

OFFICE PERFORMANCE COMMITMENT & REVIEW FORM (OPCR)

I, ALELI A. VILLOCINO, Vice President for Student Affairs & Services commits to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the period January-December 2023.

Approved:

ALELI A. VILLOCINO

Vice President for Student Affairs & Services

JUL 07 2023
Date

EDGARDO E. TULIN

President

Date JUL 14 2023



| Appointment/Status | Position Title | Number | Rating Equivalents: 5 - Outstanding 4 - Very Satisfactory 3 - Satisfactory 2 - Fair 1 - Poor | | Scan Here OPCR-2023-0707-128525 | | | | |
|--|--|---|---|---|---|---|---|------|--|
| Head | Vice-President for Student Affairs & Services | 1 | | | | | | | |
| Regular Staff | Administrative Aide VI | 1 | | | | | | | |
| Casual | Education Research Assistant I | 1 | | | | | | | |
| | TOTAL | 3 | | | | | | | |
| GASSs/PAPs | Success Indicators | Persons Responsible | *** | Actual Accomplishments (January-June 2023) | Rating Q ¹ E ² T ³ A ⁴ | | | | Remarks |
| UGAS5. SUPPORT TO OPERATIONS | | | | | | | | | |
| OVPSAS STO 1: ISO 9001:2015 ALIGNED DOCUMENTS | | | | | | | | | |
| OVPSAS STO 1: ISO 9001:2015 aligned documents and compliant processes | PI. 1. Percentage of clients served that rated the services rendered at least very satisfactory or higher | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 95% of clients rated services as very satisfactory or higher | 100% of clients rated services as very satisfactory or higher | 5 | 5 | 5 | 5.00 | Note: to get the final rating from the Customer Feedback Officer who analyze all customer feedback |
| | PI. 2. Number of quality procedures revised/updated/registered at QAC | OVPSAS, Department Student Internship Program In-charge, Local GovernUnit, City/Municipal Health Office, Office of Student Welfare & Services | 1 quality procedure revised, 1 draft guidelines and procedure | 1 quality procedure revised (admission office), 1 draft guidelines and procedure (SIP), Annex C & D | 4 | 5 | 5 | 4.67 | Quality Procedure on the Implementation of Undergraduate Student Internship Program (Local), |
| | PI. 3. Percentage implementation of processes in accordance with existing approved quality procedures | OVPSAS, Colleges/Departments/Units | 100% processes implemented according to QP | 100% processes implemented according to QP | 5 | 5 | 5 | 5.00 | zero NC during external audit |
| | PI. 4 Number/Percentage of Reports submitted on time to partner agencies and other regulatory bodies | OVPSAS, QMR Office | 100 % reports submitted on time | 100 % reports submitted on time | 4 | 5 | 5 | 4.67 | Communication from partner agencies and transmittal for submission |
| | PI.5 Number of student internship manual approved | OVPSAS, ODS, College Deans, Department Heads, Student Internship Program Incharge | 1 internship manual | 1 internship manual (draft) | 4 | 4 | 5 | 4.33 | Drafted the manual for presentation of SIP Manual to UAdCo |
| | PI.6 Number of alternative internship plans approved | OVPSAS, College Deans, Department Heads, ODIE, Student Internship Program In-charge | 4 Internship Plans | 14 Internship Plans | 5 | 5 | 5 | 5.00 | |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|--|---|---|---|--|----------------|----------------|----------------|----------------|---|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| | PI.7 Percentage of ISO evidences compliant with existing ODAS/HRM quality procedures kept intact and readily available to Auditor | OVPSAS, ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP, UCL, OHA | 100% ISO compliant evidences readily available | 100% ISO compliant evidences readily available | 5 | 5 | 5 | 5.00 | c/o All OVPSAS dDRCs |
| | PI.8 Percentage of documents and records received and systematically filed and recorded within the day of receipt. | dDRC | 100% | 100% | 5 | 5 | 5 | 5.00 | |
| | PI.9 Response to OFIs of 3rd IQA and SSA | OVPSAS, QMR office | 100% | 100% | 5 | 5 | 5 | 5.00 | |
