

RIZAL PROVINCIAL GOVERNMENT

CITIZEN'S CHARTER 2020 (Revised Edition)



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I. Mandate

Rizal Province is composed of 13 municipalities and one component city, comprising a total of 188 barangays. It is divided into four congressional districts. The First District is composed of the towns of Angono, Binangonan, Taytay and Cainta, while the Second District comprises the municipalities of Baras, Cardona, Jalajala, Morong, Pililla, Rodriguez, San Mateo, Tanay and Teresa. The remaining districts belong to the City of Antipolo, which is divided further into two congressional districts.

The seat of government is now located at the City of Antipolo, the new capital of the Province. Its state-of-the-art capitol building is situated at the Ynares Center Complex, along circumferential road, Barangay San Roque, Antipolo City.

Composition of the Rizal Provincial Government

The Provincial Government is composed of a Provincial Governor, Vice-Governor and 14 Board Members all are elected for a three (3) year term. RPG is also composed of appointed personnel, a regular permanent, co-terminous, contractual, casual and program based job order personnel.

Powers and Functions:

- Exercise general supervision and control over all program, projects, services, and activities of the provincial government;
- Enforce all laws and ordinances relative to the governance of the province and the exercise of the appropriate corporate powers provided for under Section 22 of the Local Government Code of 1991, implement all approved policies, programs, projects, services and activities of the province;
- Initiate and maximize the generation of resources and revenues, and apply the same to the implementation of development plans, program, objectives and priorities as provided for under

particularly those resources and revenues programmed for agro-industrial development and country-wide growth and progress;

- Ensure the delivery of basic services and the provision of adequate facilities as provided for under Section 17 of Local Government Code of 1991; and
- Exercise such other powers and perform such other duties and functions as may be prescribed by law or ordinance.

II. Vision

A peaceful, ecologically balanced province with a progressive, creative, and sustained multi-sector economy; the regional center for learning, culture and arts; endowed with equally accessible advanced and services facilities for its God-loving highly capable, disaster preparedness and climate change resilient citizenry.

III. Mission

Rizal Province is committed to the promotion and modernization of socioeconomic and environmental services by providing programs and activities for sustainable livelihood, institutionalization of disaster risk reduction and climate change adaptation, multi-sector linkages and access to financing, proactive health care delivery, industry relevant education and values formation, dependable infrastructure support and human resource development, ecological management and the preservation of cultural and historical sites achievable through effective, responsible transparent governance.



IV. Strategic objectives

- Y Youth and women empowerment
- **E** Environmental protection and Risk reduction management
- **S** Shelter and livelihood opportunities
- **T** Tourism development and promotion
- Opportunities for business and employment
- **G** Good governance, transparency and accountability
- **R** Roads and other infrastructure development
- E Education, human resources, technology and sports development
- E Enhanced agricultural productivity
- N Nutrition and Improved health services

V. Service Pledge

We, the officials and employees of the Rizal Provincial Government commit to serve only what is best for you through effective, responsible and transparent governance.

Serving you promptly, efficiently, and with utmost courtesy by authorized personnel with proper identification from Mondays to Fridays, 8:00 a.m. to 5:00 p.m., without noon break, subject to health and security measures adopted by the RPG to help contain the spread of Covid-19;

Ensuring strict compliance with service standards;

Responding to your complaint about our services the soonest or within the day through our Public Information, Assistance and Complaints Desk and taking corrective measures; Valuing every citizen"s comments, suggestions, and needs, including those with special needs such as the differently-abled, pregnant women, and senior citizens; and

Empowering the public through 24/7 access to information on our policies, programs, activities and services through our website (www.rizalprovince.gov.ph)

All these we pledge, and consistently demonstrate only what is best for **YOU**.

"TAAS NOO RIZALEÑO"



VI. LIST OF SERVICES

INTERNAL SERVICES:

| 1. | Issuance of Service Records and Certificate of Employment/ Compensation | 10 |
|----|--|----|
| 2. | Issuance of Permit to use the Ynares Center ground/facilities | 12 |
| 3. | Provision of Scholarship and Financial Assistance | 15 |
| 4. | Provision of legal Assistance and Legal Advise | 19 |
| 5. | Request for Certificate of Detention | 23 |
| 6. | Issuance of Official Receipt – Professional Tax | 25 |
| 7. | Issuance of Official Receipt – Transfer Tax | 27 |
| 8. | Issuance of Official Receipt – Real Property Tax (Amilyar) | 29 |
| 9. | Issuance of Official Receipt for copies of documents requested from Assessor's Office | 31 |
| 10 | Issuance of Tax Clearance Certificate | 33 |
| 11 | . Issuance of Official Receipt for Certified True Copy / Photocopy, ID and Certificate of Employment | 35 |
| 12 | . Issuance of Annual Fixed Tax for Dlivey Truck / Van | 37 |
| 13 | Concurrence/Issuance of Veterinary Health Certificate | 39 |

| 14. Provision of Animal Health Care Services through Vaccination | 41 |
|--|----|
| 15. Provision of Continuous Education and Agricultural-Based Livelihood Program /Services | 43 |
| 16. Provision of Loan Assistance to Cooperatives in the Province | 46 |
| 17. Provision of Tour Guiding Service | 49 |
| 18. Issuance of Job Referral | 51 |
| 19. Request to conduct Local Recruitment Activity | 52 |
| 20. Issuance/Reproduction of Copy of Information, Maps, Records and other Data of Rizal Province including 13 LGUs and one (1) Component City for Research and other Purposes | 54 |
| 21. Processing/Issuance of Transport and Hauling Permit | 56 |
| 22.Treatment and Rehabilitation Services | 61 |
| 23. Issuance of Certified Copies of Legislative Documents and Certificate of Accreditation/Posting | 64 |
| 24. Assistance to Individuals in Crisis Situation | 66 |
| 25. Emergency Shelter Assistance | 69 |
| 26. Request for Assistance for Land Acquisition thru Community Mortgage Program (CMP) or Direct Buying Scheme | 71 |
| Processing of Aplication for National Housing Authority (NHA) Relocation Project | 75 |
| 28. Processing of Application for Renewal of Quarry Permit | 78 |
| 29. Medical Consultation (OPD) | 84 |
| 30. Peritoneal Dialysis (OPD) | 86 |
| 31. Hospital Admission Services | 90 |

| 32. Discharging of Patients Service | 93 |
|--|-----|
| 33. Physical Therapy and Rehabilitation Services | 96 |
| 34. Dental Check-Up and Tooth Extraction Services | 99 |
| 35. X-ray Procedures Services | 101 |
| 36. CT Scan Sevices | 105 |
| 37. Ultrasound Services | 108 |
| Laboratory Services – (submission of specimen and laboratory examination) | 111 |
| 39. Voluntary Blood Donation Services | 114 |
| 40. Request for Registration of Birth Certificate | 116 |
| 41. Issuance of Death Certificate | 119 |
| 42. Enrollment to Philhealth / Point of Service (POS) | 121 |
| 43. Availment of Social Services | 123 |
| 44. PhilHealth Section Services | 127 |
| 45. Request for Sports Supplies, Equipment and Financial Assistance | 130 |
| 46. Provision of FREE Library Services | 133 |
| 47. Issuance of Certificate of Payments (GSIS, Pag-IBIG and Philhealth) | 135 |
| Processing of Disbursement of Vouchers for payment to suppliers, Contractors, Cash Advances and Financial Assistance | 137 |
| 49. Provision of Ambulance Services | 140 |
| 50. Provision of Medical Assistance | 142 |
| | |

| 51. Issuance of Tax Declaration | 144 |
|---|--------|
| 52. Issuannce of Certified True Copy of Tax Declaration, Certificaate of Non-Improvement, Certificate of Property Holdings and other kinds of Certificate | 147 |
| 53. Annotation of Warrant of Levy, Cancellation, Mortgage, etc on Tax Declaration | ., 149 |
| 54. Planning, Programming and Design of Proposed Project. | 151 |
| INTERNAL SERVICES | |
| 55. Processing of Purchase Request (PR) and Purchase Order (PO) | 156 |
| 56. Processing of Obligation Request (ObR) | 159 |
| 57. Provide assistance in the Review of Annual and Supplemental Budget | 162 |
| 58. Technical Assistance/Repair of IT equipment to RPG Departments/Offices | 165 |
| VII. Feedback and Complaints Mechanism | 167 |
| Feedback FormCustomer Satisfaction Form | |
| VIII. List of Officials and Offices | 170 |
| IX. Public Information and Complaints Desk | 175 |



1. Issuance of Service Records/Certificate of Employment and Compensation

Request for Service Records, Certificate of Employment and Compensation can be obtained from this office. The document is very important and served as a testament of their employment in the Rizal Provincial Government. Service record/CEC can be requested by an active and in-active employee/retiree or head of HR office from other agency as requirement for any legal transaction in private or government entities specially claims for GSIS retirement benefits.

| Office/ Division | HUMAN RESOURCE MANAGEMENT OFFICER (HRMO) - RECORDS AND STATISTICS DIVISION (2 nd Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 5203/5204/5205/ e-mail: hrmorpg@gmail.com | | |
|--|---|--|--|
| Category | External/Internal | | |
| Clasification: | Simple | | |
| | G2C - Governmen | t to Client (Retiree) | |
| Type of Transaction: | G2G – Governmer | nt to Government | |
| Processing Time | 20 minutes per Service record / Certificate of employment | | |
| Fees | Php 20.00 | | |
| Who may avail: | a. Active employee b. Inactive employee / Retiree c. Head of Agency, Personnel Officer or the Administrative Officer of the Agency where the employee is presently employed | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Request slip form Agency or Company ID Authorization letter Request Letter Official Receipt (fees) | | From HRMO From active/in-active employee/retiree Requestee Head HR/Administrative Officer of the requesting agency. Cashier - Provincial Treasurer | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|------------------------|--|--|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| 1. Submit request slip or letter to HRMO Frontline staff/Officer of the day. | Accept/Receive and review request letter/ accomplished form slip. Advise Client to pay the corresponding amount at Treasurers Office. | | | HR Record Officer/ Staff |
| 2. Pay the corresponding fee at the cashier at the Treasurers Office. | 2. Collecting Officer process payment and issue Official Receipt (O.R.) While clients pay the corresponding fee, HR Record Officer/staff prepares the requested document. | Php 20.00/ document | 20 minutes upon receipt of complete required documents | PTO Cashier HR Record Officer/ Staff HRMO Chief |
| Present O.R. to the action Officer at HRMO. Claim the document | 3. Check/Record the O.R. and4. Released the requested document | | | HR Record Officer/ Staff |
| requested. | to client. OTAL | Php 20.00/ document | 20 minutes upon receipt of complete required documents | |

*Transacting clients during payment of appropriate fee/s and in claiming the requested documents shall observe proper health protocols adopted by RPG in view of the COVID-19 pandemic.



2. Issuance of Permit to use the Ynares Center ground and facilities

Permit to use the Ynares Center grounds and other facilities as venue for meetings, seminars, assemblies, practices and other activities is issued to any individual/s or organization/s, whether private or public entity. Ynares Center grounds and facilities is properly maintained and coordinated to ensure readiness for the client use.

| Office/Division | OFFICE OF THE PROVINCIAL ADMINISTRATOR - PROPER (2 nd Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 4203/4204/ e-mail: aoffice04@gmail.com) |
|----------------------|--|
| Category: | External and Internal |
| Classification: | Simple |
| Type of Transaction: | G2C - Government to Citizen G2B - Government to Business G2G - Government to Government |
| Processing Time: | 25 minutes per request |
| Fees: | Rental Fee, if there is any, to be determined by the Office of the Provincial Treasurer pursuant to the Revenue Code of the Rizal Provincial Government |
| Who may avail: | a. Residents of Rizal Province b. Private Individuals and Organizations c. Government & Non-Government Offices, Agencies & Organizations |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|--|
| 1. Request letter stating the description, venue, date and time of the activity, and the expected number of participants | ➢ Client |
| 2. Waiver | Office of the Provincial Administrator |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|--------------------|---------------------|---|
| 1. Submit letter of request. | 1. Receive, check and record the letter request. | | | Assistant Information Officer |
| | Refer the request to the Department Head for interview/evaluation: | | | Provincial Administrator |
| | If not approved; Explain to client reason/s for non-approval | | | |
| | If approved; | | | |
| | a. Free of Charge - Endorse the letter to the Provincial Security Division | | 25 minutes | Administrative Aide I |
| | b. With Pay – Advice client to proceed to the Provincial Treasurer's Office for determination of rental fee | | | |
| 2. Pay the corresponding fee at the cashier at the Treasurers Office. | 2. Collecting Officer process payment and issue Official Receipt (O.R.) While clients pay the corresponding fee, Admin. Officer/staff prepares the | | | PTO Cashier |
| | requested document. | | | Administrative Aide I |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|---|---------------------|---|
| 3. Present O.R. to the Action Officer of OPA. | 3. Check/Record the O.R. and | | | Administrative |
| 4. Receive the documents requested. | 4. Release the requested permit and waiver to the client. | | | Aide I |
| | TOTAL | To be determine d by PTO, if there is any | 25 Minutes | |
| END OF TRANSACTION | | | | |
| SERVICES FREE OF CHARGE AND/OR WITH PAY | | | | |

*Transacting clients, apart from fulfilling the documentary requirements and payment of appropriate fee/s, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.



3. Processing of Scholarship and Financial Assistance

The Scholarship Office is established to provide scholarship and financial assistance to poor but deserving students of the Province of Rizal to support their aims of attaining quality education under the maxim that *"those who have less in life shall have more in law."*

| Office/Division | OFFICE OF THE GOVERNOR – SCHOLARSHIP OFFICE Ground Floor, RPG Bldg., Antipolo City Tel. No. 8-620-2400 Local 4221 | | | |
|--|--|--|--|--|
| Category | External | | | |
| Classification: | Complex | | | |
| Type of Transaction: | G2C – Government to Citi | zen/Students | | |
| Processing Time | 8 hours | | | |
| Fees | None | | | |
| Who may avail: | Senior High School Graduates Student. | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| 1. Scholarship Application Form | | ✓ Scholarship Office, Provincial Capitol, Antipolo City; | | |
| | | ✓ Province of Rizal Website : <u>www.rizalprovince.ph</u>; | | |
| 2. Senior High School Report Card (DepEd Form | | ✓ All public Senior High Schools in Rizal Province. | | |
| 138) 3. Certificate of Good Moral Character | | 2. from where he/she graduated. | | |
| 4. Proof of Income of Parents/Guardian | | 3. From the Guidance Office where he/she graduated. | | |

| | The applicant may submit any of the following document/s. |
|--|---|
| | BIR Certificate of Tax Witheld; |
| | BIR Certificate of Tax Exemption; |
| | Brgy. Certificate of Indigency. |
| 5. Photocopy of COMELEC I.D. or COMELEC Registration | 5. Photocopy of COMELEC I.D. or COMELEC Registration from COMELEC Office. |
| 6. Photocopy of PSA Birth Certificate | 6. Philippine Statistics Authority (PSA). |
| 7. Brgy. Certificate of Indigency | 7. From the concerned Barangay/Residents. |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|--|--------------------|--------------------|---|
| 1. Visit/inquire/call at Scholarship Office or call at Tel. No. 620-2467 and ask for assistance regarding scholarship program. | 1. Entertain/explain in details and the list of requirements for availing the scholarship program. | | | Administrative Aide IV |
| 2. Walk-in client asked for application form. | 2. Provide application form. IF NO REQUIREMENT YET: Advised client or | None | 25 mins. | Officer-in- Charge Scholarship Office |
| | student to return and submit the required documents. | | | Administrative Aide VI |

| | COMPLETE EQUIREMENTS: Advice the client or students to submit the documents at the PREDAC Office. | | | |
|--|---|--------------|------------------------|---|
| 3. Screening of Applicants. | Check the validity of requirements submitted by the applicants. | | | Administrative Asst. II |
| 4. Get the Test Permits. | to qualified applicants indicating their testing center, Room No. and Seat number. | | | Administrative Asst. IV (PREDAC OFFICE) |
| 5. Be present at the designated venue or testing centers. | 5. Conduct of examination. Applicant/student s are advised to check the results of their exam posted at the Scholarship Office or thru www.rizalprovince .ph Students/applican ts who passed the exam are advised to report to Scholarship Office together with the parent for contract signing | None None | 6 hours and 5 mins. | Executive Director PREDAC Office Admin. Officer IV Scholarship Office Admin. Aide IV Scholarship Office Administrative Aide VI Administrative Asst. II Administrative Aide IV PREDAC OFFICE |
| 6. Student/Parent to sign the contact or scholarship agreement. | 6. Administer signing of contract or scholarship agreement. The scholar will be instructed to enroll to college of his/her choice | | 1 hour & 30 minutes | Ms. Olimpia J. Aquino Officer-in- Charge Scholarship Office |

| 7 submit proof of enrollement to scholarship action officer. | correctness and completeness of the submitted documents. Processing of scholars financial assistance. The scholar is advised to apply for an ATM card in the bank prescribed by the Rizal Provincial Govt, and shall also be informed the release of their scholarship allowances thru ATM. | | | Admin. Officer IV Scholarship Office |
|---|---|-------------------|---------|---|
| | TOTAL | No fees collected | 8 hours | |
| END OF TRANSACTION SERVICES FREE OF CHARGE | | | | |

*Transacting clients (students/Parents), apart from fulfilling the documentary requirements shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.



4. Provision of Legal Assistance and Legal Advice

This office provides legal service and protection of rights to the citizens of the Rizal Province through the recommendation of the Provincial Governor in all courts, tribunals, and quasi-judicial bodies where case/s of clients are filed and/or pending.

| Office/Division | OFFICE OF THE PROVINCIAL LEGAL OFFICER 2nd Floor, RPG Building, Antipolo City, Tel No. 620-2400 Local # 5309/5303/ E-mail: legal.office.rizalprovincial@gmail.com | | |
|--|--|-----------------------------------|--|
| Category: | External / Internal | | |
| Classification: | Simple & Highly-Technical | | |
| Type of Transaction: | G2C - Government to Client | t | |
| Processing Time | 1 hour and 30 minutes | | |
| Fees | None | | |
| Who may avail: | Citizens of the Province of Rizal ,officials of other Local Government Units (LGUs), and employees of the Rizal Provincial Government | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO SECURE | |
| 1. Letter request for leg the Provincial Governor | al assistance addressed to | Office of the Provincial Governor | |
| 2. Referral note signed by the Provincial Governor | | | |
| 3. Copy of complain statements, reports, etc. | nt, summons, subpoena, | From the Client | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|-----------------------|--------------------|--|
| - | a. LEGAL ADVISE 1. Initial interview, verification of legal documents presented and legal assistance needed. WITHOUT DOCUMENT AT HAND: * Client is advised to obtain the document/s from the proper agency/ authority and comeback to Legal Office. WITH DOCUMENT: * Endorse client to the lawyer/paralegal of | None | 10 Minutes | Administrative Aide I |
| 2. Presentation of legal documents to the lawyer/paralegal of the day. 3. Receive of oral statement regarding the legal assistance needed. | the day 2. Initial interview, verification of legal documents presented and legal assistance needed. 3. Provide legal advice. | | 50 minutes | Legal Officer IV Attorney III Executive Assistant I Local Legislative Staff Officer II Legal Assistant I Executive Assistant II Legal Assistant I |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E (Position Unit/ Division) |
|-----------------------------------|--|-----------------------|--------------------|---|
| | b. LEGAL ASSISTANCE *In cases where there is already a scheduled hearing in courts, tribunals, or quasi-judicial bodies, and preliminary investigation at the Office of the Provincial Prosecutor. | | | Legal Officer IV Attorney III |
| | With approved letter request : Endorse client to | None | 1 hour | Executive Assistant I |
| | lawyer/paraleg al for an interview Without letter | none | | Local Legislative Staff Officer II |
| | request :AdviseclienttosubmitletterrequestaddresstotheGovernorand/orhelp | | | Legal Assistant I |
| | prepare a draft a letter for the client to submit/follow-up and come back to legal office upon approval | | | Executive Assistant II |
| | of request for the conduct of interview. | | | Legal Assistant I |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|-----------------------|--------------------|---|
| 4. Be present for the interview with the lawyer/paralegal. Note: Be present on the date of the actual hearings/pleadings | 4. Conduct of interview with the client for the dates of hearing/filing of pleadings and for other legal documents required. | | | Legal Officer IV Attorney III Legal Assistant I |
| | | No fees collected | 2 hours | |
| END OF TRANSACTION SERVICES FREE OF CHARGE | | | | |

*Transacting clients, apart from fulfilling the documentary requirements shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.



