



DILG REGION V

QUALITY PROCEDURE (QP)

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| PROCEDURE TITLE | ISSUANCE OF CERTIFICATE OF SERVICE RENDERED FOR THE SANGGUNIAN MEMBER ELIGIBILITY (CSC-SME-1) | | |
| SCOPE | This process starts from the receipt of a letter-request from provincial/City/Municipal Sanggunian Members by the City/Municipal Local Government Operations Officer (C/MLGOO)/Provincial Focal Person (PFP)/Regional Focal person (RFP), processing of request for certification, up to issuance/release of certificate of service rendered (CSE-SME-1). | | |
| PURPOSE | To define the standard procedures of processing and issuance of Certificate of Service Rendered for CSC Sanggunian Members Eligibility. | | |
| PROCESS DESCRIPTION | | | |
| INPUT | | PROCESS | OUTPUT |
| Sanggunian Members (Province, City, Municipality) → Documentary requirements | | <div>ISSUANCE OF CERTIFICATE OF SERVICE RENDERED FOR THE CSC SANGGUNIAN MEMBER ELIGIBILITY</div> | CERTIFICATE OF SERVICE RENDERED → Requesting Client |
| DESCRIPTIVE STATEMENT: The requesting client will submit a letter-request and submit to the C/MLGOO/PFP/RFP for processing. After records are checked and verified, prepares, approves (or seeks the approval of the Provincial/Regional director, and releases the certification. | | | |

| Step No. | Responsible Personnel | PROCESS/ACTIVITY | Details | References |
|----------|--------------------------------------|---|--|--|
| A | - REQUEST MADE AT DILG P/C/M OFFICES | | | |
| 1 | C/MLGOO PFP | Receive, Review and Issue Certificate of Service Rendered (CSR) | <ul style="list-style-type: none"> - C/MLGOO: Receive request from Sanggunian Bayan/Panglungsod Members, Review and issue Certificate of Service Rendered - PFP: Receive request from SP Member, rerview and prepare CSR and forward to PD for signature | <ul style="list-style-type: none"> - Letter-request for the issuance of Certificate of Service Rendered (CSR) - Masterlist of SM from 1991 to present - Service |



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| Step No. | Responsible Personnel | PROCESS/ACTIVITY | Details | References |
|---|------------------------------------|--|--|---|
| | | | NOTE: <ul style="list-style-type: none"> If the Documentary Requirements of Sanggunian Members are not available, the requesting party will be required to present the same | Record issued by the LGU - CSR issued by DILG Field Offices |
| 2 | Receiving Clerk/ C/MLGOO PFP | Prepare Endorsement to Regional Office | - C/M/PFP: Prepare/record Indorsement - RC: Record and Release | - LGU Service Records - Logsheet |
| B PROCESSING AT THE DILG REGIONAL OFFICE | | | | |
| 1 | Receiving Clerk/RFP | Receive Endorsement | - Receive Indorsement with the attached documentary requirements | - Indorsement - Masterlist - CSR - LGU Service Records - Logsheet |
| 2 | RFP | Review and verify request | - Review and check the completeness and appropriateness of the submitted documents to include the following. (checklist): - Certification from P/C/M on the services rendered - Service Records issued by the LGU Human Resource Unit NOTE: <ul style="list-style-type: none"> If Masterlist and or other documentary requirements of | - Masterlist of Sanggunian Members from year 1991 to present - Checklist of required documents |



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| | | | Sanggunian Members are not yet submitted and/or attached to the Indorsement by concerned DILG P/C/M Offices, the RFP will return back the documents and require the concerned office/s to submit the same | |
| 3 | DC/ADC/RFP | Prepare certificate in accordance to CSC prescribed format (CSC-SME Form 01) | <ul style="list-style-type: none">- RFP: Prepare certification- DC/ADC/RFP: Affix initials in the certificate | <ul style="list-style-type: none">- CSC-SME Form 1 |
| 4 | Regional Director/ARD | Sign certificate | <ul style="list-style-type: none">- Sign the CSC-SME Form 1 | <ul style="list-style-type: none">- Logbook |
| 5 | Clerk/RFP | Record and release the CSC-SME Form 1 | <ul style="list-style-type: none">- Affix dry seal- Record the issued Certification in the logsheet and release to Record Section in accordance with the Regional Records Management Procedure | <ul style="list-style-type: none">- Logsheets- CSC-SME Form 1- Regional Records Management Procedure |
| 6 | RFP | Retain Records | <ul style="list-style-type: none">- Update the Process Summary Logsheet- Retain Records in accordance with the Control of Retained Documented Information | <ul style="list-style-type: none">- Process Summary Logsheet (PSL)- SP-02 Control of Retained Documented Information Procedure- Masterlist of Retained |