| OVPSAS STO4: INNOVATIONS & BEST PRACTICES | | | | | | | | | |
| OVPSAS STO 4: Innovations & new Best Practices Development Services | PI. 1 Number of new systems/innovations/proposals introduced and implemented | OVPSAS, ODS, OIMD, Committee on LGU Links, OHA | Creation of OVPSAS Official Facebook page, Student Onboarding for limited face-to-face classes, Integrate a wellness break in the academic calendar, Student Internship Program Orientation | Integrated an automatic response to the students, parents, and other stakeholders to the OVPSAS FB Page. Live Q&A of Admission Procedure | 5 | 5 | 5 | 5.00 | |
| | PI. 2 Number of best practices shared to other agencies and/or entries submitted to any search for best practices | OVPSAS, ODS, OSWS, VSU CARES, Local Government Units, | Link with Municipal/City Health Office, Integrate mental health & well-being program in the curriculum | Presence in Social Media posting topics on Mental Health and Raising Awareness and Help | 5 | 5 | 5 | 5.00 | |
| OVPSAS GASS 1: Administrative and Support Services Management | | | | | | | | | |
| | PI. 1 Number of administrative services and financial/ administrative documents acted within time frame | OVPSAS and other offices/units/departments | 100% documents acted (with absolute figures) | 100% documents acted (with absolute figures) | 5 | 5 | 5 | 5 | Certifications, clearances, monitoring report, proposals, referrals |
| | PI. 2 No. of formal/informal linkages with external agencies maintained | OVPSAS, ODS, | 5 government/private agencies | 5 government/private agencies | 5 | 5 | 5 | 5 | |
| | PI. 3 No. of council/board/committee assignments served/functions performed | OVPSAS, ODS, OSDS, OISPS, OCJP, OSGA, NSTP, UCL, OHA | 10 committees | 10 committees | 5 | 5 | 5 | 5 | |
| | PI. 4 No. of unit heads/staff meetings presided | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OHA, OUCL, SIP Coordinators | 5 committee meetings per month | 5 committee meetings per month | 5 | 5 | 5 | 5 | |
| | PI. 5 Number of seminars/conference/trainings attended by OVPSAS | OVPSAS | 15 webinars/training | 5 webinars/training | 5 | 4 | 5 | 4.666667 | |
| | PI. 6 Number of student support services reported and submitted | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 15 | 8 | 5 | 5 | 5 | 5 | |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|--|---|--|--|--|----------------|----------------|----------------|----------------|---|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| | PI. 7 Number of established informal linkages with industries/employers | OVPSAS, College Deans, Department Heads, Student Internship Program In-charge | 4 | 10 | 5 | 5 | 5 | 5 | |
| | PI. 8 Number of complied procedure in tracking documents | OVPSAS, College Deans, Department Heads, Student Internship Program In-charge, other offices | 40 | 40 | 5 | 5 | 5 | 5 | Communication forms, minutes of meeting, and other forms compiled and tracked using the Document Tracking System. |
| | PI. 9 Number of monitored student support program/services | OVPSAS, College Deans, USSCF, ODS, Department Heads | 2 | 2 | 5 | 4 | 4 | 4.333333 | |
| | PI. 10 Number of tracking student welfare through media channels | OVPSAS, UIMC, ODS, DYDC | 6 | 3 | 4 | 5 | 4 | 4.333333 | OVPSAS FB page content posting through Webteam, DYDC Programs |
| | PI. 11 Number of student activity in social welfare activities | OVPSAS, USSCF NSTP, CWTS | 2 | 2 | 5 | 5 | 5 | 5 | |
| | PI. 12 Percentage of NCs received and acted | | 0 | 0 | 5 | 5 | 5 | 5 | |
| | PI. 13 Percentage of CARs received and acted | | 0 | 0 | 5 | 5 | 5 | 5 | |
| OFFICE OF THE DEAN OF STUDENTS | | | | | | | | | |
| Appointment/Status | Position Title | Number | | | | | | | |
| Head | Dean of Students (Designated) | 1 | | | | | | | |
| Regular Staff | Guidance Coordinator III | 1 | | | | | | | |
| | Guidance Counselor III | 2 | | | | | | | |
| | Guidance Counselor I | 1 | | | | | | | |