5. Request for Certificate of Detention

Request for Certificate of Detention can be obtained from this office. This document serves as testament/records of their incarceration in the Rizal Provincial Jail. Certificate of Detention can be requested by Person Deprived of Liberty (PDL), PDL previously incarcerated in this facility. It could be used as requirement for for RTC Clearances, document for bill hospitalization, availment of medicine to different hospitals and other legal purpose it may serve.

| Office/Division | RIZAL PROVINCIAL JAIL (RPJ) - RECORDS SECTION Compound Kaytikling Hilltop Cabrera Rd. Brgy. Dolores Taytay, Rizal, Tel. No. (02) 8571-0682/ e-mail: rizalprovincialjail@gmail.com | | |
|--|--|---------------------|--|
| Category | External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C - Government to Client (PDL) G2G – Government to Government | | |
| Processing Time | 15 minutes per Certificate of Detention | | |
| Fees | Php 50.00 | | |
| Who may avail: | a. Person Deprived of Liberty (PDL)b. PDL previously incarcerated in this facilityc. Relatives requesting for RTC clearance purposes | | |
| CHECKLIST OF R | REQUIREMENTS | WHERE TO SECURE | |
| A. PDL Previously Incarc | A. PDL Previously Incarcerated | | |
| 1. Valid ID | | | |
| B. Authorized representa | ative | b. Relatives of PDL | |
| Valid ID Authorization Letter | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE (Position Unit/ |
|--|--|---------------------------|--|--|
| | (Detailed Steps) | | | Division) |
| 1. Coordinate to the Frontline Desk Officer of the day. | Assess the purpose and interview the client and Advise the client to wait in the waiting area while purpose is properly endorsed to the RPJ Records Section. | | | Desk Officer of the Day |
| | * Interview and ask the purpose of transaction * Advise Client to pay the corresponding amount at Treasurer's Office located at the Department of Justice- Rizal. | Php 50.00 | 15 minutes upon receipt of complete required documents | Jail Record Officer/Staff |
| 2. Pay the corresponding fee at the cashier at the Treasurer's Office. | 2. Collecting Officer process payment and issue Official Receipt (O.R.) While clients pay the corresponding fee, Jail Record Officer/ staff prepares the requesteddocument. | | | PTO Cashier Jail Record Officer/Staff Records Section Chief Office of the Provincial Warden |
| 3. Present the O.R. to the Jail Action Officer | 3. Check/Record the O.R. and | | | Jail Record |
| 4. Received the document requested. | 4. Released the document to client. | | | Officer/Staff |
| | TOTAL | Php 50.00/ document | 15 minutes upon receipt of complete required documents | |
| | END OF TR | ANSACTION | 1 | |



6. Issuance of Official Receipt – Professional Tax

Implementation of Sangguniang Panlalawigan Ordinance No. 2008-001 Chapter II Provincial Taxes Article G **Professional Tax** Section 2G.01 Imposition of Tax.

| Office/Division | PROVINCIAL TREASURER'S OFFICE (PTO) - CASH RECEIPT DIVISION (Ground Floor, RPG Bldg., Antipolis City. Tel No. 620- 2400 Local 5904,5905,5906,5911/ email: pto_rizal@yahoo.com | | |
|---------------------------|---|-----------------|--|
| Category | External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C – Government to Client (Taxpayer) | | |
| Processing Time | 5 minutes per Official Receipt/ PTR | | |
| Fees | Php 300.00 | | |
| Who may avail: | Professionals with PRC License /ID | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| PRC License / ID | | Client/Taxpayer | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E (Position Unit/ Division) |
|---|---|-----------------------|--|---|
| 1. Present the PRC License/ID to the collector / teller. | 1. Accepts/ Check the validity of license. Issues Official Receipt for PTR | Php 300.00 | 5 minutes | Window 2 Admin. Aide IV Window 3 RCC II |
| 2. Claim the Official Receipt. | 2. Release Official Receipt to Client. | | | |
| | TOTAL | Php 300.00 | 5 minutes upon presentation of PRC license /ID | |
| END OF TRANSACTION | | | | |

*Transacting clients, apart from fulfilling the documentary requirements and payment of appropriate fee/s, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.



7. Issuance of Official Receipt – Transfer Tax

Implementation of Sangguniang Panlalawigan Ordinance No. 2008-001 Chapter II Provincial Taxes Article D. Tax on Transfer of Real Property Ownership Section 2D.01 Imposition of Tax .

| Office | PROVINCIAL TREASURER'S OFFICE (PTO) - CASH RECEIPT DIVISION (Ground Floor, RPG Bldg., Antipolis City. Tel No. 620- 2400 Local 5904,5905,5906,5911/ email: pto rizal@yahoo.com | | | |
|---|---|-----------------|--|--|
| Category | External | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C – Government to Client (Taxpayer) | | | |
| Processing Time | 10 minutes per Official Receipt/ Transfer Tax | | | |
| Fees | Based on computation of ½ of 1% of Selling Price or Current Market Value whichever is higher | | | |
| Who may avail: | General Public/Individuals ,partnerships or corporations who own Real Properties in the Province of Rizal | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Deed of Sale/Deed of Settlement TCT/Tax Declaration N Tax Clearance | | Client/Taxpayer | | |

| 1. Present the 1. Verifies necessary | | | (Position Unit/ Division) |
|--|---|--|--|
| complete documentsdocuments/compute and issue official receipt/requirements.*if documents not | Based on computation of ½ of 1% of Seliing Price or Current Market Value whichever is higher | 10 minutes | Window 2 Admin. Aide IV Window 3 RCC II |
| 2. Claim the 2. Release the Official Receipt. Official Receipt to Client. | | | |
| TOTAL | Based on computation of ½ of 1% of Seliing Price or Current Market Value whichever is higher - | 10 minutes upon presentation of required documents | |

Note: A penalty of 2% per month is imposed for failure to pay the tax within sixty (60) days from the date of execution of the deed or from the date of property owner's death.

*Transacting clients, apart from fulfilling the documentary requirements and payment of appropriate fee/s, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.



8. Issuance of Official Receipt – Real Property Tax (Amilyar)

Implementation of Sangguniang Panlalawigan Ordinance No. 2008-001. Chapter II Provincial Taxes Article A. Real Property Tax Section 2A.01 Imposition of the BASIC Real Property Tax and Section 2A.02 Additional Levy on Real Property for the Special Education Fund (SEF).

| Office/Division: | PROVINCIAL TREASURER'S OFFICE (PTO) – CASH RECEIPT DIVISION (Ground Floor, RPG Bldg., Antipolo City. Tel No. 620-2400 Local 5904,5905,5906,5911/ email: <u>pto_rizal@yahoo.com</u> | | |
|--|---|---|--|
| Category: | External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C - Government to Client (Taxpayer) | | |
| Processing Time: | 10 minutes per Tax Declaration No. | | |
| Fees: | Based on computation of 1% of Assessed Value for Basic Tax and 1% of Assessed Value for SEF TAX or 2% of the Assessed Value as appearing in the Tax Declaration No. | | |
| Who may avail: | General Public/ Individuals, partnerships or Corporations who owns Real Properties in the Province of Rizal | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Latest Official Receipt/ Payment of Real Property or Statement of Account (Assessment or Tax Bill) | | Official Receipt or Statement of Account from Client issued by Provincial Treasurer's Office/ Municipal Treasurer's Office | |
| For New Declared Ownership Copy of Tax Declaration issued by the Assessor's Office | | Assessor's Office | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|---|---|--|--|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ |
| Present the previous Official Receipt/ Proof of Payment of Real Property Tax or Copy of Tax Declaration as per Checklist. Claim the Official Receipt. | (Detailed Steps) 1. Accepts and Verifies payment on record. Prepare Tax Computation/As sessment or Tax Bill Issue Official Receipt 2. Release Official Receipt to Client. | Based on computation of ½ of 1% of Seliing Price or Current Market Value whichever is higher | 10 minutes | Division) Window 4 AO I Binangonan/Pililla Window 5 Admin. Aide II Morong/San Mateo Window 6 Admin Aide II Cainta/Cardona Window 7 Admin Aide VI Tanay/Teresa Window 8 Admin. Aide II Angono/Baras Window 9 Admin. Aide IV Jalajala/Rodriguez Taytay |
| | TOTAL | Based on computation of ½ of 1% of Seliing Price or Current Market Value whichever is higher | 10 minutes upon presentatio n of required documents | |
| | END OF TRANSACTION | | | |

*Transacting clients, apart from fulfilling the documentary requirements and payment of appropriate fee/s, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.



9. Issuance of Official Receipt for Copies of Documents requested from Assessor's Office

Implementation of Sangguniang Panlalawigan Ordinance No. 09,s. 2018 Resolution No. 2017-09 entitled "Resolution Recommending Approval and Adoption of New **Service Fee** for Copies of Documents requested from the Office of the Provincial Assessor under Section 3A.Article A. Chapter III (Service Fees) of the Revenue Code of the Province of Rizal".

| Office/Division | PROVINCIAL TREASURER'S OFFICE (PTO) – CASH RECEIPT DIVISION (Ground Floor, RPG Bldg., Antipolo City. Tel No. 620-2400 Local 5904,5905,5906,5911/ email: ptorizal@yahoo.com | | |
|--|---|-------------------|--|
| Category: | External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C – Government to Client (Taxpayer) | | |
| Processing Time | 10 minutes per Official Receipt of documents | | |
| Fees | P125.00 - Certified True Copy of Tax Declaration, Certification/Landholdings, No Improvement, Razed by Fires P100.00 - Reproduced Copy(Xerox) of Tax Map, Annotation of Mortgage on Tax Declaration and Assessment Records, Cancellation of Annotation of Mortgage on Tax Declaration 500.00 - Annotation of Adverse Claims/Los Pendens and other encumbrances 200.00 - Certification/processing Fee for initial issuance of ARP/TD and subsequent transfer of property with Zero(0%) assessment level | | |
| Who may avail: | General Public/ Individuals, partnerships or Corporations who owns Real Properties in the Province of Rizal | | |
| CHECKLIST OF REQUIREMENTS WHERE TO S | | WHERE TO SECURE | |
| Request form from Assessor's Office(Bill Assessment for requested documents) | | Assessor's Office | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|--|--|---|---|
| 1. Present the request form Bill/Assessment | 1. Accomodates/Issues Official Receipt | See amount of Fees for | 5 minutes | Window 2 Admin. Aide IV |
| 2. Claim the request form and Official Receipt | 2. Release Official Receipt to Client. | documents requested | 5 minutes | Window 3 RCC II |
| | TOTAL | See amount of Fees for documents requested | 5 minutes upon presentation of required documents | |
| END OF TRANSACTION | | | | |

*Transacting clients, apart from fulfilling the documentary requirements and payment of appropriate fee/s, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.



10. Issuance of Tax Clearance Certificate

Implementation of Sangguniang Panlalawigan Ordinance No. 2008-001. Chapter III. Service Fees. Article A. Secretary's Fees Section 3A.01 Imposition of Fees

| Office/Division | PROVINCIAL TREASURER'S OFFICE (PTO) – CASH RECEIPT DIVISION (Ground Floor, RPG Bldg., Antipolis City. Tel No. 620-2400 Local 5904,5905,5906,5911/ email: ptorizal@yahoo.com | | |
|---|--|--|--|
| Category: | External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C – Government to Client (Taxpayer) | | |
| Processing Time | 5 minutes per Official Receipt of Tax Clearance and 5 minutes for Preparation of Tax Clearance Certificate | | |
| Fees | ₱ 50.00 | | |
| Who may avail: | General Public/ Individuals, partnerships or Corporations who owns Real Properties in the Province of Rizal | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Latest Official Receinst Property Tax | pt/Payment of Real | Provincial Treasurer's Office/ Municipal Treasurer's Office | |
| Purpose for securing Tax Clearance Client/Taxpayer | | | |

| CLIENT ACTION | AGENCY/OFFICE | FEES TO | PROCESSING | PERSON |
|---|---|----------------|--------------------------------------|--|
| | ACTION | BE PAID | TIME | RESPONSIBLE |
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| Present the Latest Official Receipt/ Payment of Real Property Tax. Claim the | Issues Official Receipt for Tax Clearance. Release the | ₱ 50.00 | 5 minutes per Official | Window 2 Admin. Aide IV Window 3 |
| Official Receipt. | Official Receipt and advise client to present the OR to the window assigned per town. | | Receipt | RCC II |
| 3. Present the OR of Tax Clearance to | 3. Verifies Payment and | | | Window 4 AO I Binangonan/Pililla |
| the assigned Window of Municipalities. | prepare the Tax Clearance. (Encode the OR No. of Tax Clearance and Purpose for securing tax Clearance) | | | Binangonan/Pililla Window 5 Admin. Aide II Morong/San Mateo Window 6 Admin Aide II Cointe/Cordena |
| 4. Receives the document/Tax Clearance requested. | 4. Release the requested documents to client. | | | Cainta/Cardona Window 7 Admin Aide VI Tanay/Teresa Window 8 Admin. Aide II Angono/Baras Window 9 |
| | | | | Admin. Aide IV Jalajala/Rodriguez Taytay |
| | TOTAL | ₱ 50.00 | 5 minutes per Official Receipt | |
| END OF TRANSACTION | | | | |



11. Issuance of Official Receipt for Certified True Copy / Photocopy, Certification of Payment, ID and Certificate of Employment

Implementation of Sangguniang Panlalawigan Ordinance No. 2008-001 Chapter III Service Fees. Article A. Secretary's Fees Section 3A.01 Imposition of Fees

| Office/Division | PROVINCIAL TREASURER'S OFFICE (PTO) – CASH RECEIPT DIVISION (Ground Floor, RPG Bldg., Antipolo City. Tel No. 620-2400 Local 5904,5905,5906,5911/ email: <u>ptorizal@yahoo.com</u> | | |
|--|--|-----------------|--|
| Category: | External/Internal | | |
| Classification: | Simple | | |
| Type of Transaction: | Government to Client (RPG Employee) | | |
| Processing Time | 5 minutes per Official Receipt of documents requested | | |
| Fees | ₱ 20.00 (Certified True Copy/Photocopy,Certification of Payment ₱ 25.00 (ID) | | |
| Who may avail: | General Public/ Individuals, partnerships or Corporations who owns Real Properties in the Province of Rizal | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Documents to be certified | | Client | |
| Official Receipt | Official Receipt Taxpayer | | |
| Fill-up Form (request form) | | Treasurer | |
| ID information (for ID replacement) HRMO | | HRMO | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|---|---|---|
| 1. Present the documents to be certified or the Fill-up form/ ID information. | 1. Accomodates / Issues Official Receipt. | ₱ 20.00 for Certificatio ns | 5 minutes per Official Receipt | Window 2 Admin. Aide IV |
| 2. Claim the Official Receipt. | 2. Release the Official Receipt to client. | ₱ 25.00 for ID | | Window 3 RCC II |
| | TOTAL | Php 25.00 (I.D.) Php 20.00 (Certification) | 5 minutes upon presentation of fill-up form/ ID information | |
| END OF TRANSACTION | | | | |

- Transacting clients, apart from fulfilling the documentary requirements and payment of appropriate fee/s, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



12. Collection of Annual Fixed Tax for Delivery Truck/Van

Implementation of Article I. section 21.01 of Sangguniang Panlalawigan Ordinance No. 2008-001 of Annual Fixed Tax for every delivery trucks/Van of Manufacturers or producers, whole sellers or retailers in certain products.

| Office/Division | PROVINCIAL TREASURER'S OFFICE (PTO) - CASH RECEIPT DIVISION (Ground Floor, RPG Bldg., Antipolo City. Tel No. 620- 2400 Local 5904,5905,5906,5911/ email: pto rizal@yahoo.com | | | | |
|---|--|---|--|--|--|
| Category | External | | | | |
| Classification: | Simple | | | | |
| Type of Transaction: | G2C- Government to Clients/Citizens | | | | |
| Processing Time | 5 minute per client | | | | |
| Fees | P500.00 per unit P50.00 annually for Governor's permit | | | | |
| Who may avail: | General Public with Delivery Truck/Van | | | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | | |
| OR/CR of Delivery Tru | cks/Van <i>(photo copy)</i> | Revenue Operation Division , Provincial Treasurer's Office | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSI BLE (Position Unit/ Division) | |
|---|---|--|---|--|--|
| 1. Fill up Application for Government Permit | 1. Accommodate/ issues Official Receipt (OR) and Sticker for Annual Fixed Tax | ₱500.00 per unit ₱50.00 annually for Governor's | 5 minutes upon receipt of complete required documents | Revenue Collection Clerk II | |
| 2. Claim the Official Receipt and Sticker | 2. Released the OR and the Sticker to client | Permit | 5 minutos | | |
| TOTAL P550.00 5 minutes END TRANSACTION | | | | | |

- Transacting clients, apart from fulfilling the documentary requirements and payment of appropriate fee/s, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



13. Concurrence/Issuance of Veterinary Health Certificate

Veterinary Health Certificate is issued to ensure that livestock and poultry from backyard and commercial farms are free from any economically important diseases. This is being issued to farms or prerequisite for other animal transport documents such as shipping permits. Only healthy animals coming from disease free farms are given this certificate. Healthy animals for a healthy, nutritious and safe meat.

| Office/Division | PROVINCIAL VETERINARY OFFICE – REGULATORY AND PUBLIC HEALTH DIVISION (Lower Ground, RPG Bldg., Antipolo City, TEL. No. 620-2400 Local 5701/5702/5704/ Email: <u>bonirey1225@gmail.com</u>) | | | |
|--|--|--|--|--|
| Category | External | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C - Government to Client | | | |
| Processing Time | 15 Minutes | | | |
| Fees | None | | | |
| Who may avail: | arm Owner, Farm Veterinarian, Farm Manager | | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | |
| Accomplished Veterinary signed by licensed farm consultant | Farm Veterinarian/Veterinary Consultant | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) | |
|--|--|--------------------|--------------------|---|--|
| 1. Present the Veterinary Health Certificate to the PVO frontliner. | Receive, record, verify the Veterinary Health Certificate. | | | PVO Frontliner/ Admin Staff | |
| | * Endorse document to the PVO veterinarian for concurrence/ signature. | None | 15 minutes | PVO Veterinarian | |
| 2. Claim the Health Certificate. | 2. Release the concurred Veterinary Health Certificate. | | | PVO Frontliner/ Admin Staff | |
| | TOTAL | No fees collected | 15 minutes | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



14. Provision of Animal Health Care Services through Vaccination

Provision of animal health care services through vaccination plays an important role in the prevention of animal diseases such as Rabies, Hog Cholera, New castle Disease and Hemorrhagic Septicemia. Vaccination prevents the spread of infectious diseases. Dog vaccination is the most cost effective way of preventing transmission of rabies from animals to human. Health and welfare of livestock & poultry ensure that meat/other meat products are sound and fit for human consumption.

| Office/Division | PROVINCIAL VETERINARY OFFICE – ANIMAL HEALTH DIVISION (Lower Ground, RPG Bldg., Antipolis City, TEL. No. 620-2400 Local 5701/5702/5704/ Email: <u>bonirey1225@gmail.com</u>) | | | |
|---------------------------|--|--|--|--|
| Category | External | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C – Government to Client G2G – Government to Government | | | |
| Processing Time | 15 Minutes | | | |
| Fees | None | | | |
| Who may avail: | Individual Client, Farmers, Home Owner's Associations(HOA), Barangays, Municipal Agriculture Office & Municipal Veterinarian | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Request letter | | Individual client, Farmers, HOA, Municipal Agriculture/Veterinary OfficE | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) | |
|---|--|--------------------|--------------------|---|--|
| 1. Bring/submit request letter to the PVO | 1. Record and process the request letter. | | | PVO Frontliner/ Admin Staff | |
| | * Conduct interview with the client on the details of vaccination and set the schedule as agreed upon by the client and PVO veterinarian. | None | 15 minutes | PVO Veterinarian | |
| 2. Get the vaccination schedule. | 2. Release the vaccination schedule. | | | PVO Veterinarian | |
| | TOTAL | No fees collected | 15 minutes | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



