

# **CITIZEN'S CHARTER**

2025 (2nd Edition)



#### I. Legal Mandate

The ECC was created on November 1, 1974 by virtue of Presidential Decree No. 442, or the Labor Code of the Philippines. It became fully operational with the issuance of Presidential Decree No. 626, otherwise known as the Employees' Compensation and State Insurance Fund, which took effect on January 1, 1975.

#### II. Vision

By 2030, ECC-OSHC is a globally recognized government institution that provides inclusive, responsive, and sustainable programs on safety and prevention for all workers; compensation benefits, and rehabilitation services to those who experience work-related contingencies and their dependents.

#### III. Mission

- 1. To develop and implement effective, dynamic, and innovative OSH Policies and Programs for a healthy and safe work environment for all workers.
- 2. To promptly provide comprehensive benefits and services to PWRDs and/or their dependents.
- 3. To ensure a well managed, stable, and resilient State Insurance Fund.
- 4. To strengthen and uphold good governance compliances.

#### IV. Service Pledge

The ECC commits to:

- Judiciously and efficiently resolve cases appealed from the Systems, for submission to the Commission within the mandated process cycle time;
- Provide relevant rehabilitation services to workers with employment related disabilities to enable them to achieve independent living and to participate in social and economic development;
- Provide assistance to workers (and their families) who fell ill or died as a result of work-related contingencies to augment the disability benefits provided under P.D. 626, as amended, in order to cope with increasing cost of living expenditures;
- Ensure workers' social protection through policy formulation and program development;
- continue to create projects and programs that will ensure the public's awareness about the EC Program;
- Promote employees' welfare and teamwork to increase productivity and achieve its targets for the benefit of the Persons with Work-Related Disability;
- Meet quality requirements in order to efficiently and effectively provide benefits and services to Persons with Work-Related Disability;



• Attend to all applicants or requesting parties who are within the premises of the office during lunch break and official working hours



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#### 1. Public Assistance – 8888 Referral

The 8888 ECC Complaint Committee is in-charge of attending and resolving the 8888 referrals from the Department of Labor and Employment 8888 Complaint Center.

ECC provides prompt and holistic assistance in addressing the Employees' Compensation issues raised by the complainants.

| Office or Division:   | Information and Public    | Information and Public Assistance Division (IPAD) |             |             |  |  |
|-----------------------|---------------------------|---|-------------|-------------|--|--|
| Classification:       | Simple                    |   |             |             |  |  |
| Type of Transaction:  | Government to Government  |   |             |             |  |  |
| Who may avail:        | Department of Labor ar    | Department of Labor and Employment                |             |             |  |  |
| CHECKLIST OF          | REQUIREMENTS              |   | WHERE TO SE | CURE        |  |  |
| No                    | one                       |   | N/A         |             |  |  |
| CLIENT STEPS          | AGENCY ACTION             | FEES TO   | PROCESSING  | PERSON      |  |  |
|                       |                           | BE PAID   | TIME        | RESPONSIBLE |  |  |
| 1. Contact            | 1.1 Receives the          | None  | 30 minutes  | Information |  |  |
| Malacañang's 8888     | complaint thru ECC        |   |             | Officer III |  |  |
| Hotline               | 8888 Official Email       |   |             |             |  |  |
|                       | 1.2 Records the           | None  | 30 minutes  | Information |  |  |
|                       | complaint                 |   |             | Officer III |  |  |
|                       | 1.3 Makes an initial      | None  | 1 hour, 30  | Information |  |  |
|                       | examination or            |   | minutes     | Officer III |  |  |
|                       | evaluation of the         |   |             |             |  |  |
|                       | complaint. This           |   |             |             |  |  |
|                       | process is done to        |   |             |             |  |  |
|                       | determine whether the     |   |             |             |  |  |
|                       | information provided      |   |             |             |  |  |
|                       | are complete or           |   |             |             |  |  |
|                       | incomplete                |   |             |             |  |  |
| 2. Client provides    | 2.1 If information is not | None  | 2 days, 2   | Information |  |  |
| further details       | complete, contacts the    |   | hours       | Officer III |  |  |
| regarding the         | complainant.              |   |             |             |  |  |
| attending             |                           |   |             |             |  |  |
| circumstances         | or:                       |   |             |             |  |  |
| pertinent to his/her  | If the issue requires     |   |             |             |  |  |
| concern such as, but  | further referral to other |   |             |             |  |  |
| not limited to, the   | division and/or           |   |             |             |  |  |
| following:            | regional officer/ central |   |             |             |  |  |
| 1. Date of Complaint; | office officer, endorses  |   |             |             |  |  |
| 2. Name of            | the complaint to the      |   |             |             |  |  |
| caller/complainant;   | division and/or           |   |             |             |  |  |
| 3. Name of covered    | regional officer/central  |   |             |             |  |  |



|                        | TOTAL                                 | HOHE   | o days     |                  |
|------------------------|---------------------------------------|--------|------------|------------------|
|                        | resolve the complaint TOTAL           | None   | 3 days     |                  |
|                        | taken to address or                   |        |            | Officer III      |
|                        | 2.4 Records the action                | None   | 1 hour     | Information      |
|                        | Malacañang                            |        |            |                  |
|                        | DOLE HRDS and                         |        |            | Officer III      |
|                        | 2.3 Sends report to                   | None   | 30 minutes | Information      |
|                        |                                       |        |            | Director         |
|                        |                                       |        |            | Executive        |
|                        |                                       |        |            | Director/        |
|                        | complaint                             |        |            | Deputy Executive |
|                        | the response to the                   |        |            | Division Chief/  |
|                        | complete, prepares                    | INOTIE | 2 110015   | Officer III/     |
| SSS/GSIS)              | 2.2 If the information is             | None   | 2 hours    | Information      |
| (Client, DOLE,         |                                       |        |            |                  |
| ECC staff              | information.                          |        |            |                  |
| coordinate with the    | necessary additional                  |        |            |                  |
| on the advisory; or    | waits for the                         |        |            |                  |
| requirements; or acts  |                                       |        |            |                  |
| the necessary          | agency(ies).                          |        |            |                  |
| Prepare and submit     | government                            |        |            |                  |
| or                     | client's concern to the               |        |            |                  |
| and mobile number)     | concern, refers the                   |        |            |                  |
| contact details (email | best address the                      |        |            |                  |
| 9. Complainant's       | agencies which can                    |        |            |                  |
| 8. Complaint details;  | other government                      |        |            |                  |
| 7. Issue/Concern;      | SSS,GSIS,DOLE, or                     |        |            |                  |
| 6. Employer's name;    | refer to                              |        |            |                  |
| 5. Address;            | If there's a need to                  |        |            |                  |
| (SSS/GSIS)             | or:                                   |        |            |                  |
| membership             |                                       |        |            |                  |
| member 4. Type of      | office officer for appropriate action |        |            |                  |



### 2. Public Assistance - Walk-in

The Public Assistance Center provides needed information and assistance to walk-in clients/claimants on the EC Program.

| Office or Division:        | Information and Public                                      | Assistance [ | Division (IPAD) |             |  |
|----------------------------|---|--------------|-----------------|-------------|--|
| Classification:            | Simple  | Simple       |                 |             |  |
| Type of Transaction:       | Government to Client, Government to Business, Government to |              |                 |             |  |
|                            | Government  | Government   |                 |             |  |
| Who may avail:             | All   |              |                 |             |  |
| CHECKLIST OF I             | REQUIREMENTS  |              | WHERE TO SE     | CURE        |  |
| Proof of identity (ID) for |   | Client       |                 |             |  |
| Authorization Letter (if a | • •   |              |                 |             |  |
| EC appealed claim statu    | •                     |              |                 |             |  |
| photocopy of decision),    |   |              |                 |             |  |
| or screenshot of benefits  | s received under the EC                                     |              |                 |             |  |
| program (if applicable)    |   | FEES TO      | PROCESSING      | PERSON      |  |
| CLIENT STEPS               | AGENCY ACTION   | BE PAID      | TIME            | RESPONSIBLE |  |
| 1. Accomplish the          | 1.1 Receives client   | None         | 2 minutes       | Computer    |  |
| Public Assistance          |   |              |                 | Operator I  |  |
| information sheet          |   |              |                 | •           |  |
|                            | 1.2 Interviews the  | None         | 15 minutes      | Computer    |  |
|                            | client, answers query                                       |              |                 | Operator I  |  |
|                            | and provides  |              |                 |             |  |
|                            | assistance  |              |                 |             |  |
|                            |   |              |                 |             |  |
|                            | If the question is not                                      |              |                 |             |  |
|                            | related to the ECP,   |              |                 |             |  |
|                            | advises the client to                                       |              |                 |             |  |
|                            | proceed to the proper DOLE agency and/or                    |              |                 |             |  |
|                            | provide the DOLE  |              |                 |             |  |
|                            | Hotline 1349.   |              |                 |             |  |
| 2. Accomplish the          | 2.1 Provides client   | None         | 3 minutes       | Computer    |  |
| Customer Feedback          | with Customer   |              |                 | Operator I  |  |
| Form                       | Feedback Form.  |              |                 | - p         |  |
|                            | 20 minutes  |              |                 |             |  |



### 3. Filing of EC Appealed Case

Appealed cases are EC claims that are denied by SSS or GSIS. Usually, the appealed cases are endorsed by the Systems directly to ECC. If the appellant appeals directly to ECC, ECC communicates with the Systems to request for the endorsement of the records of the case.

| Office or Division:                   | Appeals Division         |                       |  |  |  |
|---------------------------------------|--------------------------|-----------------------|--|--|--|
| Classification:                       | Simple                   | ••                    |  |  |  |
| Type of Transaction:                  | Government to Government |                       |  |  |  |
| Who may avail:                        | EC Claimants             |                       |  |  |  |
| CHECKLIST OF R                        | REQUIREMENTS             | WHERE TO SECURE       |  |  |  |
| (Section 4, Rules of Proc             | edure for the Filing     |                       |  |  |  |
| and Disposition of the En             | nployees                 |                       |  |  |  |
| Compensation Claim, An                | nex "E", Amended         |                       |  |  |  |
| Rules on Employees Cor                | mpensation)              |                       |  |  |  |
|                                       |                          |                       |  |  |  |
| Transmittal of the Reco               | ord in Case of Appeal    |                       |  |  |  |
| Claimant's application                |                          | Client                |  |  |  |
| Decision of the GSIS or S             |                          | Claimant / SSS / GSIS |  |  |  |
| Claimant's Motion for Re              |                          | Claimant              |  |  |  |
| Decision of the GSIS or S             | SSS on the Motion for    | SSS / GSIS            |  |  |  |
| Reconsideration                       |                          |                       |  |  |  |
| Claimant's Notice of App SSS          | eal with the GSIS or     | SSS / GSIS            |  |  |  |
| Transmittal of the Record             | ds to the ECC, which     | SSS / GSIS            |  |  |  |
| includes the following:               |                          |                       |  |  |  |
| For Claims for EC Disa                | bility Benefits          |                       |  |  |  |
| (Sickness Resulting to                | Disability)              |                       |  |  |  |
| Updated service record                |                          | Employer              |  |  |  |
| Updated statement of du               | ties and                 | Employer              |  |  |  |
| responsibilities                      |                          |                       |  |  |  |
| Record of Confinement a               |                          | Hospital              |  |  |  |
| One (1) Official Receipts             |                          | Hospital, Drug Store  |  |  |  |
| copies of-payment of hos              | spital bills and         |                       |  |  |  |
| medicines purchased                   |                          |                       |  |  |  |
| (ECC Br No. 12-05-15, 23 May 2012)    |                          |                       |  |  |  |
| EC Logbook (Art 205 of PD 626 and ECC |                          | Employer              |  |  |  |
| Board Resolution No. 14               |                          |                       |  |  |  |
| For Claims for EC Disa                | -                        |                       |  |  |  |
| (Injury Resulting to Dis              | sability)                |                       |  |  |  |
| Updated service record                |                          | Employer              |  |  |  |
| Statement of duties and               | responsibilities.        | Employer              |  |  |  |



| Investigation Report/Report of Injury/          | Police  |
|---|---|
| Disability (for civilian employees)             | Employer  |
| Spot report/Investigation report and/or report  | Employer  |
| of proceedings before Line of Duty Board        |   |
| (for AFP members, uniformed officers)           | Employer  |
| Mission or Travel Order, when applicable        | Employer  |
| Receipts of payment of hospital bills,          | Hospital, Drug Store                                |
| professional fees and medicines                 |   |
| For Claims for EC Death Benefits                |   |
| Updated service record                          | Employer  |
| Statement of duties and responsibilities        | Employer  |
| Investigation Report/Report of Injury and       | Police  |
| Death (for civilian employees)                  | Employer  |
| Spot report/Investigation report and/or report  | Employer  |
| of proceedings before Line of Duty Board        |   |
| (for AFP members, uniformed officers),          |   |
| when applicable.                                |   |
| Mission or Travel Order, when applicable        | Employer  |
| Record of confinement                           | Hospital  |
| Official receipts in payment of hospital bills, | Client, Hospital, Drug Store                        |
| professional fees and medicines purchased       |   |
| from a drugstore                                |   |
| Death Certificate                               | Local Civil Registrar or National Statistics Office |
|   | (NSO)   |
| Declaration of Presumptive Death, as            | Court or by competent authority                     |
| applicable                                      |   |
| Any other supporting documents or pieces of     | Client  |
| evidence that may aid the proper evaluation of  |   |
| the claim                                       |   |

| CLIENT STEPS | AGENCY ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                |
|--------------|--|--------------------|--------------------|--|
|              | 1.1 Receives appealed case from SSS or GSIS and encodes appellant's information in the Case Docketing Monitoring System (CDMS) | None               | 15 minutes         | Records Officer II,<br>Administrative<br>Division    |
|              | 1.2 Transmits documents to the Appeals Division 1.3 Receives records   | None<br>None       | 15 minutes 1 hour  | Records Officer II, Administrative Division Computer |
|              | and updates other  |                    |                    | Operator III   |



| is remanded to the System for further evaluation or the appellant is requested to submit complete documents. Documents are returned within 3 days  PCT is suspended if documents are incomplete  TOTAL | None | 5 hours, 30<br>minutes |                |
|--|------|------------------------|----------------|
| completeness of the records transmitted by the Systems.  If the documents are complete, the case will be docketed.  If documents are incomplete, the case is remanded to the                           |      |                        |                |
| information in the CDMS (tag, page numbering, 1-page case briefer)  1.4 Examines the   | None | 4 hours                | Division Chief |



## 4. Disposition of EC Appealed Case

This involves the evaluation of all EC claims elevated to the Commission after denial by the System. PCT is in Working Days based on Article 180 of PD 626

| Office or Division:     | Appeals Division  | Appeals Division   |                    |   |  |  |
|-------------------------|---|--------------------|--------------------|---|--|--|
| Classification:         | N/A (Under Special Laws – PD 626 as amended)  |                    |                    |   |  |  |
| Type of Transaction:    | Government to Government  |                    |                    |   |  |  |
| Who may avail:          | EC Claimants  | EC Claimants       |                    |   |  |  |
| CHECKLIST OF            | REQUIREMENTS WHERE TO SECURE  |                    |                    |   |  |  |
| NONE. Requirements a    |   |                    | NA                 |   |  |  |
| Filing of Appealed Case | process   |                    |                    |   |  |  |
| CLIENT STEPS            | AGENCY ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE                                 |  |  |
|                         | 1.1 Dockets the case, prepares and sends letter to the appellant that the case is now under evaluation. | None               | 4 hours            | Computer Operator III Division Chief Deputy Executive |  |  |
|                         |   |                    |                    | Director  |  |  |
|                         | 1.2 Assigns the case to the legal officer if it involves legal issues                                   | None               | 4 hours            | Division Chief, Appeals Division                      |  |  |
|                         | and to the medical officer if it involves medical issues for evaluation and review.                     |                    |                    | Division Chief,<br>WCPRD                              |  |  |
|                         | 1.3 Evaluates and reviews the case.   | None               | 5 days             | Legal Officer<br>and/or Med<br>Officer                |  |  |
|                         |   |                    |                    | Division Chief<br>Appeals Division,                   |  |  |
|                         |   |                    |                    | Division Chief,<br>WCPRD                              |  |  |
|                         | 1.4 Sets and conducts<br>a Technical Review<br>Committee (TRC)<br>meeting.                              | None               | 2 days             | Computer Operator III Legal Officer                   |  |  |
|                         | The TRC may defer its recommendation and  |                    |                    | and/or Med<br>Officer                                 |  |  |



| instruct the referral of |      |         | Division Chief,  |
|--------------------------|------|---------|------------------|
| the case to a medical    |      |         | Appeals Division |
| expert.                  |      |         |                  |
|                          |      |         | Division Chief,  |
| PCT is suspended if      |      |         | WCPRD            |
| the case is referred to  |      |         |                  |
| a medical expert         |      |         | TRC members      |
|                          |      |         | (tripartite      |
|                          |      |         | members)         |
| 1.5 Assigns to Legal     | None | 5 days  | Legal Officer    |
| Officer for preparation  |      |         |                  |
| of decision              |      |         | Division Chief,  |
|                          |      |         | Appeals Division |
| 1.6 Submits the          | None | 2 days  | Legal Officer    |
| prepared decision to     |      |         |                  |
| DC-Appeals for           |      |         | Division Chief,  |
| review.                  |      |         | Appeals Division |
| 1.7 Submits the case     | None | 5 days  | Division Chief,  |
| for decision by the      |      |         | Appeals Division |
| Commission either        |      |         |                  |
| thru the Board           |      |         | Board Secretary  |
| Meeting or               |      |         | III              |
| Referendum (approve,     |      |         |                  |
| deny or modify the       |      |         | Deputy Executive |
| evaluation and           |      |         | Director         |
| recommendation of        |      |         | _                |
| the TRC)                 |      |         | Executive        |
|                          |      |         | Director         |
|                          |      |         | Commission       |
|                          |      |         | Proper           |
| TOTAL                    | None | 20 days |                  |