| | Admin. Officer III | 1 | | | | | | | |
| Casual | Admin. Aide III | 1 | | | | | | | |
| Job Order | | 1 | | | | | | | |
| | TOTAL | 8 | | | | | | | |
| No. of Offices | Heads | 6 | | | | | | | |
| UGAS5. SUPPORT TO OPERATIONS | | | | | | | | | |
| OVPSAS STO 1: ISO 9001:2015 ALIGNED DOCUMENTS | | | | | | | | | |
| ODS STO 1: ISO 9001:2015 aligned documents and compliant processes | PI 1. Percentage of clients served rated the services received at least very satisfactory or higher | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 95% of clients rated services as very satisfactory or higher | 100% | 5 | 5 | 5 | 5.00 | |
| | PI. 2. Number of quality procedures revised/updated and registered at QAC | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 3 quality procedures revised and registered | 4 | 5 | 4 | 4 | 4.33 | |
| | PI. 3. Percentage implementation of processes in accordance with existing approved quality procedures | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 100% processes implemented according to QP | 100% of DSO procedures were followed | 5 | 5 | 5 | 5.00 | |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|--|--|--|--|---|----------------|----------------|----------------|----------------|---|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| | PI. 4 Number/Percentage of Reports submitted on time to partner agencies and other regulatory bodies | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 100 % report submitted on time | 90% | 5 | 4 | 4 | 4.33 | |
| | PI.5 Percentage of ISO evidences compliant with existing ODAS/HRM quality procedures kept intact and readily available to Auditor | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 100% ISO compliant evidences readily available | 100% documents and records are intact and available | 5 | 5 | 5 | 5.00 | Open shelf cabinet is installed at the conference room dedicated for ISO documents. |
| OVPSAS STO2: FREEDOM OF INFORMATION (FOI) ALIGNED COMPLIANCE AND REPORTING REQUIREMENTS | | | | | | | | | |
| ODS STO. 2: FOI aligned frontline services | PI. 6 Percentage compliance of reporting requirements in accordance with FOI Manual | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 100% submission of required reports on time | 90% | 5 | 4 | 4 | 4.33 | |
| OVPSAS STO3: ARTA ALIGNED COMPLIANCE AND REPORTING REQUIREMENTS | | | | | | | | | |
| ODS STO 3: ARTA aligned frontline services | PI. 7 Efficient & customer friendly frontline service | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | Zero percent complaint from clients served | zero complaint | 5 | 5 | 5 | 5.00 | |
| OVPSAS STO4: INNOVATIONS & BEST PRACTICES | | | | | | | | | |
| ODS STO 4: Innovations & new Best Practices Development Services | PI. 8. Number of new systems/innovations/proposals introduced and implemented | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 1 (Collaboration with LGUs and organizations in the promotion of mental health) | 4 (Jobs fair with ACRO, collaboration with UNILAB, New Awards and Recognition | 5 | 4 | 5 | 4.67 | |
| | PI. 9. Number of request for expert services in seminars/workshops served/provided | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 3 expert services | 5 expert services | 5 | 5 | 5 | 5.00 | Subject to request for services as RP/Facilitator |
| | PI. 10. Number of best practices shared to other agencies and/or entries submitted to any search for best practices | MBL | 2 best practices shared | 1 best practice | 3 | 5 | 5 | 4.33 | |
| | PI. 11. Number of action research conducted and analyze | CAB | 1 action research | Assessment Mental Wellbeing | 4 | 4 | 4 | 4.00 | On-going |
| UMFO6: General Administrative and Support Services (GASS) | | | | | | | | | |
| OVPSAS GASS 1: Administrative and Support Services Management | | | | | | | | | |
