Form No. 212 vised 2017	PERSO	NAL DA	TA S	SHEE	Т			
erson concerned.	on made in the Personal Data Sho	eet and the Work Experienc	e Sheet sha	Il cause the filing	g of adminis			
int legibly. Tick appropriate boxes L) and use separate sheet if necess	ary. Indicate N/A if not applicab	e. DO NOT	ABBREVIATE. 1	. CS ID No.		Do not fill up. For (CSC use only
PERSONAL INFORMATION								
2. SURNAME	PENING				N	IAME EXTENSION	N (JR., SR)	
FIRST NAME	MENIA FE					N/A		
MIDDLE NAME	PEDRA							
DATE OF BIRTH (mm/dd/yyyy)	02/13/2000	16. CITIZENSHIP		Filipino			by naturaliza	ation
4. PLACE OF BIRTH	CABALIWAN, MENDA, LETTE	If holder of dual citizenship,			Pls. indicate country:			
5. SEX	☐ Male ☐ Female	please indicate the deta	is.				Records	_
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS		House/Block/Lot No.			PROPER	
	☐ Widowed ☐ Separated ☐ Other/s:					C	ANDA NUG Barangay	
				MERIDA City/Municipality			LEYTE Province	
7. HEIGHT (m)	1-48	7ID CODE		City/Municipality			Province	
8, WEIGHT (kg)	42	ZIP CODE 18, PERMANENT ADDRESS					PROPER	
9. BLOOD TYPE	N/A		ŀ	House/Block/Lot No.		C	Street ANDANTIG	
10. GSIS ID NO.	N/A			Subdivision/Village			Barangay	
11. PAG-IBIG ID NO.	121305972698			MERIDA City/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-250708640-7	ZIP CODE		6540				
13. SSS NO.	06-4459765-2	19. TELEPHONE NO.	1	V/A				
14. TIN NO.	613-554-967-00000	20. MOBILE NO.	109	W8579282				
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	pening	nemateredua	13 @ano	fil-com		
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	NA	NAME EXTENSION (JR., SR)	23. NAME of Cl	HILDREN (Write full)	name and list all	1)	DATE OF BIRTH	(mm/dd/yyyy)
FIRST NAME	NIA	WAME EXTENSION (Jrc., SR)		P/A			MA	
MIDDLE NAME	NA							
OCCUPATION	NA							
EMPLOYER/BUSINESS NAME	MA							
BUSINESS ADDRESS	NA							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	PENING							
FIRST NAME	FELIX	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	CN210DIO							
25. MOTHER'S MAIDEN NAME								
SURNAME	PEDRA							
FIRST NAME	NLDA							
MIDDLE NAME	MARAUF			(Continu	re on separate	sheet if neces	sary)	
III. EDUCATIONAL BACKO	ROUND					HIGHEST		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	COURSE	PERIOD OF ATT	ENDANCE To	LEVEL/ UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	CANDANTUG, HEMENTARY SCH	OR PRIMARY EDUCA	MON	2006	2012	N/A	2012	TOUR THE HONDR
SECONDARY	PUERTO BELLO NATIONAL HIGH SCHOOL	JUNIOR HIGH S	CHOOL	2012	2018	N/A	2018	MITH
VOCATIONAL / TRADE COURSE	WA	N/A	CHON	NA	N/A	NA	NA	HONOR
COLLEGE	VISAYAS STATE UNIVERSIT	BACHELOR OF S'C	ENCE	2018	2022	N/A		CUM
GRADUATE STUDIES	ISABEL CAMPUT	IN AGRIBUCI	Ar.CC				2022	LAUDE
J. V. W. VII. L. UT UDJEG	N/A	(Continue on separate sheet	f necessary)	N/A	N/A	N/A	N/A	N/A
SIGNATURE	Stant			DAT	E	11/11	2013	