### 5. Release of Commission Decision on Appealed Case

Upon decision on the appealed case by the EC Commission, the case is routed for signature of the Chairman and members of the Commission. This process involves the release of decision to the appellant after receiving the completely signed case decision.

| Office or Division:   | Appeals Division and Board Secretary's Office                              |                    |                    |   |  |
|---|--|--------------------|--------------------|---|--|
| Classification:   | Simple   |                    |                    |   |  |
| Type of Transaction:  | Government to Government   |                    |                    |   |  |
| Who may avail:  | Persons with Work-Rel  | ated Disabili      | ty                 |   |  |
| CHECKLIST OF  | REQUIREMENTS   |                    | WHERE TO SE        | CURE  |  |
| Signed decision   |  | Departmen          | t of Labor and Em  | ployment  |  |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |  |
| DOLE forwards     signed decision to     ECC - Board     Secretary's Office | 1.1 Receives, records and endorses signed decision to the Appeals Division | None               | 30 minutes         | Board Secretary<br>III  |  |
|   | 1.2 Receives and record the signed decision                                | None               | 15 minutes         | Computer<br>Operator II,<br>Appeals Division                                    |  |
|   | 1.3 Prepares endorsement letter to the appellant                           | None               | 15 minutes         | Computer Operator III, Appeals Division Division Chief, Appeals Division        |  |
|   | 1.4 Signs the endorsement letter   | None               | 30 minutes         | Division Chief, Appeals Division  Deputy Executive Director  Executive Director |  |
|   | 1.5 Endorses letter to<br>Records Unit for<br>mailing                      | None               | 5 minutes          | Computer<br>Operator II,<br>Appeals Division                                    |  |
|   | 1.6 Prepares signed letter and copy of decision for mailing                | None               | 1 hour             | Computer<br>Operator II,<br>Appeals Division                                    |  |



| 1.7 Mails letter and | None | 4 hours     | Records Officer II, |
|----------------------|------|-------------|---------------------|
| decision             |      |             | Administrative      |
|                      |      |             | Division            |
| 1.8 Updates database | None | 15 minutes  | Computer            |
| of cases             |      |             | Operator III,       |
|                      |      |             | Appeals Division    |
| TOTAL                | None | 6 hours, 50 |                     |
|                      |      | minutes     |                     |



### 6. Applying for Availment of Physical Restoration (PT/OT)

Rehabilitation or KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Through physical rehabilitation, the effects of permanent disability are mitigated.

| Office or Division:       | Work Contingency, Prevention and Rehabilitation Division (WCPRD) |                                      |                    |                       |  |  |
|---------------------------|--|--------------------------------------|--------------------|-----------------------|--|--|
| Classification:           | Simple   |                                      |                    |                       |  |  |
| Type of Transaction:      | Government to Citizen  | Government to Citizen                |                    |                       |  |  |
| Who may avail:            | Persons with Work-Rel  | Persons with Work-Related Disability |                    |                       |  |  |
| CHECKLIST OF I            | REQUIREMENTS   |                                      | WHERE TO SE        |                       |  |  |
| Proof of approved EC cl   | •  |                                      | rivate sector emp  |                       |  |  |
| Voucher) or ECC invitati  |  |                                      | public sector emp  | loyee                 |  |  |
| Relevant medical record   |  | Client                               |                    |                       |  |  |
| disability or medical con | dition   |                                      |                    |                       |  |  |
| Valid ID                  |  |                                      | nt or Employer     |                       |  |  |
| CLIENT STEPS              | AGENCY ACTION  | FEES TO<br>BE PAID                   | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |  |  |
| 1. Accomplishes           | 1.1 Receives and   | None                                 | 30 minutes         | Nurse II/Nurse III    |  |  |
| KaGabay Form and          | reviews the  |                                      |                    |                       |  |  |
| submits to responsible    | accomplished   |                                      |                    |                       |  |  |
| persons                   | KaGabay Form with  |                                      |                    |                       |  |  |
|                           | the relevant records   |                                      |                    |                       |  |  |
|                           | submitted  |                                      |                    | <u> </u>              |  |  |
|                           | 1.2 Interviews the   | None                                 | 30 minutes         | Nurse II/Nurse III    |  |  |
|                           | client, conducts initial   |                                      |                    |                       |  |  |
|                           | screening and document findings                                  |                                      |                    |                       |  |  |
|                           | 1.3 Conducts initial   | None                                 | 1 hour, 30         | Medical Officer III   |  |  |
|                           | assessment of  | INOTIC                               | minutes            | Wedical Officer III   |  |  |
|                           | physical and functional  |                                      | minutes            |                       |  |  |
|                           | capacity   |                                      |                    |                       |  |  |
|                           | 1.4 Approves referral  | None                                 | 30 minutes         | Division Chief        |  |  |
|                           | of PWRD for PT/OT to   |                                      |                    |                       |  |  |
|                           | partner hospital   |                                      |                    |                       |  |  |
|                           | 1.5 Prepares   | None                                 | 30 minutes         | Medical Officer III   |  |  |
|                           | documents and  |                                      |                    |                       |  |  |
|                           | referral letter to   |                                      |                    |                       |  |  |
|                           | partner hospital for   |                                      |                    |                       |  |  |
|                           | those availing the   |                                      |                    |                       |  |  |
|                           | specified rehabilitation   |                                      |                    |                       |  |  |
|                           | service  |                                      |                    |                       |  |  |



| TOTAL   | None | 4 hours    |                    |
|---|------|------------|--------------------|
| 1.7 Updates database of PWRDs   | None | 15 minutes | Nurse II/Nurse III |
| referral to partner hospital and informs client of schedule of initial consultation with partner hospital |      |            |                    |
| 1.6 Coordinates   | None | 15 minutes | Nurse II/Nurse III |



### 7. Applying for Availment of Prosthesis and Assistive Devices

Rehabilitation or KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Prosthesis or assistive devises are provided for free by ECC.

| Office or Division:       | Work Contingency, Prevention and Rehabilitation Division (WCPRD) |              |                    |                 |  |
|---------------------------|--|--------------|--------------------|-----------------|--|
| Classification:           | Simple   |              |                    |                 |  |
| Type of Transaction:      | Government to Citizen  |              |                    |                 |  |
| Who may avail:            | Persons with Work-Related Disability                             |              |                    |                 |  |
| CHECKLIST OF I            |  |              | WHERE TO SEC       |                 |  |
| Proof of approved EC cl   | aim  |              | ivate sector emplo |                 |  |
| (SSS / GSIS Voucher)      |  | GSIS – for p | ublic sector emplo | oyee            |  |
| or ECC invitation letter  |  |              |                    |                 |  |
| Accomplished KAGABA       |  | ECC-WCPR     | D                  |                 |  |
| Relevant medical record   | •  | c/o client   |                    |                 |  |
| disability or medical con | dition   |              |                    |                 |  |
| Valid ID                  |  |              | or Company issu    |                 |  |
| CLIENT STEPS              | AGENCY ACTION  | FEES TO      | PROCESSING         | PERSON          |  |
|                           |  | BE PAID      | TIME               | RESPONSIBLE     |  |
| 1. Accomplishes           | 1.1 Receives and   | None         | 30 minutes         | Nurse II/Nurse  |  |
| KaGabay Form and          | reviews the  |              |                    | III             |  |
| submits to responsible    | accomplished   |              |                    |                 |  |
| persons                   | KaGabay Form with the relevant records                           |              |                    |                 |  |
|                           | submitted.   |              |                    |                 |  |
|                           | 1.2 Interviews the   | None         | 1 hour, 30         | Medical Officer |  |
|                           | client and conducts  | None         | minutes            | III             |  |
|                           | initial examination of   |              | minutes            |                 |  |
|                           | the amputation and   |              |                    |                 |  |
|                           | document findings.   |              |                    |                 |  |
|                           | 1.3 Approves referral  | None         | 30 minutes         | Division Chief  |  |
|                           | of PWRD to partner   |              |                    |                 |  |
|                           | hospital for clearance   |              |                    |                 |  |
|                           | by physiatrist relative  |              |                    |                 |  |
|                           | to application of  |              |                    |                 |  |
|                           | prosthesis or assistive  |              |                    |                 |  |
|                           | devices.   |              |                    |                 |  |
|                           | 1.4 Prepares   | None         | 30 minutes         | Medical Officer |  |
|                           | documents and  |              |                    | III             |  |
|                           | referral letter to   |              |                    |                 |  |
|                           | partner hospitals for  |              |                    |                 |  |



| clearance relative to application of prosthesis or assistive device.                         |      |                        |                       |
|--|------|------------------------|-----------------------|
| 1.5 Coordinates referral to partner hospital and informs client of schedule of consultation. | None | 15 minutes             | Nurse II/Nurse<br>III |
| 1.6 Updates database of PWRDs.   | None | 15 minutes             | Nurse II/Nurse<br>III |
| TOTAL  | None | 3 hours, 30<br>minutes |                       |



### 8. Applying for Availment of Skills Training

Rehabilitation of KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Skills training prepares the PWRD for possible informal or formal employment.

| Office or Division:       | Work Contingency, Pre                  | Work Contingency, Prevention and Rehabilitation Division (WCPRD) |                    |                |  |
|---------------------------|--|--|--------------------|----------------|--|
| Classification:           | Simple                                 |  |                    |                |  |
| Type of Transaction:      | Government to Citizen                  |  |                    |                |  |
| Who may avail:            | Persons with Work-Related Disability   |  |                    |                |  |
| CHECKLIST OF I            | REQUIREMENTS                           |  | WHERE TO SEC       |                |  |
| Proof of approved EC cl   | aim                                    | · ·  | ivate sector emplo | =              |  |
| (SSS / GSIS Voucher)      |  | GSIS – for p   | ublic sector emplo | oyee           |  |
| or ECC invitation letter  |  |  |                    |                |  |
| Accomplished KAGABA       |  | ECC-WCPR   | D                  |                |  |
| Relevant medical record   | •                                      | c/o client   |                    |                |  |
| disability or medical con | dition                                 |  | _                  |                |  |
| Valid ID                  |  |  | or Company-issu    |                |  |
| CLIENT STEPS              | AGENCY ACTION                          | FEES TO  | PROCESSING         | PERSON         |  |
|                           |  | BE PAID  | TIME               | RESPONSIBLE    |  |
| 1. Accomplishes           | 1.1 Receives and                       | None   | 30 minutes         | Social Welfare |  |
| KaGabay Form and          | reviews the                            |  |                    | Officer II     |  |
| submits to responsible    | accomplished                           |  |                    |                |  |
| persons                   | KaGabay Form with the relevant records |  |                    |                |  |
|                           | submitted.                             |  |                    |                |  |
|                           | 1.2 Interviews the                     | None   | 1 hour             | Social Welfare |  |
|                           | client and conducts                    | INOTIC   | i iloui            | Officer II     |  |
|                           | initial psychosocial                   |  |                    | Officer        |  |
|                           | preparation prior to                   |  |                    |                |  |
|                           | initiation of                          |  |                    |                |  |
|                           | rehabilitation process                 |  |                    |                |  |
|                           | and refer to medical                   |  |                    |                |  |
|                           | officer, if applicable                 |  |                    |                |  |
|                           | , 11                                   |  |                    |                |  |
|                           | Conducts initial                       |  |                    |                |  |
|                           | assessment of                          |  |                    |                |  |
|                           | physical and functional                |  |                    |                |  |
|                           | capacity                               |  |                    |                |  |
|                           | (If applicable, see                    |  |                    |                |  |
|                           | process of PT/OT,                      |  |                    |                |  |
|                           | prosthesis provision)                  |  |                    |                |  |

| HEC. |
|------|
|      |

| 1.3 Prepares and        | None | 30 minutes  | Social Welfare |
|-------------------------|------|-------------|----------------|
| submits application     |      |             | Officer II     |
| documents to the        |      |             |                |
| Division Chief -        |      |             |                |
| 1.4 Accepts             | None | 30 minutes  | Division Chief |
| recommendation for      |      |             |                |
| desired skills training |      |             | Social Welfare |
| course and informs      |      |             | Officer II     |
| the PWRD that the       |      |             |                |
| application is accepted |      |             |                |
| for processing          |      |             |                |
| 1.5 Coordinates with    | None | 30 minutes  | Social Welfare |
| the partner skills      |      |             | Officer II     |
| training provider for   |      |             |                |
| schedule of training    |      |             |                |
| course and informs      |      |             |                |
| PWRD of tentative       |      |             |                |
| schedule                |      |             |                |
| 1.6 Updates database    | None | 15 minutes  | Social Welfare |
| of PWRD                 |      |             | Officer II     |
| TOTAL                   | None | 3 hours, 15 |                |
|                         |      | minutes     |                |



### 9. Applying for Availment of Entrepreneurship Training

Rehabilitation or KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Vocational rehabilitation increases opportunities for economic re-engagement through livelihood or re-entry to formal employment.

| Office or Division:               | Work Contingency, Prevention and Rehabilitation Division (WCPRD) |              |                    |                              |  |
|-----------------------------------|--|--------------|--------------------|------------------------------|--|
| Classification:                   | Simple   |              |                    |                              |  |
| Type of Transaction:              | Government to Citizen  |              |                    |                              |  |
| Who may avail:                    | Persons with Work-Related Disability                             |              |                    |                              |  |
| CHECKLIST OF                      | REQUIREMENTS   |              | WHERE TO SEC       | URE                          |  |
| Proof of approved EC of           | laim   |              | ivate sector emplo | •                            |  |
| (SSS / GSIS Voucher)              |  | GSIS – for p | ublic sector emplo | oyee                         |  |
| or ECC invitation letter          |  |              | _                  |                              |  |
| Accomplished KAGABA               |  | ECC-WCPR     | .D                 |                              |  |
|                                   | ds pertinent to PWRD's   | c/o client   |                    |                              |  |
| disability or medical cor         | ndition  |              |                    |                              |  |
| Valid ID                          |  |              | or Company issu    |                              |  |
| CLIENT STEPS                      | AGENCY ACTION  | FEES TO      | PROCESSING         | PERSON                       |  |
| 4. A see man liebee               | 4.4 Deseives and   | BE PAID      | TIME               | RESPONSIBLE                  |  |
| Accomplishes     KaGabay Form and | 1.1 Receives and reviews the                                     | None         | 30 minutes         | Social Welfare<br>Officer II |  |
| submits to responsible            | accomplished   |              |                    | Officer if                   |  |
| persons                           | KaGabay Form with  |              |                    |                              |  |
| pordono                           | the relevant records   |              |                    |                              |  |
|                                   | submitted.   |              |                    |                              |  |
|                                   | 1.2 Interviews the   | None         | 1 hour             | Social Welfare               |  |
|                                   | client and conducts  |              |                    | Officer II                   |  |
|                                   | initial psychosocial   |              |                    |                              |  |
|                                   | preparation prior to   |              |                    |                              |  |
|                                   | initiation of  |              |                    |                              |  |
|                                   | rehabilitation process   |              |                    |                              |  |
|                                   | and refer to medical   |              |                    |                              |  |
|                                   | officer, if applicable.  |              |                    |                              |  |
|                                   |  |              |                    |                              |  |
|                                   | Conducts initial   |              |                    |                              |  |
|                                   | assessment of physical   |              |                    |                              |  |
|                                   | and functional capacity  |              |                    |                              |  |
|                                   | (if applicable, see  |              |                    |                              |  |
|                                   | process of PT/OT,  |              |                    |                              |  |
|                                   | prosthesis provision).   |              |                    |                              |  |



| 1.3 Prepares and submits application documents to the Division Chief  | None | 30 minutes          | Social Welfare<br>Officer II             |
|---|------|---------------------|--|
| 1.4 Accepts the application and informs the PWRD that the application is accepted for processing.                     |      | 30 minutes          | Division Chief Social Welfare Officer II |
| 1.5 Registers PWRD for schedule of inhouse or online entrepreneurship training and informs PWRD of tentative schedule | None | 1 hour              | Social Welfare<br>Officer II             |
| 1.6 Updates database of PWRD.   | None | 15 minutes          | Social Welfare<br>Officer II             |
| TOTAL   | None | 3 hours, 45 minutes |  |



