

# PERSONAL DATA SHEET

**WARNING:** Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Print legibly. Tick appropriate boxes ( ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	ELI		
FIRST NAME	DANILITA		NAME EXTENSION (JR., SR)
MIDDLE NAME	CALIXTRO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/14/1989	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Pls. indicate country:	
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____ 6540
7. HEIGHT (m)	1.60 meters	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____ 6540
8. WEIGHT (kg)	51 kgs.	19. TELEPHONE NO.	NONE
9. BLOOD TYPE	B+	20. MOBILE NO.	9275503832
10. GSIS ID NO.	2005566838	21. E-MAIL ADDRESS (if any)	danilita.eli@vsu.edu.ph
11. PAG-IBIG ID NO.	0801-5690-3704		
12. PHILHEALTH NO.	13-050132433-8		
13. SSS NO.	06-3268501-3		
14. TIN NO.	418-075-838-000		
15. AGENCY EMPLOYEE NO.	VIJ273		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ELI		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LOUI MARK	NAME EXTENSION (JR., SR)	KOBE SHAWN MATTHEW C. ELI	18/11/2014
MIDDLE NAME	GABAS			
OCCUPATION	SELF-EMPLOYED			
EMPLOYER/BUSINESS NAME	LOUMAREL FRESH EGGS			
BUSINESS ADDRESS	SITIO MAHAYAHAY SAN JOSE MERIDA, LEYTE			
TELEPHONE NO.	9955043161			
24. FATHER'S SURNAME	CALIXTRO (DECEASED)			
FIRST NAME	ROLDAN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MARJAS			
25. MOTHER'S MAIDEN NAME	CONCHITA PEREZ ASOY			
SURNAME	CALIXTRO (DECEASED)			
FIRST NAME	CONCHITA			
MIDDLE NAME	ASOY			

(Continue on separate sheet if necessary)

## III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	RELOCATION ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	1996	2002	GRADUATE	2002	VALEDICTORIAN
SECONDARY	ISABEL NATIONAL COMPREHENSIVE SCHOOL	HIGH SCHOOL GRADUATE	2002	2006	GRADUATE	2006	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	WESTERN LEYTE COLLEGE OF ORMOC CITY INC.	BACHELOR OF SCIENCE IN ACCOUNTANCY	2006	2011	GRADUATE	2011	CUM LAUDE
GRADUATE STUDIES	PALOMPON INSTITUTE OF TECHNOLOGY	MASTER OF MANAGEMENT	2019	PRESENT	33 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE



[illegible]

#### V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

06/18/2024



VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A		N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)					
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)
		From	To		
	VIRTUAL TRAINING ON RA9184 AND ITS IRR	5/17/2021	5/21/2021	20.0	TECHNICAL
	SEMINAR-WORKSHOP ON COACHING & MENTORING	5/5/2021	6/5/2021	16.0	SUPERVISORY
	DISASTER RISK REDUCTION TRAINING	6/20/2019	6/22/2019	24.0	TECHNICAL
	RULES & REGULATIONS ON SETTLEMENT OF ACCOUNTS & REVISED RULES OF PROCEDURE OF COA	6/10/2019	6/11/2019	16.0	TECHNICAL
	LAWS AND RULES ON GOVERNMENT EXPENDITURES	5/21/2019	5/24/2019	32.0	TECHNICAL
	REVISED IMPLEMENTING RULES & REGULATIONS OF THE REPUBLIC ACT 9184	3/20/2019	3/22/2019	24.0	TECHNICAL
	SEMINAR ON TRAIN LAW	2/28/2018	2/28/2018	8.0	TECHNICAL
	PHILIPPINE STANDARDS ON AUDITING	10/29/2016	10/29/2016	8.0	TECHNICAL
	ACCOUNTING PROFESSION: CASES & APPLICATIONS	10/28/2016	10/28/2016	8.0	TECHNICAL
	BOA UPDATES; PERSONAL PLANNING	10/8/2016	10/8/2016	8.0	TECHNICAL
	CULTURE OF EXCELLENCE, LEADERSHIP & LOYALTY PROGRAM	10/7/2016	10/7/2016	8.0	TECHNICAL
	ETHICS & GOVERNANCE	9/23/2016	9/23/2016	8.0	TECHNICAL
	STRATEGIC & CRITICAL FINANCIAL MGT. FOR THE CPAs	8/24/2016	8/24/2016	8.0	TECHNICAL
	TAX UPDATES	8/17/2016	8/17/2016	8.0	TECHNICAL
	IFRS FOR SMES	8/15/2016	8/16/2016	16.0	TECHNICAL
	TRAINING ON SYSTEM & APPLICATION & PRODUCTS ON DATA SOFTWARE	6/15/2016	7/1/2016	120.0	TECHNICAL




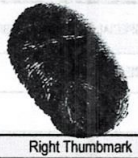
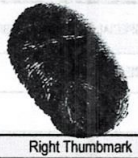
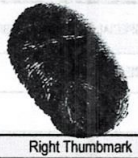

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
READING & BIKING	N/A	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: <u>RESIGNATION EFFECTIVE 03/15/2019</u></p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 33%;">NAME</th><th style="width: 33%;">ADDRESS</th><th style="width: 33%;">TEL. NO.</th></tr></thead><tbody><tr><td>RUBY M. DY</td><td>MAC BUILDERS ORMOC CITY</td><td>561-0163</td></tr><tr><td>MANOLITO EDANO, CPA</td><td>WESTERN LEYTE COLLEGE ORMOC</td><td>9474683635</td></tr><tr><td>DR. LUZVIMINDA A. TAJOS</td><td>VISAYAS STATE UNIVERSITY ISABEL</td><td>9459851491</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	RUBY M. DY	MAC BUILDERS ORMOC CITY	561-0163	MANOLITO EDANO, CPA	WESTERN LEYTE COLLEGE ORMOC	9474683635	DR. LUZVIMINDA A. TAJOS	VISAYAS STATE UNIVERSITY ISABEL	9459851491
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<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: <b>PRC ID</b></td></tr><tr><td>ID/License/Passport No.: <b>0142300</b></td></tr><tr><td>Date/Place of Issuance: <b>11/19/2011 TACLOBAN CITY</b></td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: <b>PRC ID</b>	ID/License/Passport No.: <b>0142300</b>	Date/Place of Issuance: <b>11/19/2011 TACLOBAN CITY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"> Signature (Sign inside the box) <b>016 118 1021</b> Date Accomplished</td></tr></table>	 Signature (Sign inside the box) <b>016 118 1021</b> Date Accomplished							
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 Right Thumbmark													
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> Person Administering Oath</div>													

- Duration: March 18, 2019 - Present
- Position: Accountant I
- Name of Office/Unit: Department of Administration & Finance
- Immediate Supervisor: Gina A. Ellorimo
- Name of Agency/Organization and Location: VSU-Isabel, Isabel, Leyte

- Summary of Actual Duties

- Reviews and signs Vouchers, Disbursements & Receipts Journals to be submitted to the VSU Main Accounting, COA, Finance and Budget Office.
- Prepares Financial and Accounting Reports to be submitted to VSU Main Campus
  - a. Monthly Trial Balance of all Funds
  - b. Quarterly Statement of Cash Flows of all Funds
  - c. Quarterly Schedule of Cash Advances
  - d. Quarterly Schedule of Depreciation
  - e. Schedule of Other Payables
- Recommends to the Chancellor the allocation of funds for Administrative and Maintenance of the College.
- Assists in the preparation of monthly remittances to GSIS, Philhealth, Pag-ibig and BIR especially its internet submission and posting.
- Pre-audits all financial transactions and prepared necessary adjusting entries
- Prepares request and justifications for supplemental budget whenever needed.
- Assists in the preparation of budget hearings and requires all units to present and submit their budget proposals for approval and consolidation.
- Acts as Agency Authorized Officer for GSIS transactions.
- Prepares justification for Audit Observation Memorandum issued by COA.
- Prepares various reports required for accreditation.
- Performs other functions assigned by the department head and Chancellor.

  
**DANILITA C. ELI**

(Signature over Printed Name  
of Employee/Applicant)

Date: 06/15/2024