2486

Visayas State University

QUALITY ASSURANCE OFFICE

Visca, Baybay City, Leyte

OFFICE PERFORMANCE COMMITMENT & REVIEW (OPCR)

OVPPROE

I, MILAGROS C. BALES, Director of the Quality Assurance Office (QAC), 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 June 2019

Prepared by:

Director for Quality Assurance

Date:

INFORMATION ON PERSONNEL

Number Personnel Director for Quality Assurance (designee) Assist. Director for Quality Assurance (designee) Admin assistant (Ms. Pamela Orano) Clerk (Job order status)

Approved by:

BEATRIZ S. BELONIAS VP for Instruction

Date:

Rating Equivalents:

5 - Outstanding

4 - Very Satisfactory

3 - Satisfactory

2 - Fair

1 - Poor

MFO No.	MFO	Success/Performance	Unit/Persons	Target for 2019	Actual Accom			Rating		Remarks	
INITO NO.	Description	Indicator (PI)	Responsible	Target for 2015	Actual	%	Ø	ш	-	∢	TOTAL NO
UMFO 5	Support to Operations										
	OVPI MFO 4. P	rogram and Institutional Accred									
1	QAC PI 1. Number of degree programs which passed accreditation/evaluation			4	4	100	5	5	5	5	
		Number of PPPs reviewed/edited	MCBales/EEOng	10	38	380	5	5	5	5	

	Level IV 2nd round visit implementation	Mbales/EEOngy/ MMagdadaro; Heads of the Program	1	1%	100	5	5	5	5	
	Level III Program Re- accreditation	Mbales/EEOngy/ MMagdadaro; Heads of the Program				5	5	5	5	Programs under Isabel Campus to be visited on September 18-20, 2019; document preparation onging
	Programs for PSV	Mbales/EEOngy/ MMagdadaro; Heads of the Program	3							5 Programs to be visited on Dec 2-6, 2019
QAC PI 2. IS	O:9001-2015 Certified		stage 2 Externally Audited							Documentation ongoing
	Number of quality procedures and manuals reviewed/ produced	MCBales/ EEOngy/Mmagd adaro	15	80	533%	5	5	5	5	under review
	Number of intenal and external audits coordinated	MCBales/ EEOngy/Mmagd adaro	2							Internal audit to be conducted on Sept 10-12, 2019; and extenal will be done on Nov. 22 and 1s week of Feb. 2020.
	Number of management reviews coordinated/conducted	MCBales/ EEOngy/Mmagd adaro	1							To be conducted on October 18, 2019
	No. of ISO-related trainings/workshops coordinated/faciltiated		4	5	125	5	5	5	5	Conduct of Gap Assessment workshop, Risk assessment, Process Documentation, Internal Audit Training, Awareness seminars, Documentation worskshops
	Number of processes monitored during the roll out		15							Roll out will be done on July 16, 2019
	Percentage of programmed ISO- related activities are implemented within the targeted timeline		100%	60%						Documentation ongoing with many other work inteventions like graduation and other accreditation activities
	stitutional Sustainability t (ISA) Accredited									

	Percentage of completion of Institutional Sustainability Assessment (ISA) Accreditation	Mbales/EEOngy/ MMagdadaro / PPOrano/ Task force Committees		0%						Cannot be done due to many conflicts of accreditation.
	Number of supporting documents prepared and bound ready for evaluation	Mbales/EEOngy/ MMagdadaro / PPOrano/ Task force Committees	30	50						
QA	AC PI 4. Administrative Service									
	Number of pages of documents to photocopy as supporting Documents for AACCUP,ISO,ISA and CHED Monitoring	PPOrano/ RAValenzona	5,000 pages	10000	200%	5	5	5	5	
	Number of manuals to be reproduced and disseminated	PPOrano/RAVal enzona	100 copies	200	200%	5	5	4	4.66	
	Number of PPPs to print (copy for the internal technical evaluators for corrections)	PPOrano/RAVal enzona	10	10	100	5	5	5	5	
QA	AC PI 5. Support to Operations									
	Number of meetings/workshops/ trainings facilitated (AACCUP, ISO, etc)		6	4	66%	5	5	4	4.67	
	Number of PPPs to edit for final layout and to print for file (for Levels IV and III accreditation)	PPOrano/ RAVal	10 PPPs for level IV	10	100%	5	5	5	5	
	Number of PPPs to edit for final layout and printing for AACCUP Accreditors	PPOrano/ RAValenzona								

.

		Percentage of preparedness for 5s	EGCagasan/ MBales/ PPOrano/ RAValenzona	70%	70%	70%	4	4	4	4	
		Number of benchmarking to schedule/facilitate	MCBales/ EEOngy/Mmagd adaro/PPOrano/ RAValenzona	4	2	50%	4	4	4	4	
		Number of programs to monitor for compliance of the Mandatory Requirements for AACCUP Levels I to IV, RQUAT and other accreditation	MCBales/ EEOngy/Mmagd adaro/PPOrano/ RAValenzona	at least 8	10	125%	5	5	5	5	
	QAC PI 6. Efficient customer friendly assistance	Efficient and customer-friendly frontline service	PPOrano/ RAValenzona	Zero complaint from clients	0%	0%	5	5	5	5	
UMFO 6.	GENERAL AL	OMINISTRATION & SUPPORT	SERVICES			L					
	PI 1. Number conducted	of Risk Assessment/Review		1	2	200%	4	5	4	4.33	
		of risks identified		30							final output of risk assessment were not yet done
	PI 3. Number	of risks adressed/minimized		30							final output of risk assessment were not yet done
	PI 4: Number complaints/ne	of legitimate gative comments received/		6	0	0%					monitoring of complaints/customer feedback will be done by August 2019
		age of complaints indicated in diressed within the prescibed		0	0	0%					monitoring of complaints/customer feedback will be done by August 2019
Total Overa										76.66	
Average Ra	ting									4.79	
Adjectival F	Rating									Oustanding	

* *

Received by:

many

Planning Office

Date: _

1 - Quality

2 - Efficiency

3 - Timeliness

4 - Average

Calibrated by:

REMBERTO A. PATINDOL, Ph.D.

Chair, PMT

Date: _

Recommending Approval:

BEATRIZ S. BELONIAS, Ph.D.

Vice Pres. for Instruction

Date: ____

Approved

President

Date: