



Republic of the Philippines
DEPARTMENT OF EDUCATION
Cordillera Administrative Region
SCHOOLS DIVISION OF BENGUET
Wangal, La Trinidad, Benguet 2601

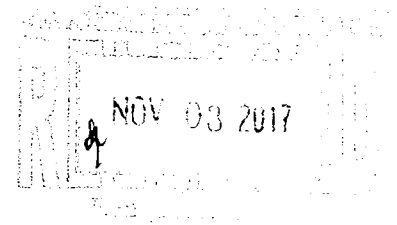


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November 3, 2017

SDO MEMORANDUM
NO. 272 s. 2017

**TO: All Public Schools District Supervisors/CPs
K-12 School Principals/Head Teachers
Teachers In Charge
SDO Personnel**



FROM: MARIE CAROLYN B. VERANO, CESO VI
Schools Division Superintendent

**SUBJECT: 2017 OMNIBUS RULES ON APPOINTMENTS AND OTHER HUMAN
RESOURCE ACTIONS (ORA-OHRA)**

1. In CSC MC No. 49, s. 1998 dated December 14, 1998, the Commission prescribed the "Revised Omnibus Rules on Appointments and Other Personnel Actions".
2. However, during consultations with the Human Resource Management Practitioners (HRMPs) of various agencies of the government, several issues and problems on policies and procedures on appointments surfaced.
3. Hence, the Civil Service Commission in its CSC Resolution No. 1701009 dated June 16, 2017 has issued Memorandum Circular No. 24, s. 2017 dated August 24, 2017 which adopted and promulgated the 2017 Omnibus Motion Rules on Appointments and Other Human Resources Actions (ORA-OHRA) to govern the preparation, submission of, using the prescribed CS Forms, Revised 2017 and actions to be taken on appointments and other human resource movements.
4. The COMMON requirements for regular appointments to be submitted to the Civil Service Commission – Field Office and the ADDITIONAL documents required from the appointee but shall be retained in the employee's 201 File. The prescribed forms, hereto attached for the reproduction of School Heads which also serve as checklist are as follows:

4.1 Common Requirements

- a. CS Form No.1, Revised 2017 (Appointment Transmittal and Action Form, for SDO use)
 - b. 3 Original Copies of Appointment (CS Form No. 33-A, Revised 2017)
Note: Pls. add one more copy for funding requirement/BP #
 - c. Personal Data Sheet (PDS)
CS Form 212, Revised 2017
 - d. Original copy of the authenticated (issued by CSC and/or PRC for teachers or practice of profession) certificate of eligibility/rating/license for original appointment, promotion, transfer, reappointment (change of status to permanent) or reemployment
- d.1 Certificate of Eligibility issued by the CSC (for non-teaching)

d.2 Valid professional license and certificate of registration issued by the Professional Regulation Commission (PRC)

e. Position Description Form (DBM – CSC form No. 1, Revised 2017)

f. Oath of Office (CS form No. 32, Revised 2017)

- To be submitted within the 30-day period from the date of oath of office of appointee.

g. Certification of Assumption to Duty (CS Form No. 4, Series of 2017)

- To be submitted within 30 days from the date of assumption of appointee

4.2 Additional Documents required from the appointee in support of his/her appointment but shall be retained in the employee's 201 file.

a. **Medical Certificate (CS Form No. 211, Revised 2017)** MC issued by a licensed government physician is required for original appointment, transfer and reemployment.

- ✓ Blood Test
- ✓ Urinalysis
- ✓ Chest X-ray
- ✓ Drug Test
- ✓ Neuropsychiatric Exam
- ✓ Psychological Test (additional requirement)

b. **Certificate of Live Birth.** Duly authenticated by the PSA or the LCR of the municipality where the birth was registered (required for ORIGINAL Appointment & Reemployment)

c. **Marriage Contract/Certificate.** Must be PSA or LCR Authenticated (required for ORIGINAL Appointment & Reemployment)

d. **Clearances.** A valid NBI clearance is required for ORIGINAL appointment and reemployment. In case of transfer, promotion (from one department/agency) and reemployment, clearance from money, property and work-related accountabilities from former office is required (CS Form No. 7, Series of 2017)

e. **Performance Rating.** For appointment by promotion and transfer, the Performance Rating/s of the appointee in the present position for one (1) year prior to the date of assessment or screening, which should be at least Very Satisfactory is required. (For agencies adopting semestral rating period, one (1) year rating is equivalent to two (2) performance ratings while for agencies adopting quarterly rating, one year rating is equivalent to four (4) performance ratings).

f. **Scholastic Record/Academic Record.** The certified true copies of scholastic/academic record such as Diploma and Transcript of Records (TOR) are attached in original appointment, transfer and reemployment and promotion where the education requirement is different from the previous academic record submitted.