CS FORM 212 (Revised 2017), Page 1 of 4

A STATE OF THE PARTY OF THE PAR	RVIGE ELIC	80 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	applicable)
	SPECIAL LAW	IS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT			NUMBER	Date of Validity
HO NO R	GRADUATE	ELI GIBILITY	N/A	JANUARY 16,2023	CIVIL SERVICE REGION VIII - P	ERVICE COMMISCION VIII - PALO, LEYTE		MIDE 130028	AV6007
WORK E	XPERIENC	E S		nue on separate sheel if i					
nclude priv	ite employm	ent. Start from your re	cent Work) Descri	ption of duties shou	ld be indicated in the a	tached V	SALARYI JOBI	nce sheet.	
	IVE DATES /dd/yyyy)	POSITION (Write in full/Do no			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Formal "00-0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
	09/15/2023	BRANCH ADMING	TRATIVE	FLONOMIC VEN	THENT/COMMUNITY PRABU GRADE 10			PROBATIONARY	N
6									
			-						
			1 2						
				Inue on separate sheet if			1	yland z	
SIGNA	TURF	llan k			DATE		11 1	1 2023 FORM 212 (Revised 20	C/21 6 - 6



VOLUNTARY WORK OR INVOLVEMENT 9. NAME & ADDRESS OF ORGANIZATION	INCLUS	VE DATES	WENT/PEOP	LE / VOLUN	TARY ORGANIZATION/S
(Write in full)	(mm/c	id/yyyy)	NUMBER OF HOUR	S	POSITION / NATURE OF WORK
N/A	From	To N/A			1/1
[911	NA	N/A	N/A		N/A
		nue on separate s	hast if necessary		
VII. LEARNING AND DEVELOPMENT (L&	N INTERVENTI	ONSTRAININ	IG PROGRAN	S ATTENDE	D
(Start from the most recent L&D/training program and incl		L&Ditraining tak	en for the last five (5) years for Divisi Type of LD	on Chief Executive/Managerial posmon-y
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN (mm/d	DANCE	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full) KALAH FOLDS , NODD P , MERID
COMMUNITY FINANCE TRAINING	1/10/2022	11/11/2022	16	TOUNDATION	TOURC HENDOR C MILLIPUPPACE
ON-THE-JOB TRAINING	1/19/2017	120/2017	80	COOPE RATIVE	CHOPE RATIVE (OR VEMPCO)
			-,		
Marin					
			4.00		
	(Continue	on separate shee	y ir necessary)		
31. SPECIAL SKILLS and HOBBIES	NON-AC	CADEMIC DISTINC (Write in	TIONS / RECOGNIT	ION	MEMBERSHIP IN 33. ASSOCIATION/ORGANIZATION (Write in full)
DAGG ACCOUNTS		N/A			WA
BASIC ACCOUNTING BASIC COMPUTER LITERATE					
ACCOUNTA BLUTY					
INTE GRITY					
FLEXIBILITY					
COMMUM CATION SKILLS					
		on separate sheet	if necessary) DATE		11 21 12023
SIGNATURE	lland-		DATE		CS FORM 212 (Revised 2017), Page 3 of 4



Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate	g or recommending authority, or to e supervision over you in the			
Bureau or Department where you will be apppointed,				
a. within the third degree?		☐ YES ☐ NO		
b. within the fourth degree (for Local Government Unit - Cal	reer Employees)?	☐ YES ☐ NO		
		If YES, give details:		
s. a. Have you ever been found guilty of any administrative of	fense?	☐ YES ☑ NO		
		If YES, give details:		
			_	
b. Have you been criminally charged before any court?		☐ YES ☑ NO		
		If YES, give details: Date Filed:		
		Status of Case/s:		
36. Have you ever been convicted of any crime or violation of a	ny law. decree, ordinance or	☐ YES ☑ NO		
regulation by any court or tribunal?	If YES, give details:			
37. Have you ever been separated from the service in any of the	ne following modes: resignation,	☐ YES ☑ NO		
retirement, dropped from the rolls, dismissal, termination, e	nd of term, finished contract or	If YES, give details:		
phased out (abolition) in the public or private sector? 38. a. Have you ever been a candidate in a national or local electric description.	ection held within the last year	☐ YES ☑ NO		
(except Barangay election)?		If YES, give details:	_	
b. Have you resigned from the government service during to	he three (3)-month period before	☐ YES ☑ NO		
the last election to promote/actively campaign for a national	or local carididate:	If YES, give details:		
39. Have you acquired the status of an immigrant or permanen	t resident of another country?	☐ YES ☑ NO If YES, give details (country):		
		ii 120, giro dotaio (eesiis).		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna Carta for Disabled Persons			
(RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8	972), please answer the following			
a. Are you a member of any indigenous group?		☐ YES		
b. Are you a person with disability?	☐ YES ☐ NO			
		If YES, please specify ID No: YES NO	_	
Are you a solo parent?		If YES, please specify ID No:		
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)			
NAME	ADDRESS	TEL. NO.		
ELWIN P. GARCIA	BAYBAY CITY, LEYTE	0934023072		
JESSE HICA CACEPES	GRMOC CITY	09653607158		
LECIL N. MANAGBANG	BAYBAY CITY, LEYTE	09319708087		
42. I declare under oath that I have personally accomplished thi	s Personal Data Sheet which is a	true, correct and		
complete statement pursuant to the provisions of pertinent Philippines. I authorize the agency head/authorized repr	esentative to verify/validate the	contents stated		
herein. I agree that any misrepresentation made in the	his document and its attachments	shall cause the PHOTO		
filing of administrative/criminal case/s against me.				
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)				
		Machines		
PLEASE INDICATE ID Number and Date of Issuance				
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID	Sout			
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13 - 25078 (40 - 7	Signature (Sign inside t	he box)		
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID	Signature (Sign inside t			
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHBAITH ID ID/License/Passport No.: 13 - 250 70 8 G40 ~ 7 Date/Place of Issuance: 03 2 2 7002 70400 C1TY	Signature (Sign inside to 11 21 2023 Date Accomplishe	ed Right Thumbmark		
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13 - 250 70 8 G40 ~ 7 Date/Place of Issuance: 03 2 2022 OPANC CITY	Signature (Sign inside to the little of the	Right Thumbmark		
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13 - 250 70 8 G40 ~ 7 Date/Place of Issuance: 03 2 2 002 0 PMIX CITY UBSCRIBED AND SWORN to before me this NOV 2 1 202	Signature (Sign inside to the Complished Accomplished Accomplished Municipolities of Consultations and Isotal Society (See See See See See See See See See Se	Right Thumbmark Right Thumbmark Right Thumbmark Right Thumbmark		
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13 - 250 70 8 G40 ~ 7 Date/Place of Issuance: 03 2 2022 OPANC CITY	Signature (Sign inside to the Complished of Accomplished of Ac	Right Thumbmark Right Thumbmark Right Thumbmark		
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13 - 250 70 8 G40 ~ 7 Date/Place of Issuance: 03 2 2 7002 0 PMIX CITY SUBSCRIBED AND SWORN to before me this NOV 2 1 202	Signature (Sign inside to the Complished Accomplished Acc	Right Thumbmark Right Thumbmark		
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID ID/License/Passport No.: 13 - 250 70 8 G40 ~ 7 Date/Place of Issuance: 03 2 2 002 0 PMIX CITY UBSCRIBED AND SWORN to before me this NOV 2 1 202	Signature (Sign inside to the Complished Accomplished Acc	Right Thumbmark Right Thumbmark		

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

- 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 from most recent first.
- · Duration: March 1, 2023 Statember 15, 2023

Position: Branch Administrative Assistant
 Name of Office/Unit: Finance Department 1 CEVI-ORMOC

- Immediate Supervisor: Jesce Nica Cacevis / Fluin Garcia
 Name of Agency/Organization and Location: Community Economic VENTURES INC. DRMOC
 - · List of Accomplishments and Contributions (if any)

- Attended online training to the new system used in creating, processing and approving loan applications are well are parting payments and other clients tran-

Summary of Actual Duties

- Responsible in cautifing Functions, tetty cash custodian, Processing loan applications and administrative functions within a branch office.

- · Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:
 - · List of Accomplishments and Contributions (if any)

Summary of Actual Duties

Homb TE PENING NEMA (Signature over Printed Name of Employee/Applicant)

Date: 1121 2023





SERVICE RECORD: CEV2351

Name:

Date of Birth: Date Hired:

Separation Date:

Latest Position prior to separation:

NENIA FE P. PENING

February 13, 2000

March 1, 2023

September 15, 2023

Branch Administrative Assistant

POSITION:

Date:

Area of Assignment:

BRANCH ADMINISTRATIVE ASSISTANT March 1, 2023 to September 15, 2023

Ormoc Branch

Summary of the position:

Responsible in cashiering functions, petty cash custodian, processing of loan applications, and administrative functions

within a branch office.

CERTIFICATE OF EMPLOYMENT

This is to certify that NENIA FE P. PENING has been working with Community Economic Ventures, Inc. (A Microfinance NGO) Inc. as Branch Administrative Assistant since March 1, 2023 and has been separated last September 15, 2023 due to Redundancy/Retrenchment. Further, she has no standing obligations and accountability to settle.

Given this 18th day of October 2023 at CEVI Head Office, Sarabia Co-Torralba Bldg., Espuelas St., Tagbilaran City Bohol, Philippines.

> Alvin S. Dacoroon Human Resource Manager

Head Office: Sarabia Co-Torralba Building 2, Espuelas corner F. Doria Street, Tagbilaran City, Bohol, Philippines Telephone Nos. (038) 501-8925/412-2356 / website: www.cevi.org.ph





Republic of the Philippines
Department of Social Welfare and Development
KALAHI CIDSS - National Community Driven and Development Program
Municipality of Merida
Province of Leyte

CERTIFICATE OF PARTICIPATION

is hereby given to

NENIA FE P. PENING

for his/her vigorous and active participation during the Community Finance Training of the KALAHI CIDSS: NCDDP-AF on November 10-11, 2022

Given this 11th day of November, 2022 at Recreation Center, Poblacion, Merida, Leyte

JHOVIE A. DAYOT

DSWD KALAHI-CIDSS ACT – Municipal Financial

Analyst

ENGR. ROLANDO M. VILLASENCIO Municipal Mayor





ORMOC VENDORS MULTI-PURPOSE COOPERATIVE (ORVEMPCO)

Lopez Jaena St., District 17, Ormoc City Contact no.09176522167; 561-2870



CERTIFICATE OF COMPLETION

This is to certify that <u>NENIA FE P. PENING</u> has rendered Her On-the-job Training at ORMOC VENDORS MULTI-PURPOSE COOPERATIVE for EIGHTY HOURS (80) from <u>NOVEMBER 17, 2017</u> to <u>DECEMBER 20, 2017</u> as Accounting Assistant. She was able to surpass our expectation and ORMOC VENDROS MULTI-PURPOSE COOPERATIVE (ORVEMPCO) appreciates her commitment and dedication in doing the tasks assigned to her.

Signed this 20TH day of DECEMBER 2017.

JOSEPHINE M. LAMOSTE

Accounting Head

RENATO A. PALACIO

General Manager



This performance evaluation form is applicable to Non-Supervisory Staff under Developmental |Probationary period.

NAME OF STAFF: Nenia Fe Pening POSITION: BAA BRANCH/DEPT: Acctg. EMP. STATUS: Probi APPOINTMENT DATE: March 1, 2023 Rating for Productivity Assessment:

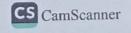
1=Poor (almost never)

4=Very Good (all targets achieved, some exceeds)

2=Fair (some achieved)
5=Outstanding (all targets achieved and exceeded)

3=Good (all targets achieved)