### 10 . Applying for Starter / Complimentary Kits

Rehabilitation of KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Starter kits as a part of the Kagabay program are intended to support and establish a more enduring employment service package for PWRDs for their efforts in starting a business.

| Office or Division:        | Work Contingency, Prevention and Rehabilitation Division (WCPRD) |                                      |                    |                |  |
|----------------------------|--|--------------------------------------|--------------------|----------------|--|
| Classification:            | Simple   |                                      |                    |                |  |
| Type of Transaction:       | Government to Citizen  |                                      |                    |                |  |
| Who may avail:             | Persons with Work-Rela   | Persons with Work-Related Disability |                    |                |  |
| CHECKLIST OF               | REQUIREMENTS   |                                      | WHERE TO SEC       | URE            |  |
| Proof of approved EC of    | -  |                                      | ivate sector emplo | •              |  |
| Voucher) or ECC invitation |  | •                                    | ublic sector emplo | oyee           |  |
| Accomplished KAGABA        |  | ECC-WCPR                             | lD                 |                |  |
|                            | ds pertinent to PWRD's   | c/o client                           |                    |                |  |
| disability or medical cor  | ndition  |                                      |                    |                |  |
| Valid ID                   |  |                                      | or Company issu    |                |  |
| CLIENT STEPS               | AGENCY ACTION  | FEES TO                              | PROCESSING         | PERSON         |  |
|                            |  | BE PAID                              | TIME               | RESPONSIBLE    |  |
| 1. Accomplishes            | 1.1 Receives and   | None                                 | 30 minutes         | Social Welfare |  |
| KaGabay Form and           | reviews the  |                                      |                    | Officer II     |  |
| submits to responsible     | accomplished KaGabay   |                                      |                    |                |  |
| persons                    | Form with the relevant   |                                      |                    |                |  |
| O Duamana tha              | records submitted.   | Niere                                | 4 6 6              | Casial Walfara |  |
| 2. Prepares the            | 2.1 Assists the PWRD   | None                                 | 1 hour             | Social Welfare |  |
| business plan              | in preparing the business plan.                                  |                                      |                    | Officer II     |  |
| application form           | 2.2 Prepares and   | None                                 | 30 minutes         | Social Welfare |  |
|                            | submits application  | INOTIC                               | 30 minutes         | Officer II     |  |
|                            | documents to the   |                                      |                    | Officer        |  |
|                            | Division Chief   |                                      |                    |                |  |
|                            | 2.3 Accepts the  | None                                 | 15 minutes         | Division Chief |  |
|                            | application for starter/   |                                      |                    |                |  |
|                            | complimentary kit and  |                                      |                    |                |  |
|                            | informs the PWRD that  |                                      |                    |                |  |
|                            | the application is   |                                      |                    | Officer II     |  |
|                            | accepted for   |                                      |                    |                |  |
|                            | processing.  |                                      |                    |                |  |
|                            | 2.4 Updates database   | None                                 | 15 minutes         | Social Welfare |  |
|                            | of PWRD  |                                      |                    | Officer II     |  |
|                            | TOTAL  | None                                 | 2 hours, 30        |                |  |
|                            |  |                                      | minutes            |                |  |



### 11. Applying for Cash Assistance

Cash assistance is provided to workers (and their families) who fell ill or died as a result of work-related contingencies to augment the income (disability) benefits provided under P.D. 626 as amended, in order to cope with increasing cost of living expenditures

| Office or Division:         | Work Contingency, Prevention and Rehabilitation Division (WCPRD) |  |  |  |  |
|-----------------------------|--|--|--|--|--|
|                             | and Finance Division (I  | -inance)                                     |  |  |  |
| Classification:             | Highly Technical   |  |  |  |  |
| Type of Transaction:        | Government to Citizen  |  |  |  |  |
| Who may avail:              |  | Private Employees' who met work-connected    |  |  |  |
|                             | contingencies  |  |  |  |  |
| CHECKLIST OF F              |  | WHERE TO SECURE                              |  |  |  |
| Accomplished request for    |  | ECC  |  |  |  |
| 2 Valid IDs. In addition,   | a Marriage Certificate   | Government or company issued ID. PSA/NSO     |  |  |  |
| for clients that opted to a | dopt their spouse's  | for marriage certificate.                    |  |  |  |
| surname which is not ref    | lected in the Valid IDs.   |  |  |  |  |
| One (1) photocopy of ap     | proved EC voucher for  | SSS – for private sector employee            |  |  |  |
| EC injury/illness or EC D   | eath Benefits or other   | GSIS – for public sector employee            |  |  |  |
| acceptable proof of appr    | oved EC claim from the   |  |  |  |  |
| SSS or GSIS (Non-Unifo      | rmed Personnel), as  |  |  |  |  |
| applicable.                 |  |  |  |  |  |
| Accident/ Police Report (   | •  | Philippine National Police or Company        |  |  |  |
| Personnel), as applicable   | e  |  |  |  |  |
| Death Certificate (Uniform  | med and Non-   | PSA/NSO                                      |  |  |  |
| Uniformed Personnel), a     | s applicable   |  |  |  |  |
| Declaration of presumpti    | ·  | Competent Authority                          |  |  |  |
| authority. (Uniformed and   | d Non-Uniformed  |  |  |  |  |
| Personnel), as applicable   |  |  |  |  |  |
| Spot report / Mission ord   |  | Department of National Defense-Armed Forces  |  |  |  |
| (Uniformed Personnel), a    | as applicable  | of the Philippines;                          |  |  |  |
|                             |  |  |  |  |  |
|                             |  | Department of Interior and Local Government- |  |  |  |
|                             |  | Philippine National Police, Bureau of Fire   |  |  |  |
|                             |  | Protection, Bureau of Jail Management and    |  |  |  |
|                             |  | Penology;                                    |  |  |  |
|                             |  |  |  |  |  |
|                             |  | Office of the President-Philippine Drug      |  |  |  |
|                             |  | Enforcement Agency;                          |  |  |  |
|                             |  | Department of Justice-National Bureau of     |  |  |  |
|                             |  | Investigation, Bureau of Corrections;        |  |  |  |



| Medical Certificate, as applicable For qualified dependents (as applicable): marriage certificate, birth certificate, valid IDs  CLIENT STEPS CLIENT STEPS AGENCY ACTION BE PAID 1.3 Computer Operator I / WCPRD  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Camputer Operator II, WCPRD   |                            |                                  | 1                                 |                  |                 |
|--|----------------------------|----------------------------------|-----------------------------------|------------------|-----------------|
| For qualified dependents (as applicable): marriage certificate, birth certificate, valid IDs    CLIENT STEPS   |                            |                                  |                                   |                  |                 |
| Table 1  | Medical Certificate, as a  | applicable                       | c/o client or qualified dependent |                  |                 |
| CLIENT STEPS   | For qualified dependent    | s (as applicable):               | NSO, govern                       | nment or company | / issued IDs    |
| 1.2 Validates and evaluates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Computer Operator I/ Computer Operator I/ WCPRD  1.8 Recommends the application for approval and updates database.  1.9 Approves the application for payment of cash assistance benefit and updates database.  1.0 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.   | marriage certificate, birt | h certificate, valid IDs         |                                   |                  |                 |
| 1.5 Leck and verify complete documents, encodes application to database, scans, and uploads documents and updates database.  1.2 Validates and evaluates documents and updates database.  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Computer Operator I/ Computer Division Chief/ Medical Officer III / Medical Officer IV, WCPRD  1.4 Recommends the application for approval and updates database.  None 4 hours Executive Director  1.5 Approves the application for payment of cash assistance benefit and updates database.  None 4 hours Computer Operator I/ Computer Operator I/ Computer Operator II, WCPRD  | CI IENT STEDS              | AGENCY ACTION                    | FEES TO                           | PROCESSING       | PERSON          |
| via walk-in with complete documents       complete documents, encodes application to database, scans; and uploads documents.       Operator I / Computer Operator II, WCPRD         1.2 Validates and uploades documents and updates database.       None       1 hour Operator I / Computer Operator I / Computer Operator II, WCPRD         1.3 Recommends the application for approval and updates database.       None       1 hour Operator I / Computer Operator II, WCPRD         1.4 Recommends the application for approval and updates database.       None       4 hours Deputy Executive Director         1.5 Approves the application for payment of cash assistance benefit and updates database.       None       1 day Executive Director         1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.       None       4 hours Operator I/ Computer Operator I/ Computer Operator I/ Computer Operator II, WCPRD  | CLILINI SILFS              | AGENCI ACTION                    | BE PAID                           | TIME             | RESPONSIBLE     |
| complete documents  encodes application to database, scans, and uploads documents.  1.2 Validates and evaluates documents and updates database.  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  2 Computer Operator I/, WCPRD  1 hour Division Chief/ Medical Officer IV, WCPRD  | 1.Submits application      | 1.1 Check and verify             | None                              | 1 hour           | Computer        |
| database, scans, and uploads documents.  1.2 Validates and evaluates documents and updates database.  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  Divertor II, WCPRD  1 hour Computer Operator I/, WCPRD  Division Chief/ Medical Officer IVI, WCPRD  A hours Deputy Executive Director  Director  Director  Director  Director  A hours Computer Operator I/, Computer Operator I/, Computer Operator I/, Computer Operator II, WCPRD  | via walk-in with           | complete documents,              |                                   |                  | Operator I /    |
| uploads documents.  1.2 Validates and evaluates documents and updates database.  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Validates and evaluates and poperator I/ Computer Operator I/, Computer Operator I/, Computer Operator II, WCPRD   | complete documents         | encodes application to           |                                   |                  | Computer        |
| 1.2 Validates and evaluates documents and updates database.  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Vone  1.8 None  1 hour  1 hour |                            | database, scans <del>,</del> and |                                   |                  | Operator II,    |
| evaluates documents and updates database.  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Approve the application for payment of cash assistance benefit and updates database.  1.8 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.   |                            | uploads documents.               |                                   |                  | WCPRD           |
| and updates database.  1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.   |                            | 1.2 Validates and                | None                              | 1 hour           | Computer        |
| 1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Approves the application for payment of cash assistance benefit and updates database.  1.8 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.9 Operator II, WCPRD   |                            | evaluates documents              |                                   |                  | Operator I /    |
| 1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Approves the application for payment of cash assistance benefit and updates database.  1.8 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.9 Operator II, WCPRD   |                            | and updates database.            |                                   |                  | Computer        |
| 1.3 Recommends the application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.7 Approves the application for payment of cash assistance benefit and updates database.  1.8 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.9 WCPRD  1 hour Division Chief/ Medical Officer III, WCPRD   |                            |                                  |                                   |                  |                 |
| application for approval and updates database.  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  None  4 hours  Deputy Executive Director  1 day Executive Director  A hours  Computer Operator I/ Computer Operator II, WCPRD  |                            |                                  |                                   |                  | <u>-</u>        |
| and updates database.  1II / Medical Officer IV, WCPRD  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.   |                            | 1.3 Recommends the               | None                              | 1 hour           | Division Chief/ |
| and updates database.  1II / Medical Officer IV, WCPRD  1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.   |                            | application for approval         |                                   |                  | Medical Officer |
| 1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.   |                            |                                  |                                   |                  | III / Medical   |
| 1.4 Recommends the application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.   |                            | ·                                |                                   |                  | Officer IV,     |
| application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  |                            |                                  |                                   |                  | •               |
| application for approval and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  |                            | 1.4 Recommends the               | None                              | 4 hours          | Deputy          |
| and updates database.  1.5 Approves the application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  Director   |                            | application for approval         |                                   |                  |                 |
| application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  Operator I/ Computer Operator II, wcPRD  |                            | and updates database.            |                                   |                  | Director        |
| application for payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  Operator I/ Computer Operator II, wcPRD  |                            | 1.5 Approves the                 | None                              | 1 day            | Executive       |
| payment of cash assistance benefit and updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  Value of the payment of cash assistance benefit and updates database.  Description of the payment of cash assistance benefit and updates database.   |                            | 1                                |                                   |                  | Director        |
| updates database.  1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  None 4 hours Operator I/ Computer Operator II, WCPRD  |                            | ''                               |                                   |                  |                 |
| 1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  None 4 hours Computer Operator I/ Computer Operator II, WCPRD  |                            | assistance benefit and           |                                   |                  |                 |
| 1.6 Prepares Budget Utilization Request for payment of cash assistance benefit and updates database.  None 4 hours Computer Operator I/ Computer Operator II, WCPRD  |                            | updates database.                |                                   |                  |                 |
| payment of cash assistance benefit and updates database.  Computer Operator II, WCPRD  |                            |                                  | None                              | 4 hours          | Computer        |
| payment of cash assistance benefit and updates database.  Computer Operator II, WCPRD  |                            | Utilization Request for          |                                   |                  | Operator I/     |
| updates database. WCPRD  |                            |                                  |                                   |                  | Computer        |
| updates database. WCPRD  |                            | assistance benefit and           |                                   |                  | Operator II,    |
| 4.7 Contition Division Name Albania Division Otion   |                            | updates database.                |                                   |                  | _               |
| 1.7 Certifies_Budget   None   4 nours   Division Chief/  |                            | 1.7 Certifies_Budget             | None                              | 4 hours          | Division Chief/ |
| Utilization Request Medical Officer  |                            | Utilization Request              |                                   |                  | Medical Officer |
| and updates database.  |                            | and updates database.            |                                   |                  | III / Medical   |
| Officer IV,  |                            |                                  |                                   |                  | Officer IV,     |
| WCPRD  |                            |                                  |                                   |                  | WCPRD           |
| 1.8 Submit cash None 1 hour Computer   |                            | 1.8 Submit cash                  | None                              | 1 hour           | Computer        |
| assistance application Operator I /  |                            | assistance application           |                                   |                  | Operator I /    |
| to Finance Division for Computer   |                            | to Finance Division for          |                                   |                  | Computer        |