| ODS GASS 1: Administrative and Support Services | PI. 12 Number of administrative services and financial/ administrative documents acted within time frame | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 100% documents acted (with absolute figures) | 1,254 | 5 | 5 | 5 | 5.00 | |
| | PI. 13 No. of formal/informal linkages with external agencies maintained | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | 1 (DOLE, POEA, Industry, Employers) | 11 | 5 | 5 | 5 | 5.00 | |
| | PI.14 No. of council/board/committee assignments served/functions performed | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | UADCO, Acad Council, ViFE, Undergrad Student Scholarship Committee, GAD, Alumni Communicator, LGU Link, PESO | 16 | 5 | 5 | 5 | 5.00 | MBLoreto, Jr. - 6; Cbrit - 6; Ctauy - 2; Jpanonce - 2 |




| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|--|---|--|--|---|----------------|----------------|----------------|----------------|---------------------------------|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| | PI.15 No. of unit heads/staff meetings presided | ODS, OSWS, OSDS, OISPS, OCJP, OSGA, OIVP | ODS Monthly meeting, | 9 meetings conducted | 4 | 5 | 5 | 4.67 | 2 meetings per month |
| ODS GASS 2: Student Welfare Services | PI. 16 Number of guidance activities conducted | OSWS | 20 guidance activities | 15 activities | 5 | 5 | 5 | 5.00 | |
| | PI. 17 Percentage of student counselled | OSWS | 10% of the current student population | 7% of student population | 4 | 5 | 5 | 4.67 | only one full time RGC |
| ODS GASS 3: Institutional Student Services | PI 18 Number of students availing VSU dormitory facilities | OISPS | 800 qualified students | 1,700 qualified students during 2nd semester 2022-2023 | 5 | 4 | 5 | 4.67 | |
| | PI. 19 Number of students awarded with scholarships/grants and/or monitored | OISPS | 1000 VSU-funded scholarships; 50 CHED funded; 150 DOST; 600 TES; 300 TDP-TES & 20 privately-funded | 2,619 VSU-Funded; 50 CHED Funded; 220 DOST; TES - 200; TDP-TES- 300 & 20 privately funded | 5 | 5 | 4 | 4.67 | No more new slots for TES grant |
| OFFICE OF THE HEAD OF ADMISSION | | | | | | | | | |
| Appointment/Status | Position Title | Number | | | | | | | |
| Designated | Head | 1 | | | | | | | |
| | Administrative Officer | 1 | | | | | | | |
| Job Order | Clerk (Admin Aide) | 1 | | | | | | | |
| | IT Staff | 2 | | | | | | | |
| | | | | | | | | | |
| | TOTAL | 5 | | | | | | | |
| Recruitment and Admission Services | PI 1. Number of incoming students evaluated in terms of admissions requirements and enrolled | Head and staff, OHA | 2500 | 3605 (144.20%) | 5 | 5 | 5 | 5 | |
| OHA STO 1: ISO 9001:2015 aligned documents and compliant processes | PI 2. Number of admissions forms revised/updated and registered at ODQA | Head and staff, OHA | 2 | 3 (150%) | 5 | 5 | 5 | 5 | |
| | PI 3. Percentage implementation of processes in accordance with existing approved quality procedures | Head and staff, OHA | zero non-conformity | zero (0) non-conformity | 5 | 5 | | 5 | |
| | PI.4 Percentage of ISO evidences compliant with existing Online Admission of Undergraduate Students in the New Normal Quality Procedures kept intact and readily available to Auditor | Head and staff, OHA | zero non-conformity | zero (0) non-conformity | 5 | 5 | 5 | 5 | |
| OVPSAS STO3: ARTA ALIGNED COMPLIANCE AND REPORTING REQUIREMENTS | | | | | | | | | |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|---|--|-----------------------------------|-----------------------------------|--|----------------|----------------|----------------|----------------|---|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| OHA STO 3: ARTA aligned frontline services | PI. 6 Efficient & customer friendly frontline service | OHA staff | zero complaint | zero complaint | 5 | 5 | 5 | 5 | |
| OVPSAS STO4: INNOVATIONS & BEST PRACTICES | | | | | | | | | |
| OHA STO 4: Innovations & new Best Practices Development Services | PI. 1. Number of new systems/innovations/proposals introduced and implemented | Admissions Office | 1 | 1 (100%) | 5 | 5 | 5 | 5 | |