I. Productivity Assessment (60%)		Actual	Performance (Achiev		Month	Overall
Key Plan/Tasks for the Month	Month I March 2023	Month 2 April 2023	Month 3 May 2023	Month 4 June 2023	July 2023 C	Yes/No)
Accurate & complete data encoding & timely loan processing (Kredits).	It was very challenging and exciting for me since it was the very first time I perform my duties. I encountered lot of errors instead of edit loans for the certain client I made another loan. With regards to loan processing, there's no delays.	This month, I encountered minimal errors but my typing skills are not yet fast. I have an errors on the client's personal details like their ID number. In loan processing it takes time to complete especially if the clients are new member. Loan processing had no delays.	This month, I only edit some details that were encoded by the EDO's since they are the one who encode and create loans. I edit personal details of the clients like birthdate and birth place. Moreover, loan processing had no delays.	of the loan	No concern were encountered. Complete encoding of clients' data and ican processing are on time and loan cards were properly attached in the client's loan forms before the disbursement time.	Yes
Adequate compliance to cashiering functions and cash handling of the branch.	Collections are deposited in BPI every day. No collections were remained in the vault. All cash in are recorded and are placed in the vault. Some minimal expenses are also recorded in the PCF and replenished if necessary. Otherwise, excess cash are disbursed to clients during CBU withdrawal but, within that day the cash are	In everyday, collections are deposited in BPI. No collections were remained in the vault. All cash in are recorded and are placed in the vault. Re-count the cash before disbursement.	In everyday, collections are deposited in BPI. No collections were remained in the vault. All cash in are recorded and are placed in the vault. Moreover, recount the cash before disbursement and before cash deposit. I properly handle the cash.	In everyday, collections are deposited in BPI. No collections were remained in the vault. All cash in are recorded and are placed in the vault.	In everyday, collections are deposited either in BPI or cebuara. No collections were remained in the vault. All cash in are recorded and are placed in the vault. Moreover, re-count the cash before disbursement and before cash deposit. I properly handle the cash. PCF is daily monitored	Yes
Handles and maintains appropriate recording of Petty Cash Fund.	PCF is daily monitored and replenished. Cash advance and minimal expenses are recorded in Petry Cash Count sheet in a daily basis.	PCF is daily monitored and replenished. Cash advance and minimal expenses are recorded in Petry Cash Count sheet in a daily basis.	PCF is daily monitored and replenished. Cash advance and minimal expenses are recorded in Petry Cash Count sheet in a daily basis.	PCF is daily monitored and replenished. Cash advance and minimal expenses are recorded in Petty Cash Count sheet in a daily basis.	and replenished. Cash advance and minimal expenses are recorded in Petry Cash Count sheet in a daily basis.	Yes
Accurate recording and timely submission & monitoring of neurance claims.	Delayed sending of claims since I am not familiarize yet on some other documents needed. I reviewed the documents submitted especially on the signature of the doctor.	Submit the claims on time and follow-ups after several days if there were no confirmation or approval for the claims. Otherwise, if there were lacking of documents I sent it right away.	Submit the claims on time and follow-ups after several days if there were no confirmation or approval for the claims. Otherwise, if there were lacking of documents I sent it right away.	Submit the claims on time and follow-ups after several days if there were no confirmation or approval for the claims. Otherwise, lacking documents are submit right away.	Submit the claims on time and follow-ups after several days if there were no confirmation or approval for the claims. Otherwise, some lacking documents are submit right after the receipt of the documents from the client.	Yes
roper management nd updated filing of lients' loan files.	Slow filing of client's loan files since I am not yet familiarize all of the duster names. But, I did my best even though it takes time to segregate into by clusters. Otherwise, I filed the loan forms properly.	Slow filing of clients' loan files since several number of clients were disbursed. I filed more number of loan files and already familiarized some of the clusters. Make new folders for those new clients.	Manageable in filing loan files and forms. Separate all new client from old client. Separate all of the insurance forms from the new member.	Slow filling of loan files due to lack of time. After disbursement I can't able to file since I am the one who transact or entry the balance or the deduction of the clients. Thus, it's hard for me to proceed some tasks.	Slow filing of loan files since I felt confuse whether to file or to print loan cards that are based on the new system. I found difficulties in managing my time. However, I car still file some loan form in a day.	Yes
onthly payment of onthly dues (billings onthly dues (billings taxes).	On time payment of monthly	On time payment of monthly dues like electric bill, water bill, telephone bill, BIR)	On time payment of monthly dues like electric bill, water bill, telephone bill, BIR)	On time payment of monthly dues like electr bill, water bill, telephor bill, BIR)	For this month, payments for dues wer not yet done or paid since there were Rating (see description	
d withholding taxes).	bill, telephone bill, BIR)				above) Weighted Rating (rat	