| 1.9 Receives, records, updates monitoring sheet, assigned applicable account codes, processes and signs BUR (Box B) 1.10 Prepares Disbursement Voucher 1.11 Checks accountindexes transaction 1.12 Forwards DV and documents to Division concerned (to sign box A) 1.13 Receives and records document/s for action- 1.14 Concerned division chief signs/approve box B) 1.15 Forwards signed None 1.16 Receives signed None 1.16 Receives signed None 1.17 Receives signed None 1.18 Receives signed None 1.19 Receives signed None 1.10 Prepares Division Concerned Computer Coperator II, WCPRD 1.15 Forwards signed None 1.16 Receives signed None 1.17 Receives signed None 1.18 Receives signed None 1.19 Receives III, WCPRD 1.19 Receives signed None 1.10 Prepares Division Concerned Coperator II, WCPRD 1.10 Prepares Division Computer Coperator II, WCPRD 1.11 Receives signed None 1.12 Forwards signed None 1.13 Receives signed None 1.14 Receives signed None 1.15 Receives signed None 1.16 Receives signed None 1.17 Receives III, WCPRD 1.18 Receives signed None 1.19 Receives III, WCPRD 1.19 Receives III, WCPRD 1.11 Receives Signed None 1.11 Receives Division Computer Coperator II, WCPRD 1.11 Receives Signed None 1.12 Forwards Signed None 1.13 Receives Signed None 1.14 Forwards Signed None 1.15 Forwards Signed None 1.16 Receives Signed None 1.17 Receives Division Receives Division Computer Coperator II, WCPRD | 1  | 1    | T          | ,  |
|---|--|------|------------|--|
| updates monitoring sheet, assigned applicable account codes, processes and signs BUR (Box B)  1.10 Prepares Disbursement Voucher Disbursement Voucher III, Finance Division  1.11 Checks accounting entries and indexes transaction  1.12 Forwards DV and documents to Division concerned (to sign box A)  1.13 Receives and records document/s for action-  1.14 Concerned division chief signs/approve Box A of the DV  1.15 Forwards signed DV and documents to Finance Division (to sign/approve box B)  None 30 minutes Bookkeeper III, Finance Division Chief, WCPRD  30 minutes Computer Operator I/ Computer Operator II, WCPRD  Division Chief, WCPRD  Computer Operator II, WCPRD   | processing of payment.   |      |            | · ·                                      |
| Disbursement Voucher  1.11 Checks accounting entries and indexes transaction  1.12 Forwards DV and documents to Division concerned (to sign box A)  1.13 Receives and records document/s for action-  1.14 Concerned division chief signs/approve Box A of the DV  1.15 Forwards signed DV and documents to Finance Division (to sign/approve box B)  Disbursement Voucher  None  4 hours  Bookkeeper III, Finance Division  Computer Operator I/ Computer Operator I/ WCPRD  Division Chief, WCPRD  30 minutes  Computer Operator II, WCPRD  Computer Operator II, WCPRD  Computer Operator II, WCPRD  | updates monitoring sheet, assigned applicable account codes, processes and | None | 1 day      | II, Finance                              |
| accounting entries and indexes transaction  1.12 Forwards DV and documents to Division concerned (to sign box A)  1.13 Receives and records document/s for action-  1.14 Concerned division chief signs/approve Box A of the DV  1.15 Forwards signed DV and documents to Finance Division (to sign/approve box B)  A None  30 minutes  Computer Operator II, WCPRD  None  4 hours  Division  Finance Division  None  30 minutes  Computer Operator II, WCPRD  Computer Operator II, WCPRD  | •  | None | 4 hours    |  |
| documents to Division concerned (to sign box A)  1.13 Receives and records document/s for action-  1.14 Concerned division chief signs/approve Box A of the DV  1.15 Forwards signed DV and documents to Finance Division (to sign/approve box B)    Division Chief Signs/approve box B)   Finance Division Computer Operator I/ Computer Operator II, WCPRD   | accounting entries and indexes   |      | 4 hours    |  |
| records document/s for action-  1.14 Concerned division chief signs/approve Box A of the DV  1.15 Forwards signed DV and documents to Finance Division (to sign/approve box B)  None  1.14 Concerned division Chief WCPRD  1.15 Forwards signed DV and documents to Finance Division (to sign/approve box B)  None  30 minutes  Computer Operator I / Computer Operator II, WCPRD   | documents to Division concerned (to sign box                               |      |            |  |
| division chief signs/approve Box A of the DV  1.15 Forwards signed DV and documents to Finance Division (to sign/approve box B)  None  30 minutes  Computer Operator I / Computer Operator II, WCPRD  | records document/s   | None | 30 minutes | Operator I/<br>Computer<br>Operator II,  |
| DV and documents to Finance Division (to sign/approve box B)  Operator I / Computer Operator II, WCPRD  | division chief<br>signs/approve Box A<br>of the                            | None | 4 hours    | -  |
| 1.16 Receives signed None 30 minutes Bookkeeper III,  | DV and documents to Finance Division (to                                   | None | 30 minutes | Operator I /<br>Computer<br>Operator II, |
|   | 1.16 Receives signed   | None | 30 minutes | Bookkeeper III,                          |



| DV (Box A)                   |      |            | Finance Division             |
|------------------------------|------|------------|------------------------------|
| 1.17 Signs/Approves          | None | 4 hours    | Division Chief,              |
| DV (Box B)                   |      |            | Finance                      |
|                              |      |            | Division                     |
| 1.17 Examines DV             |      |            | Cashier III,                 |
| and documents.               |      |            | Finance Division             |
| 1.18 Prepares and            |      |            | Cashier III,                 |
| records check.               |      | 30 minutes | Finance Division             |
| Forwards check to            |      |            |                              |
| (a)DED or (b) Division       |      |            |                              |
| Chief, IPAD/ Division        |      |            |                              |
| Chief, Appeals               |      |            |                              |
| Division                     |      |            |                              |
| 1.18 Forwards DV and         | None |            | Bookkeeper III,              |
| documents to ED/DED          |      |            | Finance Division             |
| for signature/approval       |      |            |                              |
| 1.19 Receives and            | None | 30 minutes | Private                      |
| records document/s           |      |            | Secretary I,                 |
| and DV for approval          |      |            | OED / Private                |
| 11                           |      |            | Secretary II,                |
|                              |      |            | ODED                         |
| 1.19a Receives and           | None |            | Private                      |
| records document/s           |      |            | Secretary II,                |
| and checks for               |      |            | DED                          |
| signature 1.19b Receives and |      |            | Computer                     |
| records checks and           |      |            | Computer<br>Operator I, IPAD |
| document for check           |      |            | /Computer                    |
| approval                     |      |            | Operator III,                |
|                              |      |            | Appeals Division             |
| 1.20 Approves DV             | None | 1 day      | Executive                    |
| (Box C)                      |      |            | Director/<br>Deputy          |
|                              |      |            | Executive                    |
|                              |      |            | Director                     |
| 1.20a Signs checks           | None |            | Deputy                       |
| (Signatory1)                 |      |            | Executive                    |
|                              |      |            | Director                     |
| 1.20b Signs checks           |      |            | Division Chief,              |
| (Signatory1)                 |      |            | IPAD/ Division               |
|                              |      |            | Chief, Appeals               |
|                              |      |            | Division                     |
| 1.21 Records and             | None | 30 minutes | Private                      |
| forwards DV and              |      |            | Secretary I,                 |
| document/s to                |      |            | OED / Private                |



|   | (Cashier)  |      |                        | Secretary II,<br>ODED  |
|---|--|------|------------------------|--|
|   | 1.21a Records and forwards document/s to the next Signatory 2  | None |                        | Private Secretary II, ODED   |
|   | 1.21b Records and forwards document/s to the next Signatory 2  |      |                        | Computer Operator I, IPAD /Computer Operator III, Appeals Division |
|   | 1.22 Receives DV and other documents   | None | 30 minutes             | Cashier III,<br>Finance Division                                   |
|   | 1.22a Receives and records document/s and checks for signature   | None |                        | Private<br>Secretary I,<br>OED                                     |
|   | 1.22b Receives and records document/s and checks for signature   |      |                        | Private Secretary II, ODED/ Private Secretary I, OED               |
|   | 1.23a Signs check (Signatory2)   | None | 1 day                  | Executive<br>Director  |
|   | 1.23b Signs check (Signatory2)   |      |                        | Deputy<br>Executive<br>Director                                    |
|   | 1.24a Records and forwards document/s and signed check to Finance  | None | 30 minutes             | Private<br>Secretary II,<br>ODED                                   |
|   | 1.24b Records and forwards document/s and signed check to Finance  |      |                        | Private<br>Secretary I,<br>OED                                     |
| 2.Employees,<br>suppliers, claimants<br>Receive check from<br>Finance Division. | 2.1 Receives, Records<br>and notifies payees<br>thru email, cellphone,<br>text messages, to<br>release cheque to<br>concerned payee. | None | 3 hours, 30<br>minutes | Bookkeeper III,<br>Finance Division                                |
|   | TOTAL  |      | 9 hours                |  |

# 12. Requesting for Conduct of On-Site ECP Seminar



ECC conducts in-depth EC Program orientation to companies/offices upon their request.

| Office or Division:   | Information and Public  | Assistance Di      | ivision              |   |
|---|---|--------------------|----------------------|---|
| Classification:   | Simple  |                    |                      |   |
| Type of Transaction:  | Government to Busines   | ss, Governme       | nt to Government     |   |
| Who may avail:  | Public and Private Com  | npanies and C      | rganizations         |   |
| CHECKLIST OF I  | REQUIREMENTS  |                    | WHERE TO SEC         | URE                                       |
| For walk-in request: Accomplished onsite red (1 original copy) For online request: Request letter (1 copy)  | quest form  | ECC REU of         |                      |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE                     |
| 1. Submits Walk-in letter request to ECC or Accomplishes the ECP onsite request form or write a letter requesting for on-site ECP seminar and send it to <a href="mailto:ipad@ecc.gov.ph">ipad@ecc.gov.ph</a> | 1.1 Receives letter request/ onsite request form.   | None               | 1 hour               | Information<br>Officer I                  |
|   | 1.2 Acknowledge request and record requests in the online monitoring sheet  | None               | 1 hour               | Information<br>Officer I                  |
|   | 1.3 Check the availability of the resource speakers and deck resource person for the seminar.   | None               | 1 day and 6<br>hours | Division Chief/<br>Information<br>Officer |
|   | <ul> <li>1.4 If approved: Coordinate with the requesting company or organization on the approved request on the following details:</li> <li>Face-to-Face seminar Transportation, laptop, projector, sound system, etc.</li> </ul> | None               | 3 hours              | Information<br>Officer I                  |



| Webinar Request for zoom, Microsoft teams, Google meet, etc. links and password |      |                    |  |
|---|------|--------------------|--|
| 1.4 If disapproved:   |      |                    |  |
| ●   |      |                    |  |
| Notify client of  |      |                    |  |
| unavailability of   |      |                    |  |
| resource  |      |                    |  |
| speaker.  |      |                    |  |
| TOTAL   | None | 2 days and 3 hours |  |



#### 13. Freedom of Information (FOI) Request (Manual)

Executive Order No. 2, series of 2016 requires all executive departments, agencies, bureaus, and offices to disclose public records, contracts, transactions, and any information requested by a member of the public, except for matters affecting national security and other information that falls under the inventory of exceptions. The standard FOI processing time is 15 days and, in some instances, an agency may need more time to review your request and thereby extend the processing time. Under such circumstances, an agency will inform the client of an extension, which shall not be longer than twenty (20) working days.

| Office or Division:              | Administrative Division / Policy, Programs and Systems Management Division                            |                    |                    |   |
|----------------------------------|---|--------------------|--------------------|---|
| Classification:                  | Highly Technical  |                    |                    |   |
| Type of Transaction:             | Government to Citizen   | , Government       | Business, Govern   | ment to   |
|                                  | Government  |                    |                    |   |
| Who may avail:                   | All   |                    |                    |   |
| CHECKLIST OF                     | REQUIREMENTS  |                    | WHERE TO SEC       | URE   |
| Letter request                   |   | Client             |                    |   |
| CLIENT STEPS                     | AGENCY ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE   |
| 1. Files request for information | 1.1 Receives application / request for information and forwards the request to the FOI decision maker | None               | 1 day              | FOI Receiving Officer (Records Officer-II, Administrative Division) |
|                                  | 1.2 Recommends for appropriate action   | None               | 2 days             | FOI Decision Maker (Division Chief, Appeals Division)               |
|                                  | 1.3 Prepares reply to<br>the client and<br>information requested<br>as necessary                      | None               | 5 days             | FOI Receiving Officer (Records Officer-II, Administrative Division) |
|                                  | 1.4 Requests clearance from ED and DED to release the document  1.5 Releases the                      | None               | 2 days<br>1 hour   | Deputy Executive Director/ Executive Director                       |
|                                  | document  | ivone              | i nour             | FOI Receiving Officer (Records                                      |

| A |  |
|---|--|
|   |  |

|                      |      |            | Officer-II,      |
|----------------------|------|------------|------------------|
|                      |      |            | Administrative   |
|                      |      |            | Division)        |
| 1.6 Updates the eFOI | None | 1 hour     | FOI Receiving    |
| portal               |      |            | Officer (Records |
|                      |      |            | Officer-II,      |
|                      |      |            | Administrative   |
|                      |      |            | Division)        |
| TOTAL                | None | 10 days, 2 |                  |
|                      |      | hours      |                  |



#### 14. Freedom of Information (FOI) Request (eFOI)

Executive Order No. 2, series of 2016 requires all executive departments, agencies, bureaus, and offices to disclose public records, contracts, transactions, and any information requested by a member of the public, except for matters affecting national security and other information that falls under the inventory of exceptions. The standard FOI processing time is 15 days and, in some instances, an agency may need more time to review your request and thereby extend the processing time. Under such circumstances, an agency will inform the client of an extension, which shall not be longer than twenty (20) working days.

| Office or Division:  | Administrative Division / Policy, Programs and Systems Management Division |               |                  |                  |
|----------------------|--|---------------|------------------|------------------|
| Classification:      | Highly Technical   |               |                  |                  |
| Type of Transaction: | Government to Client,  | Government to | o Business, Gove | rnment to        |
|                      | Government   |               |                  |                  |
| Who may avail:       | All  |               |                  |                  |
| CHECKLIST OF I       | REQUIREMENTS   |               | WHERE TO SEC     | URE              |
| Letter request       |  | Client        |                  |                  |
| CLIENT STEPS         | AGENCY ACTION  | FEES TO       | PROCESSING       | PERSON           |
| OLILINI OILI O       | AGENOT ACTION  | BE PAID       | TIME             | RESPONSIBLE      |
| 1. Files request for | 1.1 Receives   | None          | 2 days           | eFOI Receiving   |
| information          | application / request  |               |                  | Officer          |
|                      | for information and  |               |                  | (Information     |
|                      | forwards the request   |               |                  | Technology       |
|                      | to the decision maker  |               |                  | Officer II,      |
|                      |  |               |                  | PPSMD)           |
|                      | 1.2 Recommends for   | None          | 2 days           | FOI Decision     |
|                      | appropriate action   |               |                  | Maker (Division  |
|                      |  |               |                  | Chief, Appeals   |
|                      |  |               |                  | Division)        |
|                      | 1.3 Prepares reply to  | None          | 5 days           | FOI Receiving    |
|                      | the client and   |               |                  | Officer (Records |
|                      | information requested  |               |                  | Officer II,      |
|                      | as necessary   |               |                  | Administrative   |
|                      |  |               |                  | Division)        |
|                      | 1.4 Requests   | None          | 2 days           | Deputy           |
|                      | clearance from ED  |               |                  | Executive        |
|                      | and DED to release   |               |                  | Director /       |
|                      | the document   |               |                  | Executive        |
|                      |  |               |                  | Director         |



| 1.5 Releases the | None | 1 hour     | eFOI Receiving |
|------------------|------|------------|----------------|
| document         |      |            | Officer        |
|                  |      |            | (Information   |
|                  |      |            | Technology     |
|                  |      |            | Officer II,    |
|                  |      |            | PPSMD)         |
| TOTAL            | None | 11 days, 1 |                |
|                  |      | hour       |                |



#### 15. Requesting for Personnel Records and Documents of Former Employees

Administrative Division

Complex

Office or Division:

Classification:

Request for personnel records and documents of former employees, such as: Service Records, Certificate of Employment and Compensation, Certificate of Leave Balance, Certificate of Last Salary Received, Clearance from Money, and Property Accountability, Performance Evaluation and other personnel records necessary for legal purposes.

