, sick leave, and other privilege leave. Employee accrues leave credits (1.25 days each for vacation and sick leave every month). Actual leaves are deducted from these leave credits. If an employee's leave period exceeds the accrued credits, he/she will not be entitled to pay for the excess. Applications for vacation leave, if possible, must be filed at least 5 days before the leave. For sick leave, the application must be filed immediately upon return of the employee to work accompanied by medical certificate.

The Office is now equipped with an HRIS. An HRIS or Human Resource Information System, applied online offers numerous benefits, such as increased efficiency, convenience, and accessibility for employees to apply for leave. With 24/7 availability on desktop computers, Android, or Apple phones, employees can easily submit their leave requests anytime, anywhere, without the need for physical forms or manual processes. This streamlined approach promotes a more organized and productive work environment.

| OFFICE / DIVISION:  | Human Resource                          | Management (       | Office                |                       |
|---|---|--------------------|-----------------------|-----------------------|
| CLASSIFICATION:   | Simple                                  |                    |                       |                       |
| TYPE OF TRANSACTION:  | Government to Citizen                   |                    |                       |                       |
| WHO MAY AVAIL:  | Employees only                          |                    |                       |                       |
| CHECKLIST OF REQUIRE  | MENTS                                   |                    | WHERE TO SECU         | JRE                   |
| <ul> <li>2 (two) copies of application for Form #6, Revise 1984)</li> <li>Medical Certificate for sick leav days</li> <li>Clearance from Money or Propaccountability if leave will last for days or more</li> </ul> | e exceeding 3<br>erty<br>or 30 calendar | Right Side         | irce Management Offic |                       |
| CLIENT STEPS  | AGENCY<br>ACTION                        | FEES TO<br>BE PAID | PROCESSING<br>TIME    | PERSON<br>RESPONSIBLE |



| Fill up application for leave form and have it approved by your                                  |  | NONE           | 30 minutes | ERLIEGY A. BUTAY, MPA<br>MGDH 1 (MHRMO)                   |
|--|--|----------------|------------|---|
| supervisor   |  |                |            | RHOMEL G. SALVADOR<br>AO IV (HRMO II)<br>MHRM Office      |
| 2. Submit the accomplished form for processing to the Administrative Assistant II/Human Resource | Accept accomplished form for                                     |                | 5 minutes  | ERLIEGY A. BUTAY, MPA<br>MGDH 1 (MHRMO)                   |
| Management Assistant to record the leave of absence incurred and to be                           | recording purposes and   |                |            | RHOMEL G. SALVADOR<br>AO IV (HRMO II)                     |
| signed by the Municipal Mayor  | endorse to the<br>LCE/Municipal<br>Administrator for<br>approval |                |            | RICHMONH H. PAZZIBUGAN Admin. Asst. HRM Asst. MHRM Office |
| 3. Get approved application for leave  | Release<br>approved<br>Application for                           |                | 2 HOURS    | ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO) RHOMEL G. SALVADOR   |
|  | Leave  |                |            | AO IV (HRMO II)<br>MHRM Office                            |
| TOTAL  |  | NONE           | 14 HOURS   |   |
| USING THE HRIS PORTAL  | AGENCY   | FEES TO        | PROCESSING | PERSON  |
|  | ACTION   | <b>BE PAID</b> | TIME       | RESPONSIBLE   |
| 1. Log-in at HRIS portal   | (As per Policy,  | NONE           | 5 MINUTES  | RHOMEL G. SALVADOR<br>AO IV (HRMO II)                     |
| https://www.mhrmo-   | Employees need   |                |            | HRIS Administrator  |
| <u>delfinalbano.com</u> , REGISTER   | to ask his/her   |                |            | MHRM Office   |
| and fill-up the information  | immediate  |                |            |   |
| needed. Assuming you have now  | Supervisor for   |                |            |   |
| your account, from the MENU,   | approval)  |                |            |   |
| choose, My LEAVE AND FILL-   |  |                |            |   |



| UP the details of your leave, then | Accept / Reject   |  |  |
|------------------------------------|-------------------|--|--|
| CLICK "File".                      | leave Application |  |  |