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| Step No. | Responsible Personnel | PROCESS/ACTIVITY | Details | References |
|----------|-----------------------|------------------|---------|------------------------|
| | | | | Documented Information |

Definition of Terms:

- CSR – Certificate of Services Rendered
- PSL – Process Summary Logsheet

Legal References:

- Republic Act No. 10156
- CSC MC #12, s. 2013
- CSC Resolution #1300486



| Prepared By | Reviewed By | Approved By |
|--|--|--|
| ELENA B. BELGADO LGOO IV | OLIVIO D. RAMIREZ LGMED -Chief | ATTY. ARNALDO E. ESCOBAR JR., CESO V Assistant Regional Director |
| Process Owner | Deputy QMR | Regional QMR |



DILG REGION V
**QUALITY
OBJECTIVE (QO)**

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|--------------------------------|---|
| UNIT | LGMED |
| QUALITY PROCEDURE TITLE | ISSUANCE OF CERTIFICATE OF SERVICE RENDERED FOR THE SANGGUNIAN MEMBER ELIGIBILITY (CSC-SME Form 1) |

| FUNCTION | KEY PERFORMANCE INDICATOR | | | FREQUENCY OF MONITORING RESULTS | RESPONSIBLE FOR MONITORING | APPLICABLE DOCUMENTS (Monitoring Log Sheet, Memo, etc.) |
|--|---|--------|---|---------------------------------|----------------------------|--|
| | OBJECTIVE | TARGET | INDICATOR/FORMULA | | | |
| ISSUANCE OF CERTIFICATE OF SERVICE RENDERED FOR THE SANGGUNIAN MEMBER ELIGIBILITY (CSC-SME Form 1) | <ul style="list-style-type: none"> % of the received request from LGU for the Services Rendered of the Sanggunian Members and acted four (4) working days upon receipt | 80% | $\frac{\text{Total no. of request}}{\text{Total no. of request received} - \text{Total number of pending requirement not yet done}} \times 100$ | Semestral | LGMED-RFP PFP | RMC |
| | <ul style="list-style-type: none"> Completeness and accuracy of submitted required documents | 80% | (The number of request with required documents unreturned for its completeness of documents/error-free data entry/The total number of requests)x100 | Semestral | C/MLGOOs | Certification on the length of service (municipal level) |

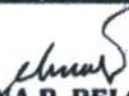
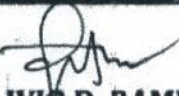
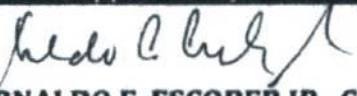
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**QUALITY
OBJECTIVE (QO)**

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|--|---|-----|---|-----------|--|--|
| | <ul style="list-style-type: none">% of Client Satisfaction of Survey received with a rating of Satisfaction (3) & above (4,5) | 80% | Satisfaction Rating of the Clients (Total number of requests with a rating of Satisfactory (3) and above (4,5)/Total number of requests received x 100) | Semestral | | |
|--|---|-----|---|-----------|--|--|

| Prepared By | Reviewed By | Approved By |
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|  ELENA B. BELGADO LG00 IV |  OLIVIO D. RAMIREZ LGMED Chief |  ATTY. ARNALDO E. ESCOBAR JR., CESO V Assistant Regional Director |
| Process Owner | Deputy QMR | Regional QMR |



