

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.  
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

|                                  |                                                                                                                                                                                         |                                                                |                                                                                                                                                                                                  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. SURNAME                       | Manapsal                                                                                                                                                                                |                                                                |                                                                                                                                                                                                  |
| FIRST NAME                       | Shaira                                                                                                                                                                                  | NAME EXTENSION (JR., SR)<br>N/A                                |                                                                                                                                                                                                  |
| MIDDLE NAME                      | Ballicud                                                                                                                                                                                |                                                                |                                                                                                                                                                                                  |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | 03/03/1998                                                                                                                                                                              | 16. CITIZENSHIP                                                | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4. PLACE OF BIRTH                | Catarman, Northern Samar                                                                                                                                                                | If holder of dual citizenship,<br>please indicate the details. | Philippines                                                                                                                                                                                      |
| 5. SEX                           | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female                                                                                                                |                                                                |                                                                                                                                                                                                  |
| 6. CIVIL STATUS                  | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                        | N/A N/A<br>House/Block/Lot No. Street<br>N/A Linao<br>Subdivision/Village Barangay<br>INOPACAN LEYTE<br>City/Municipality Province                                                               |
| 7. HEIGHT (m)                    | 1.58                                                                                                                                                                                    | ZIP CODE                                                       | 6522                                                                                                                                                                                             |
| 8. WEIGHT (kg)                   | 68.00                                                                                                                                                                                   |                                                                |                                                                                                                                                                                                  |
| 9. BLOOD TYPE                    | A+                                                                                                                                                                                      | 18. PERMANENT ADDRESS                                          | N/A N/A<br>House/Block/Lot No. Street<br>N/A Linao<br>Subdivision/Village Barangay<br>INOPACAN LEYTE<br>City/Municipality Province                                                               |
| 10. GSIS ID NO.                  | 2006370727                                                                                                                                                                              | ZIP CODE                                                       | 6522                                                                                                                                                                                             |
| 11. PAG-IBIG ID NO.              | 121271649570                                                                                                                                                                            |                                                                |                                                                                                                                                                                                  |
| 12. PHILHEALTH NO.               | 130255090918                                                                                                                                                                            | 19. TELEPHONE NO.                                              | N/A                                                                                                                                                                                              |
| 13. SSS NO.                      | 0644972879                                                                                                                                                                              | 20. MOBILE NO.                                                 | 916-539-0892                                                                                                                                                                                     |
| 14. TIN NO.                      | 6079731900000                                                                                                                                                                           | 21. E-MAIL ADDRESS (if any)                                    | shaira.manapsal@vsu.edu.ph                                                                                                                                                                       |
| 15. AGENCY EMPLOYEE NO.          | V02127                                                                                                                                                                                  |                                                                |                                                                                                                                                                                                  |

II. FAMILY BACKGROUND

|                          |                       |                                 |                                                     |                            |
|--------------------------|-----------------------|---------------------------------|-----------------------------------------------------|----------------------------|
| 22. SPOUSE'S SURNAME     | N/A                   |                                 | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | N/A                   | NAME EXTENSION (JR., SR)<br>N/A | JON KYLE MANAPSAL AYENSA                            | 08/14/2018                 |
| MIDDLE NAME              | N/A                   |                                 |                                                     |                            |
| OCCUPATION               | N/A                   |                                 |                                                     |                            |
| EMPLOYER/BUSINESS NAME   | N/A                   |                                 |                                                     |                            |
| BUSINESS ADDRESS         | N/A                   |                                 |                                                     |                            |
| TELEPHONE NO.            | N/A                   |                                 |                                                     |                            |
| 24. FATHER'S SURNAME     | MANAPSAL              |                                 |                                                     |                            |
| FIRST NAME               | CIELITO               | NAME EXTENSION (JR., SR)        |                                                     |                            |
| MIDDLE NAME              | BISNAR                |                                 |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME | JOSEFINA EVA BALLICUD |                                 |                                                     |                            |
| SURNAME                  | MANAPSAL              |                                 |                                                     |                            |
| FIRST NAME               | JOSEFINA              |                                 |                                                     |                            |
| MIDDLE NAME              | BALLICUD              |                                 | (Continue on separate sheet if necessary)           |                            |

III. EDUCATIONAL BACKGROUND

| 26. LEVEL                | NAME OF SCHOOL<br>(Write in full)  | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full)                    | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/UNITS EARNED<br>(if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|--------------------------|------------------------------------|---------------------------------------------------------------------|----------------------|------|--------------------------------------------------|----------------|---------------------------------------|
|                          |                                    |                                                                     | From                 | To   |                                                  |                |                                       |
| ELEMENTARY               | Inopacan Central Elementary School | Elementary                                                          | 2004                 | 2010 |                                                  | 2010           | N/A                                   |
| SECONDARY                | Tinago National High School        | High School                                                         | 2010                 | 2014 |                                                  | 2014           | N/A                                   |
| VOCATIONAL/ TRADE COURSE | N/A                                |                                                                     |                      |      |                                                  |                |                                       |
| COLLEGE                  | Visayas State University           | Bachelor of Science in Biotechnology (Major in Plant Biotechnology) | 2014                 | 2019 |                                                  | 2019           | N/A                                   |
| GRADUATE STUDIES         | Southern Leyte State University    | Master in Management                                                | 2024                 |      | 18                                               |                | N/A                                   |