15. Provision of continuous Education and Agricultural-Based Livelihood Program / Services

The Provincial Agriculture Office provides training with actual handling of all the different developmental stages of the crop and their related management practices, and to update farmers/ fisherfolks / cooperatives and homemakers on new technologies on rice, corn, vegetable production, organic agriculture, post harvest handling, marketing strategies, livelihood lecture /demonstration, fish production and food processing.

| Office/Division | PROVINCIAL AGRICULTURE OFFICE (Crops Extension and Agricultural Engineering Division / Fisheries Division / Countryside Institutional Development Division) (Lower Ground, RPG Building , Tel No. 620.24.00 Local 5701 / 5702, 620-2477 (Fax) E-Mail <u>rizalagri2@gmail.com</u>) | | | | |
|---|---|---|--|--|--|
| Category: | External | | | | |
| Classification: | Simple / Highly Technical | | | | |
| Type of Transaction: | G2C – Government to Citizen G2G – Government to Government | | | | |
| Who may avail: | Farmers, Fisherfolk, Cooperatives, Homemakers and Local Government Units (LGUs) | | | | |
| CHECKLIST OF | CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | |
| FARMERS FIELD SCHOOL 1. Written request 2. Masterlist of farmers with b | | Farmers' Association | | | |
| 3. Farmers' Profile4. Written confirmation from t for the area to be used as teo field | he farmer leader/cooperator | | | | |
| 3. Farmers' Profile4. Written confirmation from tfor the area to be used as teo | he farmer leader/cooperator hno-demo field/laboratory ROCESSING: Fisherfolk | Fisheries Aquatic Resources Management Council (FARMC) | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|--|-----------------------|--|---|
| | (Detailed Steps) | | | (Position Unit/ Division) |
| 1. Submit letter request (through personal/E- mail/Fax), together with the requirements for the conduct of : | 1. Accept / Receive and review the letter request with the attached necessary requirements | | | PAO Action Officer / Staff |
| A. Farmers Field School (FFS) on Rice, Corn, Vegetable Production to the Provincial Agriculture Office Frontliner / Officer of the Day | | | | |
| B. Conduct of lectures / seminars on Fish Production and Processing to the Provincial Agriculture Office Frontliner / Officer of the Day | FOR FFS: 1. Coordinate request with the funding agency (DA Region IV-A) and partner agency (LGU) as counterpart FOR LECTURES / SEMINARS: | None | 1 hour upon receipt of complete required documents | Crops Extension & Engineering Division / Fisheries Division / CID Division Action Officer |
| C. Conduct of lectures / seminars on Livelihood Projects to the Provincial Agriculture Office Frontliner / Officer of the Day | 1. Coordinate with the Municipal counterpart / BFAR the necessary documents, supplies and materials needed during demo/lecture/training. | | | |
| | Set schedule to conduct field validation, benchmarking / profiling. | | | FFS Facilitators / Trainers |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) | | |
|--|--|-----------------------|--|---|--|--|
| | Discuss and Advise requesting party that a communication will be sent to inform them the schedule and date of the launching / start of activity. | | | FFS Facilitators / Trainers | | |
| 2. Proceed to the ground working activity (a week after validation) Note: Be present on the date of the actual Launching Program , observing the social distancing and wearing of face mask, in compliance with the safety protocol | 2. Proceed to the ground working activity (a week after validation) | none | 1 Hour upon receipt of complete required documents Note: FFS is a 16-week training on Rice, Corn & Vegetable Production that shall commence on | FFS Facilitators / Trainers | | |
| | TOTAL | No fees collected | launching date | | | |
| | END OF TRANSACTION | | | | | |
| | SERVICES FREE OF CHARGE | | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



16. Provision of Loan Assistance to Cooperatives

The Provincial Agriculture Office provides interventions on enterprise development and provisions of small loans and services, caters Credit and Microfinance Programs for noneligible cooperatives and farmers' associations and assists them to become eligible organizations.

| Office/Division | PROVINCIAL AGRICULTURE OFFICE (Countryside Institutional Development Division) (Lower Ground, RPG Building , Tel No. 620.24.00 Local 5701 / 5702, 620-2477 (Fax) E-Mail <u>rizalagri2@gmail.com</u>) | | | |
|-----------------------------------|--|-----------------|--|--|
| Category: | External | | | |
| Classification: | Simple / Highly Technical | | | |
| Type of Transaction: | G2C – Government to Citiz | zen/Cooperative | | |
| Who may avail: | Cooperative Members/Cooperative | | | |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE | | |
| 1. Written request signed b party | y officers of requesting | Cooperative | | |
| 2. Attendance (not less tha | n 25 delegates) | | | |
| 3. Certification of attendance | ce on PMES | | | |
| 4. Financial Statement | | | | |
| 5. CDA Registration | | | | |
| 6. Feasibility Study of Project | | | | |
| 7. Accreditation Form (SB & SP) | | | | |
| 8. BIR Registration | | | | |
| | | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ | | | | | | | | | |
|---|---|---|--|--|---------------------------------------|---------------------|---------------------------------------|--|--|--|--|--|--|
| 1. Submit letter request for Loan Assistance together with requirements | est for Loan and review the letter tance request with the None her with necessary | 1 Hour and 25 minutes upon receipt of | Division) PAO Action Officer / Staff | | | | | | | | | | |
| (through personal/E- mail/Fax),to the Provincial Agriculture Office Frontliner / Officer of the Day | * Validate request / interview with requesting party . | | complete required documents | CID Action Officer / Staff | | | | | | | | | |
| FOR NEW MEMBER/NEW COOPERATIVE ONLY: | FOR NEW MEMBER/NEW COOPERATIVE ONLY: | | | Facilitators | | | | | | | | | |
| 2. Attend the Pre- Membership Education Seminar (PMES) Note: Observe | 2 . Schedule date and venue for Pre- Membership Education Seminar (PMES) | sc | | | | | | | | | | | |
| social distancing and wearing of face mask, in compliance with | * Review / Check the completeness of the documents presented. | | | 4-hour activity as per scheduled day | Cooperative Development Officer | | | | | | | | |
| the safety protocol | * Endorse application for approval of the Honorable Governor and for the schedule of the awarding of loan. | | | | | and time of PMES | Cooperative Development Officer | | | | | | |
| | * Discuss and Advise requesting party that a communication will be sent to inform them the schedule and date of the awarding of loan. | | | Cooperative Development Officer | | | | | | | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---------------------------------|--|--|---------------------------------------|
| (Detailed Oteps) | (Detailed Steps) | | | (Position Unit/ Division) |
| 3. Attend the awarding of Ioan assistance Note: Observe social distancing and wearing of face mask, in compliance with the safety protocol | 3. Release of the approved loan | | As per scheduled day and time of release. | Cooperative Development Officer |
| | No fees collected | 5 hours and 25 minutes upon receipt of complete required documents. | | |
| | | | | |
| SRVICES FREE OF CHARGE | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



17. Provision of Tour Guiding Services

The Rizal Provincial Tourism Office receives tourists, prepares tour packages/itineraries, and manages the provision of guided tours of the most exciting destinations, historical sites, and other tourist attractions in the province based on the preference of local and foreign tourists and other organizations. This service intends to familiarize visitors with the history, functions, and customs of a particular tourist attraction by vehicle or foot while ensuring that the visitors will have a positive experience and remain safe at all times.

| Office/Division | RIZAL PROVINCIAL TOURISM OFFICE - PROVINCIAL ADMINISTRATOR (3 rd flr. Rizal Provincial Capitol Building Circumferential Road cor. P. Oliveros St., Ynares Center Complex, Antipolo City, 1870.) Trunkline Number: 8620-2400 Loc. 4241-42/Email : rizaltourism@yahoo.com | | | |
|---|--|-----------------|--|--|
| Category | External | External | | |
| Classification: | Simple | Simple | | |
| Type of Transaction: | G2C – Government to Citizen G2B- Government to Businesses G2G- Government to Government | | | |
| Processing Time: | 2 Days, 3 Hours and 15 Minutes | | | |
| Fees: | None | | | |
| Who may avail: | Private / Public Individuals or Groups | | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | WHERE TO SECURE | | |
| 1. Request letter address to | to the governor To be submitted by the client/requesting party | | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
|---|---|--|--------------------------------------|--|
| (Detailed Steps) | (Detailed Steps) | FAID | | (Position Unit/ Division) |
| 1. Submit a letter request address to the governor personal or through email. | request from the | | | Administrative Aide II |
| | * Approval of request/s * Receive the request with instruction from LCE. | None | 2 Days, 3 hrs. and 15 minutes. | LCE or Authorized personnel, OIC Tourism Office |
| | * Coordinate with the requesting party as to details of the request. | | | |
| | * Preparation of the itinerary/ tour package and endorsement letter to concern LGUs/ tourism stakeholders. | ackage and ndorsement letter to oncern LGUs/ | | Officer I |
| 2. Received itinerary and avail the actual tour | guiding services to tourists. | | | Admin Aide II |
| TOTALNofees2 Days, 3collectedhrs. and 15minutes. | | | | |
| END OF TRANSACTION | | | | |
| TRANSACTION FREE OF CHARGE | | | | |



18. Issuance of Job Referral

Job referral is a document issued to client or individual who seek for a job within Rizal or in the nearby towns or cities.

| Office/Division | PUBLIC EMPLOYMENT SERVICE OFFICE 3rd Flr, Rizal Provincial Government Building, Brgy San Roque, Antipolo, Rizal. Tel 8620-2400 local 2203 Email: peso_rizalprovince@yahoo.com.ph | | | |
|----------------------|---|----------|--|--|
| Category | External | External | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C – Government to Citizen | | | |
| Processing Time | 1 Hour per referral | | | |
| Fees | None | | | |
| Who may avail: | Job seekers / residents of Rizal | | | |
| CHECKLIST OF RE | CKLIST OF REQUIREMENTS WHERE TO SECURE | | | |
| 1. Bio-data / Resume | Jobseeker | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|-----------------------|--------------------|---|
| Submit updated bio-data / resume to PESO frontliner. Fill-out the National Skills Registry System (NSRS) Form and pass it to PESO Claim the requested document. | Assist, interview and evaluate, qualifications for job matching. Accept the Form and conduct of oriented on how to apply for job / job interview. Release the job | None | 1 hour | Admin Aide III PSO Manager Admin Aide III |
| | TOTAL | No fees collected | 1 hour | |
| END OF SERVICE | | | | |
| | SERVICES FRE | E OF CHA | RGE | |



19. request to conduct local recruitment activity

Recruitment Activity conducted by an employer to fill-up their manpower needs.

| Office/Division | PUBLIC EMPLOYMENT SERVICE OFFICE 3rd Flr, Rizal Provincial Government Building, Brgy San Roque, Antipolo, Rizal Tel. No. 8620-2400 local 2203 Email: <u>peso_rizalprovince@yahoo.com.ph</u> | | | | |
|---|--|--------------------------------|--|--|--|
| Category | External | External | | | |
| Classification: | Simple | | | | |
| Type of Transaction: | G2B – Government to Business | | | | |
| Processing Time | 35 mins | | | | |
| Fees | None | | | | |
| Who may avail: | Business Establishments | | | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | | |
| 1. Company Profile | | 1. Business Establishment | | | |
| 2. SEC / DTI Certificate | | 2. SEC / DTI | | | |
| 3. Establishment Registr | ation Form (ER Form 1.5) | 3. PESO Rizal Provincial Gov't | | | |
| 4. Valid Business Permit | nit / Mayor's Permit 4. Business Permit and Licensing Office (BPLO) | | | | |
| 5. BIR 2303 | 5. BIR | | | | |
| 6. Job Vacancies | 6. Business Establishment | | | | |
| 7. Certificate of No Pend | nding Case 7. DOLE Rizal Provincial Office | | | | |
| 8. DO 17-A Certification | (If Employment Agency) | 8. DOLE | | | |
| 9. PEZA Certificate (If ca | all center) | 9. PEZA | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|--------------------|--------------------|---|
| 1. Submit letter of intent addressed to the governor through e-mail, fax | 1. Evaluate documents submitted. | | 35 minutes | Admin Aide III |
| or hand carry. | * Processing and approval of the request | None | | PESO Manager |
| 2. Client to receive phone or e-mail on the confirmation of schedule. | 2. Inform client thru phone or e-mail on the confirmation of schedule | | | Admin Aide III |
| | TOTAL | No fees collected | 35 mins | |
| END OF SERVICE | | | | |
| SERVICE FREE OF CHARGE | | | | |

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- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



20. Issuance/Reproduction of Copy of Information, Maps, Records and other Data of the Province including 13 LGUs and One (1) Component City for Research and other Purposes.

This office assists client/researchers in securing copy of the information, maps, records, and other data. As custodian of the various reference materials such as the Provincial Development and Physical Framework Plan (PDPFP), Comprehensive Land Use Plan (CLUP), and Zoning Ordinance (ZO), Comprehensive Developmental Plan (CDP), and other plan documents of the component city/municipalities in the Province, the Office provides access to the reference materials needed by the clients and other line agencies.

| Office/Division | PROVINCIAL PLANNING & DEVELOPMENT OFFICE (2 nd Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 5604/5609 e-mail: <u>rizal.ppdo@gmail.com</u> | | |
|---|---|-----------------|--|
| Category | Internal / External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C - Government-to-Client G2G – Government-to-Government | | |
| Processing Time | 40 minutes processing time photocopying of documents, (blue printing/white printing of maps depend on service provider) | | |
| Fees | P20.00 /page Cost for Blue Printing/White Printing depends upon on the service provider located outside the Capitol premises. | | |
| | a. Client / Researcher | | |
| Who may avail: | b. Government / Line agencies | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | WHERE TO SECURE | |
| 1. Letter Request | | Client | |
| 2. Valid I. D. | | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|--|--------------------|--|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| 1. Present/submit the letter request specifying the purpose, including required documents | 1. Record/check the letter request and indorsed to the head of PPDO for approval | | | Admin. Aide I Admin. Aide VI |
| | If information records/ data/maps are available. • While preparing the data, clients are advise to pay the corresponding fee at the Cashier – Provincil Treasury Office | | | HEAD OF OFFICE |
| 2. Pay to the cashier at PTO | 2. Process and issue Official Receipt | P20.00 /page | | Cashier – PTO |
| 3. Present the Official Receipt to PPDO | 3. Accept the O.R. and Process the request (provide the map for Blue & White printing). * Clients is to be assisted by PPDO action staff for photo copying/printing of the asid documents (data | | 40 minutes | Draftsman II |
| 4. White/ Blue Printing Photocopying of data outside the office | said documents/data 4. Assist client for White/Blue Printing photo copying of information/ data | With fee depending on printing center | | Printing Center (Outside office) Admin. Aide I |
| 5. Return the original copy of the documents to the PPDO custodian. | 5. Accept the documents borrowed and return the ID to the client. | | | Admin. Aide I Admin. Aide VI Draftsman II |
| | TOTAL | P20.00 | 40 minutes | |
| END OF TRANSACTION | | | | |

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21. Processing/Issuance of Transport and Hauling Permit

A Transport and Hauling Permit is being issued by Office of the Provincial Governor at the recommendation of the Provincial Mining Regulatory Board (PMRB) of Rizal, to any person, firm or corporation to transport, haul or dispose of discarded/excess materials arising from the excavation or ground preparation or leveling of land or site upon which will be constructed any building or structure or any ancillary or auxiliary facility thereto or to enhance and increase agricultural productivity.

| Department/Office | RIZAL ENVIRONMENT AND NATURAL RESOURCES OFFICE-PROVINCIAL MINING REGULATORY BOARD Tel. No. : 8620-2400 local 5304 Email Add.: <u>renro_yes@yahoo.com</u> pmrb_rizal@yahoo.com |
|----------------------|---|
| Category | External |
| Classification: | Highly Technical |
| Type of Transaction: | G2C Government to client |
| Processing Time | 2 days and 3 hours |
| Fees | Application Filing Fee – Php 1,000.00 Verification Fee - Php 5,000.00 Transport and Hauling Fee - Php 10.00 per cu. meter of discarded/excess materials |
| Who may avail: | Individual, Firm or Corporation |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|---|--------------------------------|
| a. Application duly filled-up and notarized; | RENRO |
| b. Building Permit; | City/Municipality |
| c. Site Development Plan; d. Development/leveling permit and locational | Applicant City/Municipality |
| clearance: | City/Municipality |
| e. Work program with Schedule of Activities (GANTT Chart), Inventory of the volume of discarded materials to be transported/hauled out, prepared and signed by a licensed Civil Engineer; | Applicant |
| f. The use or occupancy for which the proposed work is intended; | City/Municipality |
| g. Description and ownership of the lot on which the proposed work is to be done or evidenced by OCTTCT and/or copy of contract of lease over the lot, if applicant is not the registered owner; | Register of Deeds |
| h. Environmental Compliance Certificate (ECC) or Certificate of Non-Coverage (CNC); | EMB IV-CALABARZON |
| i. Copy of Tax Declaration and Proof of payment of Real Property Tax | City/Municipality/Province |
| j. Certificate of No Objection from the Barangayk. If applicant is a corporation- | LGU-Barangay |
| (i) SEC Certificate of Registration (ii) Articles of Incorporation and By-Laws (iii) Board Resolution and/or Secretary's Certificate | SEC SEC SEC |
| Such other additional documents which the PMRB may require. | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE (Position Unit/ |
|--|--|------------------------------------|---|--|
| 1. Submit letter of intent for application of Transport and Hauling Permit to the Office of the Governor through the RENRO-PMRB | (Detailed Steps) 1. Advise the applicant through a letter to submit mandatory requirements. | | 30 minutes upon receipt of the letter. | Division) Admin. Aide I |
| 2. Submits application with requirements to the RENRO-PMRB Tech'l. Secretariat. | Receives application, with complete mandatory requirements based on the checklist. * Prepare Order of payment for Application/Filing Fee and Verification Fee | | 1 hour upon receipt of complete required documents | Senior Environmental Mgt. Specialist |
| 3. Pay the | * Advise client to pay the corresponding amount to the Prov'l. Treasurer's Office | Php 1,000.00 Php 5,000.00 | | Cashier-PTO |
| corresponding amount at the cashier of the Prov'l. Treasurer's | Accept payment and issue Official Receipt | 0,000.00 | | Admin. Aide I |
| Office 4. Return to RENRO submit OR | 4. Receives, photocopy the O.R. and forward to the Chief, RENRO/Head of PMRB Secretariat. * Advise the client that the documents are for further evaluation and review as to completeness and contents and he/she will be informed of the result. | | | Senior Environmental Mgt. Specialist |

| | * Evaluates and review the contents of the documents and prepare evaluation report. | | Senior Environmental Mgt. Specialist |
|---|--|--------------------------|--|
| | * Conduct verification and inventory of the stockpiled excess/discarded materials on site. | | Community Afairs Officer III |
| | * Prepare and submits evaluation report and verification/inventory report to the PMRB | | Supervising Environmental Mgt. Specialist |
| | * Prepare Notice of meeting/agenda. Invite the applicant and/or technical personnel to the meeting. | | |
| 4. Applicant and/or its technical personnel to present/discuss its Work Program to the PMRB. | 4. Staff presents its Evaluation and Verification Report. Applicant also presents the Work Program and other documents to the board. PMRB further review, discuss and deliberate the | 2 days and 45 minutes | Members of the PMRB, RENRO Staff, Applicant |
| | application. * Prepare the Resolution recommending to the Hon. Governor the granting/approval of the application for transport and hauling permit. | | Senior Environmental Mgt. Specialist |
| | * Endorses to the Office of the Governor the approved PMRB Resolution for the granting of Transport and Hauling Permit. | | Supervising Environmental Mgt. Specialist |
| | * Prepare the Transport and Hauling Permit and inform the client. | | |

| 5. Pay the Advance Transport and Hauling Fee to the cashier of the Prov'l. Treasurer's Office and present the O.R. at the RENRO/PMRB Secretariat | 5. Prepare Order of Payment for advance transport and hauling fee. Advise the client to pay the corresponding amount to the Provincial Treasurer's Office * Secure photocopy of the OR and dry seal Transport and Hauling Permit and prepare the document. | Php 10.00 per cu.m. of discarded/ excess materials | 45 minutes | Senior Environmental Mgt. Specialist |
|--|---|---|-----------------------|---|
| 6. Received the Transport and Hauling Permit. | 6. Released the permit/ document to the client | | | Senior Environmental Mgt. Specialist Supervising Environmental Mgt. Specialist |
| | TOTAL END OF TRAM | Application Filing Fee – Php 1,000.00; Verification Fee - Php 5,000.00; Transport and Hauling Fee - Php 10.00 per cu. meter of discarded/ excess materials | 2 days and 3 hours | |