DILG REGION V

**PROCESS QUALITY MEASUREMENT
EVALUATION (QME)**

| | | |
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| OFFICE | LGMED | | | | | |
| PROCEDURE TITLE | ISSUANCE OF CERTIFICATE OF SERVICE RENDERED FOR THE SANGGUNIAN MEMBER ELIGIBILITY (CSC-SME Form 1) | | | | | |
| OBJECTIVE STATEMENT | 1. Timely action of all LGU requests on the Certification as to the services rendered 2. Completeness and accuracy of submitted required documents 3. Client Satisfaction Survey | | | | | |
| CURRENT PERIOD | | | | | | |
| | INDICATORS | M/C/LGU | PLGU | REGIONAL | Total | |
| Objective 1: Timely action of all LGU requests on the Certification as to the services rendered | | | | | | |
| A | Total no. of requests from lgu for the services rendered of the Sanggunian Members and acted four (4) days upon receipt | | | | | |
| B | Total no. of request received and carried over | | | | | |
| C | Period scaling table (10days=80%) | Target Result : 80% | | | | |
| D | Gap Analysis: (In case the objective is not met, put your analysis why it is not met) | | | | | |
| Objective 2: Completeness and accuracy of submitted required reports | | | | | | |
| A | The number of request with required documents unreturned for its completeness of documents/error-free data entry/The total number of requests)x 100 | | | | | |
| B | Total no. of client satisfaction survey | | | | | |
| Note: For unmet targets, QMS Secretariat will initiate correction and corrective action report using the Corrective Action (CAR) duly signed by the Regional Quality Management Representative | | | | | | |

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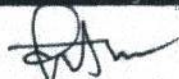
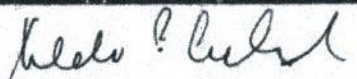


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PROCESS QUALITY MEASUREMENT EVALUATION (QME)

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| Prepared by: | Reviewed by: | Approved by: |
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|  ELENA B. BELGADO LG00 IV Process Owner |  OLIVIA D. RAMIREZ LGMED Chief Deputy QMR |  ATTY. ARNALDO E. ESCOBAR JR, CESO V Assistant Regional Director Regional QMR |

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DILG - REGION V (BICOL REGION)

Name of Process Summary Logsheets (PSL)

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QUALITY OBJECTIVE: 100 % of the LGU requests for the Issuance of Certification as to the Services Rendered by the Sanggunian Officials

FREQUENCY OF MONITORING: Monthly

COVERED PERIOD:

Due Date of Submission:

Legend: +

| No. | Requesting LGUs | REGIONAL OFFICE | | | | | Objective Results | | | Remarks/Particulars |
|-----|-----------------|-----------------|-------------------------|--|---------------------------------|--|-------------------|-------------------|--------------------------|---------------------|
| | | Date receive | Review and Action Taken | | | Met (one working day upon receipt of the request) | Unmet | Remarks, if unmet | | |
| | | | Complete | Incomplete | | | | | Date Indorsed to CSC/LGU | |
| | | | | Date communicated or convey the deficiency or lacking documents to requesting LGUs | Date lacking documents received | | | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| | | Total Result | | | | | 0 | 0 | 0 | |

| |
|-------------------------|
| Prepared By: |
| <i>Elena B. Belgado</i> |
| ELENA B. BELGADO |
| LG00 IV |
| Process Owner |

| |
|--------------------------|
| Noted By: |
| <i>Olivia D. Ramirez</i> |
| OLIVIA D. RAMIREZ |
| Division Chief |
| Deputy OMR |

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DILG REGION V

CUSTOMER SATISFACTION SURVEY MATRIX

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Quality Objective: At least 80% average Satisfactory (3) and above (4, 5) rating from received Customer Satisfaction Survey Forms/Survey Tools**Schedule of submission:** Every 5th working day of the ensuing month of the monitoring period