| UMFO6: General Administrative and Support Services (GASS) | | | | | | | | | |
| OVPSAS GASS 1: Administrative and Support Services Management | | | | | | | | | |
| OHA GASS 1: Administrative and Support Services | PI 1. Number of administrative services and financial/ administrative documents acted within time frame | Admissions Office | 24 | 88 (366.67%) | 5 | 5 | 5 | 5 | |
| | PI 2. No. of formal/informal linkages with external agencies maintained | | 1 | 1 (100%) | | | | | |
| | PI.14 No. of council/board/committee assignments served/functions performed | Admissions Office | 1 | 8 | 4 | 4 | 4 | 4 | QS Star Assessment Application, THE Ranking, Student Organizations Evaluation Committee, Dormitory Management Committee, Anniversary Ushering Committee, Anniversary Goodwill Games |
| | PI.15 No. of unit heads/staff meetings presided | Admissions Office | 6 | 11 (183.33%) | | | | | |
| | PI 1: Percentage of documents and records received systematically filed and recorded QRM form within the day of receipt | dDRC | 100% | 100% | 5 | 5 | 4 | 4.67 | |
| | PI 4: Percentage of documents delivered to different units | dDRC | 100% | 100% | 5 | 4 | 4 | 4.33 | |
| | PI (X): Response to NCs and CARs issuances | Head and staff, Admissions Office | 100% | 100% | 5 | 5 | 5 | 5 | |
| | Response to OFI for 3rd IQA and 2nd surveillance audit | Head and staff, Admissions Office | 100% | 100% | 5 | 5 | 5 | 5 | |
| | Percentage of NCs received and acted | Head and staff, Admissions Office | 0% | 0% | 5 | 5 | 5 | 5 | |
| | Percentage of CARs received and acted | Head and staff, Admissions Office | 0% | 0% | 5 | 5 | 5 | 5 | |
| OFFICE OF THE CHIEF LIBRARIAN | | | | | | | | | |
| UMFO 5 Support to Operations | | | | | | | | | |
| VSAS STO 1: ISO 9001:2015 ALIGNED DOCUMENTS | | | | | | | | | |
| LS STO 1 : ISO 9001:2015 aligned | P1 1. No. of quality procedures prepared, reviewed and/ or revised | All Librarians | 2 | | | | | | Month of July-August |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|--|---|-----------------------------|--|--|----------------|----------------|----------------|----------------|---------|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| documents and compliant processes | PI 2. Percentage of 5S implementation at the workplace | All Library staff | 95% | 95% | 5 | 5 | 5 | 5 | |
| VSAS STO3: ARTA ALIGNED COMPLIANCE AND REPORTING REQUIREMENTS | | | | | | | | | |
| LS STO 2 ARTA aligned compliance and Reporting requirements | P1 2 Citizen's Charter Compliance: | | | | | | | | |
| | | | | | | | | | |
| | a. Citizen/client satisfaction survey report | All Librarians | 95% satisfied | 95% | 4.5 | 5 | 5 | 4.83 | |
| VSAS STO4: INNOVATIONS & BEST PRACTICES | | | | | | | | | |
| | Number of new systems/innovations/proposals introduced and implemented | OCL and all unit librarians | 2 | 2 | 4.5 | 5 | 4.5 | 4.67 | |
| | Number of newsletter issues released | | 1 | 1 | 5 | 5 | 5 | 5 | |
| VSAS MFO LS (for Library Services) | | | | | | | | | |
| LS 1 | Technical Services | | | | | | | | |
| | PI 1 No. of books and ebooks acquired and processed. | All Library Staff | 200 titles/volumes of books acquired and processed | 460 titles/volumes of books acquired and processed | 5 | 5 | 5 | 5 | |
| | PI 2. No of Journal (Print and non-print Titles Subscribed | | 26 Journals | 31 journals | 5 | 5 | 4.50 | 4.83 | |
| | PI 3. Number of title of theses, dissertations, manuscripts, etc., acquired and processed | All Librarians | 300 titles | | | | | | Jul-23 |
| | PI 4. Number online databases subscribed | All Librarians | 1 | 2 | 5 | 5 | 5 | 5 | |
| | PI 5. No. of books, journals repaired and/or bound | Binders and Support staff | 300 volumes | 904 volumes | 5 | 5 | 5 | 5 | |
| | PI 6. No. of articles indexed and/or abstracted | All support staff | 200 articles | 1,926 | 5 | 5 | 5 | 5 | |