| Classification:   | Complex  |                 |                        |   |
|---|--|-----------------|------------------------|---|
| Type of Transaction:  | Government to Citizen  |                 |                        |   |
| Who may avail:  | Former ECC Employee  |                 |                        |   |
| CHECKLIST OF REQU   |  | WHERE TO        | SECURE                 |   |
| 1. Letter Request (1 orig   |  | Client          |                        |   |
| 2. If the requesting party submits the following former employee: a. Authorization or SP b. One (1) Photocopy Identification Cards wi former employee and c. Original and one (1 Certificate (if incapa Certificate (if decea | documents from the A (1 original copy) each of Two (2) th signatures of the the representative ) Photocopy of Birth acitated) or Death | Client          |                        |   |
| 3. Request for Personne Documents   | l Records and  | Admin- HR       |                        |   |
| CLIENT STEPS  | AGENCY ACTION  | FEES TO         | PROCESSING             | PERSON  |
|   | AGENCY AGENCY  | BE PAID         | TIME                   | RESPONSIBLE   |
| 1. Submits Letter   | 1.1 Receives request   | BE PAID<br>None | TIME<br>10 minutes     | RESPONSIBLE<br>Human  |
|   |  |                 |                        |   |
| 1. Submits Letter   | 1.1 Receives request   |                 |                        | Human   |
| 1. Submits Letter<br>Request to HR –  | 1.1 Receives request   |                 |                        | Human<br>Resource   |
| Submits Letter     Request to HR –  | 1.1 Receives request   |                 |                        | Human<br>Resource<br>Management   |
| Submits Letter     Request to HR –  | 1.1 Receives request<br>letter   | None            | 10 minutes             | Human<br>Resource<br>Management<br>Assistant -  |
| 1. Submits Letter<br>Request to HR –  | 1.1 Receives request   |                 |                        | Human<br>Resource<br>Management<br>Assistant -<br>Administrative  |
| 1. Submits Letter Request to HR – Admin Division  | 1.1 Receives request letter  2.1 Provides Forms for Request for Personnel  | None            | 10 minutes             | Human<br>Resource<br>Management<br>Assistant -<br>Administrative<br>Division  |
| 1. Submits Letter Request to HR – Admin Division  2. Accomplishes   | 1.1 Receives request letter  2.1 Provides Forms for  | None            | 10 minutes             | Human Resource Management Assistant - Administrative Division Human Resource Management                                     |
| 1. Submits Letter Request to HR – Admin Division  2. Accomplishes   | 1.1 Receives request letter  2.1 Provides Forms for Request for Personnel  | None            | 10 minutes             | Human Resource Management Assistant - Administrative Division Human Resource  |
| 1. Submits Letter Request to HR – Admin Division  2. Accomplishes   | 1.1 Receives request letter  2.1 Provides Forms for Request for Personnel Records and  | None            | 10 minutes             | Human Resource Management Assistant - Administrative Division Human Resource Management                                     |
| 1. Submits Letter Request to HR – Admin Division  2. Accomplishes   | 1.1 Receives request letter  2.1 Provides Forms for Request for Personnel Records and Documents  | None            | 10 minutes  10 minutes | Human Resource Management Assistant - Administrative Division Human Resource Management Assistant -                         |
| 1. Submits Letter Request to HR – Admin Division  2. Accomplishes   | 1.1 Receives request letter  2.1 Provides Forms for Request for Personnel Records and  | None            | 10 minutes             | Human Resource Management Assistant - Administrative Division Human Resource Management Assistant - Administrative          |
| 1. Submits Letter Request to HR – Admin Division  2. Accomplishes   | 1.1 Receives request letter  2.1 Provides Forms for Request for Personnel Records and Documents  | None            | 10 minutes  10 minutes | Human Resource Management Assistant - Administrative Division Human Resource Management Assistant - Administrative Division |



| after 7 working days             |        |            | Management         |
|----------------------------------|--------|------------|--------------------|
|                                  |        |            | Assistant -        |
|                                  |        |            | Administrative     |
|                                  |        |            | Division           |
| 2.3 Evaluates Request            | None   | 30 minutes | Human              |
| and requirements                 |        |            | Resource           |
|                                  |        |            | Management         |
|                                  |        |            | Assistant -        |
|                                  |        |            | Administrative     |
|                                  |        |            | Division           |
| 2.4 Locates                      | None   | 2 days     | Human              |
| files/records of former          |        |            | Resource           |
| employee from the                |        |            | Management         |
| stock room - Checks / scrutinize |        |            | Assistant -        |
| documents from 201               |        |            | Administrative     |
| files                            |        |            | Division           |
| 2.5 If cannot be                 | None   | 30 minutes | Human              |
| located / found, inform          | 140110 | oo miiidoo | Resource           |
| the clients                      |        |            | Management         |
|                                  |        |            | Assistant -        |
|                                  |        |            | Administrative     |
|                                  |        |            | Division           |
| 2.5 If the files are             | None   | 4 hours    | Human              |
| available, prepares              |        |            | Resource           |
| documents                        |        |            | Management         |
|                                  |        |            | Assistant -        |
|                                  |        |            | Administrative     |
|                                  |        |            | Division           |
| 2.6 Reviews                      | None   | 4 hours    | Division Chief,    |
| Documents                        |        |            | Administrative     |
|                                  |        |            | Division           |
| 2.7 Returns                      | None   | 1 hour     | Division Chief,    |
| documents for                    |        |            | Administrative     |
| revision/finalization            |        |            | Division           |
| 2.8 Revises / Finalizes          | None   | 8 hours    | Human              |
| Documents                        |        |            | Resource           |
|                                  |        |            | Management         |
|                                  |        |            | Assistant -        |
|                                  |        |            | Administrative     |
|                                  |        |            | Division           |
| 2.9 Initials documents           | None   | 4 hours    | Division Chief - / |
|                                  |        |            | Deputy             |
|                                  |        |            | Executive          |



|                    |                        |      |            | Director       |
|--------------------|------------------------|------|------------|----------------|
|                    | 2.10 Signs documents   | None | 4 hours    | Executive      |
|                    |                        |      |            | Director /     |
|                    |                        |      |            | Authorized     |
|                    |                        |      |            | signatory      |
|                    | 2.11 Stamps ECC Dry    | None | 10 minutes | Human          |
|                    | seal                   |      |            | Resource       |
|                    |                        |      |            | Management     |
|                    |                        |      |            | Assistant -    |
|                    |                        |      |            | Administrative |
|                    |                        |      |            | Division       |
|                    | 1.12 Informs client on | None | 1 hour     | Human          |
|                    | agency action          |      |            | Resource       |
|                    |                        |      |            | Management     |
|                    |                        |      |            | Assistant -    |
|                    |                        |      |            | Administrative |
|                    |                        |      |            | Division       |
| Receives documents | 1.13 Releases          | None | 10 minutes | Human          |
|                    | documents              |      |            | Resource       |
|                    |                        |      |            | Management     |
|                    |                        |      |            | Assistant -    |
|                    |                        |      |            | Administrative |
|                    |                        |      |            | Division       |
|                    | TOTAL                  | None | 5 days, 2  |                |
|                    |                        |      | hours, 50  |                |
|                    |                        |      | minutes    |                |

**Central Office: Internal Services** 



- Requesting for Personnel Records and Documents
   Processing of Payment
   Releasing of check payments to Regional Extension Units



# 1. Requesting for Personnel Records and Documents

Request for personnel records and documents, such as: Service Records, Certificate of Employment and Compensation, Certificate of Leave Balance, Certificate of Last Salary Received, Clearance from Money, and Property Accountability, Performance Evaluation and other personnel records necessary for legal purposes.

| Office or Division:                           | Administrative Division  |                       |            |                            |  |  |  |
|---|--------------------------|-----------------------|------------|----------------------------|--|--|--|
| Classification:                               | Simple                   |                       |            |                            |  |  |  |
| Type of Transaction:                          | Government to Government |                       |            |                            |  |  |  |
| Who may avail:                                | Current ECC Employee     | Current ECC Employees |            |                            |  |  |  |
| CHECKLIST OF REQUI                            | REMENTS                  | WHERE TO              | SECURE     |                            |  |  |  |
| Personal Appearance by the Employee at the HR |                          | Admin - HR            |            |                            |  |  |  |
| 2 HR Provided Reque<br>Records and Docum      |                          | Admin - HR            |            |                            |  |  |  |
| CLIENT STEPS                                  | AGENCY ACTION            | FEES TO               | PROCESSING | PERSON                     |  |  |  |
|   | ACENOT ACTION            | BE PAID               | TIME       | RESPONSIBLE                |  |  |  |
| 1. Accomplishes                               | 1.1 Receives request     | None                  | 10 minutes | Human                      |  |  |  |
| request form from HR                          | form                     |                       |            | Resource                   |  |  |  |
|   |                          |                       |            | Management                 |  |  |  |
|   |                          |                       |            | Assistant -                |  |  |  |
|   |                          |                       |            | Administrative             |  |  |  |
|   |                          |                       |            | Division                   |  |  |  |
|   | 1.2 Evaluates request    | None                  | 2 hours    | Human                      |  |  |  |
|   |                          |                       |            | Resource                   |  |  |  |
|   |                          |                       |            | Management                 |  |  |  |
|   |                          |                       |            | Assistant -                |  |  |  |
|   |                          |                       |            | Administrative             |  |  |  |
|   | 4.0.0                    | <b>N</b> 1            | 4.1        | Division                   |  |  |  |
|   | 1.3 Prepares             | None                  | 4 hours    | Human                      |  |  |  |
|   | requested documents      |                       |            | Resource                   |  |  |  |
|   |                          |                       |            | Management<br>Assistant -  |  |  |  |
|   |                          |                       |            |                            |  |  |  |
|   |                          |                       |            | Administrative<br>Division |  |  |  |
| 1.4 Signs documents                           |                          | None                  | 4 hours    | Division Chief,            |  |  |  |
|   | 1.7 Olgris documents     | 140110                | Tilouis    | Administrative             |  |  |  |
|   |                          |                       |            | Division/                  |  |  |  |
|   |                          |                       |            | Authorized                 |  |  |  |
|   |                          |                       |            | Signatory                  |  |  |  |
|   | 1.5 Stamps ECC Dry       | None                  | 10 minutes | Human                      |  |  |  |
|   | seal                     |                       |            | Resource                   |  |  |  |

| ac \ |  |
|------|--|
|      |  |

|                       |                                     |      |                                  | Management Assistant - Administrative Division                               |
|-----------------------|-------------------------------------|------|----------------------------------|--|
|                       | 1.6 Informs client on agency action | None | 30 minutes                       | Human<br>Resource<br>Management<br>Assistant -<br>Administrative<br>Division |
| 2. Receives documents | 2.1 Releases<br>documents           | None | 1 hour                           | Human<br>Resource<br>Management<br>Assistant -<br>Administrative<br>Division |
|                       | Total                               | None | 1 day, 3<br>hours, 50<br>minutes |  |



### 2. Processing of Payment

Payments to internal and external clients – (employees, suppliers, other clients) is processed starting from the receipt of the Budget Utilization Report (BUR) signed by the concerned Division Chief with complete supporting documents, funding of the BUR, preparation and approval of Disbursement Voucher, preparation and approval of the check payment, and recording and issuance to concerned division and payee.

| Office or  | Finance Division          |                                       |  |  |  |  |
|--|---------------------------|---------------------------------------|--|--|--|--|
| Division:  |                           |                                       |  |  |  |  |
| Classification:  | Complex                   |                                       |  |  |  |  |
| Type of  | Government to Citizen, (  | Government to Business, Government to |  |  |  |  |
| Transaction:   | Government                |                                       |  |  |  |  |
| Who may avail:   | Internal clients – ECC Er | mployees                              |  |  |  |  |
|  | External clients – Contra | ctors/suppliers, and other claimants  |  |  |  |  |
| CHECKLIST OF RE  | QUIREMENTS                | WHERE TO SECURE                       |  |  |  |  |
| Payment/Reimburs   | sement of Utilities:      |                                       |  |  |  |  |
| (Electricity, Water,                                     | Telephone) and            |                                       |  |  |  |  |
| Janitorial Services                                      | (REU)                     |                                       |  |  |  |  |
| 1. Signed BUR  | (Box A)                   | Supplier/employees                    |  |  |  |  |
| 2. Billing/Statem  |                           |                                       |  |  |  |  |
| 3. Certification of                                      | of services rendered      |                                       |  |  |  |  |
|  | Travel Expenses: (by      |                                       |  |  |  |  |
| land and air)  |                           |                                       |  |  |  |  |
| 1. Signed BUR  | ,                         |                                       |  |  |  |  |
| 2. Office order/N  |                           |                                       |  |  |  |  |
| 3. Approved Itin   | •                         |                                       |  |  |  |  |
| 4. Certificate of  | •                         |                                       |  |  |  |  |
| 5. Certificate of  | • •                       |                                       |  |  |  |  |
| 6. Boarding Pas  |                           |                                       |  |  |  |  |
| 7. Airfare/bus tid                                       |                           |                                       |  |  |  |  |
|  | Expenses not Requiring    |                                       |  |  |  |  |
| Official Recei   | •                         |                                       |  |  |  |  |
| 9. Accomplishm   | ent report/Photo          |                                       |  |  |  |  |
| Documents  Poyment/Poimbure                              | amont of mode.            |                                       |  |  |  |  |
| Payment/Reimburs   |                           |                                       |  |  |  |  |
| <ol> <li>Signed BUR</li> <li>Statement of</li> </ol>     | account/Official Receipt  |                                       |  |  |  |  |
|  | •                         |                                       |  |  |  |  |
| <ol> <li>Approved Off</li> <li>Certificate of</li> </ol> |                           |                                       |  |  |  |  |
| 5. Approved Bu   |                           |                                       |  |  |  |  |
| 6. Notice of Mee   | = : :                     |                                       |  |  |  |  |
| 7. Minutes of me   | _                         |                                       |  |  |  |  |



### **Request for Cash Advance:**

- Office Order/MEMO
- 2. Approved application for bond (if 5,000 pesos or more)
- 3. Approved Budget and Activity proposal
- 4. Approved Itinerary of travel (For travel expenses)

# Payment/Reimbursement of (Supplies and Services):

- 1. Approved Purchase Request (PR)
- 2. Inspection receiving receipt
- 3. Official receipt
- 4. Approved Purchase Order
- 5. Abstract of price quotation
- 6. 3 Canvass for suppliers
- 7. Acknowledgement receipt
- 8. Certification of Expenses
- One (1) Photocopy of Official receipt/Certificate of Tax registration

### **Payment of Contractor/repairs**

- 1. Approved Purchased request
- 2. Billing/Receipt/Sale invoice
- 3. Certificate of inspection and acceptance
- 4. Report of waste material, in case of replacement/Repair
- 5. Pre/Post repair inspection report
- 6. 3 Canvass
- 7. Approved Price Quotation
- 8. Approved PO/Contract
- 9. Philgeps Posting, if required

### **Payment of Hospital**

- 1. Statement of account/billing
- 2. ECC WCPRD form 1-4
- 3. MOA (if new contract)

# Payment of Travel Meal and Allowance (TMA)

- 1. Certification
- 2. ECC WCPRD Form 4
- 3. Approved ECC Guidelines
- 4. Board Resolution no. 18-02-05

Payment of Starter kits/Complementary kit

1. Approved business plan



- 2. One (1) Copy of EC Voucher
- 3. Certificate of training
- 4. ECC guidelines
- 5. Board Resolution no. 18-02-06
- 6. Livelihood recommendation from case manager (Complementary Kit)

### Payment of Cash Assistance

### **Uniformed Personnel**

- Cash assistance form Uniformed personnel
- 2. Board resolution no. 18-02-07
- 3. ECC Guidelines
- 4. Medical Certificate
- 5. Spot/Accident report
- 6. IDs

### Non Uniformed Personnel

- 1. Cash Assistance form
- 2. Board Resolution no. 18-02-07
- 3. ECC Guidelines
- 4. EC Sickness claim information
- 5. IDs

#### Cash Assistance - COVID

- 1. Cash Assistance form
- 2. Board Resolution no. 18-02-07
- 3. Medical certificates
- 4. SSS/GSIS EC Claim vouchers
- 5. IDs

#### Payment of Professional fee/Honoraria

- 1. Certification
- 2. Attendance
- 3. Contract (if new or renewed)

| or contract (in from or fortical) |                         |                    |                    |                       |
|-----------------------------------|-------------------------|--------------------|--------------------|-----------------------|
| CLIENT STEPS                      | AGENCY ACTION           | FEES TO<br>BE PAID | PROCESSING<br>TIME | PERSON<br>RESPONSIBLE |
|                                   | 1.1 Receives, records,  | None               | 1 day              | Budget Officer II     |
|                                   | updates monitoring      |                    | _                  |                       |
|                                   | sheet, processes and    |                    |                    |                       |
|                                   | signs BUR (Box B)       |                    |                    |                       |
|                                   | 1.2 Prepares            | None               | 4 hours            | Bookkeeper III        |
|                                   | Disbursement Voucher.   |                    |                    |                       |
|                                   | BIR form 2307 is        |                    |                    |                       |
|                                   | prepared for payments   |                    |                    |                       |
|                                   | to suppliers subject to |                    |                    |                       |
|                                   | withholding taxes.      |                    |                    |                       |
|                                   | 1.3 Checks accounting   | None               | 4 hours            | Accountant III        |



| entries and indexes transaction   |      |            |   |
|---|------|------------|---|
| 1.4 Forwards DV and documents to Division concerned (to sign box A)   | None | 30 minutes | Bookkeeper III,   |
| 1.5 Receives and records document/s for action (Division concern)   | None | 30 minutes | Computer Operator I/II/III, Division Concerned              |
| 1.6 Concern division chief signs Box A of the DV  | None | 4 hours    | Division Chief, Division Concerned                          |
| 1.7 Forwards signed DV and documents to Finance Division (to sign box B)  | None | 30 minutes | Computer Operator I/II/III, Division Concerned              |
| 1.8 Receives signed DV (Box A)  | None | 30 minutes | Bookkeeper III  |
| 1.9 Signs DV (Box B)  | None | 4 hours    | Bookkeeper III  |
| 1.10 Forwards DV and documents to ED/DED for signature/approval   | None | 30 minutes | Bookkeeper III  |
| 1.11 Receives and records document/s approval of the DV   | None | 30 minutes | Private Secretary I,<br>OED / Private<br>Secretary II, ODED |
| 1.12 Approves DV (Box C)  | None | 1 day      | Executive Director / Deputy Executive Director              |
| 1.13 Records and forwards document/s to (Cashier)   | None | 30 minutes | Private Secretary I, OED / Private Secretary II, ODED       |
| 1.14 Receives documents, 1.18 Prepares and records check. Forwards check to (a)DED or (b) Division Chief, IPAD/ Division Chief, Appeals Division. | None | 4 hours    | Cashier III   |
| 1.15a Receives and records checks and document for check  | None | 30 minutes | Private Secretary<br>II, ODED                               |