#### > APPLYING FOR A JOB WITH THE MUNICIPAL GOVERNMENT

Application for work at the Local Government of Delfin Albano is open to anyone particularly bonafide residents provided that the applicant meets the qualifications required for the job opening. Job openings are posted at the Municipal Hall Bulletin Boards, National Agency Building, Delfin Albano Public Market and at the HRMO and also published at the Civil Service Commission (CSC) Isabela Provincial Field Office I Bulletin of Vacant Positions. Applications should be submitted to the Office of the Local Chief Executive. Human Resource Merit Promotion & Selection Board (HRMPSB) screens applicants particularly on promotion and permanent positions in the Plantilla. The HRMPSB members are the Municipal Mayor or his duly authorized representatives or the Municipal Vice-Mayor if the vacancy is in the Legislative branch (Chairman), Representative from the 1st Level Position if the vacant position is in the First Level, Representative from the 2nd Level Positions if the vacant position is in the 2nd level, Department Head of the department which has the vacancy, the Administrative Assistant II(Human Resource Management Assistant(ex-Officio, Secretariat) and the Chairman of the Committee on Good Governance, Public Ethics and Accountability in the Sangguniang Bayan.

| OFFICE / DIVISION:   | Human Resource Management Office |      |  |
|--|----------------------------------|------|--|
| CLASSIFICATION:  | Simple/Complex                   |      |  |
| TYPE OF TRANSACTION:   | Government to Citizen            |      |  |
| WHO MAY AVAIL:   | All                              |      |  |
| CHECKLIST OF RE  | EQUIREMENTS WHERE TO SECURE      |      |  |
| interested applicants<br>disability (PWD) and me<br>Communities irrespecti<br>and gender identities to | ssed to Municipal Mayor          | NONE |  |



- Fully accomplished Personnel Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017)
- Performance Rating in the present position for one (1) year (if applicable)
- Photocopy of Certificate of Eligibility/ratings/license

| Photocopy of Transcript of Records   |  |                    |                    |  |
|--|--|--------------------|--------------------|--|
| CLIENT STEPS   | AGENCY ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |
| 1. Inquire/check for Job Vacancy at the:   | Publish list of vacant position/s                                      | NONE               |                    | ERLIEGY A. BUTAY, MPA<br>MGDH 1 (MHRMO)  |
| -Human Resource Management Office bulletin board -Civil Service Commission, Ilagan, Isabela Field office bulletin board. |  |                    |                    | RHOMEL G. SALVADOR<br>AO IV (HRMO II)<br>MHRM Office                                 |
| 2. Submit Application  | Accept application. Assess the qualification of the applicants.        |                    |                    | ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO)  RHOMEL G. SALVADOR AO IV (HRMO II) MHRM Office |
|  | Give letter for written examination                                    |                    |                    |  |
| 3. Wait for Notice of Screening  | and interview  |                    |                    | ERLIEGY A. BUTAY, MPA<br>MGDH 1 (MHRMO)  |
| 4. Undergo Human Resource Merit Promotion and Selection  | HRMPSB assess<br>the applicant based<br>on QS, written<br>examination, |                    | 4 HOURS            | RHOMEL G. SALVADOR<br>AO IV (HRMO II)<br>MHRM Office                                 |



| 5. Wait for notification if you were selected by the HRMPSB to fill the vacant position. | interview and background investigation Issuance of letter if not selected Issuance of appointment if selected |                    | 7 DAYS             | HRMPSB ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO)  RHOMEL G. SALVADOR AO IV (HRMO II) MHRM Office |
|--|---|--------------------|--------------------|---|
|  | TOTAL   | NONE               | 7 DAYS, 4<br>HOURS |   |
| USING THE HRIS PORTAL  | AGENCY ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1. Log-in https://www.mhrmo-delfinalbano.com   | All qualified applicants are advised to log-in at the portal, register and wait for the confirmation.         | NONE               | 5 MINUTES          | RHOMEL G. SALVADOR  AO IV (HRMO II)  HRIS Administrator  MHRM Office                        |
| 2. Upon Registration, fill-up your Personal Data Sheet (PDS)                             |   | NONE               | 20 minutes         | RHOMEL G. SALVADOR AO IV (HRMO II) HRIS Administrator MHRM Office                           |



| 3. Click Publication, and look for your desired position you wish, then CLICK "Apply". |       | NONE | 5 MINUTES  | RHOMEL G. SALVADOR AO IV (HRMO II) HRIS Administrator MHRM Office |
|--|-------|------|------------|---|
| 4. Attach the requirements. Then CLICK "Add"   ********************************        |       | NONE | 10 MINUTES | RHOMEL G. SALVADOR AO IV (HRMO II) HRIS Administrator MHRM Office |
|  | TOTAL | NONE | 40 MINUTES |   |