PERFORMANCE EVALUATION FORM FOR NON-SUPERVISORY POSITIONS

opport Needed: affixing my signature means I will do my best to perform my job efficited for the following support:	Supervisor's Covenant: By affixing my signature means I will do my best to provide the necessary support and supervision to the staff. She can perform well even with less supervision, flexible and willing to learn new things.			
uil compliance on loan applications from operation. mooth flow on loan/disbursement release from operation. Especially to have a proper time table so that we will not be swamped up of loan application for process during cut off,				
North Fo Pening Name and Signature of Staff		Menchu B. Sabando/Elwin Garcia Name and Staff Supervisor		
toring for No. 2, 3 and 4.	on staff actual	performance. Check the appropriate cell to indicate rating. 5 = Outstanding (consistently engage)	xcellent)	
Stating for No. 2, 3 and 4. The supervisor will give a rating for each of the following items based of $I = Poor (almost never)$ $2 = Fair (sometimes)$ $3 = Good (almost never)$ $3 = Good (a$	-	4 Interpersonal Relations (10%)	4	
2. Quality of Work (20%)	od (oftentimes) Rating	4. Interpersonal Relations (10%)	4	
2. Quality of Work (20%) 1. Submits quality reports on time.	Rating	1. Works well with others. Responds to conflicts proactively.	4 3 4	
2. Quality of Work (20%) 1. Submits quality reports on time.	Rating 4	1. Works well with others. Responds to conflicts proactively.	4	
2. Quality of Work (20%) 1. Submits quality reports on time. 2. Keeps records orderly. 3. Provides appropriate and timely support to operations	Rating 4	1. Works well with others. 2. Responds to conflicts proactively. 3. Shares ideas to fellow workers. 4. Develops effective working relationships with clients and	4 3 4	
2. Quality of Work (20%) 1. Submits quality reports on time.	Rating 4 4 4	4. Interpersonal Relations (2007) 1. Works well with others. 2. Descends to conflicts proactively.	4 3 4 4	

.80

	Rating
3. Work Habits (10%)	3
	4
and staff weekly meeting and renover	4
Attends staff weekly Willingly works overtime when necessary.	4
4. Works with less supervision.	3
Maintains a clean workplace. Maintains a clean workplace.	3.6
Maintains a clean workplace. Maintains a clean workplace. Average (add rating from item 1-5 divided by 5) Average (average x 10%)	.36
Average (add rating from team Welghted average (average x 10%)	

Average (add rating from Item 1-5 divided by 5)

Weighted average (average x 20%)

By affixing my signature below means the evaluation result was discussed to me and I received a copy of this form.

nar/	
	YES, effective , July 17, 2023 NO, effective Extension oftrainee /probationary/developmental period for month(s).
	Menchu B. Sabando/Elwip/Garcia Signature Over Printed Name of Supervisor/Date

Do you recommend that this employee be recommended to __probationary/

Weighted average (average x 10%)

OVERALL RATING: (add weighted rating from item 1-5) = 3.94

Seamo = 7/1/23 NENIA FE PENING Signature Over Printed Name of Staff/Date

HRIHEAD OFFICE APPRO	OVAL	Approved by:	
Received/reviewed by:	Noted By:	ED/FD/OD	
	HR Manager	Signature	
Name & Signature of HR Staff	Signature		

RECOMMENDATION

X regular/ _full pledge status?

Endorsed By:

ENDORSEMENT

Name & Signature of Department/Project Manager