



Annex P

COMPUTATION OF FINAL INDIVIDUAL RATING FOR ADMINISTRATIVE STAFF

Name of Administrative Staff: **PAMELA P. ORANO**

Particulars (1)	Numerical Rating (2)	Percentage Weight (3)	Equivalent Numerical Rating (2x3)
1. Numerical Rating per IPCR	4.98	70%	3.486 3.220
2. Supervisor/Head's assessment of his contribution towards attainment of office accomplishments	4.94	30%	1.482
TOTAL NUMERICAL RATING			4.97 4.70 dr

TOTAL NUMERICAL RATING:

Add: Additional Approved Points, if any:

TOTAL NUMERICAL RATING:

FINAL NUMERICAL RATING

ADJECTIVAL RATING:

4.70
4.97

4.70
4.97 a

Outstanding

Prepared by:

PAMELA P. ORANO
Name of Staff

Reviewed by:

JOEL REY U. ACOB
Department/Office Head

Recommending Approval:

JOEL REY U. ACOB
Dean/Director

Approved:

PROSE IVY G. YEPES
President



INDIVIDUAL PERFORMANCE ACCOMPLISHMENT & REVIEW FORM (IPAR)

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 Dec, 2024.



PAMELA P. ORANO

RATEE

Date: January 15, 2025



JOEL REY U. ACOB

Head of Unit

MFO No.	MFO Description	Success/Performance Indicator (PI)	Unit/Person Responsible	Target for 2024	Actual Accomplishments		Rating				Remarks
					Actual	%	Q	E	T	A	
UMF O 5	Quality Assurance Services										
	QAC PI 2. The QMS of the VSU-main Campus will pass the Surveillance Audit in 2024										
		Number of Audit Checklist prepared/ reviewed	LIQA	15	124	826%	4	5	4	4.3	
		Number of internal quality audits implemented	LIQA	1	1	100%	5	4	4	4.3	
		Percentage of Corrective Action Reports (CAR) reviewed and approved	LIQA	70%	100%	130%	5	4	4	4.67	
		Number of Corrective Action Plans (CAPs)	LIQA	10	40	40%	4	4	4	4	

		reviewed and approved									
		Percentage of Corrective Action Reports (CAR) monitored and verified	LIQA	70%	100%	130%	4	4	4	4	
		Percentage of GOOI list prepared and reviewed and approved	LIQA	15	124	826%	5	5	4	4.67	
		Percentage of GOOI monitored and verified	LIQA	70%	100%	100%	5	5	4	4.67	
		No. of QA-related trainings/ workshops coordinated/ facilitated	QAC Director/QMO/LIQA /CFO/UDRC/ Clerk/ other QAC staff	1	2	200%	5	4	5	4.67	
	QAC PI 3. Administrative Services (General Administration and Support Services)										
		Percentage of the PMs, Guidelines, Forms and TPs prepared, uploaded, and maintained in Cloud Storage	DMISO	80%	80%	80%	5	4.7	5	4.90	
		Percentage of CARs issued to Internal Quality Audit Office acted on time	LIQA/dDRC	0%	100%	100%	5	5	4.7	4.90	
	QAC PI 4. Administrative Service										
		Number of meetings/ workshops/training facilitated and attended (AACCUP, ISO, etc)	QAC Director/QMO/LIQA /CFO/UDRC/ Clerk/ other QAC staff	1	4	400%	5	5	4	4.67	

		Number of OPCR/IPCR, DTR , Leave applications,	QAC Staff	4	15	375%	4.9	5	5	4.90	
		Number of communication drafted	LIQA	5	10	200%	5	5	4	4.67	
	QAC PI 5. Support to Operations										
		Number of trainings attended by QAC staff	QA Director/other QAC staff	1	6	600%	5	5	4	4.67	
		Number of ISO quality audit attended 1(Internal)	QA Director/other QAC staff	1	1	100%	5	5	4	4.67	
		Number of management review attended	QA Director/other QAC staff	1	1	100%	5	5	4	4.67	
	QAC PI 6. Efficient customer friendly assistance	Efficient and customer-friendly frontline service		Zero complaint from clients	100	100% 100%	5	5	5	5	
Total Overall Rating											78.39
Average Rating											4.61
Adjectival Rating											0

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

Comments & Recommendations for Development Purpose:

able to deliver the full & minimal system. Consideration on the requirements.