| OFFICE | NAME OF PROCESS (Indicate the name of the process as it appears in the documented quality procedures) | CUSTOMERS (specify the customers of the process, e.g. regional, offices, field offices, LGUs/Officials/employees, and/or the general public) | MODE OF SURVEY (specify whether in person or electronic) | SURVEY TOOL (Indicate whether CSS form or specify the name of other survey tool used) | FREQUENCY (the frequency should be the same with the monitoring period indicated in your process quality objective (QO) form) | SAMPLE SIZE (Indicate percentage from the total customers for the period to be given survey tool) | TARGET RESPONSE RATE (ensure that the results can reliably represent the "voice" of the customers) | RESPONSIBLE PERSON (Indicate the name of the personnel responsible for monitoring the customer satisfaction objective and submitting reports) |
|---------------|---|--|--|---|---|---|---|---|
| LGMED | Issuance of Certification to Sanggunian Members re: For CSC Eligibility (CSC-SME Form 1) | Field Offices | Electronic | Questionnaire | Quarterly | 80% | 80% | FP |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Prepared By | Reviewed by | Approved By |
|--|---|--|
| ELENA B. BELGADO LG00 IV | OLIVIO D. RAMIREZ LGMED Chief | ATTY. ARNALDO E. ESCOBAR JR., CESO V Assistant Regional Director |
| Process Owner | Deputy QMR | Regional QMR |

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Customer Satisfaction Survey Form

Name: (Optional) _____

Date: _____

Service/Assistance Requested/Received: Issuance of Certification to Sanggunian Members
re: For CSC Eligibility (CSC-SME Form 1)

Office Concerned: DILG Regional Office No. 5/LGMED

Dear Client,

We at DILG Regional Office V endeavors to consistently provide effective services to meet our client's needs. In this regard, may we request you to help us improve our services by allowing us to hear your voice.

Kindly fill-up this survey form and reflect your impressions about our services. Encircle the rating that corresponds to your satisfaction level.

Rating Scale

5
4
3
2
1

Description of Level of Satisfaction

Very High
High
Moderate
Low
Very Low

A. Service Parameter

Client Satisfaction

Remarks

1. Service Quality

5 4 3 2 1

2. Service Timeliness

5 4 3 2 1

3. Staff Responsiveness

5 4 3 2 1

B. Overall Impression

5 4 3 2 1

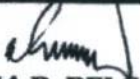
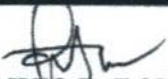
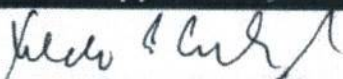
C. Suggestion for Improvement:



**DEPARTMENT OF THE INTERIOR AND LOCAL
GOVERNMENT**

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| Process Owner | Deputy QMR | Quality Management Representative |





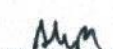
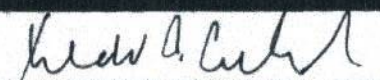
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Name of Unit/Division: LOCAL GOVERNMENT MONITORING AND EVALUATION(LGMED)

MASTER LIST OF MAINTAINED INTERNAL DOCUMENTED INFORMATION

| DOCUMENT CODE | DOCUMENT TITLE | REVISION/EDITION | | | | | |
|--|---|------------------|----|----|----|----|----|
| | | 00 | 01 | 02 | 03 | 04 | 05 |
| Issuance of Certificate of Service Rendered for the Sanggunian Eligibility (CSC-SME-1) | | | | | | | |
| QP-R5-LGMED-14 | Issuance of Certificate of Services Rendered for the Sanggunian Members Eligibility Quality Procedure | | | | | | |
| QO-QP-R5-LGMED-14 | Issuance of Certificate of Services Rendered for the Sanggunian Members Eligibility Quality Objective | | | | | | |
| QME-QP-R5-LGMED-14 | Issuance of Certificate of Services Rendered for the Sanggunian Members Eligibility Quality Monitoring & Evaluation | | | | | | |
| FM-SP-R05-02-01 | Masterlist of Retained Documented Information | | | | | | |
| FM-SP-R05-01B-01 | Masterlist of External Documented Information | | | | | | |
| FM-SP-R05-07-01 | Customer Satisfaction Survey Matrix | | | | | | |
| FM-SP-R05-07-02 | Customer Satisfaction Survey Form | | | | | | |
| PM-QP-R05-LGMED-14-01 | QMS-PSL | | | | | | |
| | | | | | | | |

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|--|---|
| Prepared By | Noted By |
|  EDEN S. LANUZA IT OFFICER I Regional Document Controller |  ATTY. ARNALDO E. ESCOBAR JR., CESO V Asst. Regional Director Regional QMR |