5. Publication and posting of vacant positions shall be submitted using CS Form No. 9, Revised 2017) in electronic and printed copies to the Civil Service Commission Field Office through the SDO.

6. The revised forms prescribed herein which shall be in English shall be used in submitting appointments properly accomplished starting January 2, 2018, to wit: (Old Forms will not be accepted)

- ✓ CS Form No. 33-A, Revised 2017 (Appointment Form)
 - ✓ Attachment to CS Form No. 212 (Personal Data Sheet)
 - ✓ DBM-CSC Form No. 1, Revised Version No. 1, s. 2017
 - ✓ CS form No. 32, Revised 2017 (Oath of Office)
 - ✓ CS Form No. 4, Series of 2017 (Certification of Assumption To Duty)
 - ✓ CS Form No. 211, Revised 2017 (Medical Certificate)
 - ✓ CS Form No. 7, Series of 2017 (Clearance Form: if applicable pls. read instructions at the back page)
 - ✓ CS Form No. 9, Series of 2017 (Request For Publication of Vacant Positions)
 - ✓ CS Form No. 10, Series of 2017 (Acceptance of Resignation)
- Note: There must be a written intent from the resigning employee/official which shall not be less than thirty (30) days from the date of notice.

7. Some clarificatory/explanatory terms in the ORA-OHRA are as follows:

- ✓ HRMPSB – Human Resource Merit Promotion and Selection Board (formerly the Personnel Selection Board – PSB)
- ✓ Highest Official In Charge of HRM – refers to the Head of Office/Agency (Local Chief Executives for LGUs)
- ✓ Highest Ranking HRMO – refers to the agency's/office HRMO/Personnel Officer
- ✓ Chairperson, HRMPSB – authorized representative of the HA – the ASDS

8. The indulgence of everyone in the dissemination of this Memo to ensure accurate ORA-OHRA process is hereby enjoined.

To be indicated in the Perpetual Index under the following subjects:

APPOINTMENT PROMOTION HR ACTIONS EMPLOYEES/OFFICIALS

CS Form No. 33-A
Revised 2017



(Stamp of Date of Receipt)

Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OF BENGUET
2601 La Trinidad

Mr./Mrs./ Ms.: _____

You are hereby appointed as _____ (SG/JG/PG _____)
(Position Title)

under _____ status at the _____
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of _____ (P _____)
pesos per month.

The nature of this appointment is _____ vice _____
(Original, Promotion, etc.)

_____, who _____ with Plantilla Item No. _____
(Transferred, Retired, etc.)

Page _____ .

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

MARIE CAROLYN B. VERANO, CESO VI

Appointing Officer/Authority

Date of Signing

CSC ACTION:

Authorized Official

Date

(Stamp of Date of Release)

Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC No. _____ have been complied with, reviewed and found to be in order.

The position was published at _____ from _____ to _____, 20____ and posted in _____ from _____ to _____, 20____ in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on _____, 20____.

SUSAN CJ DAWANG
Highest Ranking HRMO

Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB during the deliberation held on _____.

NESTOR L. BOLAYO
Chairperson, HRMPSB

CSC Notation

ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY THE COMMISSION.

Acknowledgement

Received original/photocopy of appointment on _____

Appointee

- Original Copy - for the Appointee
- Original Copy - for the Civil Service Commission
- Original Copy - for the Agency

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment

Sample: If applying to Supervising Administrative Officer

- Duration: February 11, 2011 – present
 - Position: Human Resource Management Officer III
 - Name of Office/Unit: Finance and Administrative Service
 - Immediate Supervisor: Maria Estrada
 - Name of Agency/Organization and Location: Department of Human Resources, Metro Manila

 - List of Accomplishments and Contributions (if any)
 - Developed recruitment plan
 - Designed training program for retirees under EO 366

 - Summary of Actual Duties
 - Responsible for the management of the recruitment and selection process and the coordination of training activities of the Department; provides assistance in the management of the Division's programs and activities and performs other related functions.
-
- Duration: January 2, 2002 – February 10, 2011
 - Position: Administrative Officer III
 - Name of Office/Unit: Finance and Administrative Division
 - Immediate Supervisor: Celia Romano
 - Name of Agency/Organization and Location: Department of Finance

 - List of Accomplishments and Contributions (if any)

 - Summary of Actual Duties
 - Responsible for performing administrative and technical tasks e.g., pre-screening of applicants, preparation of monthly report on accession and separation, report of appointments issued, preparation of minutes of meetings of various HR committees and monitoring of trainings conducted; responds to queries and performs other related functions.

