



COMPUTATION OF FINAL INDIVIDUAL RATING FOR ADMINISTRATIVE STAFF

Annex P

Name of Administrative Staff:

Particulars (1)	Numerical Rating (2)	Percentage Weight (3)	Equivalent Numerical Rating (2x3)
1. Numerical Rating per IPCR	4.99	70%	3.493
2. Supervisor/Head's assessment of his contribution towards attainment of office accomplishments	4.94	30%	1.482
TOTAL NUMERICAL RATING			4.975

TOTAL NUMERICAL RATING: _____

Add: Additional Approved Points, if any: _____

TOTAL NUMERICAL RATING: _____

FINAL NUMERICAL RATING

4.975

ADJECTIVAL RATING:

Outstanding

Prepared by: _____

PAMELA P. ORANO
Name of Staff

Reviewed by: _____

ROTACIO S. GRAVOSO
Department/Office Head

Recommending Approval: _____

ROTACIO S. GRAVOSO
Dean/Director

Approved: _____

DANIEL LESLIE S. TAN
President

INDIVIDUAL PERFORMANCE COMMITMENT & REVIEW FORM (IPCR)

I, Pamela P. Orano, of the Quality Assurance Center commits to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period July to December, 2023.



PAMELA P. ORANO

RATEE

Date: 11/1/24



ROTACIO GRAVOSO

Head of Unit 01/11/24

MFO No.	MFO Description	Success/Performance Indicator (PI)	Target for 2022	Actual Accomplishments		Rating				Remarks
				Actual	%	5	4	3	2	
UMF O 5	Support to Operations									
	QAC PI 2. ISO:9001-2015 Certified									
	QAC PI 4. Administrative Service (documents and Records Control)									
		Number of dDRC and alternate dDRC monitored	100	184	120%	5	5	5	5	
		Number of GL, PM, FM monitored	100 PM 18 GL 201 FM and TPs	PM-140 GL-36 Forms and TPs- 704	140% PM 200% GL 221% FMs and TPs	5	5	5	5	
		Number of PMs, QMs, GLs and FMs formatted and printed	15	180	120%	5	5	5	5	

		Number of Document Requisition Form acted	1	3	300%	5	5	5	5	
		Number of QRM reviewed, and filed	200 Depts /units/ Centers	250	125%	5	5	5	5	
		Number of Internal and External Masterlist updated	1	2	100%	5	5	5	5	
		Number of meetings/ workshops/ trainings facilitated and attended (AACCUP, ISO, etc)	1	3	300%	5	5	5	5	
		Number of OPCR/IPCR, DTR , Leave applications prepared	4	7	400%	5	5	4	4.67	
		Number of Document Review Form prepared for Document Review of Internal Documented Information	40	46	4115%	5	5	5	5	
		Number of External Document Masterlist prepared for Document Review of External Documented Information	4	6	150%	5	5	5	5	
		Number of communication prepared	10	46	460%	5	5	5	5	

	Internal quality Audit	Number of internal quality audits implemented	1	1	100%	5	5	5	5	
		No. of Corrective Actions Report (CAR) reviewed	10	52	520%	5	5	5	5	
		No. of Corrective Action Plans (CAPs) reviewed	10	20	200%	5	5	5	5	
		No. of Audit Checklist prepared/reviewed	50	124	248%	5	5	5	5	
		No of GOOI list prepared/reviewed	50	120	240%	5	5	5	5	
		Percentage of NCs and OFIs monitored and verified	60	172	287%	5	5	5	5	
		Percentage of internal audit reports submitted on time by internal auditors	50%	100%	500%	5	5	5	5	
		No. of NC reports reviewed and collated (major and minor)	10	42	420%	5	5	5	5	
	QAC PI 5. Support to Operations									
		Number of PMs and GLs and Forms reviewed and revised	3 PM/ GL/ FM	6PM 9GL	600% PM 900% GL	5	5	5	5	

		No. of ISO-related orientation conducted	1	2	200%	5	5	5	5	
	QAC PI 6. Efficient customer friendly assistance	Efficient and customer-friendly frontline service	Zero complaint from clients	Zero complaint from clients	Zero complaint from clients	5	5	5	5	
	Number of CAR acted		0%	100%	100%	5	5	5	5	
	Total Overall Rating									114.67
	Average Rating									4.99
	Adjectival Rating									Outstanding

Average Rating (Total Over-all rating divided by 4)		
Additional Points:		
Approved Additional points (with copy of approval)		
FINAL RATING		4.99
ADJECTIVAL RATING		OUTSTANDING

Comments & Recommendations for Development Purpose:

CAN WORK WITH less SUPERVISION.