# > ISSUANCE OF APPOINTMENT PAPERS AND OTHER SUPPORTING DOCUMENTS OF NEWLY HIRED AND PROMOTED PERSONNEL

Appointment papers for newly hired employee promoted employees and renewal of appointment for temporary and permanent are prepared by the Administrative Officer IV (Human Resource Management Officer II) and Administrative Assistant II (Human resource Management assistant).

| OFFICE / DIVISION:                                   | Municipal Human Resource Management Office |   |                               |   |  |
|--|--|---|-------------------------------|---|--|
| CLASSIFICATION:                                      | Simple                                     |   |                               |   |  |
| TYPE OF TRANSACTION:                                 | Government to Citizen                      |   |                               |   |  |
| WHO MAY AVAIL:                                       | Employees only                             |   |                               |   |  |
| CHECKLIST OF REQU                                    | IREMENTS                                   |   | WHERE TO SEC                  | CURE                                    |  |
| One (1) copy NBI Clearance                           |  | National Bureau of Investigation                      |                               |   |  |
| photo copies of certificate of Eligibility if needed |  |   |                               |   |  |
| Three (3) (photo copy of I                           |  |   |                               |   |  |
| Birth Certificate                                    | •  |   |                               |   |  |
| Taxpayer Identification Number                       | umber (TIN)                                |   |                               |   |  |
| . ,  |  |   | Philippines Statistics Office |   |  |
| Certification Form                                   | . ,  |   | Bureau of Internal revenue    |   |  |
| Appointment Papers                                   |  | Human Resource Management Office, Second Floor, Right |                               |   |  |
| ·  |  | Side  |                               |   |  |
| CLIENT STEPS   | AGENCY                                     | FEES TO BE  | PROCESSING                    | PERSON                                  |  |
|  | ACTION                                     | PAID  | TIME                          | RESPONSIBLE                             |  |
| 1. Get Form 212 or personal                          | Issuance of PDS,                           | NONE  | 30 MINUTES                    | ERLIEGY A. BUTAY, MPA<br>MGDH 1 (MHRMO) |  |
| Data Sheet (PDS), Statement                          | SALN and                                   |   |                               | MGDITT (MITRIMO)                        |  |
| of Assets, Liabilities & Net                         | Medical                                    |   |                               |   |  |
| Worth (SALN) Form, & Medical                         | Certificate form                           |   |                               | RHOMEL G. SALVADOR<br>AO IV (HRMO II)   |  |
| Certificate Form (CSC Form                           |  |   |                               | MHRM Office                             |  |
| 211) from the Human Resource                         |  |   |                               |   |  |
| Management Office (for                               |  |   |                               | RICHMONH H. PAZZIBUGAN                  |  |
| New/Promotion)                                       |  |   |                               | Admin. Asst. HRM Asst.                  |  |



| 2. Submit the duly  | Accept duly  |      | 4 HOURS                  | MHRM Office   |
|---|--|------|--------------------------|---|
| accomplished forms under item #1 to the Human Resource  | accomplished form for review   |      |                          | ERLIEGY A. BUTAY, MPA<br>MGDH 1 (MHRMO)   |
| Management Office(HRMO) for verification  3. Wait for the Preparation of Appointment Forms  | and verification  Issue Appointment form                               |      | 8 HOURS                  | RHOMEL G. SALVADOR AO IV (HRMO II) MHRM Office  ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO)  |
| 4. Go to your supervisor for the signing of the Position  | Supervisor fill up signed the  |      | 30 MINUTES               | RHOMEL G. SALVADOR<br>AO IV (HRMO II)<br>MHRM Office  |
| Description Form  | Position Description Form  |      |                          | Concerned<br>Supervisor   |
| 5. Go to the Accounting Office.   | Municipal Accountant signed the Certification of Availability of Funds |      | 30 MINUTES               | Bernard F. Cañero, CPA<br>OIC-Mun. Accountant<br>Accounting Office  |
| 6. Have your appointment papers approved by the Mayor for those under the Executive Branch or the Vice Mayor for those under the Legislative Branch | Appointment signed by the Local Chief Executive                        |      | 1 HOUR                   | Hon. Arnold Edward P. Co<br>Municipal Mayor<br>Mayor's Office<br>Hon. Thomas A. Pua Jr.<br>Municipal Vice Mayor<br>V-Mayor's Office |
|   | TOTAL  | NONE | 14 HOURS &<br>30 MINUTES | v-iviayor 3 Office  |