(Signature over Printed Name
of Employee/Applicant)

Date: _____

Republic of the Philippines POSITION DESCRIPTION FORM DBM-CSC Form No. 1 (Revised Version No. 1, s. 2017)		1. POSITION TITLE (as approved by authorized agency) with parenthetical title			
2. ITEM NUMBER		3. SALARY GRADE			
4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS					
<input type="checkbox"/> Province <input type="checkbox"/> City <input type="checkbox"/> Municipality		<input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input type="checkbox"/> 4th Class		<input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Special	
5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT			6. BUREAU OR OFFICE		
7. DEPARTMENT / BRANCH / DIVISION			8. WORKSTATION / PLACE OF WORK		
9. PRESENT APPROP ACT		10. PREVIOUS APPROP ACT		11. SALARY AUTHORIZED	12. OTHER COMPENSATION
13. POSITION TITLE OF IMMEDIATE SUPERVISOR			14. POSITION TITLE OF NEXT HIGHER SUPERVISOR		
15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED					
<i>(if more than seven (7) list only by their item numbers and titles)</i>					
POSITION TITLE			ITEM NUMBER		
16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK					
17. CONTACTS / CLIENTS / STAKEHOLDERS					
17a. Internal		Occasional		Frequent	
17b. External		Occasional		Frequent	
Executive / Managerial	<input type="checkbox"/>	<input type="checkbox"/>	General Public	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Other Agencies	<input type="checkbox"/>	<input type="checkbox"/>
Non-Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Others (Please Specify):		
Staff	<input type="checkbox"/>	<input type="checkbox"/>			
18. WORKING CONDITION					
Office Work	<input type="checkbox"/>	<input type="checkbox"/>	Other/s (Please Specify)		
Field Work	<input type="checkbox"/>	<input type="checkbox"/>			
19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION					

20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)

Blank area for the job summary description.

21. QUALIFICATION STANDARDS

21a. Education	21b. Experience	21c. Training	21d. Eligibility

21e. Core Competencies	Competency Level
<i>(Indicate the required Core Competencies here)</i>	<i>(Indicate the required Competency Level here)</i>

21f. Leadership Competencies	Competency Level
<i>(Indicate the required Leadership Competencies here)</i>	<i>(Indicate the required Competency Level here)</i>

22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)		Competency Level
<i>Percentage of Working Time</i>	<i>(State the duties and responsibilities here:)</i>	<i>(Indicate the required Competency Level here)</i>

23. ACKNOWLEDGMENT AND ACCEPTANCE:

I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein.

Employee's Name, Date and Signature
Supervisor's Name, Date and Signature

REPUBLIC OF THE PHILIPPINES
(Name of Agency)

OATH OF OFFICE

I, _____ (Name of the Appointee) _____ of
_____ (Address of the Appointee) _____ having been
appointed to the position of _____ (Position Title) _____ hereby
solemnly swear, that I will faithfully discharge to the best of my ability, the duties of
my present position and of all others that I may hereafter hold under the Republic of
the Philippines; that I will bear true faith and allegiance to the same; that I will obey
the laws, legal orders, and decrees promulgated by the duly constituted authorities of
the Republic of the Philippines; and that I impose this obligation upon myself
voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.

(Signature over Printed Name
of the Appointee)

Government ID: _____
ID Number : _____
Date Issued : _____

Subscribed and sworn to before me this _____ day of
_____, 20____ in _____,
Philippines.

(Signature over Printed Name
of the Appointing Officer/
Authority/ Head of Office)

Republic of the Philippines
(Name of Agency)

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Ms/Mr. _____ has assumed
the duties and responsibilities as _____ of
_____ effective _____.

This certification is issued in connection with the issuance of the
appointment of Ms/Mr _____ as _____.

Done this ____ day of _____ in _____.

