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Office of the President

3 August 2015

MEMORANDUM CIRCULAR NO. 40

Series of 2015

T O: All Regular (Permanent, Temporary, Contractual) VSU Faculty & Staff

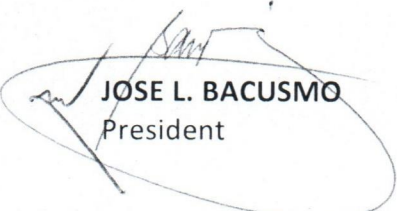
R E: Submission of Latest Personal Data Sheet (PDS)

The Civil Service Commission just recently started its Assessment and Assistance of Agencies with Revalidated Level II-Accredited Status and those Agencies Accredited Under the Old PRIME-HRM Standards (VSU was accredited under the old PRIME-HRM standard) to qualify under the new PRIME HRM Assessment Tool. Last week, the new PRIME HRM Self-Assessment Tool for HRMOs was just completed upon the directive of the CSC Western Leyte Field Director, Aurelia Q. Pharida. She expects that the agency evaluation for VSU may be done anytime this year and therefore, the need for us to complete all the minimum requirements.

One of the very important record which will be verified during the assessment is the 201 Files of all employees and should be complete with the required documents as provided for in the checklists under CSC MC 8, series of 2007. Specifically, said checklist provides for an updated Personal Data Sheet (PDS). Unfortunately, those faculty and staff who have no personnel movement within the last two years have no updated PDS and based on the provision of CSC MC 8, series of 2007, said file is already due for disposal.

In view of this, all permanent employees who have no change in their rank and title which necessitates the issuance of an appointment in the last two (2) years and therefore, have not submitted an updated PDS are required to fill up the attached form and submit to the Records Office not later than September 15, 2015.

For compliance.


JOSE L. BACUSMO
President

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary. 1. CS ID No. (to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME																		
FIRST NAME																		
MIDDLE NAME																		
4. DATE OF BIRTH (mm/dd/yyyy)		/		/		16. RESIDENTIAL ADDRESS												
5. PLACE OF BIRTH																		
6. SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female																	
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed																	
	<input type="checkbox"/> Married <input type="checkbox"/> Separated																	
	<input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____																	
8. CITIZENSHIP																		
9. HEIGHT (m)																		
10. WEIGHT (kg)																		
11. BLOOD TYPE																		
12. GSIS ID NO.																		
13. PAG-IBIG ID NO.																		
14. PHILHEALTH NO.																		
15. SSS NO.																		
						ZIP CODE						17. TELEPHONE NO.						
												18. PERMANENT ADDRESS						
						ZIP CODE												
												19. TELEPHONE NO.						
												20. E-MAIL ADDRESS (if any)						
												21. CELLPHONE NO. (if any)						
												22. AGENCY EMPLOYEE NO.						
												23. TIN						

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME			25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME				/ /	
MIDDLE NAME				/ /	
OCCUPATION				/ /	
EMPLOYER/BUS. NAME				/ /	
BUSINESS ADDRESS				/ /	
TELEPHONE NO.				/ /	
(Continue on separate sheet if necessary)				/ /	
26. FATHER'S SURNAME				/ /	
FIRST NAME				/ /	
MIDDLE NAME				/ /	
27. MOTHER'S MAIDEN NAME				/ /	
SURNAME				/ /	
FIRST NAME				/ /	
MIDDLE NAME			(Continue on separate sheet if necessary)		

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY							
SECONDARY							
VOCATIONAL / TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	DATE OF RELEASE

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format *00-0*)	STATUS OF APPOINTMENT	GOV'T SERVICE (Yes / No)
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(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
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		/ /	/ /		
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		/ /	/ /		

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following :		
a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____ _____
b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____ _____
37 a. Have you ever been formally charged?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____
b. Have you ever been guilty of any administrative offense?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____
38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____
39. 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, AWOL or phased out, in the public or private sector?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____
40. Have you ever been a candidate in a national or local election (except Barangay election)?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ _____
41. 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:		
a. Are you a member of any indigenous group?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____
b. Are you differently abled?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____
c. Are you a solo parent?		<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)		
NAME	ADDRESS	TEL. NO.
43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.		
I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.		
COMMUNITY TAX CERTIFICATE NO.		ID picture taken within the last 6 months 3.5 cm. X 4.5 cm (passport size) Computer generated or xerox copy of picture is not acceptable PHOTO
ISSUED AT		
/ /		
ISSUED ON (mm/dd/yyyy)		
SIGNATURE (Sign inside the box)		RIGHT THUMBMARK
DATE ACCOMPLISHED		