Evaluated & Rated by:


JOEL REY U. ACOB
 Director, Quality Assurance
 Date:

Recommending Approval:


JOEL REY U. ACOB
 Director, Quality Assurance
 Date:

Approved by:


PROSE IVY G. YEPES
 VSU President
 Date:

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

TRACKING TOOL FOR MONITORING TARGETS

TASK		ASSIGNED TO	DURATION	Actual Accomplishments Rating				Remarks
				1 st week	2 nd week	3 rd week	4 th week	
UMFO 5. Quality Assurance Services								
QAC PI 1. All degree programs of the VSU system due for accreditation/evaluation in 2023 will be subjected to survey visit								
Programs and Institutional Office(PIAO)	Number of programs monitored for compliance of the Mandatory Requirements for AACUP Levels I to IV, and other accreditation	QAC Director/other QAC staff	July-December 2024	x	x	x	x	
	Number of the Degree programs scheduled for accreditation subjected to AACUP survey visit.	QAC Director/other QAC staff	July-December 2024	x	x	x	x	
	Number of PPPs or Narrative Profiles (NPs)/ sets of supporting documents/ compliance reports reviewed/edited	QAC Director/other QAC staff	July-December 2024	x	x	x	x	
	Number of online accreditation trainings/workshops /coordination meetings organized/coordinated/attended	QAC Director/other QAC staff	July-December 2024	x	x	x	x	
QAC PI 2. The QMS of the VSU-main Campus will pass the Surveillance Audit in 2024								

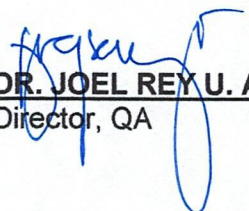
University Documents Record Controller (UDRC)	The percentage of internal documented information prepared by the processed owner will be reviewed, processed, reproduced, uploaded, and cascaded to the QMS Portal.	QAC Director/QM O/LIQA/CFO/UDRC/ Clerk	July-December 2024	x	x	x	x	
	Number of processes/procedures/forms, TP, GLs) monitored during the roll out/implementation	QAC Director/QM O/LIQA/CFO/UDRC/ Clerk/ other QAC staff	July-December 2024	x	x	x	x	
	Number of meetings/ monitoring visits of dDRCs and orientations with dDRCs conducted	UDRC, dDRCs, QAC staff	July-December 2024	x	x	x	x	
	Number of documented information submitted by dDRCs (QRM, DRL, IML, etc.) received and filed	UDRC	July-December 2024	x	x	x	x	
	Number of internal and external document master lists updated and filed	UDRC	July-December 2024	x	x	x	x	
Quality Management Office (QMO)	Number of management reviews coordinated/conducted	QMO/QAC Director/ other QAC staff	July-December 2024	x	x	x	x	
	Percentage of action plans (planning for changes) monitored and verified	QMO	July-December 2024	x	x	x	x	

	Percentage of programmed ISO-related activities (ISO awareness, risk assessment trainings, etc.) implemented within the targeted timeline	QMO/LIQA/QAC Director/ CFO/UDRC/ Clerk/ other QAC staff	July-December 2024	x	x	x	x	
	Percentage of Corrective Action Reports (CARs) monitored and verified	QMO, dDRC of the QMO	July-December 2024	x	x	x	x	
	Percentage of action plans generated from external audits monitored and verified	QMO, LIQA	July-December 2024	x	x	x	x	
Customer Feedback Office (CFO)	Number of customer feedback collected and processed on time	CFO, CFA and admin aide for the CFO	July-December 2024	x	x	x	x	
	Number of customer feedback reports from transactional surveys prepared and released	CFO, CFA and admin aide for the CFO	July-December 2024	x	x	x	x	
	Number of customer feedback reports from non-transactional surveys prepared and released	CFO, CFA and admin aide for the CFO	July-December 2024	x	x	x	x	
	Number of awareness-related activities on CF procedures (onboarding activities, orientations, etc) conducted	CFO, CFA and admin aide for the CFO	July-December 2024	x	x	x	x	
	Percentage of CF action plans	CFO, CFA and admin	July-December	x	x	x	x	