## > ISSUANCE OF SERVICE RECORD, CERTIFICATE OF EMPLOYMENT & OTHER PERSONNEL RECORDS

The Local Government Officials and employees and former employees may request HRMO for copies of service records, certificates of employment and other certifications and personnel records.

These are usually required for salary loans and other forms of loans, credit card applications, Step increments/promotions. Retirement and terminal leave purposes. Employment by other companies/agencies upon resignation from the city government, benefit claims and other purposes not mentioned herein.

| OFFICE / DIVISION:                              | Municipal Human Res  | ource Managen      | nent Office        |  |  |  |
|---|--|--------------------|--------------------|--|--|--|
| CLASSIFICATION:                                 | Simple   | Simple             |                    |  |  |  |
| TYPE OF TRANSACTION:                            | Government to Citizen  |                    |                    |  |  |  |
| WHO MAY AVAIL:                                  | Retired/Old/New Empl   | oyees              |                    |  |  |  |
| CHECKLIST OF REC                                | UIREMENTS  |                    | WHERE TO SE        | CURE   |  |  |
| <ul> <li>Request Letter</li> </ul>              |  | NONE               |                    |  |  |  |
| CLIENT STEPS                                    | AGENCY<br>ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE  |  |  |
| 1. Sign Client Log Book                         | Give the Log<br>Book to the<br>client.   | NONE               | 30 MINUTES         | RICHMOND H. PAZZIBUGAN HRM Assistant   |  |  |
| 2. Wait for the Printing and signing of Records | Verify the length<br>of service<br>rendered by the<br>employee. Once<br>verified print the<br>document for | P50.00             | 30 MINUTES         | ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO)  RHOMEL G. SALVADOR AO IV (HRMO II) MHRM Office |  |  |



| 3. Get Record | signature of the LCE or MHRMO  Issue the document to the client with the Official LGU Logo. |       | 30 MINUTES             | ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO)  RHOMEL G. SALVADOR AO IV (HRMO II) MHRM Office |
|---------------|---|-------|------------------------|--|
|               | TOTAL   | 50.00 | 1 HOUR & 30<br>MINUTES |  |

# > PROCESSING OF DOCUMENTS FOR GOVERNMENT SERVICE INSURANCE SYSTEM (GSIS) MEMBERSHIP AND RETIREMENT, PHILHEALTH MEMBERSHIP, PAG-IBIG FUND MEMBERSHIP AND LOANS FROM PARTNER LENDING INSTITUTIONS

Membership of Local Government Employees (Elective, Permanent, Co-Terminus, and Temporary) to Government Service Insurance System (GSIS), Philhealth, Pag-ibig Fund is mandatory. Loans from GSIS, Pag-ibig and other partner lending institutions are processed by the office.

| OFFICE / DIVISION:                   | Municipal Human Resource Management Office |   |            |            |             |
|--------------------------------------|--|---|------------|------------|-------------|
| CLASSIFICATION:                      | Simple                                     |   |            |            |             |
| TYPE OF TRANSACTION:                 | Government to Cit                          | Government to Citizen                                     |            |            |             |
| WHO MAY AVAIL:                       | Employees only                             |   |            |            |             |
| CHECKLIST OF REQUIREM                | ENTS                                       | WHERE TO SECURE   |            |            |             |
| <ul> <li>Application form</li> </ul> |  | Municipal Human Resource Management Office, Second Floor, |            |            |             |
|                                      | Right Side                                 |   |            |            |             |
| CLIENT STEPS                         | AGENCY ACTION                              |   | FEES TO BE | PROCESSING | PERSON      |
|                                      |  |   | PAID       | TIME       | RESPONSIBLE |