Evaluated & Rated by:



ROTACIO GRAVOSO

Director, Quality Assurance

Date: 1/11/24

Recommending Approval:



ROTACIO GRAVOSO

Director, Quality Assurance

Date: 1/11/24

Approved by:



DANIEL LESLIE S. TAN

VSU President

Date: Jan 12, 2024

1 – Quality 2 – Efficiency 3 – Timeliness 4 – Average



Instrument for Performance Effectiveness of Administrative Staff

Rating Period: July to December 2023

Name of Staff: **PAMELA POSAS ORANO** Position: **Administrative Aide VII/ University DRC/LIQA**

Instruction to supervisor: Please evaluate the effectiveness of your subordinate in contributing towards attainment of the calibrated targets of your department/office/center/college/campus using the scale below. Encircle your rating.

Scale	Descriptive Rating	Qualitative Description
5	Outstanding	The performance almost always exceeds the job requirements. The staff delivers outputs which always results to best practice of the unit. He is an exceptional role model
4	Very Satisfactory	The performance meets and often exceeds the job requirements
3	Satisfactory	The performance meets job requirements
2	Fair	The performance needs some development to meet job requirements.
1	Poor	The staff fails to meet job requirements

A. Commitment (both for subordinates and supervisors)		Scale				
1.	Demonstrates sensitivity to client's needs and makes the latter's experience in transacting business with the office fulfilling and rewarding.	5	4	3	2	1
2.	Makes self-available to clients even beyond official time	5	4	3	2	1
3.	Submits urgent non-routine reports required by higher offices/agencies such as CHED, DBM, CSC, DOST, NEDA, PASUC and similar regulatory agencies within specified time by rendering overtime work even without overtime pay	5	4	3	2	1
4.	Accepts all assigned tasks as his/her share of the office targets and delivers outputs within the prescribed time.	5	4	3	2	1
5.	Commits himself/herself to help attain the targets of his/her office by assisting co-employees who fail to perform all assigned tasks	5	4	3	2	1
6.	Regularly reports to work on time, logs in upon arrival, secures pass slip when going out on personal matters and logs out upon departure from work.	5	4	3	2	1
7.	Keeps accurate records of her work which is easily retrievable when needed.	5	4	3	2	1
8.	Suggests new ways to further improve her work and the services of the office to its clients	5	4	3	2	1
9.	Accepts additional tasks assigned by the head or by higher offices even if the assignment is not related to his position but critical towards the attainment of the functions of the university	5	4	3	2	1
10.	Maximizes office hours during lean periods by performing non-routine functions the outputs of which results as a best practice that further increase effectiveness of the office or satisfaction of clientele	5	4	3	2	1
11.	Accepts objective criticisms and opens to suggestions and innovations for improvement of his work accomplishment	5	4	3	2	1
12.	Willing to be trained and developed	5	4	3	2	1
Total Score		59				

B. Leadership & Management (For supervisors only to be rated by higher supervisor)		Scale				
1. Demonstrates mastery and expertise in all areas of work to gain trust, respect and confidence from subordinates and that of higher superiors	5	4	3	2	1	
2. Visionary and creative to draw strategic and specific plans and targets of the office/department aligned to that of the overall plans of the university.	5	4	3	2	1	
3. Innovates for the purpose of improving efficiency and effectiveness of the operational processes and functions of the department/office for further satisfaction of clients.	5	4	3	2	1	
4. Accepts accountability for the overall performance and in delivering the output required of his/her unit.	5	4	3	2	1	
5. Demonstrates, teaches, monitors, coaches and motivates subordinates for their improved efficiency and effectiveness in accomplishing their assigned tasks needed for the attainment of the calibrated targets of the unit	5	4	3	2	1	
Total Score		25				
Average Score		4.94				

Overall recommendation:

ROTACIO GRAVOSO

Printed Name and Signature
Head of Office

TRACKING TOOL FOR MONITORING TARGETS

TASK		ASSIGNED TO	DURATION	TASK STATUS				REMARKS
				1st Week	2nd Week	3rd Week	4th Week	
OVPI MFO 4. Program and Institutional Accreditation Services								
QAC PI 1. Number of degree programs subjected to accreditation/evaluation								
AACCUP	Number of PPPs or narrative profiles (NPs)/ sets of supporting documents/ compliance reports reviewed/edited	RSGravoso/ QA Staff/ internal evaluators	July-Dec	x	x	x	x	
	Number of online accreditation trainings/workshops /coordination meetings organized/coordinated/ attended	RSGravoso/ QA Staff/	July-Dec	x	x	x	x	
	Number of online accreditation activities of other universities served by accreditors from VSU	RSGravoso/ QA Staff/ and AACCUP accreditors from the VSU system	July-Dec	x	x	x	x	
	Number of VSU accreditors serving as online accreditors for the programs of other universities	RSGravoso/ QA Staff/ and AACCUP accreditors from the VSU system	July-Dec	x	x	x	x	
QAC PI 2. ISO:9001-2015 Certified			July-Dec					