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MASTER LIST OF EXTERNAL DOCUMENTED INFORMATION

| DOCUMENT CODE | DOCUMENT TITLE | REVISION/EDITION | | | | | |
|--|--|------------------|--|--|--|--|--|
| ISSUANCE OF CERTIFICATE OF SERVICES RENDERED FOR THE SANGGUNIAN MEMBERS ELIGIBILITY (CSC SME FORM 1) | | | | | | | |
| | DILG MEMO- Certification on Services Rendered by the Sanggunian Members | 28/08/2013 | | | | | |
| CSC MC # 12 | Grant of Civil Service Eligibility to members of Sanggunian Bayan Members, Panlalawigan and Panglungsod | 2013 | | | | | |
| | CSC Resolution # 1300486-Promulgated on March 6, 2013-IRR of RA 10156 (An Act conferring upon members of the SB, SP & SP, the appropriate CSC eligibility under certain circumstances and for masterlists of Local/Elective/Appointive Officials issued by the concerned LGU | 06/03/2013 | | | | | |
| CSC SME Form 1 (March 2013) | Certification on Services Rendered by Sanggunian Members | | | | | | |

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| Prepared By | Noted By |
| EDEN S. LANUZA IT Officer I | ATTY. ARNALDO E. ESCOBAR, JR. CESO V Asst. Regional Director |
| Regional Document Controller | Regional QMR |

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Name of Unit/Division: **LOCAL GOVERNMENT MONITORING AND EVALUATION DIVISION(LGMED)**

MASTERLIST OF RETAINED DOCUMENTED INFORMATION

| DOCUMENT CODE | DOCUMENT TITLE | CUSTODIAN | LOCATION | FILING SYSTEM | | RETENTION PERIOD | | | DISPOSAL |
|---------------------|---|-----------|---------------------|---------------------|--------------------------|------------------|---------|---------|---------------------|
| | | | | FOLDER | SCHEME | ACTIVE | STORAGE | TOTAL | |
| (Procedure) | | | | | | | | | |
| QME-QP-RO5-LGMED-14 | Process Quality Monitoring & Evaluation (QME) | M.B | Cabinet 1, drawer 1 | QMS Reports YYYY | By date (latest onwards) | 3 years | 3 years | 6 years | shredding/ reuse |
| FM-QP-RO5-LGMED-14 | Issuance of CSC-SME 1 Summary Logsheet | | | | | | | | |
| | Certification of Services Rendered issued by the P/C/MGOO | | | | | | | | |
| | Service Record issued by the HRMO of concerned LGU | | | | | | | | |
| | Logsheet | | | | | | | | |
| | Masterlist of Local Officials CSC Form 01 | | | | | | | | |
| | Memorandum Circular/CSC Circular | | | | | | | | |
| | | | | | | | | | |

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|--|--|
| Prepared By | Noted By |
| ELENA B. BELGADO LGOO IV | ATTY. ARNALDO E. ESCOBAR JR., CESO V Asst. Regional Director |
| Process Owner | Regional QMR |

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DILG REGION V

RISK REGISTER (PROCESS RISK ASSESSMENT)

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OFFICE

LOCAL GOVERNMENT MONITORING AND EVALUATION DIVISION

PROCEDURE TITLE

ISSUANCE OF CERTIFICATE OF SERVICE RENDERED FOR THE SANGGUNIAN MEMBER ELIGIBILITY (CSC-SME Form-1)

| PROCESS STEP (Based on the procedure's key process steps) | POTENTIAL RISK | RISK TRIGGER | CONSEQUENCE (Positive or Negative) | EXISTING RISK CONTROL MEASURE | RISK ASSESSMENT | | | | | |
|--|--|---------------------------------|--|--------------------------------|-----------------|------------|--------|----------------------------------|----------------|---|
| | | | | | IMPACT | LIKELIHOOD | RATING | RISK / OPPORTUNITY LEVEL (S, NS) | TYPE OF ACTION | RISK CONTROL PLAN / OPPORTUNITY MANAGEMENT PLAN NO. (For Significant Risk/Opportunity) |
| Receipt of the request for certification | | No designated officer-in-charge | | | 1 | 1 | 1 | NS | N/A | N/A |
| Instructions | Non-availability of the RD/ARD due to multiple functions | | Delayed preparation of the Certification | Designate an officer-in-charge | 2 | 2 | 8 | NS | N/A | N/A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| RISK ASSESSMENT: | RISK RATING | RISK LEVEL | RISK DESCRIPTION | ACTION REQUIRED |
|--|-------------|------------|------------------|--|
| IMPACT: 1-Insignificant; 2-Minor; 3-Moderate; 4-Major; 5-Extreme | 1 - 7 | LOW | Not Significant | No further action required (Maintain and sustain the existing control) |
| LIKELIHOOD: 1-Rare; 2-Unlikely; 3-Moderate; 4-Likely; 5-Almost Certain | 8 - 9 | MODERATE | Not Significant | Alert level (Maintain and sustain the existing control) |
| Risk Rating = Impact X Likelihood | 10 - 25 | HIGH | Significant | Control (e.g. Avoid or Treat/Mitigate, Transfer, Terminate) |