| | PI 7. No. of inventory conducted | All support staff | 1 inventory | | | | | | Aug-23 |
| | PI 8. Number of Website/Interactive Social Media Page maintained | IT Staff, Librarians | 2 Website/Social Media Page Maintained | 4 | 5 | 4.5 | 5 | 4.83 | |
| | PI 9. Number of Computers and/or printers maintained | IT Staff, Librarians | 5 computers and/or printers | 24 | 5 | 5 | 5 | 5 | |
| | PI 10. Number of New Acquisitions lists prepared and disseminated | IT Staff, Librarians | 15 Acquisitions Lists | 20 | 5 | 4.5 | 5 | 4.83 | |
| LS 2 | Reader's Services | | | | | | | | |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|-------------|---|---------------------|---|--|----------------|----------------|----------------|----------------|--|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| | PI 1 No. of clients availed the library facilities, services & resources | All Library Staff | | | | | | | To be accomplished in July-December 2023 |
| | a. Printed materials users | | 300 users per rating period | 7,673 | 5 | 5 | 5 | 5 | |
| | b. On-line resources users | | 300 users per rating period | 940 | | | | | |
| | c. The use of other facilities and services | | 150 users per rating period | 514 | | | | | |
| | PI 2. No. of online reference queries responded | All Librarians | 50 reference queries per rating period | 130 | 5 | 5 | 5 | 5 | |
| | PI 3 No. of orientation and instruction conducted | All Librarians | 4 orientation and instruction conducted | 5 | 5 | 5 | 5 | 5 | |
| | PI 4. No. of hours spent in securing the control (entrance/exit) area | | | | | | | | Aug-23 |
| LS 3 | Repository Services | | | | | | | | |
| | PI 1. No. of E-copies of theses/dissertations converted to e-books | All Library Staff | 300 e-copies of theses/ dissertation converted to e-books | 325 | 5 | 5 | 4.5 | 4.83 | |
| | PI 2. Number of materials for VisCaiana (special collection) acquired | All Librarians | 12 titles of materials for special collection | 6 | 5 | 5 | 4.5 | 4.83 | |
| LS 4 | Programs/Training and Activities | | | | | | | | |
| | PI 1. Number of activities, meetings, programs attended/ assisted/facilitated | All Library Staff | 12 activities, meetings, etc. | 14 | 5 | 5 | 5 | 5 | |
| | PI 2. Number of trainings/ webinars attended/facilitated | All Library Staff | 5 trainings | 13 | 5 | 5 | 5 | 5 | |
| LS 5 | Support to Quality Assurance, Program and Institutional Accreditation Services | | | | | | | | |
| | PI 1. Number of sets of Supporting Documents prepared for AACCUP, RQAT, COPC, etc. Survey visits | Librarians | 5 Documents | 35 | 5 | 5 | 5 | 5 | |
| | PI 2. Number of bibliographies with list of journals prepared | Librarians | 5 bibliographies | 29 | 5 | 5 | 5 | 5 | |
| | PI 3. Number of technical/expert services provided/rendered i.e. acting as evaluator, internal AACCUP accreditor. | Chief Librarian | Once every rating period | | | | | | No accreditation during the period |
| LS 6 | Linkages | | | | | | | | |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|--|--|---------------------|-----------------------------------|--|----------------|----------------|----------------|----------------|-----------------------------------|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| | PI. 1 No. of linkages with external agencies maintained for the exchange of publications | | 58 linkages | 58 | 4.5 | 5 | 4.5 | 4.67 | |
| | PI. 2. No of MOU, MOA established | | 1 MOU/MOA | 1 | 5 | 5 | 5 | 5 | |
| UMFO 6- GENERAL ADMINISTRATION and SUPPORT SERVICES | | | | | | | | | |
| LS GASS 1 | Frontline Services | | | | | | | | |
| | PI. 1 Efficient & customer friendly frontline service: Zero percent complaint from clients served | 0% complaint | 0% complaint | 0% complaint | 5 | 5 | 5 | 5 | |
| LS GASS 2 | Admin and Facilitative Services | | | | | | | | |
| | PI 1. Number of Sections supervised, monitored and coordinated | | 3 sections | 3 | 5 | 4.5 | 5 | 4.83 | |