| This is true to those who created already their Pag-ibig Member Accounts:  1. Multi-Purpose loan application PAG-IBIG(HDMF)  • Bring with you your PAGIBIG LOYALTY CARD PLUS, duly accomplished Application Form affixed by the respective signatories  | Issue forms/document needed for HDMF Loan.  Verify the Net Take Home Pay based on the issued GAA | NONE | 9 MINUTES | ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO)  RHOMEL G. SALVADOR AO IV (HRMO II) MHRM        |
|---|--|------|-----------|--|
| <ul> <li>Wait 2 to 3 days and Go to the nearest ATM Machine and perform Balance Inquiry (LBP)</li> <li>To those who have no Pai-ibig Member Accounts (For Registration)</li> <li>Bring with you your registered cellphone number PAGIBIG LOYALTY CARD PLUS, duly accomplished Application Form affixed by the respective signatories</li> <li>After logging-in on your account and completing the desired information.</li> </ul> | Confirms loan of employee  |      | 2 HOURS   | ERLIEGY A. BUTAY, MPA MGDH 1 (MHRMO)  RHOMEL G. SALVADOR AO IV (HRMO II) MHRM Office |



|   | TOTAL                        | NONE | 2 HOURS, 14<br>MINUTES |  |
|---|------------------------------|------|------------------------|--|
| 3. <b>PHILHEALTH</b> Accomplish the Application Form Member Data Record Form (MDR)  | Signs the Philhealth<br>Form |      | 5 MINUTES              | Bernard F. Cañero,<br>CPA<br>OIC-Mun. Accountant |
| <ul> <li>Oo to a GW@PS Kiosk at least 48 hours after you validate your eCARD Plus.</li> <li>Place your eCARD Plus on the card holder of the Kiosk. Select the loan Window icon displayed on the screen.</li> <li>Select "confirm" to the tentative computation of your Loan.</li> <li>Inform your Accredited Agency Authorize Officer to confirm in the internet using the GSIS Wireless Automated System.</li> </ul> |                              |      |                        |  |
| <ul> <li>Wait the Liason Officer to certify the said Loan/Borrowing'</li> <li>Wait 2 to 3 days and Go to the nearest ATM Machine and perform Balance Inquiry (LBP)</li> </ul>   |                              |      |                        |  |



## OFFICE OF THE MUNICIPAL BUDGET

The office's function revolves on the preparation and implementation of the budget in coordination with the Municipal Planning and Development Coordinator, Accountant and Treasurer and is in charge of Local Government Unit concerns on preparation and execution.



### > VERIFICATION OF BALANCES OF APPROPRIATION

| OFFICE / DIVISION:                               | Munic   | pipal Budget Of       | fice         |                        |   |  |  |
|--|---|-----------------------|--------------|------------------------|---|--|--|
| CLASSIFICATION:                                  |   | Simple                |              |                        |   |  |  |
| TYPE OF TRANSACTION:                             |   | Government to Citizen |              |                        |   |  |  |
| WHO MAY AVAIL:                                   |   | Employees only        |              |                        |   |  |  |
| CHECKLIST OF REQUIREMEN                          |   |                       | WHER         | RE TO SECURE           |   |  |  |
| Request letter duly approved the Municipal Mayor |   |                       |              |                        |   |  |  |
| CLIENT STEPS                                     | AGE   | NCY ACTION            | FEES TO BE   | PROCESSING             | PERSON  |  |  |
|  |   |                       | PAID         | TIME                   | RESPONSIBLE   |  |  |
| Submission of documents<br>to MBO staffs         | requir<br>docur<br>check<br>comp<br>Recor<br>transa<br>Verific<br>reque<br>certific | ments and             | None<br>None | 15 MINUTES  15 MINUTES | Dahlee Joy R. Manzano Admin. Aide II or Jovelyn M. Cañero Budgeting Assistant Municipal Budget Office  Dahlee Joy R. Manzano Admin. Aide II or Jovelyn M. Cañero Budgeting Assistant or Jocelyn A. Manibog Municipal Budget Officer |  |  |
|  | availa<br>appro   | ble<br>priation       |              |                        | Municipal Budget Office   |  |  |



| Sign in the log upon release of the certified document | Give the Log Book to the client. | None |            | Dahlee Joy R. Manzano Admin. Aide II Or Jovelyn M. Cañero Budgeting Assistant Municipal Budget Office |
|--|----------------------------------|------|------------|---|
|  | TOTAL                            | NONE | 30 MINUTES |   |

#### > TECHNICAL ASSISTANCE, PRELIMINARY REVIEW AND ENDORSEMENT OF BARANGAY BUDGET

The Municipal Budget Officer is tasked to assists barangays in the preparation of their annual budget. It ensures compliance with statutory and contractual obligation and budgetary requirements prior to the review and approval by the Sangguniang Bayan.

