

Republika ng Pilipinas  
PANGANG PANGASIWAAN NG PATUBIG  
(National Irrigation Administration,  
Lungsod ng Quezon

MC # 23, 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:

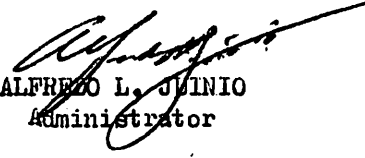
"Sec. 14. Each Department or agency shall establish a qualifications index of all employees. For this purpose, individual folders shall be kept which shall be open at all times for the inspection of the Commission. These folders shall give the following information about the employee: record of performance, 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 type-written 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 and submission 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. JUNIO  
Administrator

Enclosure:

1. Qualifications indices

May 12, 1976

May 12, 1976

STATUS

(Last)

(First)

(Middle)

SEX

USIS Policy NO.

Medicare NO.

TAN

Entered Service

|                                                                                |                     |                       |                                                     |  |  |  |
|--------------------------------------------------------------------------------|---------------------|-----------------------|-----------------------------------------------------|--|--|--|
| HOME ADDRESS:                                                                  |                     |                       | CIVIL SERVICE ELIGIBILITY                           |  |  |  |
| PROVINCIAL ADDRESS:                                                            |                     |                       | <u>Title</u> <u>Rating</u> <u>Date</u> <u>Place</u> |  |  |  |
| BIRTH DATE                                                                     |                     |                       |                                                     |  |  |  |
| BIRTH PLACE                                                                    |                     |                       |                                                     |  |  |  |
| DEPENDENTS                                                                     |                     |                       |                                                     |  |  |  |
| <u>NAME</u>                                                                    | <u>RELATIONSHIP</u> | <u>BIRTH DATE</u>     | SPECIAL STUDIES/ADDITIONAL IN-SERVICE TRAINING      |  |  |  |
|                                                                                |                     |                       | <u>Course</u> <u>Entity</u> <u>Training Hours</u>   |  |  |  |
| EDUCATIONAL ATTAINMENT                                                         |                     |                       |                                                     |  |  |  |
| <u>Course</u>                                                                  | <u>School</u>       | <u>Years Attended</u> |                                                     |  |  |  |
| OTHER SKILLS OR KNOWLEDGES                                                     |                     |                       | ARTICLES WRITTEN/PUBLISHED                          |  |  |  |
| NEAREST RELATIVE WHO SHOULD BE NOTIFIED IN CASE OF SERIOUS ILLNESS OR ACCIDENT |                     |                       |                                                     |  |  |  |
| <u>NAME</u>                                                                    |                     | <u>RELATIONSHIP</u>   | <u>HOME ADDRESS OF THIS RELATIVE</u>                |  |  |  |
|                                                                                |                     |                       |                                                     |  |  |  |
|                                                                                |                     |                       |                                                     |  |  |  |

## CERTIFICATION

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

Date

Signature of Employee



[illegible][illegible][illegible][illegible]

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SECTION 2

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## EMPLOYEE'S LEAVE RECORDS

[illegible]