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22. Treatment and Rehabilitation Services

RADAO provides services which include assessment, treatment for out-patient and rehabilitation of Persons Who Use Drugs (PWUDs).

| Office/Division | RIZAL ANTI-DRUG ABUSE OFFICE (RADAO) – Treatment and Rehabilitation Section (Lower Ground, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 5714/5711/ e-mail: rizalantidrugabuseoffice@gmail.com | | |
|---|--|---|--|
| Category | External | | |
| Classification: | Complex | | |
| Type of Transaction: | G2C - Government to Client G2G – Government to Government | | |
| Processing Time | 4 hours for New Patient / 2 hours for Regular Patient | | |
| Fees | None | | |
| Who may avail: | A. Persons Who Use Drugs (PWUDs) or drug dependent individuals. B. Families who are affected or have problems regarding addiction. C. Persons Deprived of Liberty (PDLs) that were issued Court Order by concerned Regional Trial Courts (RTCs). | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| 1. Request Letter addressed to the Governor | | 1. Walk-in Clients | |
| 2. Endorsement Letter 3. Court Order | | Concerned Office of any Local Government Unit Regional Trial Court | |
| 4. For Minor Patients, Social | al Case Study and request | t 4. Concerned Social Welfare Office or MSWD Head | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E (Position Unit/ Division) |
|--|---|--------------------|---|---|
| 1. Submit Approved Request Letter from the Governor, including supporting documents. | 1. Accept/Receive and review Request letter of New patient. | | | RADAO Staff |
| 2. Co-dependent of New and Regular Patients will be subjected for interview. | 2. Conduct of interview with the co- dependents. (immediate family/ relatives of the New and Regular patient). * Gather information regarding the traits and behavior of the patient and its effects to the members of the family/community. | None | 4 Hours for New Patient 2 Hours for Regular Patient | RADAO Staff |
| 3. Patient will be subjected for interview. | Interview the patient and administer Psychological Tests for new patient. | | | RADAO Staff |
| 4. Patient and Co- dependent will be waiting for the result. | 4. Process and interpretation of Psychological Tests. | | | RADAO Officer |
| | Endorse result to the Chief of RADAO for counseling. | | | Chief of RADAO |
| | Counsel patient and co-dependent for Regular patient | | | RADAO Officer |
| 5. Receive the schedule for the next counseling Session. | 5. Release the schedule. | | | |

| TOTAL | No fees collected | 4 Hours for New Patient 2 Hours for Regular Patient | | | |
|-------------------------|----------------------|---|--|--|--|
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

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23. Issuance of Certified Copies of Legislative Documents and Certificate of Accreditation/Posting

Issuance of certified copies of Resolutions and Ordinances including Certificate of Accreditation / Posting have been availed of as evidence/proof that it was duly adopted/approved and enacted by the Sangguniang Panlalawigan of Rizal. The Resolutions, Ordinances and Certificate of Accreditation/Posting may be used to private entities/corporations, national agencies/offices and offices under the Rizal Provincial Government and for all legal intent/purposes.

| Office/Division | OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARIAT (SPS)- RECORDS AND ARCHIVES SECTION (3 rd Floor, RPG Bldg., Antipolo City, Tel. No. 620-24-00 Local 3501/3504/3505/3509/ Email: <u>spsec rizal@yahoo.com</u>) | | | |
|---|--|--|--|--|
| Category: | External / Internal | External / Internal | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C - Government to Client G2G – Government to Government | | | |
| Processing Time | 20 minutes per resolution/ordinance and certificate of accreditation/posting | | | |
| Fees | Php 20.00 per page | | | |
| Who may avail: | a.) Private Individuals/Entities, Corporations, CSO's/NGO's/PO's b.) Students/Researchers c.) National Government Agencies/Offices, GOCC's, SUC's, LGU's and Department/Offices within the Rizal Provincial Government | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Request letter Official Receipt (O.R.) | | Client Provincial Treasurer's Office-Cashier | | |
| WITH AUTHORIZED REPRESENTATIVE 1. Authorization letter 2. Valid I. D. | | From the requesting party Authorized Representative | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
|---|---|------------------------------|--|--|--|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) | |
| 1. Submit letter request to SP- Secretariat's Frontline Officer of the day. | Accept/Receive and review the accomplished form. Inform Client to pay the corresponding amount at Treasurer's Office. | | | Admin. Asst. V Local Legislative Staff Employee II | |
| 2. Pay the corresponding fee at the Cashier – Treasurer's Office. | 2. Collecting Officer process payment and issue Official Receipt (O.R.) While clients pays the corresponding fee, SPS Records Officer/staff prepares the requested document. | Php 20.00 per document | 20 minutes upon receipt of complete required documents | PTO Cashier Records Officer Admin. Aide VI Officer-In- Charge Board Secretary IV | |
| 3. Present Official Receipt (OR) to the action Officer at SP-Secretariat. | 3. Check/Record the Official Receipt (OR) and | | | Local Legislative Staff Employee II | |
| 4. Received the document requested. | 4. Released the certified true copy of the record/ document to client. | | | Local Legislative Staff Employee II | |
| | TOTAL | Php 20.00 per document | 20 minutes upon receipt of complete required documents | | |
| | END OF TRANSACTION | | | | |

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24. Assistance to Individuals in Crisis Situation

This program seeks to provide immediate assistance to individuals/families/groups/and communities who seek social welfare intervention such as financial assistance, medical assistance, and burial assistance.

| Office/Division | PROVINCIAL SOCIAL WELFARE AND DEVELOPMENT OFFICE Lower Ground, Rizal Capitol, Antipolo City 620-2400 local 6014/6001 / email: pswd.rizal@gmail.com | | |
|---|---|---|--|
| Category | External | | |
| Classification: | Simple | | |
| Type of Transaction: | on: G2C – Government to Citizen | | |
| Processing Time | 40 minutes | | |
| Fees | None | | |
| Who may avail: | Less fortunate individu communities within Riz | als, families, groups and/or zal | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| For Burial Assistance: Personal letter addressed to Honorable Governor Brgy. Indigency Registered Death Certificate Funeral Contract Photocopy of Valid ID | | Client Brgy. where the client resides LCR of City/Municipality where client resides Funeral service provider Client | |

| For Medical/Hospitalization Assistance: | |
|---|---|
| Personal letter addressed to Honorable Governor Brgy. Indigency | ClientBrgy. where the client resides |
| Medical Certificate/Clinical Abstract | • From the attending physician |
| Medical Prescription/ Treatment Protocol/ Laboratory Requests/Medical Procedures/ Billing statement (Hospital bill) | From the attending physician/ hospital where the patient was confined |
| Photocopy of Valid ID | Client |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|--------------------|--------------------|---|
| 1. Submit documents with marginal note form the Office of the Governor. | 1. Receive clients' documents. | | | Admin Aide I |
| | Conduct validation of documents through coordination with barangay, hospitals, funeral service provider, and other agencies/ institutions concerned. (If request is not approved) client will be informed of his/her lacking/expired documents depending on the assistance needed. | None | 1 hour | Admin. Aide I Chief, PSWD |
| 2. Sign index card for recording purposes. | 2. Assessment, interview, and preparation of Social Case Study Report (AICS Form). | | | Case Workers Social Workers |

| 3. Client to undego Photo Opps and finger print. | documentation on AICS | | | Admin. Aide I |
|--|---|------------------------------|--------|---------------|
| 4. Be present at the Office of the Governor together with PSWD staff with documents | the office of the Governor and endorsed | | | Admin. Aide I |
| | TOTAL | No fees collected None | 1 hour | |
| END OF TRANSACTION | | | | |
| SERVICES FREE OF CHARGE | | | | |

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25. Emergency Shelter Assistance

This program responds to immediate need of Rizaleños who are victims of calamities such as fires, typhoons and other disasters that require temporary shelter assistance.

| Office/Division | PROVINCIAL SOCIAL WELFARE AND DEVELOPMENT OFFICE Lower Ground, Rizal Capitol, Antipolo City 620-2400 local 6014/6001 / email: pswd.rizal@gmail.com | | | |
|---|---|---|--|--|
| Category | External | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C – Government to Citizen | | | |
| Processing Time | Case-to-case basis (maximum of 20 days) | | | |
| Fees | None | | | |
| Who may avail: | Victims of natural and/or man-made calamities | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | |
| Personal letter addressed to Honorable Governor Certification signed by Brgy. Captain stating the name and address of the victim of the calamity. Certificate from the Bureau of Fire Protection (if victim of fire) | | Client Brgy. where the client resides Bureau of Fire Protection | | |
| Certificate or reportPhotocopy of Valid I | | C/MSWDO where the client resides Client | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ | |
|---|---|--------------------|----------------------|--|--|
| (Detailed Steps) | (Detailed Steps) | | | Division) | |
| 1. Submit documents with marginal note from the Office of the Governor | 1. Receive clients' documents and indorse to focal person | | 5 minutes | Administrative Aide I | |
| 2. Client to sign ESA Form | 2. Conduct validation of documents through coordination with barangay, BDRRMO, BFP, C/MSWDO, C/MDRRMO); and Homevisitation, assessment, interview, and preparation of Emergency Shelter Assistance (ESA) Form If request is not approved: client will be informed of his/her lacking/expired documents depending on the assistance needed.) | None | 4 days | Case Workers Chief, PSWD | |
| | * Preparation of feedback report to be endorsed and for approval of Honorable Governor. * Processing of voucher or | | 2 days | Case Workers Chief, PSWD | |
| | payroll upon the approval of the Governor. | | 2 dayo | Budget Office | |
| 3. Receive cash assistance. | 3. Release/distribute cash assistance. | | | Case Workers Chief, PSWD | |
| TOTAL | | No fess collected | 6 days and 3 minutes | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |



26. Request for Assistance for Land Acquisition thru Community Mortgage Program (CMP) or Direct Buying Scheme

Request for assistance for Land Acquisition thru CMP or Direct Buying Scheme can be reached thru the working hand-in-hand of the community association (C.A.), the Landowner, the national government agency: the Socialized Housing Finance Corporation (SHFC) and the Local Government Units LGUs: city/municipality and barangay) for CMP & the C.A., the Landowner & the Local Government Units (city/municipality and barangay) for Direct Buying Scheme. The Rizal Provincial Government, being another local government unit, serves as Mobilizer if via CMP or Facilitator if via Direct Buying Scheme.

| Office/Division | HOUSING AND RESETTLEMENT DIVISION (H.A.R.D.) (Lower ground Floor, RPG Bldg., Antipoo City, Tel No. 8620- 2400 local 5104/e-mail: <u>rizalprovincial_housing@yahoo.com</u> | | | |
|---|---|--|--|--|
| Category: | External | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C - Government to Client G2G – Government to Government | | | |
| Processing Time | 22 Weeks, 1 day & 20 minutes | | | |
| Fees None | | | | |
| Who may avail: Legitimate or reg | | istered community association(s) | | |
| CHECKLIST OF REC | QUIREMENTS | WHERE TO SECURE | | |
| 1. Request letter with conta | act number | 1. To be written/encoded, signed by the president or representative of the community association & submitted | | |
| 2. Registration of the com to HLURB or S.E.C. | munity association | 2. To be secured by the community association/ from HLURB or S.E.C. | | |
| 3. Pertinent documents purchased | of the lot to be | 3. To be secured from Registry of Deeds/ Assessor"s Office, et. al. | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|--|-----------------------|--|--|
| 1. Submit signed request letter with contact number to the Governor's Office, together with C.A. registration and the information of the land to be purchased. | 1. Receive from Gov's. Ofc. & assess/ evaluate the signed request letter and subject to further verifications/site inspection before endorsing to the Governor for approval and further instruction. | None | 20 minutes after receipt of letter from the Gov's. Office. | Administrative Staff &/or Project Officer(s) |
| 2. A. Plan and set schedule of necessary meetings & activities to be conducted by stakeholders including the ceremonial signing of Memorandum of Agreement (MOA) | 2. a. Orientation of the beneficiaries and the landowner(s)2.b. Checking of the C.A's. listing | | 16 Weeks/ 4 months after having all the necessary preparations/ documentatio n | Project Officer(s), Community Organizer(s) & Census Survey Member(s)/Verifier (s) |
| 2. B. Conduct of actual Program Orientation, Census Survey and Relocation of property boundaries, if needed. A separate request letter is needed for the activities specially during week-ends or holidays. | validation interview 2. d. Ensure that the subdivision plan design conforms with HLURB Standard (may implement reblocking) 2.e. To act as resource person in the meetings 2.f. To monitor activities related to the program | None | | |
| | 2.g. To seek the assistance of the Provincial Legal | | | |

| 3. Wait for the schedule of signing of MOA | Office to review the document and draft MOA 2.h. To carefully discuss with the C.A. the content of MOA. Endorsement of the document to Legal Office for final review and recommendation 3. Setting of the signing of MOA | | 1 day | Project Officer(s) |
|---|---|------|-------------------------------------|--|
| 4. Signing of MOA 5. If Project is | 4. Facilitation of signing of MOA5. If Project is under | | 4 Weeks with | Officer-in-Charge & Project Officer(s) Officer-in-Charge |
| a. Facilitate transfer of the title under the name of C.A. | CMP: a. Submission of documents to SHFC for their evaluation and approval or recommendation. | | the SHFC | &/or Project Officer(s) |
| b. Inform the general membership & the Landowner for the direct Buying Scheme as an alternative to CMP. | If disapproved: * Divert to Direct Buying Scheme, subject to Landowner's consent. If Project is approved as Direct Buying Scheme: | None | Immediately after disapproval | |
| | * Project Officer to closely monitor the C.A's. payment to the Landowner. * Advise the Lot owner to religiously pay the monthly amortization. | | | |

| 6. Receive the CMP or Direct Buying Lot Allocation Certificate. | Allocation Certificate | | 1 Week | Officer-in-Charge & Project Officer(s) | | |
|---|------------------------|----------------------|------------------------------------|---|--|--|
| | TOTAL | No fees collected | 22 Weeks, 1 day & 20 minutes | | | |
| END OF TRANSACTION | | | | | | |
| SERVICES FREE OF CHARGE | | | | | | |

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27. Processing of Application for National Housing Authority (NHA) Relocation Project

Request for assistance for application for the NHA Relocation Project are for those who are living within a National or Local Government Project Site(s) such as Road-Widening, Slope Protection, Waterways Clearing and/or Danger Zones.

| Office/Division | HOUSING AND RESETTLEMENT DIVISION (H.A.R.D.) (Lower ground Floor, RPG Bldg., Antipolo City, Tel No. 8620-2400 local 5104/e-mail: rizalprovincial_housing@yahoo.com | | | | |
|---------------------------------------|---|---|--|--|--|
| Category: | External | | | | |
| Classification: | Highly Technica | 1 | | | |
| Type of Transaction: | G2C - Governm G2G – Governn | ent to Client nent to Government | | | |
| Processing Time | 6 weeks & 20 minutes (depending on the availability of the NHA relocation Area) | | | | |
| Fees | None | | | | |
| Who may avail: | Families living within a National or Local Government Project Site(s) such as Road-Widening, Slope Protection, Waterways Clearing or Danger Zones. | | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | | |
| 1. Request letter with contact number | | 1.Signed letter by and individual or the president of the community association | | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|---------------|--|--|
| (Detailed Steps) | (Detailed Steps) | PAID | | (Position Unit/ Division) |
| 1. Submit signed request letter with contact number to the Governor's Office. | 1. a. * Receive from Gov's. Ofc. & assess the signed request letter 1.b. * Verify the document to be submitted/endorsed to the Gov. for approval & instruction | None | 20 minutes after receipt of letter from the Gov's. Ofc. | Community Organizer(s) &/or Project Officer(s) |
| 2. Inquiry of schedule & constant communication with the H.A.R.D. personnel (thru SMS or phone call) | 2. Informing schedule of actual validation/ revalidation of applicant | | Within 1 week after receiving of the request letter from/by the office of the Gov. | Community Organizer(s) & Project Officer(s) |
| 3. Preparedness of household members with emphasis if there are Senior Citizen, PWD(s) & others, relative to resettlement. | 3. Coordination with NHA for the availability of relocation site | | 2 weeks of coordination with NHA | Officer-in-Charge &/or Project Officer(s) |
| 4. Attendance & participation to the meetings/orientatio n conducted by NHA & LGU. To know their responsibility as NHA beneficiary | 4. Coordination with applicant(s) and personnel of NHA and concerned LGU regarding relocation proper | None | 1 week before the relocation proper | Officer-in-Charge & Focal Project Officer on demolition |
| *Completion of required document | * Explain to the applicants their voluntary total demolition of the structure before being | | | |

| | relocated. | | | | |
|---|--|-------------------|---|--|--|
| 5. Prepare and get ready the necessary document, family picture before the relocation proper of the beneficiary/ies. | 5. Reminds beneficiary/ies to get ready of the documents. | | 1 week before the relocation proper | Officer-in-Charge & Focal Project Officer on demolition | |
| 6. Relocation proper of the beneficiary/ies. | 6. Conduct of actual demolition of the structure and relocation of beneficiary/ies on area to be occupied. | | 1 week until the relocation of the beneficiary/ie s is/are relocated | Officer-in-Charge & Focal Project Officer on demolition | |
| | TOTAL | No fees collected | 6 weeks & 20 minutes | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



28. Processing of Application for Renewal of Quarry Permit

Quarry Permit (QP) Renewal refers to the permit granted to a Qualified Person, firm or corporation, for the extraction and utilization of quarry resources on public or private land. Within sixty (60) calendar days before the expiration of the Permit, the Quarry Permit Holder may submit to the Office of the Governor through the Provincial Mining Regulatory Board (PMRB) an application and/or intent to renew the Permit for the extraction, removal, and disposition of quarry resources covering an area of not more than five (5) hectares, for a term of five (5) years from the date of issuance thereof, renewable for like period but not to exceed a total term of twenty (25) years.