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| SIGNATURE |  | DATE | 01/16/2025 |
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)                                                  | INCLUSIVE DATES<br>(mm/dd/yyyy) |            | NUMBER OF<br>HOURS | POSITION / NATURE OF WORK |
|-----|----------------------------------------------------------------------------------------------------|---------------------------------|------------|--------------------|---------------------------|
|     |                                                                                                    | From                            | To         |                    |                           |
|     | Southern Leyte State University Emergency Response Volunteer (SLSU-SERVE)<br>Sogod, Southern Leyte | 11/16/2022                      | 09/11/2023 | 255                | Member                    |
|     |                                                                                                    |                                 |            |                    |                           |
|     |                                                                                                    |                                 |            |                    |                           |
|     |                                                                                                    |                                 |            |                    |                           |
|     |                                                                                                    |                                 |            |                    |                           |
|     |                                                                                                    |                                 |            |                    |                           |

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS<br>(Write in full)                                       | INCLUSIVE DATES OF<br>ATTENDANCE<br>(mm/dd/yyyy) |            | NUMBER OF<br>HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc) | CONDUCTED/ SPONSORED BY<br>(Write in full)                                     |
|-----|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------|--------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------|
|     |                                                                                                                            | From                                             | To         |                    |                                                               |                                                                                |
|     | Filming and Video Production on Making Fish Paste and Sauce                                                                | 10/21/2024                                       | 10/25/2024 | 40                 | Technical                                                     | Access Agriculture                                                             |
|     | ISO 9001:2015 Awareness/Re-awareness Webinar                                                                               | 09/09/2024                                       | 09/09/2024 | 8                  | Technical                                                     | Office of the Quality Assurance Center                                         |
|     | From Policy to Practice: EODB, DPA of 2012, and PIA Reorientation for Visayas State University (VSU) Personnel             | 07/29/2024                                       | 07/29/2024 | 8                  | Technical                                                     | Office of the Director for Human Resource Management, Visayas State University |
|     | Annual In-House Review                                                                                                     | 07/08/2024                                       | 07/12/2024 | 16                 | Technical                                                     | Office of the VP for Research, Extension and Innovation                        |
|     | Financial Transaction Forum                                                                                                | 03/20/2024                                       | 03/20/2024 | 8                  | Technical                                                     | Office of the Director for Human Resource Management, Visayas State University |
|     | "Orientation of Guidelines and Procedures on Processes/Services of the Offices under Administrative Services Office (ASO)" | 02/23/2024                                       | 02/23/2024 | 8                  | Managerial                                                    | Office of the Director for Human Resource Management, Visayas State University |
|     | "Unlocking Excellence: The 5S Resolution for Clerks and Heads at Visayas State University"                                 | 11/29/2023                                       | 11/29/2023 | 8                  | Managerial                                                    | Office of the Director for Human Resource Management, Visayas State University |
|     | Video Production Workshop                                                                                                  | 11/27/2023                                       | 12/08/2023 | 40                 | Technical                                                     | ACCESS Agriculture                                                             |
|     | Extension Training-Workshop: Developing VSU Extension Proposal                                                             | 11/14/2023                                       | 11/17/2023 | 32                 | Research                                                      | Office of the Director for Extension                                           |
|     | Japanese Language and Culture                                                                                              | 07/04/2023                                       | 07/06/2023 | 9                  | Technical                                                     | Southern Leyte State University (SLSU), Sogod, Southern Leyte                  |
|     | Efficient Techniques in taking Minutes of Meeting and Policy Memo                                                          | 06/15/2023                                       | 06/15/2023 | 8                  | Managerial                                                    | Southern Leyte State University (SLSU), Sogod, Southern Leyte                  |
|     | FOI Orientation and eFOI Portal Training                                                                                   | 02/21/2023                                       | 02/21/2023 | 8                  | Technical                                                     | Freedom of Information - Presidential Management Office (FOI-PMO)              |
|     | Social Responsibility and Personality Development of Employees                                                             | 12/09/2022                                       | 12/09/2022 | 8                  | Managerial                                                    | Southern Leyte State University (SLSU), Sogod, Southern Leyte                  |
|     | Target Setting Workshop for July-December 2022                                                                             | 09/15/2022                                       | 09/15/2022 | 8                  | Managerial                                                    | Southern Leyte State University (SLSU), Sogod, Southern Leyte                  |
|     | Emergency Response Training Course: Advanced First Aid for SLSU-Emergency Response Volunteer (SERVE-SLSU) Corps            | 08/16/2022                                       | 08/19/2022 | 32                 | Technical                                                     | Local Disaster Risk Reduction Management Office                                |
|     | Training on Community-Based Disaster Risk Reduction and Management (CBDRRM) for Volunteers                                 | 07/13/2022                                       | 07/15/2022 | 24                 | Technical                                                     | Philippine Red Cross - Southern Leyte Chapter                                  |
|     | Faculty Manual Revision Workshop                                                                                           | 05/19/2022                                       | 05/20/2022 | 16                 | Instruction                                                   | Southern Leyte State University (SLSU), Sogod, Southern Leyte                  |

