HAP Form No. 1 FOR NOMINATION PROCEDURES, PLEASE CALL 931-7935 AND 932-0361, ON VISIT WWW.CSC.GOV.PH. 2013 SEARCH FOR OUTSTANDING PUBLIC OFFICIALS AND EMPLOYEES paste

NOMINATION FORM

(Presidential Lingkod Bayan and Civil Service Commission Pagasa Award) **For Outstanding Work Performance**

1 ½" x 2" photo here

Award Galegory	
Presidential Lingkod Bayan Award: Individual	Group CSC Pagasa Award: Individual Group
Information for Lingkoo Bayan and Pagasa II	ndividual Nominee
Name:	
Position:	Level of Position: 1st Level 2nd Level
Residence Address:	2nd Level (Executive & Managerial positions)
Agency:	3rd Level (Presidential appointee [CESO])
Agency Address:	Elective Military
E-mail Address:	Telephone/Mobile Nos.:
Performance Rating (Jan Dec. FY): J-J J-D	Region:
Information for <i>Lingkod Bayan</i> and Pagasa Gro	oup Nominees
Group Name: (Use HAP Form No. 1-A for names of group/team members)*	No. of Team Members:
Name of Team Leader:	Telephone/Mobile Nos.:
Agency:	Agency Address:
	E-mail Address:
Office/Regional Office Head	
Name (signature over printed name):	
Position:	
Telephone/Mobile Nos.:	
Department Secretary/Αβοπον Head	For the Nominator
Name (signature over printed name):	Name (signature over printed name):
Position:	Position:
Agency Address:	Agency Address:
Telephone/Mobile Nos.:	Telephone/Mobile Nos.:
	E-mail Address:

*HAP Form No. 1-A may be downloaded from www.csc.gov.ph.

			Significant Accomplishment's within the Last Five Years (Description of the Project/Work Accomplished, Strategies/Activities Done and Problems Encountered) The nomination of heads of offices and agencies including that of the Local Chief Executives should reflect their own individual accomplishments rather that the accomplishments of the entire unit or agency	For individual nominee: Length of Service in the Position: _	Name of Nominee/Group/Team: Position:
			Impact of Accomplishments Indicate problems addressed, savings generated, people/office benefited and transactions facilitated, indicate whether or not the accomplishments are part of the nominee's regular functions/mandated or the product of his/her/their own initiative. If part of nominee's regular duties or mandated, justify why the accomplishments are considered exemplary or extraordinary.	In Government:	Agency:
	Membership in Organization:	Major Awards/Citations Received:	Other Information		Division/Unit:

r

Printed Name and Signature:

Invidual Nominee/Group or Team Leader

Nominator

PRAISE Committee Chair/Highest HRMO

Head of Department/Agency

We attest to all the facts contained herein and authorize the use of these information for publication. We understand that the Committee on Awards will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation. Any misrepresentation made by the signatories shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

CERTIFICATION

INFORMATION ON TEAM/GROUP MEMBERS (For Group/Team Nominations)

e sequest used to wark	Position/Status of Appt/Agency	Contribution's of each member (including those of disqualified members)	Performance Rating (for the last two (2) rating periods)	Reason for disqualification of the Members, if any
				•
			•	

I hereby affect to all the facts herein, authorize the Committee on Americs to validate the accuracy of the information contained in this form and grant our consent to the conduct of background investigation. Any misrepresentation made by the signatury shall be a ground for disciplinary action pursuant to applicable Civil Service laws and rules.

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Chair, PRAISE Committee Signature over printed name