| Office/Division | RIZAL ENVIRONMENT AND NATURAL RESOURCES OFFICE-PROVINCIAL MINING REGULATORY BOARD Tel. No. : 8620-2400 local 5304 Email Add: renro_yes@yahoo.com; pmrb_rizal@yahoo.com |
|----------------------|---|
| Category | External |
| Classification: | Highly Technical |
| Type of Transaction: | G2C Government to client |
| Processing Time | 2 days, 3 hours and 40 minutes |
| Fees | Application Filing Fee – Php 1,000.00 Verification Fee – Php 5,000.00 Advance Extraction Fee – 10% of the Fair Market Value of Minerals Quarry Fee – Php 100.00/ha./year Registration Fee – Php 1,000.00 |
| Who may avail: | Individual, Firm or Corporation |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|--|--|
| 1. Application form duly filled-up and notarized; | RENRO |
| Justification of renewal; | Applicant |
| 3. Application form duly filled-up and notarized; | Applicant |
| 4. Comprehensive and validated technical report | Applicant/Mining |
| on the outcome of operations including their | Engineer/Geologist |
| environmental effects duly prepared, signed | |
| and sealed by a licensed Mining Engineer or | |
| Geologist; | Applicant/Cartifical Dublic |
| 5. Audited report of expenditures incurred during | Applicant/Certified Public |
| the operations period; | Accountant |
| 6. Integrated Environmental Protection and | Applicant/Mining |
| Enhancement Program (EPEP) & Final Mine Rehabilitation and Decommissioning Program | Applicant/Mining Engineer/Geologist |
| duly prepared, signed and sealed by a | Engineen/Geologist |
| licensed Mining Engineer or Geologist; | |
| 7. Work Program duly prepared, signed and | |
| sealed by a licensed Mining Engineer or | Applicant/Mining |
| Geologist; | Engineer/Geologist |
| 8. Certificate of Environmental Management and | 5 5 |
| Community Relations Records (CEMCRR), | MGB Region IV-CALABARZO |
| and | |
| Other supporting papers/documents: | Applicant |
| Program of Support to the YES TO | |
| GREEN Program of the Honorable | A B C |
| Governor. | Applicant |
| • Five (5) Year Social Development and | Applicant |
| Management Program | Provincial Treasurer's Office |
| Production Report (5 years) | Trovincial Treasurer's Office |
| Clearances/Certification from the Office of the Provincial Treasurer as to | |
| of the Provincial Treasurer as to payment of monitoring and stabilization | |
| fee | |
| Proof of Payment of Excise Tax | Applicant/BIR |
| Proof of payment of Real Property Tax | City/Municipality/Province |
| Certificate of Deposit: | |
| Environmental Trust Fund | Applicant/Accredited Bank |
| Rehabilitation Trust Fund | Applicant/Accredited Bank |
| Monitoring Trust Fund | Applicant/Accredited Bank |
| a. Such other additional documents which the | |
| PMRB may require. | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
|---|---|--------------------|--|---|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| 1. Submit letter of intents for application of Quarry Permit Renewal to the Office of the Governor through the PMRB- RENRO. | Accept and check letter of intents and indorsed to the Office of the Governor. Proponent was advised through a letter to submit mandatory requirements. | none | 20 minutes upon receipt | RENRO Staff Senior Environmental Management Officer |
| 2. Submits application with requirements to the RENRO/PMRB Tech'I. Secretariat. | 2. Receives application, with complete mandatory requirements based on the checklist. Prepare Order of payment for Filing Fee. Advise the client to pay the corresponding amount to the Prov'l. Treasurer's Office. | | 1 hour upon receipt of the letter from the Office of the Governor | RENRO Staff Senior Environmental Management Officer |
| 3. Pay the corresponding fee at the cashier-Treasurer's Office. | 3. Accept payment and issue Official Receipt. | Php 1,000.00 | 10 minutes | Cashier-PTO |
| 4. Submit O.R. to RENRO action Officer. | 4. Secure photocopied O.R. and receive the documents and forwarded to the Chief, RENRO/Head of PMRB Secretariat. * Advise the client that the documents are for further evaluation and review as to completeness and contents and he/she will | | 15 minutes 3 hours | RENRO Staff Senior Environmental Management Officer |
| | be informed of the result. * Evaluation and further review of the contents of | | | |

| | the documents and prepare evaluation report to the PMRB. * Prepare Order of payment for Field Verification Fee * Advise client to pay the corresponding amount at the Prov'l. Treasurer's Office | | 15 minutes | Senior Environmental Management Officer |
|---|---|-----------------|------------|--|
| 5. Pay the corresponding amount at the Provincial Treasurer's Office. | 5. Accept payments andissue Official Receipt | Php 5,000.00 | 10 minutes | Cashier - PTO |
| | * Conduct field verification of the area. Prepare and submit a report and recommendations to the PMRB. | | 6 hours | Supervising/Se nior Environmental Management Officer |
| | * Schedule a meeting of the PMRB and prepare Notice of Meeting/Agenda. Include in the agenda the application for renewal of QP and invite the applicant. | | 30 minutes | Senior Environmental Management Officer |
| 6. Present to the PMRB its Work Program including other documents required. | 6. During the meeting the PMRB Secretariat presents to the board its evaluation and verification report. Likewise, applicant and/or its technical | none | | Members of the PMRB, RENRO Staff, Applicant |
| | personnel its Work Program. * PMRB conducts further evaluation, review of the documents submitted, | | 2 hours | Senior Environmental Management Officer |
| | and deliberation on the merits of the application. | | 2 hours | Supervising/Se nior Environmental Management |

| | * Prepare the Resolution of the PMRB recommending to the Hon. Governor the granting/approval of the application for renewal of QP. * Endorses to the Office of the Governor the PMRB Resolution for the issuance of QP renewal. * Prepare the Quarry Permit and filled-up other information on the QP. * Inform the applicant. * Prepare Order of payment for advance Extraction Fee (EF) and Quarry Fee (QF) * Advise the client to pay the corresponding amount to the Prov'l. Treasurer's Office. | | 15 minutes 30 minutes | Officer Supervising Environmental Management Officer |
|--|---|--|--------------------------|--|
| 7. Pay the corresponding amount to the cashier of the Prov'l. Treasurer's Office. | 7. Accept payment and issue Official Receipt | EF=Php 10% of the Fair Market Value of minerals for 1year. QF=Php 100.00/ha. for 5 years. Registratio n Fee- Php 1,000.00 | 10 minutes | Cashier- PTO |

| 8. Present the O.R. at the RENRO/PMRB Secretariat. 9. Received the Quarry Permit. | 8. Secure photocopy of the OR and dry seal the Quarry Permit Renewal. 9. Released the permit/document to the client | | 10 minutes 15 minutes | Admin. Aide I PMRB Techl. Secretariat. Chief, RENRO Admin. Aide I |
|--|--|---|--------------------------|---|
| | TOTAL | Application | 2 days, 3 | |
| | | Filing Fee – Php 1,000.00 Verification Fee – Php 5,000.00 Advance Extraction Fee – 10% of the Fair Market Value of Minerals Quarry Fee – Php 100.00/ha./ year Registratio n Fee – Php 1,000.00 | hours and 40 minutes | |
| | END OF TRAM | ISACTION | 1 | <u> </u> |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



29. Medical Consultation (OPD)

The Rizal Provincial Hospital System – Binangonan-Annex Out-Patient Department (OPD) is where diagnosis, treatment and providing appropriate medical services to individual who need medical assistance are being done.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM Binangonan Annex MEDICAL DEPARTMENT – OPD) Manila East Road, Barangay Darangan, Binangonan , Rizal T <u>el. nos</u> .: 688-9474, 8706-9520 /Loc. 1133 email: rphsbinangonan@gmail.com | | |
|--|---|-------------------------------|--|
| Category | Internal / External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C – Government to Public | | |
| Processing Time | 20 minutes | | |
| Fees | None | | |
| Who may avail: | General Public | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECUR | | WHERE TO SECURE | |
| OPD Record | | Information Admitting Section | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--------------------|--------------------|-----------------------------------|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| Proceeds to Information/ Admitting Section and request for medical consultation | Asks the patient : NEW or if with previous record - accomplish (complete) Patient's Record Form. OLD patient - retrieves the file. | None | | OPD/ Information Desk Staff |
| Proceeds to the OPD area | Advise patient to proceed to OPD area and forwards patients form (OLD patient) to the Nurse station. | | | |
| Proceeds to the OPD Nurse station | Check s vital signs and chief complaint . | | 20 minutes | OPD Nurse |
| | Advises to proceed to the designated Medical Consultation Area. | | | |
| | Forwards OPD record forms to the Medical Officer/Medical Specialist | | | |
| Proceeds to the assigned cubicle, Department, for physical examination, evaluation and management | Provides consultation, prescription, and give follow up, check-up schedule. | | | Medical Specialist |
| | TOTAL | No fees collected | 20 minutes | |
| | END OF TRANSACTION | | | |
| SERVICES FREE OF CHARGE | | | | |



30. Peritoneal Dialysis (OPD)

The Rizal Provincial Hospital System – Binangonan-Annex Out-Patient Department (OPD) Peritoneal Dialysis is where diagnosis, treatment and providing appropriate medical services to individual who need medical assistance are being done.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex MEDICAL DEPARTMENT – OPD) Manila East Road, Barangay Darangan, Binangonan , Rizal T <u>el. nos</u> .: 688- 9474, 8706-9520 /Loc. 1133 email: rphsbinangonan@gmail.com | | |
|--|--|-------------------|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Public G2G – Government to Government | | |
| Processing Time | 20 minutes | | |
| Fees | For Regular Philhealth Member Php 600.00/claim (CO-PAY) | | |
| Who may avail: | General Public with Nephrologist referral and Dialysis Patients | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECUR | | WHERE TO SECURE | |
| Updated Member Data Record (MDR) Philhealth Branch | | Philhealth Branch | |
| Certificate of Philhealth contribution Employer | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|--|--|--------------------|---|
| 1. Proceeds to Information/ Admitting Section and request for medical consultation | 1. Asks the patient : NEW or if with previous record- ccomplish (complete) Patient's Record Form. | None | | PD Nurse / Information Clerk |
| | OLD patient - retrieves the file. Advises to proceed to OPD area Forwards patient form (OLD patient)to the dialysis Nurse station. | | | Information Clerk PD Nurse |
| 2. Proceeds to the Peritoneal Dialysis Clinic | 2. Checks vital signs and chief complaint. * Advises to proceed to the designatedMedical consultation Area. * Forwards OPD record forms to the Medical Specialist - Nephrologist | | 20 minutes | PD Nurse |
| 3. Proceeds to assigned Medical Specialist for physical examination, evaluation and management | 3. Provides consultation, prescription, and give follow up, check-up schedule | | | Nephrologist |
| | TOTAL | For Regular Philhealth Member | 20 minutes | |

| | Php 600.00/ claim (CO- PAY) | | |
|---|--------------------------------------|--|--|
| END OF TRANSACTION SERVICES FREE OF CHARGE | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2

| PERITONEAL DIALYSIS LABORATORY | | | |
|--|----------|--|--|
| PACKAGE 1: | 130.00 | | |
| CBC With Platelet Count | | | |
| Sodium | 190.00 | | |
| Potassium | 190.00 | | |
| Chloride | 190.00 | | |
| Ionized Calcium | 380.00 | | |
| BUN | 60.00 | | |
| Crea | 60.00 | | |
| HbsAg | 100.00 | | |
| Hcv Ag-Ab Assay | 450.00 | | |
| Anti-Hbs Assay | 200.00 | | |
| HIV (Rapid) | 300.00 | | |
| Albumin | 80.00 | | |
| Inorganic Phosphorus | 150.00 | | |
| TOTAL | 2,480.00 | | |
| Less 20 % Senior Citizen Discount | 496.00 | | |
| PRICE NET OF DISCOUNT | 1,994.00 | | |
| PERITONEAL DIALYSIS LABORATORY <u>PACKAGE 2:</u> CBC With Platelet Count | 130.00 | | |
| Sodium | 190.00 | | |
| Potassium | 190.00 | | |
| Chloride | 190.00 | | |
| Ionized Calcium | 380.00 | | |
| BUN | 60.00 | | |
| Crea | 60.00 | | |
| Albumin | 80.00 | | |

SCHEDULE OF FEES:

| Inorganic Phosphorus | 150.00 |
|-----------------------------------|----------|
| TOTAL | 1,430.00 |
| LESS 20 % SENIOR CITIZEN | 286.00 |
| DISCOUNT | |
| PRICE NET OF DISCOUNT | 1,144.00 |
| PERITONEAL DIALYSIS | |
| LABORATORY PACKAGE 3: | 400.00 |
| Lipid Profile | |
| Uric Acid (Bua) | 60.00 |
| SGPT | 80.00 |
| Hbatc | 300.00 |
| IPTH | 2,400.00 |
| Urine Protein Creatinine Ratio | 600.00 |
| C3 Quantitative | 1,000.00 |
| ANA with titer | 1,300.00 |
| Total | 6,140.00 |
| Less 20 % Senior Citizen Discount | 1,228.00 |

| PRICE,NET OF DISCOUNT | 4,912.00 |
|------------------------------------|----------|
| PERITONEAL DIALYSIS | |
| LABORATORY <u>PACKAGE 3-1:</u> | |
| Lipid Profile | |
| Uric Acid (BUA) | |
| SGPT | |
| HbAtc | |
| IPTH | 2,400.00 |
| Urine Protein Creatinine Ratio | 600.00 |
| C3 (Semi-Quantitative) | 420.00 |
| ANA (screening) | |
| TOTAL | 4,860.00 |
| Less: 20 % Senior Citizen Discount | 972.00 |
| PRICE NET OF DISCOUNT | 3,883.00 |
| PERITONEAL DIALYSIS MEDICAL | RATES |
| SUPPLIES: | |
| EXTENSION CATHETER | 1,768.00 |
| STAY SAFE ORGANIZER | 1,137.50 |
| Star safe Disinfection Cap | 25.35 |
| Panamed Dressing Kit | 200.00 |
| PD Fluids 1.5 % | 300.00 |
| PD Fluids 2.3 % | 300.00 |
| PD Fluids 4.25 % | 300.00 |



31. Hospital Admission Services

Patients are admitted for further evaluation and management, constant monitoring, giving diagnostic and laboratory procedure within the capacity of RPHS – Binangonan Annex.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex Manila East Road, Barangay Darangan, Binangonan , Rizal T <u>el. nos</u> .: 688-9474, 8706-9520 /Loc. 1133 <u>email:</u> rphsbinangonan@gmail.com | | |
|---------------------------|---|-----------------|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Client (Retiree) G2G – Government to Government | | |
| Processing Time | 1 hour and 25 minutes | | |
| Fees | Fees depend on the requested procedure | | |
| Who may avail: | PATIENTS FOR ADMISSION | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Admitting Order | | Hospital | |
| Philhealth document | ts/ID Client | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|--|------------------------|---|
| 1. Proceeds to Information/ Admitting section and present admitting order | 2. Patients for admission coming from the ER/OPD are given Admission Slip | | | Admitting Clerk |
| | * Record general information and provides consent, waiver needed for admission. Checks availability of hospital bed | None | 15 minutes | Nurse |
| 2. Reads and signs consent for admission | 2. Prepares Admission Chart for Doctor's Order Explains hospital admission rules and regulations | | | Nurse |
| | Prescribes medicines and medical supplies needed ImplementsDoctors order: (a) Intravenous Fluid (IVF) insertion (b) Administration of medicines (c) Request / send patient to Laboratory for ancillary procedures (d) Other nursing procedures | Dependin g on the requeste d procedur e | 1 hr and 10 minutes | Doctor/Nurse |
| 3. Proceeds to assigned ward | 3. Endorses to appropriate hospital ward * Transports the patient | | | Nurse Instutional Worker |

| 4. Proceeds to Medical Social Service and ask for assistance | 4. Interviews and assesses capacity to pay * Gives list of requirements for admission. * Explain PhilHealth requirements * Prepares all the requirements | | | Information Clerk |
|---|---|---|--------------------------|----------------------|
| | TOTAL | Fees Depends on the procedure requested | 1 hour and 25 minutes | |
| END OF TRANSACTION | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



32. Discharging of Patients Services

Patient deemed for discharge after appropriate and optimal medical service has been rendered.

| Department/Office | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex BILLING SECTION – BUSINESS CENTER OFFICE Manila East Road, Barangay Darangan, Binangonan , Rizal T <u>el. nos</u> .: 688-9474, 8706-9520 /Loc. 1 email: rphsbinangonan@gmail.com | | |
|--------------------------|---|--------------------|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Client/Public | | |
| Processing Time | One (1) hour | | |
| Fees | Case to case basis (Depending on the amount of the hospital bill) | | |
| Who may avail: | PATIENTS FOR DISCHARGE | | |
| CHECKLIST OF F | REQUIREMENTS WHERE TO SECURE | | |
| 1.PhilHealth Card | | Patient / Relative | |
| 2. Senior Citizen's Card | Patient | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|-----------------------------------|--|---|--------------------|--|
| 1. Requests for hospital bill | 1. Checks if patient is ready for discharge | none | | Nurse / Doctor |
| Presents required documents | Asks the patient's relative for required documents for application of benefits and/or discounts; | | 20 minutes | Nurse / Billing Clerk / |
| | Issues hospital bill for billing statement preparation including lab, radiologic department procedures and | | | Nurse / Med Tech, Lab Tech, Pharmacist, Billing Clerk |
| | pharmacy for drugs and medicine expenses | | | Billing Clerk Philhealth Clerk |
| | Advises patient's relative / companion to complete the required documents for PhilHealth / Point of Service (POS) use | Depending | | |
| 2. Pays the bill | Receives payment and Issues Official Receipt (OR) and Clearance Slip | on the amount of the hospital bill | 40 minutes | Cashier |
| | Administer health Teaching Prescription and advise client of the follow-up visit | | | Doctor |
| | * Signs Philhealth document | | | |
| | * Issues clearance slip | | | Nurse |
| | * Prepares patient for discharge, remove any contraption. | | | |

| 3. Presents hospital clearance | 3. Receives hospital clearance and record. * Transports patient to exit | | | PSD Institutional Worker |
|-----------------------------------|--|--|--------|--------------------------------|
| | TOTAL | Fees depends upon in the amount of hospital bill | 1 hour | |
| END OF TRANSACTION | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



33. Physical Therapy and Rehabilitation Services

Physical Therapy and Rehabilitation Service provides consultation and Physical Therapy treatment of different medical, neurologic, orthopedic and pediatric conditions such as Stroke, Cerebral Palsy, Low back Pain, Frozen Shoulder, Arthroplasty, Osteoarthritis, Carpal Tunnel Syndrome, and other condition.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex MEDICAL DEPARTMENT – PHYSICAL THERAPY AND REHABILITATION UNIT Manila East Road, Barangay Darangan, Binangonan , Rizal T <u>el. nos</u> .: 688-9474, / Loc. 1 email: rphsbinangonan@gmail.com | | | |
|---|--|--|--|--|
| Category | Internal / External | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C - Government to Public | | | |
| Treatment Time | 1 ½ hours depending on the condition treated | | | |
| Fees | Depending on the Rehab Program given by the Rehab Doctor, Charity- P250-P600 | | | |
| Who may avail: | All patients who need Physical Therapy Treatment referred by Medical Doctors from public/private hospital and health centers that are consulted by Rehabilitation Doctor. | | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO SECURE | | |
| Referral from any Medical Doctor Physical Therapy Treatment Program from Rehabilitation Doctor | | Referring Doctor Physiatrist(Rehabilitation Doctor) Information Center Clerk | | |
| 3. Hospital record from the Information Center of the hospital. | | Diagnostic Center | | |
| Results of the Ancillary Procedure done (X-ray, ECG, CT Scan, MRI, Laboratory Results) | | Patient | | |
| 5. PWD/Senior ID | | | | |

| CLIENT ACTION | AGENCY/OFFICE | FEES TO | PROCESSING | PERSON | |
|---|--|--------------------------------|-------------|-------------------------------------|--|
| (Detailed Steps) | ACTION | BE PAID | TIME | RESPONSIBLE | |
| | (Detailed Steps) | | | (Position Unit/ Division) | |
| FOR OPD PATIENTS | | | | | |
| 1. Proceeds to Physical Therapy Department and presents OPD record. | 1. Accepts hospital record and referral letter. | Dependin | | Physical Therapist | |
| 2. Wait until name is called. | 2. Performs consultation. | g on the PT | 2 hours 25 | Rehabilitation Doctor | |
| 3. Presents the PT Program prescribed. | 3. Schedules of prescribed session. | Pi minutes Program given | minutes | Physical Therapist | |
| 4. Pays the procedure. | 4. Receives payment/ Issues Official Receipt. | | | Cashier | |
| | TOTAL | | | | |
| | END OF TRAM | given | | | |
| FOR IN- PATIENTS | | | | | |
| | Receives referral from the referring/attending doctor | P250 | | Physical Therapist Ward Nurse | |
| | Informs Rehab Doctor for In-patient consultation | - | 1 hour & 40 | Physical Therapist | |
| | Performs consultation | | minutes | Rehabilitation Doctor | |
| | Receives PT program /session | | | Physical Therapy | |
| | Prescribes treatment | | | Physical Therapy | |
| | TOTAL P250.00 1 hour & 40 minutes | | | | |
| END OF TRANSACTION | | | | | |

SCHEDULE OF FEES:

| Charity(Php250.00) | Pay (Php400.00) | Modalities: |
|---------------------------------|------------------------------|-------------------------|
| Inclusive of of 2 modality only | Inclusive of 2 modality only | HMP, TENS,ES,FES,FUP US |
| | | IRR, |
| Add on's Modality | Add on's Modality | |
| Php70 .00 | Php90.00 | Parrafin Wax, Traction, |
| PT Treatment w/o Modalities | PT Treatment w/o Modalities | Сгуо |
| (Php 150.00 | (Php 400.00) | - , - |
| | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