| | PI 2. Number of Official documents prepared, issued, acknowledged, signed, authenticated and inspected | All Library staff | 1500 Official documents | 2,167 | 5 | 5 | 5 | 5 | |
| | PI 3. Number of committee meetings attended and/or facilitated | | 9 meetings | 11 | 5 | 5 | 4.5 | 4.83 | |
| | PI 4. Number of requests, evaluated, verified and approved as TWG | | 20 requests | 10 | 4.5 | 4.5 | 4.5 | 4.5 | |
| | PI 5. Number of PPMP/PR prepared, signed and submitted | | 20 PPMPs/PRs | 14 | 5 | 4.5 | 4.5 | 4.67 | |
| | PI 6. Area of Library Building maintained sq. meter. 4,665 sq. m. | | 4,665 sq.m. | 4,665 | 5 | 4.5 | 5 | 4.83 | |
| | PI 7. Percentage of Lawn area maintained (sq. meter. Approx.) | | 90 percent | 95% | 5 | 5 | 4.5 | 4.83 | |
| LS GASS 3 | Student Assistantship Management Services | | | | | | | | |
| | PI. 1 Number of students who availed of student assistantship at the library | Librarians | 10 student Assistants | 11 | 4.5 | 5 | 5 | 4.83 | |
| LS GASS 4 | Income Generating Services | | | | | | | | |
| | PI 1. Number of theses bound | All Bindery Staff | 700 volumes theses bound | 1,174 | 5 | 4.5 | 4.5 | 4.67 | |
| | PI 2. Income generated | All Library Staff | ₱400,000.00 | ₱ 143,787.00 | 4.5 | 4.5 | 4.5 | 4.5 | Submission scheduled on July 2023 |
| OFFICE OF THE DIRECTOR OF NSTP | | | | | | | | | |
| UMFO 1 SUPPORT TO OPERATIONS | | | | | | | | | |
| MFO 1 | Higher Education | | | | | | | | |

| GASSs/PAPs | Success Indicators | Persons Responsible | Target (January-December 2023) | Actual Accomplishments (January-June 2023) | Rating | | | | Remarks |
|---|---|---|-----------------------------------|--|----------------|----------------|----------------|----------------|---|
| | | | | | Q ¹ | E ² | T ³ | A ⁴ | |
| | No. of trains and graduates of two component programs within the prescribed period. | JAB, CWTS Training Officer, ROTC Commandant | 2400 | 2400 | 5 | 5 | 5 | 5 | This includes CWTS and ROTC graduates |
| | Number of Instructional Materials Developed/Revised and Utilized: | JAB and CWTS Training Officer | 5 CWTS modules | 5 | 5 | 5 | 5 | 5 | |
| MFO 2 | | JAB and ROTC Commandant/Training Staff | 5 ROTC modules | 5 | 5 | 5 | 5 | 5 | |
| | No. of faculty/staff/students trained for facilitation of NSTP trainings | JAB, CWTS Training Officer | 10 Faculty/staff | 15 | 5 | 5 | 5 | 5 | These are team coordinators |
| | | JAB, CWTS Training Officer | 10 student facilitators | 15 | 5 | 5 | 5 | 5 | These are students to assist in the conduct of training of CWTS |
| | | JAB, ROTC Commandant | 3 ROTC advanced graduates | 4 | 5 | 5 | 5 | 5 | ROTC advanced graduates recruited to compose the training staff |
| | Community Engagement (Extension) | | | | | | | | |
| | No. of community served by the NSTP students | JAB, CWTS Training Officer, ROTC Commandant | 4 barangays | 4 | 5 | 5 | 5 | 5 | |
| | No. of worthwhile projects or activities delivered to partner communities | JAB, CWTS Training Officer, ROTC Commandant | 4 | 15 | 5 | 5 | 5 | 5 | |
| MFO 4 | Support to Operation | | | | | | | | |
| | No. of training staff/faculty send for convention, seminars, etc | JAB, CWTS Training Officer, ROTC Commandant | 1 | 1 | 5 | 5 | 5 | 5 | |
| | Submit list of NSTP graduates for issuance of Serial Number | JAB, Commandant ,dDRC | | | | | | | |
| | Efficient and customer-friendly frontline service | | | | | | | | |
| | Zero percent complaint from client served | JAB, CWTS Training Officer, ROTC Commandant | 0% | 0% | 5 | 5 | 5 | 5 | |
| | Total Over-all Rating | | | | | | | 490.48 | |
| | Average Rating | | | | | | | 4.85 | |
| | Adjectival Rating | | | | | | | Outstanding | |
| <div> <div> Received by:  TONI MARC L. DARGANTES Planning Office Date: <u>JUL 14 2023</u> </div> <div> Calibrated by:  DANIEL LESLIE S. TAN Chairman, PMT Date: <u>JUL 14 2023</u> </div> <div> Approved by:  EDGARDO E. TULIN University President Date: <u>JUL 25, 2023</u> </div> </div> | | | | | | | | | |