	verified and monitored	aide for the CFO	2024					
Lead Internal Quality Auditor (LIQA)	Number of Audit Checklist prepared/reviewed	LIQA	July-December 2024	x	x	x	x	
	Number of internal quality audits implemented	LIQA	July-December 2024	x	x	x	x	
	Percentage of Corrective Action Reports (CAR) reviewed and approved	LIQA	July-December 2024	x	x	x	x	
	Number of Corrective Action Plans (CAPs) reviewed and approved	LIQA	July-December 2024	x	x	x	x	
	Percentage of Corrective Action Reports (CAR) monitored and verified	LIQA	July-December 2024	x	x	x	x	
	Percentage of GOOI list prepared and reviewed and approved	LIQA	July-December 2024	x	x	x	x	
	Percentage of GOOI monitored and verified	LIQA	July-December 2024	x	x	x	x	
Training Committee	No. of QA-related trainings/works hops coordinated/facilitated	QAC Director/QMO/LIQA/CFO/UDRC/ Clerk/ other QAC staff	July-December 2024	x	x	x	x	
QAC PI 3. Administrative Services (General Administration and Support Services)			July-December 2024	x	x	x	x	
	Percentage of the PMs, Guidelines, Forms and TPs prepared, uploaded, and maintained in Cloud Storage	QAC staff (IT Incharge)	July-December 2024	x	x	x	x	

	Percentage of CARs issued to the office acted on time	QAC Director, QMR, Lead Auditor, UDRC, CFO, Risk Manager	July-December 2024	x	x	x	x	
QAC PI 4. Support to Operations								
	Number of trainings attended by QAC staff	QA Director/other QAC staff	July-December 2024	x	x	x	x	
QAC PI 5. Efficient customer friendly assistance								
-	Efficient and customer-friendly frontline service for QAC	QAC staff	July-December 2024	x	x	x	x	

Prepared by:


DR. JOEL REY U. ACOB
 Director, QA

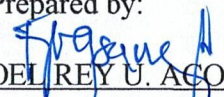
PERFORMANCE MONITORING FORM

Name of Employee: PAMELA P. ORANO

Task No.	Task Description	Expected Output	Date Assigned	Expected Date to Accomplish	Actual Date accomplished	Quality of Output*	Over-all assessment of output**	Remarks/ Recommendation
1	Number of Management Review attended	Presented the IQA Output	December 2024	December 2024	December 2024	impressive	Outstanding	Outstanding
2	Number of Audit Checklist prepared/reviewed	Accomplished audit checklist	July 2024	July 2024	July 2024	impressive	Outstanding	Outstanding
3	Number of internal quality audits implemented	Audited internally the processes with NCs and GOOIs	September 2024	October 2024	November 2024	impressive	Outstanding	Outstanding
4	Percentage of Corrective Action Reports (CAR) reviewed and approved	Approved CARs	November 2024	December 2024	December 2024	impressive	Outstanding	Outstanding
5	Number of Corrective Action Plans (CAPs) reviewed and approved	Closed out GOOI	July 2024	December 2024	December 2024	impressive	Outstanding	Outstanding
6	Percentage of Corrective Action Reports (CAR) monitored and verified	Closed Out CARs	July 2024	December 2024	December 2024	impressive	Outstanding	Outstanding
7	Percentage of GOOI list prepared and reviewed and approved	Approved GOOIs	November 2024	November 2024	November 2024	impressive	Outstanding	Outstanding
8	Percentage of GOOI monitored and verified	Closed GOOI	July 2024	December 2024	December 2024	impressive	Outstanding	Outstanding
9	No. of QA-related trainings/workshops coordinated/facilitated	Certificate of Attendance	July 2024	December 2024	December 2024	impressive	Outstanding	Outstanding