Within ten (10) days from the approval of the Barangay Budget copies of the Annual Budget shall be furnished to the Sangguniang Bayan for review through the Municipal Budget Office.

| OFFICE / DIVISION:  | Municipal Budget Office                      |   |  |  |
|---|--|---|--|--|
| CLASSIFICATION:   | Simple                                       |   |  |  |
| TYPE OF TRANSACTION:  | Government to C                              | Citizen   |  |  |
| WHO MAY AVAIL:  | Employees/                                   |   |  |  |
| CHECKLIST OF REQUIRE  | MENTS  | WHERE TO SECURE                                     |  |  |
| <ul> <li>Actual collection of the Barangay preceding year for the computating Cap</li> <li>Plantilla of Personnel</li> <li>Estimated IRA &amp; Local revenues Year</li> <li>Initial checking of the Barangay</li> <li>Transmittal Letter of the Barangay</li> </ul> | on of the 55% PS for the Budget Review Forms | Municipal Budget Office, Ground Floor, Right Center |  |  |



- Budget Message of the Punong Barangay
- Appropriation OrdinancePlantilla of Personnel
- Barangay Development PlanLDRRMFIP
- Youth Development Plan

| <ul> <li>Endorsed GAD Plan and Budget</li> </ul>                |  |            |            |   |
|---|--|------------|------------|---|
| CLIENT STEPS  | AGENCY   | FEES TO BE | PROCESSING | PERSON  |
|   | ACTION   | PAID       | TIME       | RESPONSIBLE   |
| Give technical assistance on the preparation of Barangay Budget | Receive the required documents and check for completeness.  Recording of transaction.        | None       | 1 HOUR     | Jovelyn M. Cañero Budgeting Assistant Or Jocelyn A. Manibog Municipal Budget Officer Municipal Budget Office  |
| 2. Receive Barangay Budget for review and evaluation            | Verification of request letter and certification of the existence of available appropriation | None       | 1 HOUR     | Jovelyn M. Cañero Budgeting Assistant Or Jocelyn A. Manibog Municipal Budget Officer  Municipal Budget Office |
| 3. Wait for the review and                                      |  | None       |            |   |
| recommendation of the   |  |            |            |   |
| Sangguniang Bayan   |  |            |            |   |
|   | TOTAL  | NONE       | 2 HOURS    |   |



# OFFICE OF THE MUNICIPAL ACCOUNTANT & INTERNAL AUDIT

To take charge of both accounting and internal audit services of the Local Government Unit; to certify the availability of the budgetary allotment to which LGU expenditures and obligations maybe charged.



# > CHECKING AND PROCESSING OF VOUCHER FOR FINANCIAL ASSISTANCE (AICS/AID TO STUDENTS)

AICS or financial assistance is given to Individual in Crisis Situation. This aims to lessen financial burden of clients.

| OFFICE / DIVISION:                                      | Municipal Ac          | counting O                              | ffice &                       | Internal Audit |             |
|---|-----------------------|---|-------------------------------|----------------|-------------|
| CLASSIFICATION:   | Simple                |   |                               |                |             |
| TYPE OF TRANSACTION:                                    | Government to Citizen |   |                               |                |             |
| WHO MAY AVAIL:  | Indigent Indi         | Indigent Individual in Crisis Situation |                               |                |             |
| CHECKLIST OF REQUIREME                                  | NTS WHERE TO SECURE   |   |                               | CURE           |             |
| <ul> <li>Approved Request Letter (one</li> </ul>        | (1) Original          | Office of the                           | Office of the Municipal Mayor |                |             |
| Copy)   |                       |   |                               |                |             |
| <ul> <li>Case Study Report (one (1) Original</li> </ul> | ginal Copy)           | Office of the MSWDO                     |                               |                |             |
| <ul> <li>Cedula (Photocopy)</li> </ul>                  |                       | Office of the Municipal Treasurer       |                               |                |             |
| Barangay Clearance (one (1) or                          | iginal Copy)          | Respective Barangay                     |                               |                |             |
| Certificate of Indigency (one(1))                       | Original Copy         | Respective Barangay                     |                               |                |             |
| CLIENT STEPS  | AGENC                 | ' FEE                                   | S TO                          | PROCESSING     | PERSON      |
|   | ACTION                | BE                                      | PAID                          | TIME           | RESPONSIBLE |



| 1. Sign in the Client Log Book and inform the employee about the request    | Give the Log<br>Book to the client.   | None | 5 MINUTES  | Marjorie B. Garro Admin. Aide IV Or Lorielaine M. Guting Admin. Aide IV Or Cristy M. Dela Cruz Admin. Aide VI Or Julius Jake R. Mendoza Contract of Service Accounting Office |
|---|---|------|------------|---|
| 2. Present the requirements   | Verify the requirements   | None | 10 MINUTES | Haydee G. Viernes SWO 1 Or Vanessa Gay A. Acosta SWO 1 Or Fresma D. Casayuran SWA   |
| 3. Wait while voucher is being prepared                                     | Prepare the documents   | None | 1 HOUR     | Or Rosalie L. Marquez, RSW  Office of the Municipal Social Welfare and Development  |
| 4. Proceed to the Office of the Municipal Mayor for affixation of signature | Staff review the documents and endorse the documents to the LCE for affixation of signature | None | 1 DAY      | Grace D. Acidera Asst. Info. Officer Or Richmond Pazzibigan HR Assistant Office of the Mayor  |



| 5. Proceed to the Municipal Budget Office for available appropriation       | Record the transaction                           | None | 5 MINUTES                         | Dahlee Joy B. Manzano Admin. Aide II Or Jovelyn M. Cañero Budgeting Assistant          |
|---|--|------|-----------------------------------|--|
|   | Review, approve and affix signature              |      | 6 MINUTES                         | Or<br><b>Jocelyn A. Manibog</b><br>Municipal Budget Officer<br>Municipal Budget Office |
| 6. Go back to the Office of the Accounting & Internal Audit for signature   | Record<br>transaction and<br>assign ALOBS<br>No. |      | 1 MINUTE                          | Marjorie B. Garro<br>Admin. Aide IV<br>Accounting Office                               |
| 7.Proceed to the Office of the Municipal Treasurer to receive cash or check | Affix signature                                  |      | 5 MINUTES                         | Bernard F. Cañero, CPA OIC-Municipal Accountant Accounting Office                      |
|   |  |      |                                   | Henry V. Dumaua, CPA Acting Municipal Treasurer  |
|   |  |      |                                   | Office of the Municipal<br>Treasurer   |
|   | TOTAL  | NONE | 1 DAY, 2<br>HOURS & 32<br>MINUTES |  |



#### > ISSUANCE OF CERTIFICATE OF NET TAKE HOME PAY

The Certification is issued to individuals needing this document that states the gross compensation less all deductions. This document is issued to support salary loan of clients

| OFFICE / DIVISION:   | Municipal Accounting Office & Internal Audit |                                   |         |                    |   |
|--|--|-----------------------------------|---------|--------------------|---|
| CLASSIFICATION:  | Simple                                       |                                   |         |                    |   |
| TYPE OF TRANSACTION:   | Government to Citizen                        |                                   |         |                    |   |
| WHO MAY AVAIL:   | Regula                                       | ar Employees only                 |         |                    |   |
| CHECKLIST OF REQUIREM  | ENTS   |                                   |         |                    | E   |
| <ul> <li>Original Receipt<br/>Certification Fee</li> </ul>         | of   | Office of the Municipal Treasurer |         |                    |   |
| CLIENT STEPS   |  |                                   |         | PERSON RESPONSIBLE |   |
|  |  | ACTION                            | PAID    | TIME               |   |
| Sign in the Client Log Book and inform the staff about the request |  | the logbook<br>e client           | None    | 1 MINUTE           | Marjorie B. Garro Admin. Aide IV Or Lorielaine M. Guting Admin. Aide IV Or Cristy M. Dela Cruz Admin. Aide VI Or Julius Jake R. Mendoza Contract of Service Accounting Office |
| 2. Pay certification fee at the Office of the Municipa Treasurer   |  | e certification<br>payment        | P 50.00 | 1 HOUR             | Wendell Carl G. Agriam Licensing Officer II Office of the Municipal Treasurer   |