Head of Office/Department/Unit

Date: _____

Attested by:

Highest Ranking HRMO

201 file
Admin
COA
CSC

*For submission to CSCFO
within 30 days from the
date of assumption of the
appointee*

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:
- Blood Test
 - Urinalysis
 - Chest X-Ray
 - Drug Test
 - Psychological Test
 - Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
ADDRESS			PROPOSED POSITION		
AGE	SEX	CIVIL STATUS			

FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input type="checkbox"/>FIT / <input type="checkbox"/>UNFIT for employment.</i>								
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE					
AGENCY/Affiliation of Licensed Government Physician:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">HEIGHT (M) Bare Foot</td> <td style="padding: 5px;">WEIGHT (KG) Stripped</td> <td style="padding: 5px;">BLOOD TYPE</td> </tr> </table>			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE						
LICENSE NO.								
OFFICIAL DESIGNATION			DATE EXAMINED					

Agency Name
CLEARANCE FORM
(Instructions at the back)

I	PURPOSE				
			Date of Application _____		
TO: (Agency Name)					
I hereby apply for clearance from money, property and work-related accountabilities for:					
Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation:					
<input type="checkbox"/> Retirement <input type="checkbox"/> Leave Please specify: _____					
Effectivity/Inclusive Period: _____					
Office of Assignment: _____			Name and Signature of Employee _____		
Position/SG/Step: _____					
II	CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES				
We hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept.					
_____ Immediate Supervisor			_____ Head of Office		
III	CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES				
	Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
1. Administration Sector					
	Supply and Property Procurement and a. Management Services				
	b. Human Resource Welfare & Assistance				
	c. Agency-accredited Union/Cooperative				
2. Library					
	a. Legal Office Library				
	b. Library Services				
3. Finance and Assets Management					
	a. Financial Services				
	b. Transaction, Processing & Billing Services				
	c. Payroll & Remittance Services				
4. Professional and Institutional Development					
	a. Scholarship Services				
IV	CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:				
	a. Internal Affairs Office/Legal Affairs Office				
	<input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)				
V	CERTIFICATION				
_____ Signature over Printed Name of Agency Head					

INSTRUCTIONS:

1. Employees who are retiring, being separated, transferring to other agencies, leaving the Philippines and going on maternity leave of absence shall prepare this form in quadruplicate.
2. This clearance should be duly accomplished before paying the last salary or any money due the employees. (Specify which type of clearance: maternity leave, retirement, transfer, etc.)
3. If the employees are cleared from a unit/office/department, the clearing/authorized official may attach to this clearance the pertinent document/s that shall prove that the employees are cleared of any obligation or accountability from their office, if any, and tick the box under the "Cleared" column before affixing their signatures.
4. If the employees appear to have uncleared accountability/ies from a unit/office/department, the clearing/authorized official shall attach to this clearance the pertinent document/s that shall prove that the employees have remaining obligation or accountability from their office further indicating the necessary action/s that the employee must satisfy in order to be cleared, and tick the box under the "Uncleared" column. The clearing/authorized official must only sign this clearance corresponding to their name once the employee have complied the necessary requirements and cleared of all the obligation/s and accountability/ies from their office. They must also tick the box under the "Cleared" column.
5. The HRMO shall distribute copies of approved clearance as follows: original to the employee; duplicate to be attached to the payroll or voucher; triplicate to human resource unit file; and fourth copy to accounting/auditing office.
6. Processing of clearance certificate shall follow the order of number indicated.

Republic of the Philippines
(Name of Agency)
Request for Publication of Vacant Positions

*Electronic copy to be submitted to the CSC FO
must be in MS Excel format*

To: CIVIL SERVICE COMMISSION (CSC)

This is to request the publication of the following vacant positions of (Name of Agency) in the CSC website:

(Head of Agency)
Date: _____

No.	Position Title	Plantilla Item No.	Salary/ Job/ Pay Grade	Annual Salary	Qualification Standards				Competency (if applicable)	Place of Assignment
					Education	Training	Experience	Eligibility		
1										
2										
3										
4										
5										

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than _____.

1. Fully accomplished Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at www.csc.gov.ph;
2. Performance rating in the present position for one (1) year (if applicable);
3. Photocopy of certificate of eligibility/rating/license; and
4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

(Head of Office/Agency)

(Position Title)

(Complete Office Address)

(E-mail Address)

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

Republic of the Philippines
(Name of Agency)

ACCEPTANCE OF RESIGNATION

Date: _____

(Name of Employee)
(Employee's Address)

Sir/Madam:

In reply to your letter dated (Date of the Letter of Resignation) tendering your resignation from the position of (Position Title) in (Name of Office), may I inform you that the same is hereby accepted to take effect on (Date of the Effectivity of Resignation).

Your services while employed from this Office have been rated as _____, for your reference.

Very truly yours,

Appointing Officer/Authority

Received by: _____
Signature over Printed Name

Date: _____