| approval  |      |            |  |
|---|------|------------|--|
| 1.15b Receives and records checks and document for check approval |      |            | Computer operator I, IPAD/ Computer Operator III, Appeals Division |
| 1.16a Forwards the check/document/s for action to Signatory 2     | None | 30 minutes | Private Secretary<br>II, ODED                                      |
| 1.16b Forwards the check/document/s for action to Signatory 2     |      |            | Computer operator I, IPAD/ Computer Operator III, Appeals Division |
| 1.17a Signs checks<br>(Signatory1)                                | None | 4 hours    | Deputy Executive Director  |
| 1.17b Signs checks<br>(Signatory1)                                |      |            | Division Chief,<br>IPAD/ Division<br>Chief, Appeals<br>Division    |
| 1.18a Records and forwards document/s to the next Signatory 2     | None | 30 minutes | Private Secretary<br>II, ODED                                      |
| 1.18b Records and forwards document/s to the next Signatory 2     |      |            | Computer operator I, IPAD/ Computer Operator III, Appeals Division |
| 1.19a Receives and records document/s and checks for signature    | None | 30 minutes | Private Secretary I,<br>OED  |
| 1.19b Receives and records document/s and checks for signature    |      |            | Private Secretary<br>II, ODED                                      |
| 1.20a Signs check<br>(Signatory2)                                 | None | 1 day      | Executive Director   |
| 1.20b Signs check<br>(Signatory2)                                 |      |            | Deputy Executive Director  |
| 1.21a Records and forwards document/s and signed check to Finance | None | 30 minutes | Private Secretary I,<br>OED  |
| 1.21b Records and forwards document/s and signed check to         |      |            | Private Secretary<br>II, ODED                                      |



|                     | Finance                  |      |             |                |
|---------------------|--------------------------|------|-------------|----------------|
| 2. Payee Receive    | 2.1 Receives, Records    | None | 3 hours, 30 | Bookkeeper III |
| check from          | and notifies payees thru |      | minutes     |                |
| Finance Division    | email, cellphone, text   |      |             |                |
| by:                 | messages, releases       |      |             |                |
| a. Suppliers who    | cheque to concerned      |      |             |                |
| must Issue          | division/payee.          |      |             |                |
| Official Receipt if |                          |      |             |                |
| applicable; or      |                          |      |             |                |
| b. Clients who      |                          |      |             |                |
| must Present        |                          |      |             |                |
| acceptable          |                          |      |             |                |
| government IDs      |                          |      |             |                |
| or Authorization    |                          |      |             |                |
| with one (1)        |                          |      |             |                |
| photocopy each      |                          |      |             |                |
| of two IDs if       |                          |      |             |                |
| applicable.         |                          |      |             |                |
|                     | TOTAL                    | None | 7 days, 1   |                |
|                     |                          |      | hour, 30    |                |
|                     |                          |      | minutes     |                |

# 3. Releasing of check payments to Regional Extension Units



Sorting of Checks per Regions, prepares endorsement letter, Releasing of checks to the Regional extension unit thru courier services.

| Office or           | Finance Division  | Finance Division                 |                |                |  |  |  |  |
|---------------------|---|----------------------------------|----------------|----------------|--|--|--|--|
| Division:           |   |                                  |                |                |  |  |  |  |
| Classification:     | Complex   | Complex                          |                |                |  |  |  |  |
| Type of             | Government to Government                                      | nent                             |                |                |  |  |  |  |
| Transaction:        | Government to Citizen   |                                  |                |                |  |  |  |  |
| Who may avail:      | Internal clients – ECC E                                      | Internal clients – ECC Employees |                |                |  |  |  |  |
|                     | External clients – Contractors/suppliers, and other claimants |                                  |                |                |  |  |  |  |
| CHECKLIST OF R      | EQUIREMENTS   | WHERE TO                         | O SECURE       |                |  |  |  |  |
| 1. Approved and sig | gned Disbursement   | Finance Div                      | vision         |                |  |  |  |  |
| vouchers            |   |                                  |                |                |  |  |  |  |
| 2. Signed BIR form  | 2307  |                                  |                |                |  |  |  |  |
| 3. Signed Checks    |   |                                  |                |                |  |  |  |  |
| CLIENT STEPS        | AGENCY ACTION   | FEES TO                          | PROCESSING     | PERSON         |  |  |  |  |
| OLILINI SILFS       | AGENCT ACTION   | BE PAID                          | TIME           | RESPONSIBLE    |  |  |  |  |
| 1. Regional         | 1.1 Receives checks for                                       | None                             | 30 mins        | Bookkeeper III |  |  |  |  |
| extension Unit      | checking and recording  |                                  |                |                |  |  |  |  |
| Staffs receive the  | in warrant  |                                  |                |                |  |  |  |  |
| checks.             | 1.2 Checks the  | None                             | 4 hours        | Bookkeeper III |  |  |  |  |
|                     | documents and payee's   |                                  |                |                |  |  |  |  |
|                     | name on checks  |                                  |                |                |  |  |  |  |
|                     | 1.3 Records the checks  | None                             | 3 hours and 30 | Bookkeeper III |  |  |  |  |
|                     | in warrant  |                                  | mins           |                |  |  |  |  |
|                     | 1.4 Sort checks per   | None                             | 1 day          | Bookkeeper III |  |  |  |  |
|                     | region, prepare   |                                  |                |                |  |  |  |  |
|                     | endorsement letters.  |                                  |                |                |  |  |  |  |
|                     |   |                                  |                |                |  |  |  |  |
|                     | 1.5 Send thru courier   | None                             |                | Bookkeeper III |  |  |  |  |
|                     | service to regions.   | service to regions. 5 days       |                |                |  |  |  |  |
|                     |   |                                  |                |                |  |  |  |  |
|                     | Notifies REU offices on                                       |                                  |                |                |  |  |  |  |
|                     | the sent checks to  |                                  |                |                |  |  |  |  |
|                     | regions.  |                                  |                |                |  |  |  |  |
|                     | TOTAL   | None                             | 7 days         |                |  |  |  |  |



# **Regional Extension Units: External Services**

- 1. Public Assistance Walk-in
- 2. Applying for Availment of Physical Restoration (PT/OT)
- 3. Applying for Availment of Prosthesis and Assistive Devices
- 4. Applying for Availment of Skills Training
- 5. Applying for Availment of Entrepreneurship Training
- 6. Applying for Starter / Complimentary Kit
- 7. Applying for Cash Assistance (Manual)
- 8. Requesting for Conduct of On-Site ECP Seminar

1. Public Assistance - Walk-in



The Public Assistance Center provides needed information and assistance to walk-in clients/claimants in the availment of the EC Program

| Office or Division:        | Regional Extension Un     | Regional Extension Units |                   |             |  |  |
|----------------------------|---------------------------|--------------------------|-------------------|-------------|--|--|
| Classification:            | Simple                    |                          |                   |             |  |  |
| Type of Transaction:       | Government to Citizen,    | Government               | to Business, Gove | ernment to  |  |  |
|                            | Government                |                          |                   |             |  |  |
| Who may avail:             | All                       |                          |                   |             |  |  |
| <b>CHECKLIST OF REQU</b>   | REMENTS WHERE TO SECURE   |                          |                   |             |  |  |
| Proof of identity (ID) for | walk-in clients and/or    | Client                   |                   |             |  |  |
| Authorization Letter (if a | pplicable, for request of |                          |                   |             |  |  |
| EC appealed claim statu    | ıs update / one (1)       |                          |                   |             |  |  |
| photocopy of decision),    | SSS or GSIS voucher       |                          |                   |             |  |  |
| or screenshot of benefits  | s received under the EC   |                          |                   |             |  |  |
| program (if applicable)    |                           |                          |                   |             |  |  |
| CLIENT STEPS               | AGENCY ACTION             | FEES TO                  | PROCESSING        | PERSON      |  |  |
|                            |                           | BE PAID                  | TIME              | RESPONSIBLE |  |  |
| 1. Accomplishes the        | 1.1 Receives client       | None                     | 2 minutes         | Information |  |  |
| Public Assistance          |                           |                          |                   | Officer II  |  |  |
| information sheet          | 4.0.1.1.1.11              | NI                       | 45                | 1.6.0       |  |  |
|                            | 1.2 Interviews the        | None                     | 15 minutes        | Information |  |  |
|                            | client, answers query     |                          |                   | Officer II  |  |  |
|                            | and provide               |                          |                   |             |  |  |
|                            | assistance                |                          |                   |             |  |  |
|                            | If the question is not    |                          |                   |             |  |  |
|                            | related to the ECP,       |                          |                   |             |  |  |
|                            | advises the client to     |                          |                   |             |  |  |
|                            | proceed to the proper     |                          |                   |             |  |  |
|                            | DOLE agency and/or        |                          |                   |             |  |  |
|                            | provides the DOLE         |                          |                   |             |  |  |
|                            | Hotline 1349.             |                          |                   |             |  |  |
| 2. Accomplishes the        | 2.1 Provides client       | None                     | 3 minutes         | Information |  |  |
| Customer Feedback          | with Customer             |                          |                   | Officer II  |  |  |
| Form                       | Feedback Form.            |                          |                   |             |  |  |

None

20 minutes

TOTAL



# 2. Applying for Availment of Physical Restoration (PT/OT)

Rehabilitation or KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Through physical rehabilitation, the effects of permanent disability is mitigated.

| Office or Division:       | Regional Extension Un                  | it (REU)              |                    |                |
|---------------------------|--|-----------------------|--------------------|----------------|
| Classification:           | Simple                                 | Simple                |                    |                |
| Type of Transaction:      | Government to Citizen                  | Government to Citizen |                    |                |
| Who may avail:            | Persons with Work-Rel                  | ated Disability       | /                  |                |
| CHECKLIST OF              | REQUIREMENTS                           |                       | WHERE TO SEC       | URE            |
| Proof of approved EC cl   | aim                                    |                       | ivate sector emplo | •              |
| (SSS / GSIS Voucher)      |  | GSIS – for p          | ublic sector emplo | yee            |
| or ECC invitation letter  |  |                       |                    |                |
| Relevant medical record   | •                                      | c/o client            |                    |                |
| disability or medical con | dition                                 |                       |                    |                |
| Valid ID                  |  |                       | or company issue   |                |
| CLIENT STEPS              | AGENCY ACTION                          | FEES TO               | PROCESSING         | PERSON         |
|                           |  | BE PAID               | TIME               | RESPONSIBLE    |
| 1. Accomplish             | 1.1 Receives and                       | None                  | 30 minutes         | Administrative |
| KaGabay Form and          | review the                             |                       |                    | Officer II     |
| submit to responsible     | accomplished                           |                       |                    |                |
| persons                   | KaGabay Form with the relevant records |                       |                    |                |
|                           | submitted                              |                       |                    |                |
|                           | 1.2 Interviews the                     | None                  | 30 minutes         | Administrative |
|                           | client, conduct initial                | INOTIE                | 30 minutes         | Officer II     |
|                           | screening and                          |                       |                    | Officer        |
|                           | document findings                      |                       |                    |                |
|                           | 1.3 Conducts initial                   | None                  | 1 hour, 30         | Administrative |
|                           | assessment of                          |                       | minutes            | Officer II     |
|                           | physical and functional                |                       |                    |                |
|                           | capacity                               |                       |                    |                |
|                           |  |                       |                    |                |
|                           | Not including external                 |                       |                    |                |
|                           | assessment. PCT                        |                       |                    |                |
|                           | stops until seen by a                  |                       |                    |                |
|                           | Rehab doctor                           |                       |                    |                |
|                           | 1.4 Prepares                           | None                  | 30 minutes         | Administrative |
|                           | assessment report                      |                       |                    | Officer II     |



| 1.5 Forward<br>documents to ECC<br>Central Office   | None | 15 minutes | Administrative<br>Officer II                   |
|---|------|------------|--|
| 1.6 Approves referral of PWRD for PT/OT to partner hospital   | None | 30 minutes | Division Chief,<br>WCPRD                       |
| 1.7 Forward signed documents to REU   | None | 15 minutes | Computer Operator I / Computer Operator II     |
| 1.8 Prepares documents and referral letter to partner hospital for those availing the specified rehabilitation service    | None | 30 minutes | Medical Officer<br>III / Medical<br>Officer IV |
| 1.9 Coordinates referral to partner hospital and informs client of schedule of initial consultation with partner hospital | None | 15 minutes | Administrative<br>Officer II                   |
| 1.10 Update database of PWRDs   | None | 15 minutes | Administrative<br>Officer II                   |
| TOTAL   | None | 5 hours    |  |



# 3. Applying for Availment of Prosthesis and Assistive Devices

Rehabilitation or KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Prosthesis or assistive devises are provided for free by ECC.

| Office or Division:       | Regional Extension Un                | it (REU)              |                       |                 |
|---------------------------|--------------------------------------|-----------------------|-----------------------|-----------------|
| Classification:           | Simple                               |                       |                       |                 |
| Type of Transaction:      | Government to Citizen                | Government to Citizen |                       |                 |
| Who may avail:            | Persons with Work-Rel                | ated Disability       | /                     |                 |
| CHECKLIST OF I            | REQUIREMENTS                         |                       | WHERE TO SEC          | URE             |
| Proof of approved EC cl   | aim                                  | SSS – for pr          | ivate sector emplo    | yee             |
| (SSS / GSIS Voucher)      |                                      | GSIS – for p          | ublic sector emplo    | yee             |
| or ECC invitation letter  |                                      |                       |                       |                 |
| Accomplished KAGABA       | Y form                               | ECC-Region            | al Extension Unit     |                 |
| Relevant medical record   | ls pertinent to PWRD's               | c/o client            |                       |                 |
| disability or medical con | dition                               |                       |                       |                 |
| Valid ID                  |                                      |                       | or Company issu       | ed ID           |
| CLIENT STEPS              | AGENCY ACTION                        | FEES TO               | PROCESSING            | PERSON          |
|                           |                                      | BE PAID               | TIME                  | RESPONSIBLE     |
| 1. Accomplish             | 1.1 Receives and                     | None                  | 30 minutes            | Administrative  |
| KaGabay Form and          | reviews the                          |                       |                       | Officer II      |
| submit to responsible     | accomplished                         |                       |                       |                 |
| persons                   | KaGabay Form with                    |                       |                       |                 |
|                           | the relevant records                 |                       |                       |                 |
|                           | submitted 1.2 Interviews the         | None                  | 1 hour 20             | Administrative  |
|                           | client and conduct                   | None                  | 1 hour, 30<br>minutes | Officer II      |
|                           | initial examination of               |                       | minutes               | Officer if      |
|                           |                                      |                       |                       |                 |
|                           | the amputation and document findings |                       |                       |                 |
|                           | 1.3 Forward                          | None                  | 15 minutes            | Administrative  |
|                           | documents to ECC                     | 140110                | 10 milates            | Officer II      |
|                           | Central Office                       |                       |                       | Omoci ii        |
|                           | 1.4 Approves referral                | None                  | 30 minutes            | Division Chief, |
|                           | of PWRD to partner                   | 110110                |                       | WCPRD           |
|                           | 1.5 hospital for                     |                       |                       |                 |
|                           | clearance by                         |                       |                       |                 |
|                           | physiatrist relative to              |                       |                       |                 |
|                           | application of                       |                       |                       |                 |
|                           | prosthesis or assistive              |                       |                       |                 |
|                           | devices                              |                       |                       |                 |

| 1.5 Forward signed documents to REU  | None | 15 minutes | Computer Operator I/ Computer Operator II, WCPRD |
|--|------|------------|--|
| 1.6 Prepare documents and referral letter to partner hospitals for clearance relative to application of prosthesis or assistive device | None | 30 minutes | Administrative<br>Officer II                     |
| 1.7 Coordinate referral<br>to partner hospital and<br>informs client of<br>schedule of<br>consultation                                 | None | 15 minutes | Administrative<br>Officer II                     |
| 1.8 Update database of PWRDs   | None | 15 minutes | Administrative<br>Officer II                     |
| TOTAL  | None | 4 hours    |  |



# 4. Applying for Availment of Skills Training

Rehabilitation of KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Skills training prepares the PWRD for possible informal or formal employment.