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| 31. | SPECIAL SKILLS and HOBBIES                  | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full)     |
|-----|---------------------------------------------|-----|------------------------------------------------------------|-----|---------------------------------------------------------------|
|     | Organizational Skills                       |     | Face Lifter                                                |     | Leyte State University - Administrative Personnel Association |
|     | Teamwork and Collaboration                  |     |                                                            |     | VSU Alumni Association                                        |
|     | Computer Skills(Minor troubleshooting)      |     |                                                            |     |                                                               |
|     | Proficient in Microsoft Office Applications |     |                                                            |     |                                                               |
|     | Driving Motorcycle                          |     |                                                            |     |                                                               |
|     | Administrative Services Management          |     |                                                            |     |                                                               |

PLEASE SEE ATTACHMENT B

(Continue on separate sheet if necessary)

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| SIGNATURE |  | DATE | 01/16/2025 |
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| <div>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,<br/>a. within the third degree?<br/>b. within the fourth degree (for Local Government Unit - Career Employees)?</div>                                                                                                                           |                                                                                                                   | <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<br/>_____</div></div>                                                                                                                                                                                                       |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|----------|---------------|------------------|-------------|-------------------|-------------------------|-------------|-------------------|----------------------------------------|--|
| <div>35. a. Have you ever been found guilty of any administrative offense?<br/><br/>b. Have you been criminally charged before any court?</div>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<br/>_____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<br/>Date Filed: _____<br/>Status of Case/s: _____</div></div></div>                                                                                                          |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<br/>_____</div></div>                                                                                                                                                                                                                                                                                    |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>37. 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 or phased out (abolition) in the public or private sector?</div>                                                                                                                                                                                                                                                  |                                                                                                                   | <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details:<br/>_____</div></div>                                                                                                                                                                                                                                                                                    |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?<br/><br/>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</div>                                                                                                                                                                                     |                                                                                                                   | <div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>                                                                                                                                               |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | <div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country):<br/>_____</div></div>                                                                                                                                                                                                                                                                          |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>40. 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:<br/>a. Are you a member of any indigenous group?<br/>b. Are you a person with disability?<br/>c. Are you a solo parent?</div>                                                                                                                                                                               |                                                                                                                   | <div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div> |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>NENITA FLORES</td><td>SOGOD, SO. LEYTE</td><td>09817757107</td></tr><tr><td>ANNABELLE HULAFAR</td><td>RIZAL, SOGOD, SO. LEYTE</td><td>09452309230</td></tr><tr><td>TEOFANES PATINDOL</td><td>KILBOURNE ST., VSU, BAYBAY CITY, LEYTE</td><td></td></tr></table>                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME | ADDRESS | TEL. NO. | NENITA FLORES | SOGOD, SO. LEYTE | 09817757107 | ANNABELLE HULAFAR | RIZAL, SOGOD, SO. LEYTE | 09452309230 | TEOFANES PATINDOL | KILBOURNE ST., VSU, BAYBAY CITY, LEYTE |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS                                                                                                           | TEL. NO.                                                                                                                                                                                                                                                                                                                                                                                                              |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| NENITA FLORES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SOGOD, SO. LEYTE                                                                                                  | 09817757107                                                                                                                                                                                                                                                                                                                                                                                                           |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| ANNABELLE HULAFAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RIZAL, SOGOD, SO. LEYTE                                                                                           | 09452309230                                                                                                                                                                                                                                                                                                                                                                                                           |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| TEOFANES PATINDOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | KILBOURNE ST., VSU, BAYBAY CITY, LEYTE                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                       |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</div> |                                                                                                                   | <div><div><div>ID picture taken within the last 6 months<br/>3.5 cm x 4.5 cm<br/>(passport size)<br/><br/>With full and handwritten name tag and signature over printed name<br/><br/>Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></div>                                                                                   |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></div><div>Government Issued ID: Phil ID</div><div>ID/License/Passport No.: 7389640816974271</div><div>Date/Place of Issuance: 11/03/2021 / Inopacan, Leyte</div></div>                                                                                                                                                                                              | <div><div></div><div>Signature (Sign inside the box)</div><div>01/16/2025</div><div>Date Accomplished</div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                       |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |
| <div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                       |      |         |          |               |                  |             |                   |                         |             |                   |                                        |  |