| 3. Return to the Office of the Municipal Accountant  | Check official receipt, prepare the document and give to signatories for review and affixation of signature |         | 1 DAY                           | Cristy M. Dela Cruz Admin. Aide VI  Bernard F. Cañero, CPA OIC-Municipal Accountant  Accounting office |
|--|---|---------|---------------------------------|--|
| 4. Sign in client's logbook to accept certification. | Issue the certification   |         |                                 | <b>Cristy M. Dela Cruz</b><br>Admin. Aide VI   |
|  | TOTAL   | P 50.00 | 1 DAY, 1<br>HOUR & 2<br>MINUTES |  |



### VI. Feedback and Complaints

| FEEDB                        | BACK AND COMPLAINTS MECHANISM  |
|------------------------------|--|
| How to send feedback         | Answer the client feedback form and drop it at the designated drop box left side of the Municipal Public Information Desk.   |
| How feedback is processed    | Every Friday, the Assistant Information Officer opens the drop box and compiles and records all feedback forms submitted. Feedback requires answers are forwarded to the relevant offices and they are required to answer within three (3) days after the receipt of the feedback. The answer of the office is then relayed to the citizen.  |
| How to file a complaint      | Answer the client Complaint Form and drop it at the designated drop box at the left side of the Public Information desk. Complaints can also be filed via cellular phone: Make sure to provide the following information:  - Name of person being complained - Incident - Evidence   |
| How complaints are processed | The complaints officer opens the complaint drop box on a daily basis evaluated each complaint.  Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the concerned office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.  The Complaints Officer will give the feedback to the client. |



### V. List of Offices

| Office   | Address   | Contact Information |
|--|---|---------------------|
| Office of the Municipal Mayor                              | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0997-983-7085       |
| Office of the Municipal Administrator                      | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0917-733-7209       |
| Office of the Municipal Civil Registrar                    | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0953-304-4301       |
| Office of the Municipal Health Service                     | Balay na Maguili, Ragan Sur,                                | 0955-328-6809       |
|  | Delfin Albano, Isabela 3326                                 | 0968-388-2642       |
| Office of the Municipal Social & Development               | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0916-324-0145       |
| Office of the Sangguniang Bayan Secretary                  | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0915-570-4466       |
| Office of the Municipal Planning & Development Coordinator | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0926-2190922        |
| Office of the Municipal Assessor                           | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0906-924-4042       |
| Office of the Municipal Engineer                           | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0965-668-1123       |
| Office of the Municipal Treasurer                          | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0917-6421968        |
| Office of the Municipal Agriculturist                      | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0917-573-3707       |
| Delfin Albano Water Supply System                          | Balay na Maguili, Ragan Sur,                                | 0997-624-3233       |
|  | Delfin Albano, Isabela 3326                                 | 0916-864-2366       |
| Delfin Albano Public Market Office                         | Balay na Maguili, Ragan Sur,<br>Delfin Albano, Isabela 3326 | 0915-380-7955       |



| Municipal Human Resource                 | nicipal Human Resource Balay na Maguili, Ragan Sur, |               |  |  |
|--|---|---------------|--|--|
| Management Office                        | Delfin Albano, Isabela 3326                         |               |  |  |
| Office of the Municipal Budget           | Balay na Maguili, Ragan Sur,                        | 0917-733-7209 |  |  |
|  | Delfin Albano, Isabela 3326                         |               |  |  |
| Office of the Municipal Accounting &     | Balay na Maguili, Ragan Sur,                        | 0956-844-7151 |  |  |
| Internal Aaudit                          | Delfin Albano, Isabela 3326                         |               |  |  |
| 8888-Presidential Complaints Center      |   |               |  |  |
| 0908-8816565-CSC Contact Center ng Bayan |   |               |  |  |
| 478-5093-Anti-Red Tape Authority         |   |               |  |  |