34. Dental Check-Up and Tooth Extraction Services

Provides routine check-up and ensure proper and adequate oral hygiene. The hospital dentistprovides dental care, consultative advise, and dental treatment procedures.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex ANCILLARY DEPARTMENT - DENTAL CLINIC Manila East Road, Barangay Darangan, Binangonan , Rizal T <u>el. Nos</u> : 8688-9474, / 8706-9520 e-mail address: <u>rphsbinangonan@gmail.com</u> | | |
|------------------------------|---|------------------------|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Public | | |
| Processing Time | 35 minutes | | |
| Fees | Php 100.00per tooth for dental anesthesia and needle Senior Citizen – FREE of Charge | | |
| Who may avail: | General Public | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Dental Record | | Information/ Admission | |
| For tooth extraction- Waiver | | Dentist | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|--------------------|--------------------|---|
| 1. Proceeds to Information/ Admitting section get Dental Patient number and fills out dental form. | 1. Interviews and checks vital signs. | 100.00 | 35 minutes | OPD Nurse |
| 2. Proceeds to the dental room | 2. Interviews and performs dental check- up | | | Dentist |

| | END OF TRA | NSACTION | | |
|--|--|-----------|------------|------------|
| | TOTAL | Php100.00 | 35 minutes | |
| 5. Returns to Dental Room | 5. Performs dental procedure | | | Dentist |
| 4. Proceeds to Pharmacy Section for available medication | 4. Checks prescription and provide available medication | | | Pharmacist |
| 3. Pays the corresponding fee | 3. Receives payment /Issues Official Receipt | | | Cashier |
| | * except for Senior Citizens and Person with Disability | | | |
| | * Advise patient to pay the corresponding fee at the cashier | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



35. Provision of X-Ray Services

RPHS – Binangonan-Annex Radiology Section is responsible in the administration and provision of X-ray diagnostic and therapeutic services. It uses medical imaging to diagnose and treat diseases within the body.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex ANCILLARY DEPARTMENT – RADIOLOGY SECTION Manila East Road, Barangay Darangan, Binangonan , Rizal tel. nos.: 688-9474, 8706-9520 email: rphsbinangonan@gmail.com | | |
|----------------------------|--|-----------------|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Public | | |
| Processing Time | In-Patient : 10 minutes Out-Patient: 25 minutes | | |
| Fees | Depending on the requested procedure | | |
| Who may avail: | General Public | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Request Form (Out-Patient) | | OPD Doctor | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ |
|---|--|--|--------------------|--|
| , | (Detailed Steps) | | | Division) |
| X-RAY SERVICES (IN-PATIENTS) | | | | |
| 1. Submits x-ray procedure as required by | 1. Prepares X-ray request form. | | | Doctor / Nurse |
| attending physician. | Endorses patients x- ray request to Radiology Department. | | | |
| | Receives and verifies the request. | | | Radiologic Technologist |
| | Informs the patient of the procedure scheduled within the day | | | |
| | Instructs procedural preparations | Dependin | | |
| | Performs the requested procedure as scheduled. | g on what procedure s requested | 10 minutes | Radiologic Technologist |
| | Informs patient to return on the release of the result. | 10400000 | | |
| | Forwards the result to concerned nurse station. | | | Radiologic Technologist |
| | Informs the Doctor about the availability of the result | | | Nurse |
| 2. Return to ward | Manages the intervention based on the result of the diagnostic procedure. | | | Doctor |
| | Patient is advised to return to ward. | | | |

| | TOTAL | Dependin g on what | 10 minutes | | |
|---|---|------------------------------------|------------|-----------------------------|--|
| | procedure s | | | | |
| | END OF TR | requested | J | | |
| X-RAY SERVICES | | | • | | |
| (OUT-PATIENTS) | | | | | |
| 1. Presents x-ray procedure request. | 1. Receives and verifies the request. | Dependin g on what procedure | | Radiologic Technologist | |
| • | Indicates X-ray fee issues charge slip. | s requested | | | |
| | Advises to proceed the interview of Social Services Section for interview and classification. | | | | |
| 2. Presents Charge Slip to Cashier Section for | 2. Issues Official Receipt | | | Cashier | |
| payment | Informs patient of x- ray schedule | | 25 minutes | Radiologist Technologist | |
| | Instructs patients preparation | | | Radiologist Technologist | |
| | Performs procedure as scheduled | | | Radiologist Technologist | |
| | Issues claim stub for the result procedure. | | | Radiologist Technologist | |
| | Advise client to return after 2 days for the release of x-ray result | | | | |
| 3. Return to x-ray section, present claim stub and claim x-ray result. | 3. Accept stub let client sign in the logbook and release the result. | | | X-Ray Clerk / Rad. Tech. | |
| | TOTAL Depending 25 minutes on what procedures requested | | | | |
| END OF TRANSACTION | | | | | |

Note: For in-patients, results are released within the day and for out-patients, 2 days after the procedure.

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2

| X-RAY PROCEDURES | |
|-------------------------|--------|
| Chest | 150.00 |
| Chest APL | 300.00 |
| Abdomen Upright/ Supine | 500.00 |
| Mandible | 400.00 |
| Nasal Bone Soft Tissue | 300.00 |
| T-Cage | 200.00 |
| PNS | 500.00 |
| Mastoid | 400.00 |
| Ankle | 300.00 |
| Baby Gram | 400.00 |
| Skull | 400.00 |
| Кпее | 300.00 |
| Foot | 300.00 |
| Leg | 300.00 |
| Femur | 300.00 |
| Pelvis | 300.00 |
| Thoracic Spine | 500.00 |
| Lumbosacral Spine | 400.00 |
| Thoracolumbar Spine | 650.00 |
| Cervical Spine | 400.00 |
| Clavicle | 250.00 |
| Shoulder | 250.00 |
| Elbow | 300.00 |
| Humerus | 300.00 |
| Wrist | 300.00 |
| Hand | 300.00 |
| Portable X-Ray | 100.00 |
| Apicolordotic | 100.00 |
| Additional /Extra Film | 150.00 |

SCHEDULEOF FEES:



36. CT Scan Services

Radiologist usesComputed Tomography (CT) Scan to diagnose diseases visualized within the body. It is a special examination using Xrays and special computers to produce cross-sectional images of the body, giving detailed information for diagnosis.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex ANCILLARY DEPARTMENT – RADIOLOGY SECTION Manila East Road, Barangay Darangan, Binangonan , Rizal tel. nos.: 688-9474, 8706-9520 Local 1312 email: rphsbinangonan@gmail.com | | |
|----------------------------------|---|---|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Public | | |
| Processing Time | 3 hours and 15 minutes | | |
| Fees | Depending on the procedure requested | | |
| Who may avail: | General Public | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| 1.CT Scan Request | | Attending Physician | |
| 2. Government – issued ID – | | BIR, Post Office, Pag-Ibig, DFA, PSA SSS, GSIS | |
| 3. Creatinine Examination Result | | Laboratory | |
| 4. Accomplished Consent Form | | Radiology Department | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
|---|---|--|---------------------------|---|--|--|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) | | |
| 1. Presents request at Xray / CT Scan Reception Area | Receives request and schedules Instructs of the pre- procedure preparations | | | Radiologic Technologist | | |
| 2. Returns to Reception area and fills-up Request Form | 2. Asks client to fill- up a form Checks and encodes data if properly accomplished Secures consent Checks laboratory result if procedure is contrast enhanced. | | | Radiologic Technologist | | |
| 3. Waits until name is called | 3. Calls client and issues Transaction / Charge Slip *Schedule is usually by appointment | See Schedule of Fees | 3 hours and 15 minutes | Radiologic Technologist | | |
| 4. Presents Transaction Slip to pay at Cashier. | 4. Receives payment and issues Official Receipt (OR) | | | Cashier | | |
| 5. Returns to Reception area and presents OR | 5. Records payment and instructs client to wait until name is called | | | Radiologic Technologist | | |
| 6. Proceeds to CT Scan Room | 6. Calls client and performs procedure Informs client the date of release of the result | | | Radiologist Radiologic Technologist | | |
| 7. Returns and claim he result | 7. Release the x-ray result | | | Radiologic Technologist | | |
| TOTAL | | Dependin g on what procedure s requested | 3 hours and 15 minutes | | | |
| | END OF TRANSACTION | | | | | |

Note: For in-patients, results are released within the day and for out-patients, 2 days after the procedure.

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2

SCHEDULE OF FEES:

| CT SCAN PROCEDURE | | |
|-----------------------------------|------------------------|--|
| Plain Cranial (Soft Tissue) | 3,200.00 | |
| Plain Cranial 3d Construction | 4,000.00 | |
| Plain Paranasal Sinuses | 2,000.00 | |
| Plain Orbits | 3,200.00 | |
| Plain Facial | 3,500.00 | |
| Plain Neck | 3,500.00 | |
| Plain Chest | 4,800.00 | |
| Plain Upper Abdomen | 4,800.00 | |
| Plain Lower Abdomen | 7,500.00 | |
| Aglogram Brain | 9,000.00 | |
| Triphasic | 7,800.00 | |
| | | |
| For all contrast enhanced CT Scan | PLUS 1,500.00-3,000.00 | |



37. Ultrasound Services

Radiologist usesultrasound to detect changes in the appearance of organs, tissues and vessels and to detect abnormal masses such as tumors. It is an imaging method that uses sound waves to produce images of structures within the body. The image produced provides valuable information for diagnosing and treating patient conditions.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex ANCILLARY DEPARTMENT – RADIOLOGY SECTION Manila East Road, Barangay Darangan, Binangonan, Rizal tel. nos.: 688-9474, 8706-9520 Local 1312 email: rphsbinangonan@gmail.com | | |
|---------------------------|--|------------------------|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Pu | blic | |
| Processing Time | 50 minutes | | |
| Fees | Depends on what proced | lures requested | |
| Who may avail: | General Public | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Request Form | | 1. Attending Physician | |
| Official Receipt (O.R) | | 2. Cashier | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|---|--------------------|--------------------|---|
| (IN-PATIENTS) 1. Proceeds to Radiologic Section for ultrasound procedure | 1. Receives & verifies the request | | 5 minutes | Radiologic Technologist |

| | Informs patient of the procedure scheduled within the day | | | Radiologic Technologist | |
|--|--|---|------------|----------------------------|---------|
| | Performs requested procedure as scheduled. | | | Radiologic Technologist | |
| | * Informs result releasing schedule. | | | | |
| | * Forward results to the concerned nurse station. | | | | |
| (OUT-PATIENTS 1. Proceeds to Radiology Section | 1. Receives and verifies requested procedure/ Issues charge slip. | | | Radiologic Technologist | |
| 2. Presents the Charge Slip | 2. Receives payment and Issues Official Receipt. | Depends on what procedures | on what | 45 minutes | Cashier |
| 3. Returns to Radiology Section and presents Official Receipt | 3. Informs patient of the procedure schedule including procedural preparations. | | | Radiologic Technologist | |
| | * Performs procedure as scheduled. | | | | |
| | * Issues claim stub and advise client to return on the date schedule of x-ray release. | | | | |
| 4. Returns to x-ray section present stub to claim the x-ray result. | 4. Checks client's record. * Let client sign in the logbook and release | | | Radiologic Technologist | |
| | the result. TOTAL | Depends on what procedures requested | 50 Minutes | | |
| | END OF TR | ANSACTION | J | | |

SCHEDULE OF FEES:

| ULTRASOUND | |
|---------------------------------------|----------|
| Breast | 500.00 |
| Liver (Single Organ) | 350.00 |
| Gall Bladder (Single Organ) | 350.00 |
| Pancreas | 350.00 |
| Spleen | 350.00 |
| Biliary Tree | 450.00 |
| Abdominal Aorta | 350.00 |
| Kidney | 350.00 |
| Urinary Bladder | 350.00 |
| Prostate/Scrotum (Each) | 450.00 |
| Inguino/Scrotal | 550.00 |
| Thyroid/Neck | 500.00 |
| Pelvic (Pregnant/Non-Pregnant) | 450.00 |
| Biophysical Scoring | 350.00 |
| Hepato-Biliary Tree (Liver,Gb,Bt) | 550.00 |
| KUB-Prostate | 900.00 |
| Pelvic With BPS | 550.00 |
| Whole Abdomen | 1,200.00 |
| Upper Abdomen (Hb,Pancreas,Spleen) | 900.00 |
| Lower Abdomen (Kub,Prostate,Inguinal) | 1,000.00 |
| Transvaginal | 600.00 |
| Transrectal | 600.00 |
| Chest | 600.00 |
| Cranial | 550.00 |
| Soft Tissue | 300.00 |
| | |

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38. Laboratory Services – (Submission of Specimen and Laboratory Examination)

RPHS Binangonan Annex Laboratory Section is a laboratory where clinical pathology tests are carried out on clinical specimens to obtain information about the health of a patient to aid in diagnosis, treatment and prevention of disease.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex ANCILLARY DEPARTMENT – LABORATORY SECTION Manila East Road, Barangay Darangan, Binangonan, Rizal <u>tel. nos</u> .: 688-9474, 8706-9520 Local 1315 e-mail: <u>rphsbinangonan@gmail.com</u> | | |
|---------------------------|---|------------------------|--|
| Category | Internal / External | | |
| Classification: | Simple | | |
| Type of Transaction: | G2C - Government to Public | | |
| Processing Time | 35 minutes | | |
| Fees | Depends on what laborate | ory test requested | |
| Who may avail: | General Public | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| 1. Request Form | | 1. Attending Physician | |
| 2. Government issued ID | 2. BIR, Post Office, Pag-Ibig, DFA, PSA SSS, GSIS | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|---|--------------------|--|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| 1. Assessment Presents laboratory request at Laboratory Reception Counter | Checks the laboratory request for the availability of test and makes an invoice of laboratory tests requested Gives forms for filling up of patient data Informs patient to proceed to the Social Services Department (if needs hospital assistance) and/or to pay at the Cashier | | | Laboratory Clerk, Phlebotomist, Medical Technologist |
| 2. Payment Presents the invoice to the Social Services Division and/or Cashier Pays laboratory fees 3. Specimen Collection Submits specimen (if available) | Assesses eligibility of patient for financial assistance Receives payment for laboratory fees Logs, checks and receives specimen. | Depends on what laboratory test requested | 35 minutes | Medical social service officer Cashier Laboratory clerk, Phlebotomist or Medical |
| Waits until name is called at the Waiting Area if for extraction | if available; and Informs the patient to wait for his/her name to be called if for blood extraction Performs blood extraction Informs the patient when results will be available (time and date) TOTAL | Depends on what | 35 minutes | Technologist Laboratory clerk, Phlebotomist or Medical Technologist Phlebotomist or Medical Technologist |
| | | laboratory test requested | | |

Releasing of Result 1. Presents Official Receipt to Laboratory Reception Counter; or presents ID (if Senior or Person with Disability) 2. Receives the result

END OF TRANSACTION

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2

| LABORATORY TESTS: | | | | |
|--|-------------------|---|--------|--|
| Electrolytes Panel,Inclusive of: Sodium Potassium Chloride | 400.00 | Lipid Profile, Inclusive of: Cholesterol Triglyceride HDL LDL VLDL | 400.00 | |
| Electrolytes Panel,Inclusive of: Ionized Calcium Sodium Potassium Chloride Ionized Calcium | 500.00 | Liver Profile,Liver Function Tests,Inclusive of: SGPT/ALT SGOT/AST Alkaline Phosphatase Total Bilirubin Total Protein + Albumin | 450.00 | |
| FT3 | 500.00 | | | |
| FT4 | 500.00 | SGPT/ALT | 550.00 | |
| TSH | 500.00 | SGOT/AST | | |
| ТЗ | 450.00 | Alkaline Phosphatase | | |
| T4 | 450.00 | Total Bilirubin | | |
| Arterial Blood Gas | 1,100.00 | Total Protein + Albumin | | |
| Dengue NS1 | 800.00 | Globulin | | |
| Hbsag Assay | 180.00 | | | |
| Blood Typing Gel Method | 350.00 | | | |
| Plasma Separation Fee (Closed Method) | 500.00 | | | |
| Oral Glucose Tolerance Test | 120.00 per sample | | | |
| Triglyceride | 100.00 | | | |

SCHEDULE OF FEES:



39. Voluntary Blood Donation Services

RPHS Binangonan Annex Blood Bank accepts blood donors for those who are willing to donate blood for the sick. It is a safe, simple and rewarding experience that usually only takes 15-20 minutes.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex BLOOD BANK, Diagnostic Building, first floor Direct line: 477- 5099 Manila East Road, Barangay Darangan, Binangonan , Rizal Tel. Nos: 688-9474, 8706-9520 Local 1132 e-mail <u>: rphsbinangonan@gmail.com</u> |
|----------------------|---|
| Category | Internal / External |
| Classification: | Simple |
| Type of Transaction: | G2C - Government to Public G2G – Government to Government |
| Processing Time | 1 hour and 15 minutes |
| Fees | None |
| Who may avail: | General Public |

CHECKLIST OF REQUIREMENTS

| Any Valid ID. | Donors |
|--|--------|
| Age 16-65 years old (with parent's | |
| consent for ages 16 and 17)) | |
| More than 50 kgs. | |
| Temperature: below 37°C | |
| Pulse Rate: 50-100 per minute | |
| BP: 90/60 systolic and 140/90 mmHg. | |
| No alcohol intake for the past 36 hours. | |
| No cough, colds , fever and diarrhea for | |
| the past 7 days. | |
| No previous Blood Transfusion for the | |
| past 12 months. | |
| No history of surgery, ear piercing, or | |
| tattoos for the past 12 months | |
| | |

WHERE TO SECURE

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ |
|--|--|-----------------------|----------------------------------|---|
| (Detailed Steps) | (Detailed Steps) | FAID | | Division) |
| 1. Proceeds to Blood Bank, presents personal ID, Register and fills out information | 1. Validates donor ID Checks donor database | | | Blood Bank Receptionist/ Medical Technologist-on duty |
| 2. Rests for 15 minutes Waits until name is called | 2. Checks vital signs , weight and height | | | Blood Bank Nurse / Medical Technologist |
| 3. Fills out Blood Donor History Questionnaire * Waits until name is called for the interview | 3. Distributes Blood Donor History Questionnaire to qualified donors | | 1 hour and 15 minutes None | Blood Bank Receptionist/ Medical Technologist-on duty |
| 4. Proceeds to Hemoglobin screening area.Rests and drinks lots of water. | 4. Verifies the name of the donor.Checks Hemoglobin and performs initial blood typing | None tec | | Blood Bank Medical technologist-on- duty |
| 5. Proceeds to Bleeding Area. | 5. Verifies the name of the donor. Performs phlebotomy procedure | | Blood Bank RMT-on- duty | |
| 6. Lies on bed for 10 minutes | 6. Checks the overall condition of donor | | | Blood Bank RMT-on- duty |
| Remains seated for 5- 10 minutes | Explains Self exclusion Form | | | |
| Follows Drs and Nurses instruction. | Gives post donation advice. | | | |
| | TOTAL | No fees collected | 1 hour and 15 minutes | |
| END OF TRANSACTION | | | | |
| SERVICES FREE OF CHARGE | | | | |



40. Request for Registration of Birth Certificate

Medical Records Section provides assistance in the birth registration by which a child's birth will be processed and recorded in the Civil Registry.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex ADMINISTRATIVE DEPARTMENT – Records Section Manila East Road, Barangay Darangan, Binangonan , Rizal <u>tel. nos</u> .: 688-9474, 8706-9520 Local 1214 <u>e-mail:</u> rphsbinangonan@gmail.com | | |
|--|--|--|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Pub | blic | |
| Processing Time | 25 minutes | | |
| Fees | None | | |
| Who may avail: | General Public | | |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE | |
| IF MARRIED:Photocopy of Regist | Registered Marriage Contract Parents | | |
| IF NOT MARRIED: Duly accomplished quadruplicate copies of Certificate of Live Birth with signature of attendant at birth, the informant and hospital staff who prepared the certificate of live birth Acknowledgement of Paternity Signature of the Father Community Tax Certificate | | Medical Records Officer Guardian/Parents of the patient | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E |
|--|---|--------------------|--------------------|--|
| (2014)04 01000) | (Detailed Steps) | | | _ (Position Unit/ Division) |
| Proceeds to Medical Records Section with the CRIB tag and Information Sheet from NICU * If the mother is minor, submits community tax certificate from the parents or guardian. Revalidates and sign the official birth certificate Signs 4 copies of Birth Certificate Receives Claim Slip. Returns to the due date stated on the claim slip. | 1. Validates printed data forwarded by the Delivery Room Nurse * Conduct interviews with both parents based on information provided on the accomplished birth data form *Printed birth certificate is presented to client for data verification. First copy 2. Prints another 3 copies of Birth Certificate. 3. Checks the submitted form and issue claim slip. 4. Facilitates preparation and completion of birth certificate. * Presents to attending physician for signature Endorses birth certificate to the Municipal Civil Registry Office for registration * If married, the hospital will be the one to register the birth certificate will be | None | 25 minutes | Division) Medical Records Clerk/Officer |
| | will be the one to register the birth certificate * If not married, birth | | | |

| | parents * For hospital-registered birth certificate, client is advised to claim the document after two (2) weeks or earlier or will be notified thru text | | | |
|-------------------------|---|-------------------|------------|--|
| | TOTAL | No fees collected | 25 minutes | |
| END OF TRANSACTION | | | | |
| SERVICES FREE OF CHARGE | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



41. Issuance of Death Certificate

Medical Records Section provides assistance to the bereaved family members to get a death certificate which contains patient death information.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex ADMINISTRATIVE DEPARTMENT – Records Section Manila East Road, Barangay Darangan, Binangonan , Rizal tel. nos.: 688-9474, 8706-9520 Local 1214 email: rphsbinangonan@gmail.com | | |
|-------------------------|--|---------|--|
| Category | Internal / External | | |
| Clasification: | Simple | | |
| Type of Transaction: | G2C - Government to Public | | |
| Processing Time | 20 – 25 minutes | | |
| Fees | None | | |
| Who may avail: | Guardian/relative of a patient who needs a Death a Certificate | | |
| CHECKLIST OF | REQUIREMENTS WHERE TO SECURE | | |
| Hospital Clearance | | Cashier | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|-----------------------|--------------------|---|
| 1. Proceeds to Medical Records. Presents clearance certificate and fill up draft form (Patient Information Slip) | 1. Interviews immediate family member of the deceased. | | | |
| 2. Validates the type of Death Certificate and signs the Informant portion | 2. Checks if properly accomplished | None | 25 minutes | Medical Records Officer |
| 3. Presents the Discharge Clearance Slip for Death Certificate | 3. Prints 3 copies and signed by the attending physician and Nurse | | | |
| 4. Claim the documents requested | 4. Release the Death Certificate to client | | | |
| | TOTAL | No fees collected | 25 minutes | |
| END OF TRANSACTION | | | | |
| SERVICES FREE OF CHARGE | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



42. Enrollment to Philhealth / Point of Service (POS)

In-Patient who has no PhilHealth or with inactive PhilHealth membership will be enrolled to Point of Service to become a hospital-sponsored PhilHealth member for one year.