| Prepared by: | Reviewed by: | Noted by: |
|-----------------------------|------------------------------------|--|
| | | |
| ELENA B. BELGADO LG00 IV | OLIVO D. RAMIREZ Division Chief | ATTY. ARNALDO E. ESCOBAR, JR., CESO V Assistant Regional Director |
| Process Owner | Risk Review Committee Head | Regional QMR |

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DILG REGIONAL OFFICE V
RISK REGISTER (OBJECTIVE RISK ASSESSMENT)

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| Rev. No. | Eff. Date | Page |
| 00 | 07.01.19 | 1 of 1 |


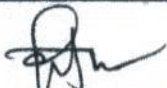
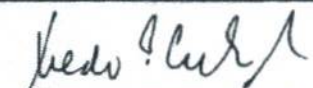
OFFICE
PROCEDURE
TITLE

LOCAL GOVERNMENT MONITORING AND EVALUATION DIVISION

ISSUANCE OF CERTIFICATE OF SERVICE RENDERED FOR THE SANGGUNIAN MEMBER ELIGIBILITY (CSC-SME Form-1)

| OBJECTIVE | RELEVANT ISSUE(S) | RELEVANT INTERESTED PARTIES (refer to IP Matrix for Requirements) | POTENTIAL RISK or OPPORTUNITY | RISK TRIGGER (N/A FOR OPPORTUNITY) | CONSEQUENCE (RISK) / BENEFIT (OPPORTUNITY) | EXISTING RISK CONTROL MEASURE (N/A FOR OPPORTUNITY) | RISK ASSESSMENT | | | | | |
|---|---|--|--|--|--|--|-----------------|------------|--------|--|----------------|---|
| | | | | | | | IMPACT | LIKELIHOOD | RATING | RISK / OPPORTUNITY LEVEL (S, NS) | TYPE OF ACTION | RISK CONTROL PLAN/ OPPORTUNITY MANAGEMENT PLAN NO. (For Significant Risk/Opportunity) |
| To issue certification to Sanggunian Members re: CSC Eligibility on all requests received by the RO w/in 5 days upon receipt | Lacking supporting documents submitted by the clients. No submitted Masterlist by the Province | Clients | Non-availability of officer to do the certification; non- availability of authorized signatories | Multiple functions and overlapping activities | Delayed issuance of certification | | 3 | 3 | 9 | NS | N/A | N/A |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| RISK ASSESSMENT: | RISK RATING | RISK LEVEL | RISK DESCRIPTION | ACTION REQUIRED |
|--|-------------|------------|----------------------|--|
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| LIKELIHOOD: 1-Rare; 2-Unlikely; 3-Moderate; 4-Likely; 5-Almost Certain | 8 - 9 | MODERATE | Not Significant (NS) | Alert level (Maintain and sustain the existing control) |
| Risk/Opportunity Rating = Impact X Likelihood | 10 - 25 | HIGH | Significant (S) | Control (e.g. Avoid or Treat/ Mitigate, Transfer, Terminate) |

| | | |
|---|--|--|
| Prepared by: | Reviewed by: | Noted by: |
|  ELENA B. BELGADO LG00 IV Process Owner |  ONELIO D. RAMIREZ Division Chief Risk Review Committee Head |  ATTY. ARNALDO E. ESCOBAR JR., CESO V Assistant Regional Director Regional QMR |

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