| Office or Division:        | Regional Extension Un                     | it (REU)        |                    |                              |
|----------------------------|---|-----------------|--------------------|------------------------------|
| Classification:            | Simple                                    | Simple          |                    |                              |
| Type of Transaction:       | Government to Citizen                     |                 |                    |                              |
| Who may avail:             | Persons with Work-Rel                     | ated Disability | /                  |                              |
| CHECKLIST OF F             | REQUIREMENTS                              |                 | WHERE TO SEC       |                              |
| Proof of approved EC cl    | aim                                       |                 | ivate sector emplo |                              |
| (SSS / GSIS Voucher)       |   | GSIS – for p    | ublic sector emplo | yee                          |
| or ECC invitation letter   |   |                 |                    |                              |
| Accomplished KAGABA        |   |                 | al Extension Unit  |                              |
| Relevant medical record    | •   | c/o client      |                    |                              |
| disability or medical con- | dition                                    |                 |                    |                              |
| Valid ID                   |   |                 | or Company issu    |                              |
| CLIENT STEPS               | AGENCY ACTION                             | FEES TO         | PROCESSING         | PERSON                       |
|                            |   | BE PAID         | TIME               | RESPONSIBLE                  |
| 1. Accomplish              | 1.1 Receives and                          | None            | 30 minutes         | Administrative               |
| KaGabay Form and           | reviews the                               |                 |                    | Officer II                   |
| submit to responsible      | accomplished                              |                 |                    |                              |
| persons                    | KaGabay Form with                         |                 |                    |                              |
|                            | the relevant records                      |                 |                    |                              |
|                            | submitted                                 | None            | 4 5 5              | A aluacius i a tura tiu ca   |
|                            | 1.2 Interviews the client and conduct     | inone           | 1 hour             | Administrative<br>Officer II |
|                            |   |                 |                    | Officer if                   |
|                            | initial psychosocial preparation prior to |                 |                    |                              |
|                            | initiation of                             |                 |                    |                              |
|                            | rehabilitation process                    |                 |                    |                              |
|                            | and refer to medical                      |                 |                    |                              |
|                            | officer, if applicable                    |                 |                    |                              |
|                            | omeer, ii applicable                      |                 |                    |                              |
|                            | Conducts initial                          |                 |                    |                              |
|                            | assessment of                             |                 |                    |                              |
|                            | physical and functional                   |                 |                    |                              |
|                            | capacity                                  |                 |                    |                              |
|                            | (if applicable, see                       |                 |                    |                              |
|                            | process of PT/OT,                         |                 |                    |                              |
|                            | prosthesis provision)                     |                 |                    |                              |



| 1.3 Prepares<br>documents for<br>approval  | None | 30 minutes             | Administrative<br>Officer II                     |
|--|------|------------------------|--|
| 1.4 Forward documents to ECC Central Office  | None | 15 minutes             | Administrative<br>Officer II                     |
| 1.5 Approves recommendation for desired skills training course   | None | 30 minutes             | Division Chief,<br>WCPRD                         |
| 1.6 Forward signed documents to REU  | None | 15 minutes             | Computer Operator I/ Computer Operator II, WCPRD |
| Coordinate with the partner skills training provider for schedule of training course and inform PWRD of tentative schedule | None | 15 minutes             | Administrative<br>Officer II                     |
| 1.7 Update database of PWRD  | None | 15 minutes             | Administrative<br>Officer II                     |
| TOTAL  | None | 3 hours, 30<br>minutes |  |



# 5. Applying for Availment of Entrepreneurship Training

Rehabilitation or KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Vocational rehabilitation increases opportunities for economic re-engagement through livelihood or re-entry to formal employment.

| Office or Division:      | Regional Extension Un                          | it (REU)        |                    |                |
|--------------------------|--|-----------------|--------------------|----------------|
| Classification:          | Simple   |                 |                    |                |
| Type of Transaction:     | Government to Citizen                          |                 |                    |                |
| Who may avail:           | Persons with Work-Rel                          | ated Disability | /                  |                |
| CHECKLIST OF             | REQUIREMENTS                                   |                 | WHERE TO SEC       | URE            |
| Proof of approved EC     | claim (SSS / GSIS                              | SSS – for pr    | ivate sector emplo | yee            |
| Voucher)                 |  | GSIS – for p    | ublic sector emplo | yee            |
| or ECC invitation letter |  |                 |                    |                |
| Accomplished KAGAB       | AY form  | ECC-Region      | nal Extension Unit |                |
| Relevant medical reco    | rds pertinent to PWRD's                        | c/o client      |                    |                |
| disability or medical co | ndition  |                 |                    |                |
| Valid ID                 |  |                 | or Company issu    |                |
| CLIENT STEPS             | AGENCY ACTION                                  | FEES TO         | PROCESSING         | PERSON         |
| OLIZIVI OILI O           |  | BE PAID         | TIME               | RESPONSIBLE    |
| 1. Accomplish            | 1.1 Receives and                               | None            | 30 minutes         | Administrative |
| KaGabay Form and         | review the                                     |                 |                    | Officer II     |
| submit to responsible    | accomplished KaGabay                           |                 |                    |                |
| persons                  | Form with the relevant                         |                 |                    |                |
|                          | records submitted.                             |                 |                    |                |
|                          | 1.2 Interviews the client                      | None            | 1 hour             | Administrative |
|                          | and conduct initial                            |                 |                    | Officer II     |
|                          | psychosocial                                   |                 |                    |                |
|                          | preparation prior to                           |                 |                    |                |
|                          | initiation of rehabilitation                   |                 |                    |                |
|                          | process and refer to                           |                 |                    |                |
|                          | medical officer, if                            |                 |                    |                |
|                          | applicable conduct                             |                 |                    |                |
|                          | initial assessment of                          |                 |                    |                |
|                          | physical and functional                        |                 |                    |                |
|                          | capacity (if applicable, see process of PT/OT, |                 |                    |                |
|                          | prosthesis provision)                          |                 |                    |                |
|                          | 1.3 Registers PWRD for                         | None            | 1 hour             | Administrative |
|                          | schedule of in-house or                        | INOLIG          | i noui             | Officer II     |
|                          |  |                 |                    |                |
|                          | online entrepreneurship                        |                 |                    |                |



| training             |      |             |                |
|----------------------|------|-------------|----------------|
| 1.4 Updates database | None | 15 minutes  | Administrative |
| of PWRD              |      |             | Officer II     |
| TOTAL                | None | 2 hours, 45 |                |
|                      |      | minutes     |                |



### 6. Applying for Starter / Complimentary Kits

Rehabilitation of KaGabay (Katulong at Gabay ng Manggagawang may Kapansanan) Program provides relevant services to workers with employment related disabilities to be able to achieve independent living and engage in social and economic development. Starter kits as a part of the Kagabay program are intended to support and establish a more enduring employment service package for PWRDs for their efforts in starting a business.

| Classification: Simple   Type of Transaction: Government to Citizen  | Office or Division:      | Work Contingency, Prevention and Rehabilitation Division (WCPRD) |                |              |                |
|--|--------------------------|--|----------------|--------------|----------------|
| Persons with Work-Related Disability   | Classification:          | Simple   |                |              |                |
| CHECKLIST OF REQUIREMENTS  DTI, LGU or Barangay Business permit  Recent pictures of business or livelihood undertaking  Record of income generated or sales ledger  CLIENT STEPS  AGENCY ACTION  BE PAID  1. Accomplish  KaGabay Form and submit to responsible persons  C2. Prepares the business plan application form  2. Prepares and submit application form  2. Prepares the division chief for approval  2. 2. Forward documents to ECC Central Office  2. Forward documents to ECC Central Office  2. Approves the  2. Approves the  2. Agency ACTION  BE PAID  PROCESSING PERSON RESPONSIBLE  Administrative  Officer II  Administrative  Officer II  Division Chief,   | Type of Transaction:     | Government to Citizen  |                |              |                |
| Recent pictures of business or livelihood undertaking  Record of income generated or sales ledger  CLIENT STEPS  AGENCY ACTION BE PAID  1. Accomplish KaGabay Form and submit to responsible persons  2. Prepares the business plan application form  2.2 Prepares the division chief for approval  2.3 Forward documents to the division Chief,  2.4 Approves the  30 minutes  PROCESSING PERSON RESPONSIBLE  PROCESSING TIME  PROCESSING PERSON RESPONSIBLE  Administrative  Officer II  PROCESSING PERSON RESPONSIBLE  None  30 minutes  Administrative  Officer II  Administrative  Officer II  Officer II  Officer II  Officer II  Officer II   | Who may avail:           | Persons with Work-Rela   | ted Disability |              |                |
| Recent pictures of business or livelihood undertaking  Record of income generated or sales ledger  CLIENT STEPS  AGENCY ACTION BE PAID  1. Accomplish KaGabay Form and submit to responsible persons  2. Prepares the business plan application form  2.2 Prepares to decuments to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  2.4 Approves the  2.5 Client  Client  Client  Client  Client  Client  Client  PROCESSING RESPONSIBLE  Administrative Officer II  PROCESSING TIME  None  1 hour Administrative Officer II  Administrative Officer II  Administrative Officer II  Sominutes  Administrative Officer II  Administrative Officer II  Officer II  Sominutes  Administrative Officer II  Division Chief,  | CHECKLIST OF             | REQUIREMENTS   |                | WHERE TO SEC | URE            |
| Record of income generated or sales ledger  CLIENT STEPS  AGENCY ACTION BE PAID  1. Accomplish KaGabay Form and submit to responsible persons  C2. Prepares the business plan application form  2. 2. Prepares and submit application documents to the division chief for approval  2. 3 Forward documents to ECC Central Office  2. 4 Approves the  2. 4 Approves the  30 minutes  Administrative Officer II  Division Chief,   | DTI, LGU or Barangay     | Business permit  | DTI, LGU / E   | Barangay     |                |
| CLIENT STEPS   | Recent pictures of busin | ness or livelihood   | Client         |              |                |
| CLIENT STEPSAGENCY ACTIONFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIBLE1. Accomplish KaGabay Form and submit to responsible persons1.1 Receives and reviews the accomplished KaGabay Form with the relevant records submittedNone30 minutesAdministrative Officer II2. Prepares the business plan application form2.1 Assists the PWRD in preparing the business planNone1 hour Administrative Officer II2.2 Prepares and submit application documents to the division chief for approvalNone30 minutesAdministrative Officer II2.3 Forward documents to ECC Central OfficeNone15 minutesAdministrative Officer II2.4 Approves theNone30 minutesDivision Chief,  |                          |  |                |              |                |
| 1. Accomplish KaGabay Form and submit to responsible persons  2. Prepares the business plan application form  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  2.4 Approves the  1.1 Receives and reviews the Administrative Administrative Officer II  None  1 hour Administrative Officer II  Administrative Officer II  2.5 Minutes  Administrative Officer II  Administrative Officer II  Administrative Officer II  Some Division Chief,  | Record of income gene    | rated or sales ledger  |                |              |                |
| KaGabay Form and submit to responsible persons  RaGabay Form with the relevant records submitted  2. Prepares the business plan application form  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the None  Officer II  Officer II  Administrative Officer II  Officer II  Administrative Officer II  Administrative Officer II  Officer II  Administrative Officer II  Officer II  Officer II  Officer II  Administrative Officer II  Officer II  | CLIENT STEPS             | AGENCY ACTION  |                |              |                |
| submit to responsible persons  Accomplished KaGabay Form with the relevant records submitted  2. Prepares the business plan in preparing the business plan  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  Accomplished KaGabay Form with the relevant records submit the relevant records submit the PWRD officer II hour officer II  Administrative Officer II  Administrative Officer II  Administrative Officer II  Officer II  Division Chief,  | 1. Accomplish            | 1.1 Receives and   | None           | 30 minutes   | Administrative |
| persons  KaGabay Form with the relevant records submitted  2. Prepares the business plan in preparing the business plan  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  1 hour Administrative Officer II  Administrative Officer II  Officer II  Administrative Officer II   | KaGabay Form and         | reviews the  |                |              | Officer II     |
| the relevant records submitted  2. Prepares the business plan application form  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  1 hour Administrative Officer II  Administrative Officer II  Administrative Officer II  Administrative Officer II  Officer II  Administrative Officer II  Officer II  Division Chief,   | submit to responsible    | accomplished   |                |              |                |
| 2. Prepares the business plan application form  2.2 Prepares and submitted  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  1 hour Administrative Officer II  Administrative Officer II  Administrative Officer II  Administrative Officer II  2.3 Forward Administrative Officer II  Division Chief,   | persons                  | 1  |                |              |                |
| 2. Prepares the business plan application form  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  2.1 Assists the PWRD in preparing the business plan  None  30 minutes  Administrative Officer II  Administrative Officer II  Administrative Officer II  Administrative Officer II  Some Division Chief,   |                          |  |                |              |                |
| business plan in preparing the business plan  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  Officer II  Officer II  Administrative Officer II  Administrative Officer II  |                          |  |                |              |                |
| application form  2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  30 minutes  Administrative Officer II  Administrative Officer II  Officer II  Administrative Officer II  Division Chief,  | •                        |  | None           | 1 hour       |                |
| 2.2 Prepares and submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  30 minutes  Administrative Officer II  Administrative Officer II  Officer II  20 Division Chief,  | · ·                      | ' '  |                |              | Officer II     |
| submit application documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the None Officer II  Administrative Officer II  Officer II  Some of the state | application form         | •  |                |              |                |
| documents to the division chief for approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  15 minutes Officer II  Officer II  Officer II   |                          |  | None           | 30 minutes   |                |
| division chief for approval  2.3 Forward None 15 minutes Administrative Officer II  Central Office  2.4 Approves the None 30 minutes Division Chief,   |                          | 1  |                |              | Officer II     |
| approval  2.3 Forward documents to ECC Central Office  2.4 Approves the  None  15 minutes Officer II Officer II  30 minutes Division Chief,  |                          |  |                |              |                |
| 2.3 Forward documents to ECC Central Office  2.4 Approves the None 15 minutes Administrative Officer II  Division Chief,   |                          |  |                |              |                |
| documents to ECC Central Office  2.4 Approves the None Officer II  |                          |  | None           | 15 minutes   | Administrative |
| Central Office  2.4 Approves the None 30 minutes Division Chief,   |                          |  | INOTIC         | 15 minutes   |                |
| 2.4 Approves the None 30 minutes Division Chief,   |                          |  |                |              | Onioei ii      |
|  |                          |  | None           | 30 minutes   | Division Chief |
| application for WCPRD  |                          | ''   | 110110         | oo minatoo   |                |
| starter/complimentary  |                          | · ·  |                |              |                |
| kit assistance and   |                          |  |                |              |                |
| inform the PWRD that   |                          |  |                |              |                |
| the application is   |                          |  |                |              |                |
| accepted for   |                          |  |                |              |                |



| processing           |      |             |                |
|----------------------|------|-------------|----------------|
| 2.5 Forward signed   | None | 15 minutes  | Computer       |
| documents to REU     |      |             | Operator I/    |
|                      |      |             | Computer       |
|                      |      |             | Operator II,   |
|                      |      |             | WCPRD          |
| 2.6 Updates database | None | 15 minutes  | Administrative |
| of PWRD              |      |             | Officer II     |
|                      |      |             |                |
| TOTAL                | None | 3 hours, 15 |                |
|                      |      | minutes     |                |



