



## COMPUTATION OF FINAL INDIVIDUAL RATING FOR ADMINISTRATIVE STAFF

Annex P

Name of Administrative Staff: SARAH AURORA W. TABADA

Particulars (1)	Numerical Rating (2)	Percentage Weight (3)	Equivalent Numerical Rating (2x3)
1. Numerical Rating per IPCR	4.86	70%	3.40
2. Supervisor/Head's assessment of his contribution towards attainment of office accomplishments	4.90	30%	1.47
TOTAL NUMERICAL RATING			4.87

TOTAL NUMERICAL RATING:

Add: Additional Approved Points, if any:

TOTAL NUMERICAL RATING:

FINAL NUMERICAL RATING

ADJECTIVAL RATING:

Prepared by:

SARAH AURORA W. TABADA

Name of Staff

Reviewed by:

ELWIN JAY V. YU,

Department/Office Head

Recommending Approval:

DANIEL LESLIE S. TAN

Vice Pres. for Admin and Finance

Approved:

DANIEL LESLIE S. TAN

Vice Pres. for Admin and Finance

## INDIVIDUAL PERFORMANCE COMMITMENT &amp; REVIEW FORM (IPCR)

I, **DR. SARAH AURORA W. TABADA**, Medical Officer III of VSU - USHER commits to deliver and agree to be rated on the attainment of the following accomplishments in accordance with the indicated measures for the period January to June 2022.

**SARAH AURORA W. TABADA, M.D.**

Medical Officer III, USHER

**ELWIN JAY V. YU, M.D.**

Chief of Hospital I

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLISHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
<b>USHER MFO1: ISO aligned Health Services</b>	Percentage compliant of process under ISO standard	100% compliant to ISO standard	100%	100%	5	5	5	5.00	
<b>USHER MFO2: Administrative Support Management of Health</b>	Efficient & customer-friendly frontline services	Zero complaint for every client served	0	0	5	5	5	5.00	
		Conduct regular meeting with Public Health staff	9	6	5	5	5	5.00	HPs: BLC 2.0, HIV Ped, NHM, GAD progs, Water Sanitation & Dengue Prev, Cervical CA
<b>USHER MFO3: Health and Wellness in the New Normal</b>	Number of injury/accident prevention activities conducted	Propose and conduct injury/accident prevention programs & activities	1	1	5	5	5	5.00	Ocular inspection of of offices for possible source for injury/accidents in the workplace (during NHM, medical for Univ BLS)
		Coordinate with OSH Committee	100%	100%	5	5	5	5.00	
	Number of Health & Wellness activities proposed and facilitated	Propose and conduct the activities	1	1	5	5	5	5.00	
		Propose a regular exercise program for VSU employees and students	1						July to December
		Ensure implementation of "Hataw" program	1						July to December



MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLI SHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
		Propose a mandatory regular/periodic medical examination of employees	1	1	5	5	5	5.00	
	Percentage of staff and employees attended for Entrance Medical Examination	Conduct Entrance Medical examination for employees	100%	100%	5	5	5	5.00	
	Number of staff and employees attended for Annual medical examination	Conduct regular/periodic Medical examination of employees	100%	100%	5	5	5	5.00	
	Percentage of Returning Residents (Employees, Dependents and Scholars) quarantined and monitored	Manage the monitoring of returning residents quarantined in our facility quarantine	100%	100%	5	4	5	4.70	
	Percentage of COVID-19 related cases attended	Implement COVID-19 prevention activities	100%	100%	5	5	5	5.00	
	Number of health protocols updated and recommended for approval by the Office of the President	Recommend and update guideline/health protocols for the community	4	2	5	5	5	5.00	Covid protocol - March, July
	Number of Sanitary inspection of food establishments, dormitories, and housing units within the campus conducted	Facilitate and conduct the sanitary inspection among food establishments, dormitories and housing units within the campus.	1						to be complied July to Dec. 2022
	Percentage of travel orders evaluated and recommended for approval/ disapproval	Evaluate and recommend approval/disapproval of travel orders of VSU employees	100%	100%	5	5	5	5.00	
	Number of COVID-19 advisory drafted and submitted to the Office of the President	Assist in drafting COVID-19 advisory for submission to the Office of the President	4	2	5	5	4	4.70	

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLI SHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
	Percentage of employees with symptoms related to COVID-19 identified, monitored, and endorsed to City Health Operation Center.	Attend and manage employees with symptoms related to COVID-19 infection	100%	100%	5	5	5	5.00	
	Percentage of work-from-home arrangement request evaluated and recommended for approval/ disapproval	Evaluate and recommend approval/disapproval of requests for work-from-home arrangement	100%	100%	5	4	5	4.70	
USHER MFO4: Public Health Services	Number of Non-Communicable Diseases - Prevention & Control Activities conducted	Propose a Non-Communicable Disease prevention program for the university	1 program; 4 activities	2 activities	4	5	5	4.70	Heart Month, Cervical Cancer
		Implement a Smoke-free workplace/university	1						to be complied July to Dec. 2022
		Implement a Alcohol-free workplace/university	1						to be complied July to Dec. 2022
		Implement a Drug-free workplace/university	1						to be complied July to Dec. 2022
		Submit a proposal to establish and operate a drug-testing laboratory in the university	1						to be complied July to Dec. 2022
		Coordinate with HR and Office of Guidance & Counseling for the implementation of Mental Health Program in the University	1						to be complied July to Dec. 2022
		Conduct food, water, and environmental sanitation activities	1	1	5	5	4	4.70	
	Number of Communicable Diseases - Prevention & Control activities conducted	Propose a Communicable Disease prevention program for the university	1						to be complied July to Dec. 2022



