Republika ng Pilipinas
PAMBANSANG PANGASIWAAN NG PATUBIG
(National Irrigation Administration)
Lungsod ng Quezon

MC # 25, s. 1976

MEMORANDUM CIRCULAR

TO : THE ASSISTANT ADMINISTRATORS; ALL HEADS OF DEPARTMENTS AND STAFFS; REGIONAL IRRIGATION DIRECTORS; PROVINCIAL AND PROJECT IRRIGATION ENGINEERS; IRRIGATION SUPERINTENDENTS AND/OR OFFICERS IN-CHARGE OF IRRIGATION SYSTEMS; CHIEFS OF SPECIAL PROJECTS; AND ALL OTHERS CONCERNED
National Irrigation Administration

SUBJECT: Submission of Qualifications Index of All Employees pursuant to the Provisions of Presidential Decree No, 807 Dated October 6, 1975

Quoted hereunder for the information and guidance of all NIA officials and employees in connection with the submission of qualifications index of employees regardless of position status is Section 14, Rule V of the Revised Civil Service Rules as modified by the above mentioned Decree which provides, to wit:

> "Sec. 14. Each Department or agency shall establish a qualifications index of all employees. For this purpose, individual folders shall be kept which shall be open at all times for the inspection of the Commission. These folders shall give the following information about the employee: record of performance, occupational history, educational attainment, special studies and training, civil service eligibilities and other relevant data".

It is hereby directed that two (2) copies of employee qualifications index, sample copy attached, be accomplished for all employees. The accomplishment and consolidation of these qualification indices should follow the procedures outlined hereunder:

1. All employee qualifications indices should be typewritten and accomplished in duplicate for personnel in the regional and provincial offices, systems and projects including special projects, and one copy each for those in the NIA Central Office and Office of the Special Projects.

2. Accomplished qualifications indices should be arranged and bound according to the following position status: PERMANENT, TEMPORARY, MONTHLY, DAILY/CASUAL or CONTRACTUAL. Names for each group should be alphabetically arranged regardless of sex.

3. In order to prevent loss of any qualifications indices they should be bound with paper fasteners.

4. All qualifications indices of employees of Irrigation Systems, Projects and Provincial Irrigation Offices should be forwarded to the Regional Administrative Officer in the Regional Office concerned for final consolidation andsubmission to the NIA Central Office, ATTENTION: Chief, Administrative Department, not later than May 31, 1976. Those for Special Projects should also be compiled and consolidated in like manner and submitted to the Personnel Section, Office of the Special Projects, Quezon City.

5. The original copies of accomplished qualifications indices should be submitted to NIA Central Office or Office of the Special Projects, as the case may be, and the duplicate copy retained and filed in the Administrative Division of the Region or Special Project for reference and inspection purposes.

6. Qualifications indices should be updated whenever additional information or data, such as additional units, civil service eligibilities, successful completion of training and change of address are received, copy of the information or data furnished the NIA Central Office.

Compliance is enjoined.

ALFREDO L. JUINIO
Administrator

Enclosure:
• Sample Qualifications Index Card
May 17, 1976

EMPLOYEE QUALIFICATIONS INDEX

PHOTO

STATUST

(Last) (First) (Middle) SEX

GSIS Policy NO. _____ Medicare NO. _____ TAN _____ Entered Service _____

HOME ADDRESS: _____

PROVINCIAL ADDRESS: _____

BIRTH DATE _____

BIRTH PLACE _____

CIVIL SERVICE ELIGIBILITY

Title	Rating	Date	Place

DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE

SPECIAL STUDIES/ADDITIONAL IN-SERVICE TRAINING

Course	Entity	Training Hours

EDUCATIONAL ATTAINMENT

Course	School	Years Attended

OTHER SKILLS OR KNOWLEDGES

ARTICLES WRITTEN/PUBLISHED

NEAREST RELATIVE WHO SHOULD BE NOTIFIED IN CASE OF SERIOUS ILLNESS OR ACCI[redacted]

NAME	RELATIONSHIP	HOME ADDRESS OF THIS RELATIVE

CERTIFICATION

I hereby certify that the above information is true and correct.

_____ Date

_____ Signature of Employee

OCCUPATIONAL HISTORY

OCCUPATIONAL HISTORY

Inclusive Dates		Designation	Office/Dept.	Salary	Status of Appointment	Remarks
From	To					

COMMENDATION / INFRACTION

COMMENDATION / AWARD			INFRACTION		
Date	Particular	Action Taken	Date	Particular	Action Taken

PERFORMANCE RATING

Period Covered		Rating		Period Covered		Rating	
From	To	Point Score	ADJ	From	To	Point Score	ADJ

RECORD OF PHYSICAL EXAMINATION

Date	Diagnosis	Remarks	Date	Diagnosis	Remarks

Inclusive Dates				Remarks
From	To			

EMPLOYEE'S LEAVE RECORDS

LEAVES EARNED				LEAVES TAKEN			UNDERTIME			BALANCE	
				WITH PAY		WITHOUT PAY					
VAC	SICK	FROM	TO	VAC	SICK		VAC	SICK	WITHOUT PAY	VAC	SICK
											[redacted]
			[redacted]								
											[redacted]

[redacted]

[redacted]

appt