	subjected to Surveillance Audit (ISO 9001:2015)	QA Director, QMR, LA and other ODQA staff	July-Dec	x	x	x	x	
	Number of New quality procedures/guidelines, forms and manuals formatted / produced scanned	QA Director, QMR, LA and other ODQA staff	July-Dec	x	x	x	x	
	Number of quality procedures/guidelines, forms and manuals discontinued	QA Director, QMR, LA and other ODQA staff	July-Dec	x	x	x	x	
	Number of internal quality audits coordinated	Lead auditor/QMR	July-Dec	x	x	x	x	
	Number of management reviews coordinated/conducted	QMR/QA Director/ other ODQA staff	July-Dec	x	x	x	x	
	No. of ISO-related trainings/workshops/ meetings coordinated/facilitated	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk/ other ODQA staff	July-Dec	x	x	x	x	
	Number of processes/procedures monitored during the roll out/implementation	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk/ other ODQA staff	July-Dec	x	x	x	x	
	Number of documented procedures and forms revised and cascaded scanned and distributed	QAD/QMR/Lead Auditor/CFO/DRC/ Clerk	July-Dec	x	x	x	x	

	Percentage of programmed ISO-related activities implemented within the targeted timeline	QMR/Lead Auditor/QAD/CFO/DRC/Clerk/ other ODQA staff	July-Dec	x	x	x	x	
	No. of Request for Corrective Actions (RFCAs) reviewed	Lead auditor	July-Dec	x	x	x	x	
	No of RFCAs monitored and verified	Lead auditor	July-Dec	x	x	x	x	
	No. of Corrective Action Plans (CAPs) reviewed	Lead auditor/QMR	July-Dec	x	x	x	x	
	No. of Audit Checklist prepared/reviewed	Lead auditor	July-Dec	x	x	x	x	
	No of GOOI list prepared/reviewed	Lead auditor	July-Dec	x	x	x	x	
	No. of NC reports reviewed and collated (major and minor)	Lead auditor	July-Dec	x	x	x	x	
QAC PI 3. Institutional Sustainability Assessment (ISA) Accredited								
	Percentage of completion of Institutional Sustainability Assessment (ISA) Accreditation	RSG and other ODQA staff						Not included in the target for 2023
	Number of supporting documents prepared and bound ready for evaluation	RSG and other ODQA staff						Not included in the target for 2023
QAC PI 4. Administrative Service								

	Number of pages of documents to photocopy as supporting Documents for AACCUP, ISO, and CHED Monitoring	PPOrano/ Daisy Pantorilla	July-Dec	x	x	x	x	
	Number of manuals scanned and disseminated	PPOrano/ Daisy Pantorilla	July-Dec	x	x	x	x	
QAC PI 5. Support to Operations								
	Number of meetings/workshops/ trainings facilitated (AACCUP, ISO, etc)	QAC staff	July-Dec	x	x	x	x	
	Number of PPPs/NPs/IPs/Best practices/Compliance Report/Supporting Documents to edit for final layout and to print for file (for Levels IV and I accreditation)	PPOrano/ DPantorilla /LP Vega	July-Dec	x	x	x	x	
	Number of PPPs/NPs to layout for final layout and printing for AACCUP Accreditors	PPOrano/ DPantorilla , LP Vega	July-Dec	x	x	x	x	
	Number of programs to monitor for compliance of the Mandatory Requirements for AACCUP Levels I to IV, and other accreditation	QAD/ LP Vega / PPOrano/ DPantorilla	July-Dec	x	x	x	x	
QAC PI 6. Efficient	Efficient and customer-friendly frontline service for	All QAC Staff	July -Dec	x	x	x	x	

customer friendly assistance	QAC							
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Prepared by:

ROTACIO GRAVOSO

Director, QA

EMPLOYEE DEVELOPMENT PLAN

Name of Employee: **PAMELA P. ORAÑO**
Performance Rating: **4.94 Outstanding**

Aim: Enhanced knowledge and skill on document management and facilitation skills and Internal Quality Audit

Proposed Interventions to Improve Performance:

Date: July 2023

Target Date: August 2023

First Step: Discussion on specific skill/ competency more on document management needing improvement and Internal Quality Audit

Discussion on the processes on how to effectively facilitate meetings and workshops

Discussion on how to effectively cascade the internal documents

Result: Improvement in the process of document control, recording and retrieval

Improvement in the facilitation / Preside meetings / workshops/

Date: July 2023

Target Date: December 2023

Next Step: Send her to training/seminar related to ISO document management /Internal Quality Audit Trainings

Involve her in the conduct of meetings by encouraging her to perform the task.

Discussion on the processes on how to effectively distribute internal documented information

Outcome: Increase efficiency and effectiveness in document management

Improve competence in handling meetings

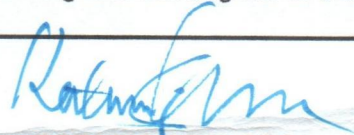
Improve distribution process

Knows how to conduct Internal Quality Audit

Final Step/Recommendation:

Continue capability enhancement through mentoring/coaching and sending her to trainings and seminars.

Prepared by:



ROTACIO GRAVOSO

Unit Head

Conforme:



PAMELA P. ORAÑO

Name of Ratee Faculty/Staff