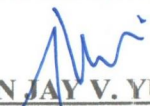
MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLI SHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
		HIV/AIDS and other STIs in the school-setting	1						to be complied July to Dec. 2022
		Establish HIV Peer facilitators' group	1	1	5	4	5	4.70	
		TB in the school-setting	1						to be complied July to Dec. 2022
		Dengue Surveillance & Prevention	1	1	5	4	5	4.70	
		Increase awareness on the 10 leading causes of Infectious Diseases in the University	1	1	5	5	4	4.70	
	Number of Reproductive, Maternal and Child Health activities conducted	Propose, conduct and coordinate with GRC on awareness activities (Serbisyo ni Juana, Prepubertal & Adolescent Reproductive Health, Cervical Cancer, Breast Cancer, Family Planning, Prostate Cancer)	6	4	4	5	5	4.70	
USHER MFO5: Innovations in the New Normal	New system implemented	Utilize the Hospital Management Information System being implemented by USHER	1	1	5	4	5	4.70	
	Teleconsultation services in place	Assist in the proposal for the establishment of teleconsultation services	1	0	4	5	5	4.70	
	Continuing Medical Education	Facilitate and conduct activities for Continuing Medical Education	14	3	5	5	4	4.70	

MFOs/PAPs	Success Indicators	Task Assigned	TARGET	ACTUAL ACCOMPLISHMENT	Rating				Remarks
					Q <sup>1</sup>	E <sup>2</sup>	T <sup>3</sup>	A <sup>4</sup>	
	Reduced Cardiovascular Disease Morbidity in the workplace	Propose implementation of "fit-heart minute" in the workplace	1						to be complied July to Dec. 2022
	VSU Health Database established	Conduct and facilitate survey for Health Database in the VSU Community (per quadrant)	4						to be complied July to Dec. 2022
Total Over-all Rating					122	120	121	121.40	

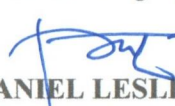
Average Rating (Total Over-all rating divided by 31)		4.86
Additional Points:		
Approved Additional points (with copy of approval)		
FINAL RATING		
ADJECTIVAL RATING		

Comments & Recommendations for Development Purposes:
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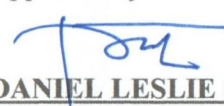
Evaluated and Rated by

  
**ELWIN JAY V. YU, M.D.**  
Chief of Hospital I  
Date: 9-5-22

Recommending Approval:

  
**DANIEL LESLIE S. TAN**  
Head and VP for Admin and Finance  
Date: \_\_\_\_\_

Approved by:

  
**DANIEL LESLIE S. TAN**  
Vice President for Admin and Finance  
Date: \_\_\_\_\_

1 - quality

2 - effieciency

3 - timeliness

4 - average



## Instrument for Performance Effectiveness of Administrative Staff

Rating Period: January – June, 2022

Name of Staff: SARAH AURORA W. TABADA Position: Medical Officer III

**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

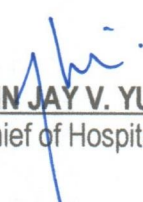
A. Commitment (both for subordinates and supervisors)		Scale				
1.	Demonstrates sensitivity to client's needs and makes the latter's experience in transacting business with the office fulfilling and rewarding.	5	4	3	2	1
2.	Makes self-available to clients even beyond official time	5	4	3	2	1
3.	Submits 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				

**Vision:**  
**Mission:**

A globally competitive university for science, technology, and environmental conservation.  
Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

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					
Average Score	4.9				

Overall recommendation : \_\_\_\_\_

  
**ELWIN JAY V. YU, M.D.**  
 Chief of Hospital I



## EMPLOYEE DEVELOPMENT PLAN

Name of Employee: **TABADA, Sarah Aurora W.**

Performance Rating: **OUTSTANDING**

Aim: Enhance and maintain professional skills in the practice of Pediatrician

Proposed Interventions to Improve Performance:

Date: January 2022 Target Date: June 2022

First Step: Encourage to attend PPS Convention

Result: Able to update knowledge and inquire management of patients

Date: \_\_\_\_\_ Target Date: \_\_\_\_\_

Next Step: \_\_\_\_\_

Outcome: \_\_\_\_\_

Final Step/Recommendation: \_\_\_\_\_

Prepared by:

  
**ELWIN JAY V. YU, M.D.**  
Chief of Hospital I

Conforme:

**SARAH AURORA W. TABADA, M.D.**