(For patients re-admitted, for same diagnoses, under 3 months since the last confinement, hospital bill will be paid under regular rate)

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex PHILHEALTH SECTION / MEDICAL SOCIAL SERVICE Manila East Road, Barangay Darangan, Binangonan , Rizal tel. nos.: 688-9474, 8706-9520 Local 1129 email: rphsbinangonan@gmail.com | | | |
|----------------------------------|--|------------------|--|--|
| Category | Internal / External | | | |
| Clasification: | Simple | | | |
| Type of Transaction: | G2C - Government to Public | | | |
| Processing Time | 40 minutes | | | |
| Fees | None | | | |
| Who may avail: | General Public | | | |
| CHECKLIST OF R | REQUIREMENTS WHERE TO SECURE | | | |
| Valid ID | | Patient/Guardian | | |
| Hospital Sponsored Membe PMRF | er Certificate Hospital of Confinement | | | |
| Indigency Certificate | Philhealth/Social Service | | | |
| Birth certificate | Barangay Captain | | | |
| Marriage Contract | | Patient/Guardian | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|-----------------------|--------------------|---|
| 1. Proceeds to Philhealth Section/ Social Service Section and fills out information/verifying slip and submit to POS encoder/verifier | Checks accomplished form and status of the patients PhilHealth membership. Advises client to proceed to Medical Social Service Office for interview | | | PhilHealth Officer Social Worker |
| 2. Submits for interview | 2. Interviews the client and accomplish the patient document / forms *Have the patient signs affixes his/her thumbmark | None | 40 minutes | Social Worker |
| 3. Returns to Medical Social Service Office to submit duly signed forms for enrollment | 3. Checks and arranges the documents/forms and forwards the same to POS encoder for PhilHealth enrollment Enrolls to ORE and instructs the patient's relative to come back for discharge of patients. | | | Social Worker |
| 4. Receives PIN number | 4. Release the PIN number to client. | | | POS Encoder |
| | 40 minutes | | | |
| END OF TRANSACTION | | | | |
| SERVICES FREE OF CHARGE | | | | |

- Transacting clients, apart from fulfilling the documentary requirements, shall observe proper health protocols adopted by the RPG in view of the COVID-19 pandemic.
- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



43. Availment of Social Services

Out-patient who needs to undergo laboratory, radiologic, ultrasound procedures, less capable to pay for the service is given discounted fees for diagnostic procedures based on the social classification

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex MEDICAL SOCIAL SERVICE OFFICE/MALASAKIT CENTER Manila East Road, Barangay Darangan, Binangonan , Rizal <u>tel. nos</u> .: 688-9474, 8706-9520 <u>email:</u> <u>rphsbinangonan@gmail.com</u> | | | |
|-----------------------------|--|-------------------------|--|--|
| Category | Internal / External | | | |
| Clasification: | Simple | | | |
| Type of Transaction: | G2C - Government to Pu | blic | | |
| Processing Time | 1 hour and 10 minutes | | | |
| Fees | Depend on the instruction from the Malasakit Center if with fee or without | | | |
| Who may avail: | General Public | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | |
| Valid ID | | Patient/Guardian | | |
| Information Sheet with Diag | nosis | Hospital of Confinement | | |
| Hospital Bill | | Hospital of Confinement | | |
| Sponsored member Certific | cate Hospital of Confinement | | | |
| PMRF | Philhealth/Social Service | | | |
| Indigency Certificate | Barangay Captain | | | |
| Birth certificate | | Patient/Guardian | | |
| Marriage Contract | | Patient/Guardian | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|--|--|--------------------|---|
| OUT-PATIENT DISCOUNT TO LABORATORY AND X- RAY PROCEDURES | | | | |
| 1. Seeks Medical Social Service/ Malasakit Center to avail hospital assistance | 1. Interviews patient to gather data about patient's living conditions. | | | Social Worker |
| | Orient patient/ relative on scope and limitations of hospital assistance | | | |
| | For cost reduction of ancillary procedures, classification and discounts, it will be written and signed in the charge slip | Depend on the instruction | | |
| | Gives instruction if there is a need to source out fund from other government agencies (PCSO, MIP, MAIP, Malasakit Center) | from the Malasakit Center if with fee or without | 45 minutes | |
| 2. Receives charge slip and brings it to the Cashier | 2. Assessment of patient's/ relative and issue charge slip. | | | |
| | If fully covered, advise patient/client to proceeds directly to the concerned unit/section for facilitation of the request | | | |
| 3. Proceeds to laboratory/x-ray room after payment | 3. Receives payment/Issues of Official Receipt | | | Cashier |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|---|--------------------|------------------------------|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| IN-PATIENT- DISCOUNT TO HOSPITAL BILL/ AVAILMENT OF MALASAKIT ASSISTANCE | | | | Social Worker |
| 1. Directs to Medical Social Service/ Malasakit Center to avail the hospital assistance | Interviews relative of the patient Gathers data about patient's living conditions. | | | |
| | Orient relative on scope and limitations of hospital assistance and classifies the patient with the service capabilities rendered by the hospital | Depend on the instruction | | Social Worker |
| | Gives discounted amount corresponding to patient social classification and/or charge to the following government agencies: * MIP – Municipal | nding Malasakit 25 minutes ocial Center if nd/or fee or wing withoout cies: | 25 minutes | Social Worker |
| | Indigency Program MAIP – Medical Assistance to Indigent Patient | | | |
| | * Malasakit Center – RPG partner in giving medical assistance to financially incapacitated patients and families. | | | |
| 2. After securing the discounts and financial assistance , proceeds to Billing Section | 2. Updates statement of account and applies corresponding charges | | | Billing Officer |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|---|--------------------------|------------------------------|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| 3. Proceeds to Medical Social Service Office/ MalasakitCenterfor the finalization of Hospital bill after discounts/ assistance has been made | 3. Statement of Account with discounts and charges to hospital medical programs must be properly signed by the concerned social officer. | | | Social Worker |
| 4. Pays hospital bill Receives clearance slip | 4. Receives payment/ Issues Official Receipt/ Statement of Account TOTAL | Depend on the instruction from the Malasakit Center if fee or withoout | 1 hour and 10 minutes | Cashier |
| END OF TRANSACTION | | | | |
| SERVICE FEE DEPENDS ON THE INSTRUCTION FROM THE MALASAKIT CENTER | | | | |

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- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



44. Philhealth Section Services

in the

RPHS Philhealth Section serves as the means for the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot.

| Office/Division | RIZAL PROVINCIAL HOSPITAL SYSTEM – Binangonan Annex MEDICAL SOCIAL SERVICE OFFICE/MALASAKIT CENTER Manila East Road, Barangay Darangan, Binangonan , Rizal tel. nos.: 688-9474, 8706-9520 Local 1323 email: rphsbinangonan@gmail.com | | | |
|---|---|-----------------|--|--|
| Category | Internal / External | | | |
| Clasification: | Simple | | | |
| Type of Transaction: | G2C - Government to Public | | | |
| Processing Time | 35 minutes | | | |
| Fees | None | | | |
| Who may avail: | General Public | | | |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE | | |
| IN PATIENT & OUT- PATI PhilHealth Form CSF Photocopy of Member I Photocopy of PhilHealth Photocopy of Valid ID Photocopy of Patients' Photocopy of Senior Cit Member Data Record (I Child- Photocopy of Birth C | Data Record (MDR) th Contribution Death Certificate titizen's ID (MDR). | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|--------------------|--------------------|---|
| 1. Proceeds to PhilHealth Section and ask for assistance | 1. Verifies eligibility of PhilHealth Member/ Dependent Upon Admission | | | PHIC Clerk |
| | If ACTIVE or "YES" Issues Philhealth checklist requirements for compliance If INACTIVE or "NO," Secure CSF if currently employed, updated MDR and other requirements * Refers to Medical Social Service Office/ MalasakitCenter for possible enrollment to Point of Service * Instructs to submit and complete the requirements prior to discharge | None | 35 minutes | PHIC Clerk |
| 2. Present/submit necessary requirements/ documents for availment of PhilHealth benefits | 2. Checks the submitted documents | | | |
| 3. Presents both Discharge and Clearance Slips. | 3. Receives Discharge Slip * Signs Clearance Slip and Checks final diagnosis versus PHILEALTH Annexes * Grants final PHILHEALTH benefits * Process Billing | | | PHIC Clerk |

| | transaction * Endorse Discharge and Clearance Slip | | | |
|---|--|-------------------|------------|--|
| 4. Claim the discharge and clearance slip | 4. Release the discharge and clearance slip to client | | | |
| | TOTAL | No fees collected | 35 minutes | |
| | END OF TRANS | SCTION | | |
| SERVICES FREE OF CHARGE | | | | |

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45. Request for Sports Supplies, Equipment and Financial Assistance

Provide provisions for Athletes, Sports Enthusiasts and Sports Organizations representing the province in the various Provincial, Regional, National and International Tournaments.

| Department/Office | PROVINCIAL SPORTS AND YOUTH DEVELOPMENT OFFICE Lower Ground Flr., Rizal Provincial Capitol Bldg., Ynares Center Complex, Antipolo City Tel No 8620-2400 loc. 4934 Email : rizal.pydo@gmail.com | | | | |
|---------------------------|---|-----------------|--|--|--|
| Category | External | | | | |
| Classification: | Simple | | | | |
| Type of Transaction: | C2G – Government to Client G2G – Government to Government | | | | |
| Processing Time | 1 day and 30 minutes | | | | |
| Fees | none | | | | |
| Who may avail: | Athletes & Sports Enthusiasts who are certified residents of the Province of Rizal Accredited Sports Organizations of the Province of Rizal | | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | | |
| Request Letter | | Client | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|-----------------------|-------------------------|--|
| 1. Submit letter request addressed to the Governor. | Receive, record letter request and endorsed to the Sports Head for evaluation. * Check and verify the request * Recommend request to the Office of the Governor for approval and inform client to return back to claim the request. IF THE REQUEST IS APROVED Inform the client through a phone- call/text message that the request was approved. Processing of the the request: * For Sports supplies inform client to pick up at the sports office. * For Financial Assistance inform client to pickup at the concerned Barangay of the requesting party. | None | 1 day and 30 minutes | Sports Staff Sports, Chief of Office Governor's Office Frontline staff Sports Staff |

| | IF THE REQUEST IS DISAPPROVED Explain to the client through letter, phone call/text message the reasons for the disapproval of the request. | | | | |
|-------------------------|--|-------------------|----------------------|--------------|--|
| | Release the supplies or sports assistance to client | | | Sports Staff | |
| | TOTAL | No fees collected | 1 day and 30 minutes | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

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46. Provision of Free Library Services

The Rizal Provincial Library provides free service to all library users such as researchers, studens and other enthusiast. Recorded historical and cultural heritage of the province and other information can be access thru the different services namely: **a) Books and other reading material hard and soft copy b) Computer Usage.**

Other materials and programs such as; a) Storytelling/ Makabagong Lola Basyang b) DICT/ Tech4Ed c) On Line Teaching for Kids d) Digital Literacy for the Blind/ Bookshare e) eGov Services

| Department/Office | Library Division's Office – Sangguniang Panlalawigan Secretariat L. Wood Street, Brgy. Dolores, Taytay, Rizal tel. no. 8658- 7276 email add: provinciallibrary rizal@yahoo.com | | | |
|----------------------|--|-----------------------------|--|--|
| Category | External/ Internal | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2C - Government to Client G2G – Government to Government | | | |
| Processing Time | 15 minutes per Library transaction | | | |
| Fees | No Fee | | | |
| Who may avail: | All citizens | | | |
| CHECKLIST OF | F REQUIREMENTS WHERE TO SECURE | | | |
| a) Valid ID's | | a) Students/Researcher | | |
| b) Library Card | | b) Rizal Provincial Library | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) | |
|--|---|----------------------|--------------------|---|--|
| Present any identification card (Driver;s Lisence , voter's ID or School ID) in the information Desk Proceed to Section Area For Books For Books For Computer 3. Return the book/ leave the computer room together with the given number and request to log out | Accommodate client request and verifies name, year, section topic, and advise client to section area for books and for computer Refer the reader in Card Catalog if the Books is intact Assists the readers in using the computer and brief the clients with the rules and regulations Return the ID's to the readers/ researchers | None | 15 minutes | Admin. Aide IV Local Legistative Staff Librarian III Admin. Aide IV Admini Aide I Admin. Aide II | |
| | TOTAL | No fees collected | 15 minutes | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

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- Action Officers/Service Providers shall, at all times, observe precautionary measures by wearing medical masks, frequent handwashing, among other measures as defined in OM No. 16, s. 2020 on Adoption of Alternative Work Arrangements and Other Precautionary Measures in Light of Code Red Sub-Level 2



47. Issuance of Certificate of Payments to GSIS, Pag-IBIG and Philhealth

Certificate of payments is issued to clients upon request to certify his/her premiums/contributions and loans remitted by the Rizal Provincial Government to Pag-ibig and Philhealth.

| Department/Office | PROVINCIAL ACCOUNTING OFFICE (PAC) – ADMIN AND REMITTANCE DIVISION (2 nd Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 4102/4103/4104/ e-mail: rpg.accountingdept@yahoo.com | | | |
|---------------------------|--|-----------------|--|--|
| Category | Internal / External | | | |
| Clasification: | Simple Transaction: Phil Complex Transaction: G | | | |
| Type of Transaction: | G2C - Government to Cli G2G – Government to G | | | |
| Processing Time | Philhealth/Pagibig – 30 minutes GSIS – 10 working days | | | |
| Fees | Php 20.00 | | | |
| Who may avail: | a. Active employee b. In-active employee / Retiree c. Head of Agency, Personnel Officer or the Administrative Officer of the Agency where the employee is presently employed | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| 1. Request slip form | | 1. From PAC | | |
| 2. Letter request and Va | tter request and Valid ID 2. From active/in-active Employee or retiree | | | |
| 3. Official Receipt (fees |) | 3. From PTO | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E (Position Unit/ Division) |
|---|---|-------------------------------|--|---|
| Submit request slip or letter to PAC Frontline staff/ Officer of the day. | Accept/Receive and review request letter/ accomplished form slip. Advise Client to pay the Corresponding amount at Treasurers Office. | Php 20.00/ | Philhealth/Pagi big 30 minutes | Admin Division Officer/Staff |
| 2. Pay the corresponding fee at the cashier at the Treasurers Office. | 2. Collecting Officer process payment and issue Official Receipt (O.R.) While clients pay the corresponding fee, PAC Admin Div. Officer/staff prepares the requested document. | docume nt | GSIS – 10 working days | PTO Cashier Admin Div. Staff |
| 3. Present O.R. to the action Officer at PAC | 3. Check/Record the O.R. and | | | Admin Div. Officer/Staff |
| 4. Received the document requested | 4. Released the requested record/ document to client | | | |
| | TOTAL | Php 20.00/ docume nt | Philhealth/Pagi big 30 mins. GSIS – 10 Days | |
| | END OF TR | ANSACTIO | N | 1 |

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48. Processing of Disbursement Vouchers for Payment to Suppliers, Contractor, Cash Advances and Financial Asssitance

Checking and certifying on the completeness and authenticity of supporting documents by the Audit Division after the same was certified as to allotted obligation by the Bookkeeping Division.

| Department/Office | PROVINCIAL ACCOUNTING OFFICE (PAC) – Admin, Bookkeeping & Audit DIVISION (2 nd Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 4102/4103/4104/ e- mail: <u>rpg.accountingdept@yahoo.com</u> | | |
|---|--|--|--|
| Category | Internal/External | | |
| Classification: | Simple/Complex tra | ansaction | |
| | G2G-Government t | o Government | |
| Type of Transaction: | G2C-Government to Clients | | |
| Processing Time | 3 Hours and 10 mins. | | |
| Fees | NONE | | |
| Who may avail: | Suppliers, Contractors, RPG Employees, Philhealth, HDMF, GSIS, DSWD, Brgy. Treasurer's, Municipal & City Treasurer/Liaison Officers | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | |
| Disbursement Voucher | | To be submitted by the different departments and offices and LGUs. | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ |
|---|--|-----------------------|---------------------------|---|
| 1. Proceed to Receiving Clerk to submit Disbursement Voucher (DV) together with supporting documents | (Detailed Steps)1. Assign DV number and record the Obr Number, Payee, Particulars of transaction, amount and DV Number in the logbook2.Post to the Registry of Appropriation, Allotment and Obligation (RAAO)3.Input transactions to the Government Application software4.Confirm and initial Box A "Allotment obligated for the purpose as indicated above" of DV5.Check compliance with applicable laws, rules and completeness of supporting papers. DV'swith incomplete supporting papers are returned to concerned offices6.Confirm the correctness/ completeness of SUPPORTING DOCUMENTS ATTACHED" and initial Box A of DV7.Prepare Certificate of Withholding Tax | None | 3 hours and 15 minutes | Division)Admin Aide IAdmin Aide IBookkeeping DivisionBookkeeping Administrative OfficerAudit DivisionAudit DivisionSupervising |

| | 8.Confirm the correctness of the Certificate of Tax withheld | | | SAO Admin/ Remittance Div. | |
|-------------------------|---|-----------|-------------|-------------------------------|--|
| | 9.Sign Certificate of Tax Withheld and Box A of DV | | | OIC - PAC | |
| 2. Received the | | | | Admin Division | |
| document processed. | document TOTAL | No fees | 3 hours and | | |
| | | collected | 15 minutes | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

