**PGH Form No. Q-074030**

**Rev. 00 Eff. 08 March 2023**



**PHILIPPINE GENERAL HOSPITAL**

**The National University Hospital**

**University of the Philippines Manila**

**Taft Avenue, Manila**

***PHIC-Accredited Health Care Provider***

***ISO 9001 Certified***

**CERTIFICATION OF DUTY SCHEDULE**

**EMPLOYEE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name (Last, Given, Middle) |  | Specific Work Area/Section |  |
| Designation |  | Type of Schedule |  Admin Hours Shifting Schedule  |
| Dept./Div./Unit/Office |  | Purpose |  |

**STAFF PROFILE**

|  |  |
| --- | --- |
| Number of active personnel (including COS/JO workers) |  |
| Number of personnel **currently** on leave for 30 days or more |  |
| Staff Percentage on leave for 30 days or more |  |

**DUTY SCHEDULE OF THE APPLICANT**

|  |  |  |
| --- | --- | --- |
| **Days/Dates Covered** | **Duty Schedule** | **Remarks/Specific Work to be accomplished** |
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**I hereby certify/endorse that the information given are true, correct, and complete pursuant to the provisions of pertinent laws, rules, and regulations. Further, I agree that any misinterpretation made in this form shall cause the filing of administrative/criminal case/s against the undersigned.**

|  |  |  |
| --- | --- | --- |
| Certified |  | Endorsed |
|  |  |  |
| Signature over printed name of Immediate Supervisor |  | Signature over printed name of Dept Chair/Div Chief/Head of Office/Unit |

**HRDD ACTION**

Received and Noted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over Printed Name of BWRS Staff Date