# 7. Applying for Cash Assistance (Manual)

Cash assistance is provided to workers (and their families) who fell ill or died as a result of work-related contingencies to augment the income (disability) benefits provided under P.D. 626 as amended, in order to cope with increasing cost of living expenditures

| Office or Division:   | Regional Extension Unit (REU) and Finance Division (Finance) |   |  |
|---|--|---|--|
| Classification:   | Highly Technical   |   |  |
| Type of Transaction:  | Governm  | ent to Citizen  |  |
| Who may avail:  |  | ed, Public and Private Employees'   |  |
|   |  | work-connected contingencies  |  |
| CHECKLIST OF REQUIREMENTS   |  | WHERE TO SECURE   |  |
| Accomplished request fo cash assistance   | rm for   | ECC   |  |
| 2 Valid IDs. In addition, a Marriage Certificate for c that opted to adopt their surname which is not refl the Valid IDs. | lients<br>spouse's<br>ected in                               | Government or company issued ID. PSA/NSO for marriage certificate.                                    |  |
|   |  | SSS – for private sector employee GSIS – for public sector employee                                   |  |
| Accident/ Police Report (<br>Uniformed Personnel), as<br>applicable   |  | Philippine National Police or<br>Company  |  |
| Death Certificate (Uniform Non-Uniformed Personne applicable  |  | PSA/NSO   |  |
| Declaration of presumptive by competent authority. (Uniformed and Non-Uniformed), as applicable                           | formed   | Competent Authority   |  |
| Spot report / Mission order Casualty report (Uniformation Personnel), as applicable                                       | ed   | Department of National Defense-<br>Armed Forces of the Philippines;  Department of Interior and Local |  |
|   |  | Government-Philippine National  |  |



|   | Medical Certificate For qualified dependents  | (as                   | Police, Bureau of F Bureau of Jail Man Penology;  Office of the Presid Drug Enforcement  Department of Just Bureau of Investiga Corrections;  Department of Trai Philippine Coast G c/o client or qualifie NSO, government | agement and lent-Philippine Agency; tice-National ation, Bureau of esportation- uard ed dependent |
|---|---|-----------------------|--|---|
|   | applicable): marriage cert<br>birth certificate, valid IDs  | iificate,             | issued IDs   |   |
| CLIENT STEPS  | AGENCY ACTION   | FEES<br>TO BE<br>PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBL<br>E   |
| 1.Submits application via walk-in with complete documents | 1.1 Check and verify complete documents, encodes application to database, scans, and uploads documents. | None                  | 1 hour   | Administrative<br>Officer II  |
|   | 1.2 Validates and evaluates documents and updates database.   | None                  | 1 hour   | Administrative<br>Officer II  |
|   | 1.3 Recommends the application for approval and updates database.                                       | None                  | 1 hour   | Division Chief/<br>Medical Officer<br>III / Medical<br>Officer IV,<br>WCPRD                       |
|   | 1.4 Recommends the application for approval and updates database.                                       | None                  | 4 hours  | Deputy<br>Executive<br>Director   |
|   | 1.5 Approves the application for payment of cash assistance benefit and updates database.               | None                  | 1 day  | Executive<br>Director   |
|   | 1.6 Prepares Budget Utilization Request for payment of cash   | None                  | 4 hours  | Computer<br>Operator I/<br>Computer   |



| assistance benefit and  |      |            | Operator II,  |
|---|------|------------|---|
| updates database.   |      |            | WCPRD   |
| 1.7 Certifies_Budget Utilization Request and updates database.                            | None | 4 hours    | Division Chief/<br>Medical Officer<br>III / Medical<br>Officer IV,<br>WCPRD |
| 1.8 Submit cash assistance application to Finance Division for processing of payment.     | None | 1 hour     | Computer Operator I / Computer Operator II, WCPRD                           |
| 1.9 Receives, records,<br>updates monitoring<br>sheet, processes and<br>signs BUR (Box B) | None | 1 day      | Budget Officer<br>II  |
| 1.10 Prepares Disbursement Voucher  | None | 4 hours    | Bookkeeper III,<br>Finance<br>Division                                      |
| 1.11 Checks accounting entries and indexes transaction                                    | None | 4 hours    | Bookkeeper III,   |
| 1.12 Forwards DV and documents to Division concerned (to sign box A)                      | None | 30 minutes | Accountant III,   |
| 1.13 Receives and records document/s for action (Division concerned)                      | None | 30 minutes | Bookkeeper III  |
| 1.14 Concerned division chief signs/approve Box A of the DV                               | None | 4 hours    | Computer Operator I/ Computer Operator II, WCPRD                            |
| 1.15 Forwards signed DV and documents to Finance Division (to sign box B)                 | None | 30 minutes | Division Chief,<br>WCPRD  |
| 1.16 Receives signed DV (Box A)   | None | 30 minutes | Bookkeeper III  |
| 1.17 Signs/Approve DV<br>(Box B)  | None | 4 hours    | Division Chief,<br>Finance<br>Division                                      |



| 1.17 Examines DV and   |      |            | Cashier III  |
|--|------|------------|--|
| documents.   |      |            | Gaerner III  |
| 1.18 Prepares and records check. Forwards check to (a)DED or (b) Division Chief, IPAD/ Division                                  | None | 30 minutes | Cashier III  |
| Chief, Appeals Division  1.18 Forwards DV and documents to ED/DED for signature/approval.  |      |            | Bookkeeper III   |
| 1.19 Receives and records document/s approval of the DV  | None | 30 minutes | Private Secretary I, OED / Private Secretary II, ODED  |
| 1.19a Receives and records document/s and checks for signature 1.19b Receives and records checks and document for check approval | None |            | Private Secretary II, DED Computer Operator I, IPAD /Computer Operator III, Appeals Division |
| 1.20 Approves DV (Box C)   | None | 1 day      | Executive Director / Deputy Executive Director   |
| 1.20a Signs checks<br>(Signatory1)  1.20b Signs checks<br>(Signatory1)   | None |            | Deputy Executive Director Division Chief, IPAD/ Division Chief, Appeals Division             |
| 1.21 Records and forwards DV and document/s to (Cashier)   | None | 30 minutes | Private<br>Secretary I,<br>OED / Private<br>Secretary II,<br>ODED                            |
| 1.21a Records and forwards document/s to the next Signatory 2 1.21b Records and  | None |            | Private Secretary II, ODED Computer  |



| forwards document/s to                |          |                | Operator I,             |
|---------------------------------------|----------|----------------|-------------------------|
| the next Signatory 2                  |          |                | IPAD                    |
|                                       |          |                | /Computer               |
|                                       |          |                | Operator III,           |
| 4.00 Danaissa DV and                  | Nana     | 20             | Appeals,                |
| 1.22 Receives DV and                  | None     | 30 minutes     | Cashier III,            |
| other documents                       |          |                | Finance                 |
|                                       |          |                | Division                |
| 1.22a Receives and                    | None     |                | Private                 |
| records document/s and                |          |                | Secretary I,            |
| checks for signature                  |          |                | OED                     |
| 1.22b Receives and                    |          |                | Private                 |
| records document/s and                |          |                | Secretary II,           |
| checks for signature                  |          |                | ODED/ Private           |
|                                       |          |                | Secretary I,            |
| 1.23a Signs check                     | None     | 1 day          | OED<br>Executive        |
| (Signatory2)                          | INOITE   | i day          | Director                |
| 1.23b Signs check                     |          |                | _Deputy                 |
| (Signatory2)                          |          |                | Executive               |
| 1.24a Records and                     | None     | 30 minutes     | Director<br>Private     |
| forwards document/s                   | None     | 30 minutes     | Secretary II,           |
|                                       |          |                | ODED                    |
| and signed check to Finance           |          |                |                         |
|                                       |          |                | Drivete                 |
| 1.24b Records and forwards document/s |          |                | Private<br>Secretary I, |
|                                       |          |                | OED                     |
| and signed check to                   |          |                | OLD                     |
| Finance                               | <b>.</b> | 00 :           | D 11 111                |
| 1.25 Receives checks                  | None     | 30 mins        | Bookkeeper III          |
| (for checking and                     |          |                |                         |
| recording in warrant)                 |          |                |                         |
| 1.26 Checks the                       | None     | 4 hours        | Bookkeeper III          |
| documents and payee's                 |          |                |                         |
| name on checks and                    |          |                |                         |
| other documents                       |          |                |                         |
| 1.27 Records the                      | None     | 3 hours and 30 | Bookkeeper III          |
| checks in warrant                     |          | mins           |                         |
| 1.28 Sort check per                   | None     | 1 day          | Bookkeeper III          |
| region, prepare                       |          |                |                         |
| endorsement letters.                  |          |                |                         |
| 1.29 Send check thru                  | None     |                | Bookkeeper III          |
| courier service to the                |          | 5 days         |                         |
| concerned REU.                        |          |                |                         |
| Notifies REU offices on               |          |                |                         |



|   | the checks sent to regions.  |      |                        |                              |
|---|--|------|------------------------|------------------------------|
| 2.Claimants receive<br>the check after<br>presenting acceptable<br>government IDs or<br>Authorization with<br>photocopy of IDs. | 2.1 Receive the checks, records and notifies payees thru email, cellphone, text messages to release cheque to concerned payee. | None | 3 hours, 30<br>minutes | Administrative<br>Officer II |
|   | TOTAL  | None | 16 days                |                              |

8. Requesting for Conduct of On-Site ECP Seminar



ECC conducts in-depth EC Program orientation to companies/offices upon their request.

| Office or Division:  | Regional Extension Units |  |              |        |  |
|--|--------------------------|--|--------------|--------|--|
| Classification:  | Simple                   | Simple   |              |        |  |
| Type of Transaction:   | Government to Busines    | Government to Business, Government to Government |              |        |  |
| Who may avail:   | Public and Private Com   | panies and O                                     | rganizations |        |  |
| CHECKLIST OF REQU  | IREMENTS WHERE TO SECURE |  |              |        |  |
| For walk-in request: Accomplished onsite red (1 original copy) For online request: | quest form  Client       |  | fice         |        |  |
| Request letter (1 copy)  |                          |  |              |        |  |
|  |                          |  | DDAAFAAINA   | DEDAAN |  |

| request letter (1 copy)   |   |                    |                      |  |
|---|---|--------------------|----------------------|--|
| CLIENT STEPS  | AGENCY ACTION   | FEES TO<br>BE PAID | PROCESSING<br>TIME   | PERSON<br>RESPONSIBLE                        |
| 1. Submits Walk-in letter request to ECC or Accomplishes the ECP onsite request form or write a letter requesting for on-site ECP seminar and send it to reu@ecc.gov.ph | 1.1 Receives letter request/ onsite request form.   | None               | 1 hour               | Information<br>Officer II                    |
|   | 1.2 Acknowledge request and records requests in the online monitoring sheet   | None               | 1 hour               | Information<br>Officer II                    |
|   | 1.3 Check the availability of the resource speakers and deck resource person for the seminar.   | None               | 1 day and 6<br>hours | Division Chief/<br>Information<br>Officer II |
|   | 1.4 If approved: Coordinate with the requesting company or organization on the approved request on the following details:  • Face-to-Face seminar Transportation, laptop, projector, sound system, etc. | None               | 3 hours              | Information<br>Officer II                    |



| Webinar Request for zoom, Microsoft teams, Google meet, etc. links and password |      |                    |  |
|---|------|--------------------|--|
| 1.4 If disapproved:   |      |                    |  |
| •   |      |                    |  |
| Notify client of  |      |                    |  |
| unavailability of   |      |                    |  |
| resource  |      |                    |  |
| speaker.  |      |                    |  |
| TOTAL   | None | 2 days and 3 hours |  |



# **Feedback and Complaints**

| FEEDBACK AND COMPLAINTS MECHANISM |   |  |  |  |
|-----------------------------------|---|--|--|--|
| How to send a feedback            | To send a feedback, the client has to fill up the Customer Feedback Form and drop it to the drop box in the Public Assistance Center or the ECC lobby   |  |  |  |
| How feedbacks are processed       | <ol> <li>The PAC Officer-of-the-Day secures the Client/ Customer Feedback Form and submits to the Information and Public Assistance Division (IPAD). The IPAD prepares the Client Feedback on Program Implementer/ Service Provider Results (Central and Regional Offices) for submission to the Internal Audit Unit (IAU).</li> <li>The Internal Audit Unit compiles and records all feedback submitted.</li> </ol>  |  |  |  |
| How to file complaints            | Should there be any complaint/s / grievance/s about the requested services, please follow these simple steps:  1. Write or email us or fill up the feedback form. Please indicate the following:  a. Your complete name and signature b. Your complete address and contact numbers  c. Date and time of incidence  d. The specific grievance, acts or omissions committed/being complained about where our official/employee has violated the ECC's Integrity Pledge or Corporate Values as indicated in this charter.  e. Whether you request for a preliminary investigation or suggest corrections / improvements.  2. File complaint through the following means:  a. Through availment of the Public – |  |  |  |

|                                       | Walk-in process with the Public Assistance and Complaints Desk b. Drop in the designated feedback box. b. Submit to PAC or Division Head of the person being complained of c. Submit to the Administrative Division, HR Section   |
|---------------------------------------|---|
| How complaints are processed          | The complainant will be advised to attend the preliminary hearing immediately if filed through PAC, Division Head or HR Section or attend the hearing on a scheduled date if filed through ECC's feedback box or email.  Both parties will be given a chance to explain their side either through verbal or written explanation within 24 hours upon receipt of complaint.  The complainant will receive a notice or letter indicating the actions taken by |
| Contact Information of CCB, PCC, ARTA | ECC on the grievance(s).  ECC Complaints:  Email: complaints@ecc.gov.ph Tel. No. 02 8896-7837  Presidential Complaint Center:  8888  Contact Center ng Bayan:  0908 -881-6565 (SMS)  ARTA  1-2782   |



# **List of Offices**

| Office             | Address   | Contact Information        |
|--------------------|---|----------------------------|
| Head Office        | 4th and 5th Floors,                               | T: 8899-7837; 8899-4251;   |
|                    | ECC Building,                                     | 8899-4252                  |
|                    | 355 Sen. Gil Puyat Ave.,                          | F: 8897-7597               |
|                    | Makati City                                       | E: info@ecc.gov.ph         |
| Regional Extension | Department of Labor and                           | T:(074) 619-0275           |
| Unit CAR           | Employment (DOLE)                                 | E: car@ecc.gov.ph          |
|                    | Cabinet Hill, Baguio City                         |                            |
| Regional Extension | 2nd Flr., Kenny Plaza,                            | T: 072-607-7096,           |
| Unit I             | Quezon Avenue, Brgy.                              | E: reu1@ecc.gov.ph         |
|                    | Catbangen San Fernando City,                      |                            |
|                    | La Union  |                            |
| Regional Extension | MCG Building, Zone 7, Carig                       | T:0997-556-4541,           |
| Unit II            | Sur, Tuguegarao City,                             | E: reu2@ecc.gov.ph         |
|                    | Cagayan 3500                                      |                            |
| Regional Extension | 1 <sup>st</sup> and 2 <sup>nd</sup> Floor Pinmara | T: 0454076240,             |
| Unit III           | Square Building, Brgy.                            | 09186060903                |
|                    | Sindalan, City of San                             | E: reu3@ecc.gov.ph,        |
|                    | Fernando, Pampanga                                | ecc.centralluzon@gmail.com |
|                    |   |                            |
| Regional Extension | Ground Floor, Marcelita                           | T: (049) 521-7518          |
| Unit IV-A          | Building, Brgy. Real, Calamba                     | E: reu4a@ecc.gov.ph        |
|                    | City, Laguna                                      |                            |
| Regional Extension | Unit 1D, CQ Bldg. 3 Rosal St.,                    | T: 0910-670-6100           |
| Unit V             | Imperial Court Phase 2, Brgy.                     | E: reu5@ecc.gov.ph         |
|                    | 24 Rizal, Legazpi City                            |                            |
| Regional Extension | 4 <sup>th</sup> Floor 7J Corporate Center,        | T: (033)-330-0910          |
| Unit VI            | Jalandoni-Ledesma Sts.,                           | E: reu6@ecc.gov.ph         |
|                    | Iloilo City                                       |                            |
| Regional Extension | Room 1 Binamira Building,                         | T: (032) 266-7230          |
| Unit VII           | Gorordo Avenue Cebu City                          | E: reu7@ecc.gov.ph         |
|                    | 6000  |                            |
| Regional Extension | Department of Labor and                           | T: (053) 832-0140          |
| Unit VIII          | Employment Compound,                              | E: reu8@ecc.gov.ph         |
|                    | Trece Martires Street                             |                            |
|                    | Tacloban City                                     |                            |
| Regional Extension | Department of Labor and                           | TF: (062) 955-1549         |
| Unit IX            | Employment (DOLE)                                 | E: reu9@ecc.gov.ph         |
|                    | Ground Floor, Cortez Building,                    |                            |
|                    | Dr. Evangelista St., Brgy. Sta.                   |                            |



|                    | Catalina Zambaanga City                |                          |
|--------------------|--|--------------------------|
|                    | Catalina, Zamboanga City               |                          |
|                    | 7000                                   |                          |
| Regional Extension | 4 <sup>th</sup> Floor, Trinidad Bldg., | TF: (088) 231-2041       |
| Unit X             | Corrales-Yacapin St.,                  | E: reu10@ecc.gov.ph      |
|                    | Cagayan de Oro City                    |                          |
| Regional Extension | Door 216-217, 2 <sup>nd</sup> Floor,   | T: (082) 2336036,        |
| Unit XI            | Pink Waters Building,                  | 09271120006,             |
|                    | Quimpo Boulevard, Brgy.                | 09094626632, 09104807989 |
|                    | Bucana, Davao City                     | E: ecc.reuxi@gmail.com   |
| Regional Extension | GPSS Arcade Bldg., Pres.               | T: (083) 823-2334        |
| Unit XII           | Jose P. Laurel Ave., Brgy.             | E: reu12@ecc.gov.ph;     |
|                    | Dadiangas North, General               | eccregion12@gmail.com    |
|                    | Santos City 9500                       |                          |
| Regional Extension | Esperanza Fiel Garcia Bldg.            | T: 085-815-0468          |
| Unit XIII          | (Cebu CFI Bldg.), Ground               | E: reu13@ecc.gov.ph      |
|                    | Floor, New Road Brgy.                  |                          |
|                    | Limaha, corner Ochoa Avenue,           |                          |
|                    | Butuan City, Agusan del Norte,         |                          |
|                    | 8600                                   |                          |