* Either very impressive, impressive, needs improvement, poor, very poor

** Outstanding, very satisfactory, satisfactory, unsatisfactory, poor

Prepared by:

JOEL REY U. ACOB
 Unit Head

EMPLOYEE DEVELOPMENT PLAN**Name of Employee: PAMELA P. ORAÑO****Performance Rating:****Aim:**

To enhance knowledge and skills in document management, facilitation of meetings and workshops, Internal Quality Auditing, and other Quality Assurance (QA) activities.

Proposed Interventions to Improve Performance**1. Initial Step (Jan 2024 - June 2024):**

- Conduct a focused discussion to identify specific skills and competencies that need improvement, particularly in:
 - Document management
 - Internal Quality Audit processes
- Provide guidance on effectively facilitating meetings and workshops.

Expected Results:

- Improved processes for document control, recording, and retrieval.
- Enhanced ability to facilitate and preside over meetings and workshops effectively.

2. Next Step (July 2024 - December 2024):

- Arrange participation in training/seminars focused on:
 - ISO document management
 - Internal Quality Audit practices
- Actively involve Pamela in the facilitation of meetings and workshops to gain hands-on experience.
- Discuss best practices for distributing and managing internal documented information.

Expected Outcomes:

- Increased efficiency and effectiveness in document management.
- Enhanced competence in leading and handling meetings and workshops.
- Improved processes for distributing internal documentation.

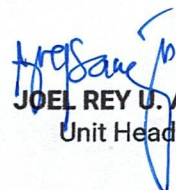
3. Final Step (Ongoing):

- Provide continuous capability enhancement through:
 - Mentoring and coaching sessions.
 - Participation in additional training and seminars as needed.


Outcome Goals:

- Mastery of conducting Internal Quality Audits.
- Sustained professional growth in document management and facilitation skills.
- Consistent contribution to quality assurance initiatives.

Prepared by:


JOEL REY U. ACOB
Unit Head

Conforme:


PAMELA P. ORAÑO
Name of Ratee Staff



Instrument for Performance Effectiveness of Administrative Staff

Rating Period: July to December 2024

Name of Staff: **PAMELA POSAS ORANO** Position: **AOIV**

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



PERFORMANCE MONITORING & COACHING JOURNAL

	1st	Q U A R T E R
	2nd	
X	3rd	
X	4th	

Name of Office: Quality Assurance Center

Head of Office: JOEL REY U ACOB

Name of Personnel: Pamela P. Oraño

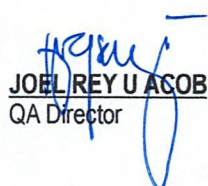
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Activity Monitoring	MECHANISM				Remarks
	Meeting		Memo	Others (Pls. specify)	
	One-on-One	Group			
Monitoring					
Number of Audit Checklist prepared/ reviewed	X				
Number of internal quality audits implemented	X				
Percentage of Corrective Action Reports (CAR) reviewed and approved	X				
Number of Corrective Action Plans (CAPs) reviewed and approved	X				
Percentage of Corrective Action Reports (CAR) monitored and verified	X				
Percentage of GOOI list prepared and reviewed and approved	X				
Percentage of GOOI monitored and verified	X				
Coaching					
Training and development	X				
Regular Feedback Session	X				
Mentorship Program	X				
Performance Review	X				
Team Meetings		X			
Recognition and Rewards	X				

Note: Please indicate the date in the appropriate box when the monitoring was conducted.

Conducted by:


JOEL REY U ACOB
 QA Director