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49. Provision of Ambulance Services

This Office is responsible to respond to requesting in the provision of Ambulance needed during natural and man made calamities and during pandemic in the recovery of affected persons and mitigate its impact. To sustain delivery of health services in the community or areas of responsibility.

| Department/Office | Rizal PROVINCIAL DISASTER RISK REDUCTION & MANAGEMENT OFFICE, Ynares Center Compound, Brgy. San Roque, Antipolo City, Rizal, Landline: 8571-4375, 8620-2484, e-mail <u>rizal.pdrrmc@gmail.com</u> | | | |
|---|---|---|--|--|
| Category | Internal / External | | | |
| Classification: | Simple | | | |
| Type of | G2C - Government to Client (R | etiree) | | |
| Transaction: | G2G – Government to Governr | ment | | |
| Processing Time | Maximum of 2 to 3 days after a | | | |
| | | | | |
| Fees | No fees to be collected. All service | vices is "Free of Charge" | | |
| Who may avail: | a. Active employee | | | |
| | b. Walk-in clients of the RPG | | | |
| | c. Other government agencies | and | | |
| | d. Associations and groups wi | thin the province | | |
| CHECKLIST O | F REQUIREMENTS | WHERE TO SECURE | | |
| 1. Letter Request addr PDDRRMO Chief | 1. To be prepared by the requesting party. | | | |
| transfer of patients, trans | e among requesting parties for port of specimen at the Lung and other ambulatory services. | 2. PDRRMO Ambulance for dispatch with prior approval of the PDRRMO. | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE | PROCESSING TIME | PERSON RESPONSIBLE | |
|---|--|-------------------|--------------------|------------------------------|--|
| (Detailed Steps) | (Detailed Steps) | PAID | | (Position Unit/ Division) | |
| 1. Submit letter of request to the Frontline staff/ Officer of the day. | 1. Accept/Receive and review request letter/ accomplished form slip. | None | | PDRRMO Staff/Officer | |
| | Indorsed letter to the Chief PDRRMO for appropriate action. | | | PDRRMO Chief | |
| | Advised Client to make a follow-up on date indicated on the letter received copy thru phone or e-mail. | | 1 hour | | |
| | If approved go back to PDRRMO and get the schedule. | | | | |
| | If not approved, explain to the client the disaaproval of the request thru text, phone or e- mail. | | | | |
| 2. Go back to PDRRMO for the approve schedule of ambulance | | | | PDRRMO Staff/Officer | |
| | TOTAL | No fees collected | 1 hour | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

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50. Provision of Medical Assistance

Free Medicines, free consultation and referrals can be obtained from this office for the indigent sectors in Rizal Province.

| Department/Office | PROVINCIAL HEALTH OFFICE (PHO) PHARMACY SECTION AND CLINIC Ground floor, RPG Bldg, Antipolo City Tel. No. 620-2400 Local 5003/5005/5009/ E-mail: pho.rizal@yahoo.com, pho.rizal@gmail.com | | | | |
|--|---|---------------------|--|--|--|
| Category | Internal / External | | | | |
| Classification: | Simple | | | | |
| Type of Transaction: | G2C - Government to Client | | | | |
| Processing Time | 25 minutes | | | | |
| Fees | None | | | | |
| Who may avail: | Walk-in clients | | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | | |
| a. Letter of request addressed to Governor | | 1. Client | | | |
| b. Prescribed medicine | | 2. Doctor | | | |
| c. Barangay Indigency | | 3. Barangay Captain | | | |
| d. Medical Certificate | 4. Hospital | | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) | |
|------------------------------------|---|-----------------------|--------------------|---|--|
| 1. Present letter with attachments | 1. Accept/receive and check the requirements and provide: a. Medicine | None | 25 minutes | Pharmacy Aide | |
| | b. Consultation – xamine, give advice and Prescription | | | Doctor | |
| | c. Referrals – conduct interview – analyze the request for laboratory, x-ray and other diagnostic procedures | | | Nurse | |
| 2. Accept/claim the request | 2. Release/provide the request to client | | | | |
| TOTAL | | No fees collected | 25 minutes | | |
| END OF TRANSACTION | | | | | |

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51. Issuance of Tax Declaration

Request for issuance of tax declaration may be obtained from this Office. This tax declaration can be requested by the real property owner/s or his representatives, whenever there is a transfer or change of ownership of real property.

| Department/Office | PROVINCIAL ASSESSOR'S OFFICE - Assessment Operation Evaluation Unit Ground Floor RPG Bldg, Ynares Center, Antipolo City Tel. No. 620-2400 Local 4401/4402/4403/4404/4409 | | | |
|---|---|---|--|--|
| Category | Internal/External | | | |
| Classification: | Simple | | | |
| | G2C - Government to Clier | nt (Taxpayers) | | |
| Type of Transaction: | G2G – Government to Gov | /ernment | | |
| Processing Time | 60 minutes per Tax Declaration | | | |
| Fees | Php150.00 | | | |
| Who may avail: | Real Property Owner/ Representative | Subdivision Developer/Authorized | | |
| CHECKLIST OF I | REQUIREMENTS | WHERE TO SECURE | | |
| Transfer of ownership of Ta | ax Declaration: | From Assessor's Office | | |
| 1. E-copy of Transfer C | Certificate of Title | Registrar of Deeds | | |
| 2. E-Copy of Deed of S | Sale | Register of Deeds/Seller | | |
| 3. E-copy of Certificat (BIR-CAR) | e Authorizing Registration | Registrar of Deeds/BIR | | |
| Certified copy of transfer tax receipt | | Treasurer's Office/Original copy of receipt | | |
| 5. Certified copy of realty tax payment / tax clearance certificate | | Treasurer's Office/Original copy of receipt | | |
| Notarized Sworn St value of the property | atement declaring the tru | Client/Taxpayer | | |

| CLIENT ACTION | AGENCY/OFFICE ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|---|--------------------------------|--------------------|---|
| (Detailed Steps) | (Detailed Steps) | | | (Position Unit/ Division) |
| 1. Submit the required documents for transfer of ownership of Tax Declaration | 1. Check the completeness of the required documents submitted | | | |
| | * Check if Sworn Statement is notarized, if not require client to notarized the document at the Legal Office and return back. | | | Local Assessment Operation Officer II |
| | * Check the correctness of information in the FAAS/TD as against the submitted documents | | | |
| | * Prepare the appraisal and assessment | | | |
| | * Advise the client to pay to the Treasurer's Office the late filing fee for the Sworn Statement or pay the processing fee for a Residential building with "0" assessment level. | Php 100.00 Php 200.00 | 47 minutes | Local Assessment Operation Officer III |
| | While client pay the corresponding fee at the cashier, the Provincial Assessor staff will do the following: | | | |
| | * Validate the FAAS and TD before submission for approval of the Provincial Assessor | | | Local Assessment Operation Officer IV |

| | * Assign the Transaction Number | | | Assessment Records Management Division |
|---|--|---------------|---|---|
| | * Stamped the assigned Tax Declaration Number, Registration date and other pertinent markings. | | 13 minutes | Ernie D. Gerzon Administrative Aide |
| 2. Pay the corresponding fee at the Cashier - PTO | 2. Accept payment and issue Official Receipt | | | Cashier – Provincial Treasurer |
| 3. Present Official Receipt, received the documents and sign in the log book | 3. Release the new Tax Declaration to the property owner or to his authorized representative | Php 300.00 | | Marilou dela Cruz Assessment Clerk II Peter Rommel P. Paterno, LAOO II |
| | | | | Edna G. Banastao Assessment Clerk II |
| | TOTAL | Php 300.00 | 1 hour per TD after receipt of complete documents | |
| END OF TRANSACTION | | | | |

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52. Issuance of Certified True Copy of Tax Declaration, Certification of Non-Improvement, Certification of Property Holdings and other kinds of Certifications

Request for certified true copy of tax declarations, certification of non-improvement, certification of property holdings and other kinds of certifications may be obtained from this office. These certified and certifications can be requested by the real property owner/s or representative for any legal transaction on private or government purposes.

| Department/Office | OFFICE OF THE PROVINCIAL ASSESSOR – Assessment Records and Management Division 1 st floor Rizal Provincial Government Building, Antipolo City. Tel. No. 620-2400 local 4401/4402/4403/4404/4409 | | |
|---|---|---|--|
| Category | Internal / Extern | nal | |
| Classification: | Simple | | |
| Type of Transaction: | G2C - Governm G2G – Governr | nent to Client nent to Government | |
| Processing Time | 30 minutes Certified True Copy of Tax Declaration/Certifications 1 hour per Certification of Property Holdings | | |
| Fees | ₱125.00 | | |
| Who may avail: | Real Property C | Owner/s or Representative/s | |
| CHECKLIST OF REQ | UIREMENTS | WHERE TO SECURE | |
| 1. Request slip form/re | quest letter | 1. From PAO/real property owner/s or representative | |
| 2. Special power of attorney/ authorization letter (representative) | | 2. Real property owner/s | |
| Notarized affidavit of non- improvement (Certification of Non- Improvement) | | 3. Notary public officer | |
| 4. Any valid IDs (mach | ine copy) | 4. From any government/private agency | |
| Official receipt (fees (updated real prope payment) | | 5. Cashier – Provincial Treasurer | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|---|-------------------------------------|--|---|
| 1. Submit request slip form/request letter to Provincial Assessor's Office frontliner staff | Receive and review accomplished form/ request letter Advise real property owner/representativ e to pay the corresponding fee at Treasurer's Office. | ₱125.00 per | | Planning Officer II, Admin Clerk IV, Assessment Clerk II /ARMD |
| 2. Proceed to Treasurer's Office for payment of corresponding fee | 2. Collecting Officer process payment and issue Official Receipt (O.R.) While clients pay the corresponding fee, ARMD staff verifies & prepares the requested TD/ certification. | TD/ certification | 30 minutes – TD/ certification; 1 hour – Certification of Property Holdings upon receipt of completed documents | Revenue Collection Officer/PTO |
| 3. Proceed to PAO and present official receipt to ARMD staff | 3. Check/Record the official receipt/reviews/ signs copy of TD/ Certification | | | LAOO IV, LAOO III /ARMD |
| 4. Received the requested TD/ Certification and signed in the logbook | 4. Issued the requested TD/Certification to client | | | Planning Officer II, Admin Clerk IV, Assessment Clerk II /ARMD |
| | TOTAL | ₱125.00 per TD/ certification | 30 minutes – TD/ certification; 1 hour – Certification of Property Holdings upon receipt of completed documents | |
| END OF TRANSACTION | | | | |

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53. Annotation of Warrant of Levy, Cancellation, Mortgage, etc. on Tax Declaration

Request for annotation and cancellation of warrant of levy, mortgages, adverse claim, etc. on Tax Declaration.

| Department/Office | OFFICE OF THE PROVINCIAL ASSESSOR – Property Valuation and Standards Division (1 st floor Rizal Provincial Government Building, Antipolo City. Tel. No. 620-2400 local 4401/4402/4403/4404/4409 | | |
|---|---|---|--|
| Category | Internal / Extern | al | |
| Classification: | Simple | | |
| | G2C - Governm | ent to Client | |
| Type of Transaction: | G2G – Governm | nent to Government | |
| Processing Time | 1 hour upon approval | | |
| Fees | ₱100.00 (Mortgage) ₱500.00 (Adverse Claim) | | |
| Who may avail: | Real Property Owner/s or Representative/s | | |
| CHECKLIST OF REQ | UIREMENTS | WHERE TO SECURE | |
| Request slip form/re together with support | | 1. From PAO/real property owner/s or representative | |
| Special power of attorney/authorization letter (representative) | | 2. Real property owner/s | |
| 8. Any valid IDs (machine copy) | | 3. From any government/private agency | |
| Official receipt (fees) Official receipt (updated real property tax payment) | | 4. Cashier – Provincial Treasurer | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|---|------------------------------------|-------------------------|---|
| 1. Submit written request and the required documents | 1. Accept/Received the request and indorse to LAOO II officer | | | Receiving Officer |
| | 2. Review and evaluate the submitted documents | | | LAOO II |
| | 3. Approval of the request. | | | OIC Provincial |
| | 4. Advise the property owner to pay the necessary fee | - | | Assessor |
| 2. Pay the corresponding fee at the Cashier – PTO. | 2. Accept the amount and issue Official Receipt | ₱100.00 for mortgage | 1 hour upon approval | Cashier - PTO |
| | | ₱500.00 for adverse claim | | |
| 3. Present OR to Assessors Office to confirm payment for the request of annotation | 5. Annotation of the request on tax declaration | - | | Local Assessment Operation Officer II |
| | TOTAL | ₱100.00 for mortgage | 1 hour upon approval | |
| | | ₱500.00 for adverse claim | | |
| END OF TRANSACTION | | | | |

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54. Planning, Programming and Designing of Proposed Projects

The Provincial Engineering Office prepares the plans, programs and design of proposed infrastructure projects of the Rizal Provincial Government; and provides technical assistance in its implementation.

| Department/Office | PROVINCIAL ENGINEERING OFFICE First Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 4703/4707/4705/ e-mail: <u>rpg.peo@gmail.com</u> | | | |
|--|--|---|--|--|
| Category: | External | | | |
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C - Government to Citizen G2G – Government to Governme | | | |
| Processing Time | 13 days and 45 minutes per requ | est/proposed program | | |
| Fees | No fees | | | |
| Who may avail: | Residents of the Province of Riza Other government agency | 1 | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO SECURE | | |
| Site of proposed project: | | | | |
| agency) were c | of ownership of the at they (owner government pordinated and interpose no proposed project | Property owner | | |
| a. Proof/Evidence b. Resolution of agency to over/conveyanc | of ownership concerned government accept the turn- e/donation ncerned government official pt the turn- | Property owner Government agency (donee) Government agency (donee) Donor/Donee | | |

| property owner authorizing the turn-over/ conveyance/ Deed of Donation; and the person to represent the juridical entity | property owner |
|---|-------------------------------|
| f. Certification that they (new owner- government agency) were coordinated and interpose no objection for the proposed project | Government agency (new owner) |
| 3. Other documents/clearances when necessary: | DENR/LLDA/NHA |
| a. DENR/LLDA/NHA clearance | DPWH |
| DPWH clearance/Right-of-Way | Property owner/Building |
| c. Demolition permit from concerned | Official |
| government agency | Property owner |
| d. Subdivision/Survey Plan of the subject | Association concerned |
| property | |
| e. Accreditation Documents (Association) | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|--|--|-----------------------|--------------------|---|
| 1. Submit letter- request received/ approved/ or as directed by the Office of the Governor to the Provincial Engineering Office frontliner | 1. Receive and record letter-request approved/endorsed from the Office of the Governor and forwarded to Provincial Engineer for appropriate action | | 15 mins. | Admin. Aide I Provincial Engineer |
| | * Letter-request referred to Division Head for initial review and assignment to Section Head and contact requesting party thru phone call/sms, if there is a contact number provided | No fees | | Head, Planning & Programming Division |
| | in the letter-request; or written communication. * Advice given to the requesting party of the documentary requirements or initial findings on documents submitted with the letter- | | 30 mins. | Section Head and Technical Staff |

| request; and office number given should the requesting party have further concerns and for follow-up of their request. * Requesting party and concerned public officers are coordinated and site | | 3 days | Section Head and Technical |
|--|---------|--------|--|
| inspected * Field Inspection Report; Program of Work and Cost Estimate for proposed project with complete and in order documents as submitted are prepared. * The report, program and estimate are reviewed and submitted for approval of Assistant Provincial | | 7 days | Staff Section Head and Technical Staff Head, Planning & Programming Division |
| Engineer * The Field Inspection Report, Program of Work and Cost Estimate as submitted by the Section Head, Technical Staff and Division Head of the Planning and Programming Division are reviewed and recommended for approval of the Provincial Engineer. | No fees | 1 day | Assistant Provincial Engineer (concurrent capacity) |
| * Report, program and estimate as approved by the Section Head, Technical Staff, Division Head and Assistant Provincial Engineer are encoded for final, review and approval | | 1 day | Encoders Provincial Engineer |

| * Indorsement letters are prepared and signed by the Provincial Engineer regarding proposed project addressed to the Office of the Governor for information and appropriate action. | | 1 day | Encoders Provincial Engineer | |
|--|-------------------|---------------------------|------------------------------------|--|
| TOTAL | No fees collected | 13 days and 45 minutes | | |
| END OF TRANSACTION | | | | |

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INTERNAL SERVICES



3. Provincial General Services Office/ Management

Information System

4. Office concerned

55. Processing of Purchase Request (PR) and Purchase Order (PO)

- a) Earmarking the amount of PR to the control card and affixing initial before the Governor's approval
- b) Recording the amount of PO and name of supplier to the control card; and signing the availability of fund.

| Department/Office | PROVINCIAL BUDGET OFFICE (PBO) – OPERATIONS DIVISION (1 st Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 4504/4509 | | | |
|--|---|--|--|--|
| | e-mail: provibudgetoffice | e.rizal@gmail.com_) | | |
| Category | Internal | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2G – Government to Go | vernment | | |
| Processing Time | 25 minutes | | | |
| Fees | None | | | |
| Who may avail: | Different Offices of the Rizal Provincial Government | | | |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE | | |
| PURCHASE REQUEST (PR) 1. Three (3) copies of PR with date, number and signature of the Head of the Department/Office concerned and: | | 1. Procurement Office | | |
| the repair of vehicle | or spare parts needed for | 2. Provincial General Services Office | | |
| 2 Job Increation Dev | next for motorials pooded | | | |

- 3. **Job Inspection Report** for materials needed for the repair of office equipment/furniture and fixture
- 4. Approved Program by the Governor (if necessary)

| PURCHASE Order (PO) | |
|---|-----------------------|
| 1. Four (4) copies of PO with date, number signature of the supplier, signature of the Governor and the following documents: | 1. Procurement Office |
| Approved Purchase Request | |
| Notice of Award | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|-----------------------|------------------------|--|
| 1) Submit the Purchase Request (PR)/ Purchase Order (PO) and the supporting documents to the Receiving Clerk. | Check/Record to Incoming logbook the submitted PR/PO and supporting documents and forward to the assigned Personnel. * Advice client to follow- up the PR/PO at the Procurement Office. | | 5 minutes | Admin. Aide I |
| | * Check if there is an available appropriation / allotment. * Earmark the amount of PR / Record the amount of PO and name of supplier in the corresponding control card. * Affix initial and endorse to the Provincial Budget Officer. | None | 15 minutes | Supervising Admin. Officer Admin. Officer V Admin. Officer IV Admin. Officer II Admin. Asst. II Admin. Aide I |

| | * Affix initial beside the name of the Governor in the PR / Sign the availability of fund in the PO. | | 2 minutes | OIC, Provincial Budget Office |
|-------------------------|--|-------------------|------------|----------------------------------|
| | * Record to outgoing Logbook and forward the PR/PO to the Procurement Office. | | 3 minutes | Admin. Aide I |
| | TOTAL | No fees collected | 25 minutes | 1 |
| END OF TRANSACTION | | | | |
| SERVICES FREE OF CHARGE | | | | |

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56. Processing of Obligation Request (ObR)

Recording the amount and payee of ObR to the control card and signing the certification on the existence of available appropriation.

| Department/Office | PROVINCIAL BUDGET OFFICE (PBO) – OPERATIONS DIVISION (1 st Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 4504/4509 e-mail: provlbudgetoffice@gmail.com_) | | | |
|--|--|---|--|--|
| Category | Internal | | | |
| Classification: | Simple | | | |
| Type of Transaction: | G2G- Government to Govern | ment | | |
| Processing Time | 30 minutes | | | |
| Fees | None | | | |
| Who may avail: | Different Offices of the Rizal I | Provincial Government | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO SECURE | | |
| Three (3) copies of Obligation of the Head of Office consupporting documents: | | | | |
| Approved Purchase Order and Purchase Request – for goods Approved Payroll – for salaries, wages, and other personnel benefits Bill of Account - for janitorial services and utilities such as electric, water and telephone Notarized Contract, Notice of Award and Notice of Proceed – for civil works | | Procurement Office Human Resource Management Office Provincial General Services Office Provincial Engineering Office | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|---|-----------------------|--------------------|--|
| 1) Submit the Obligation Request (ObR) to the Receiving Clerk. | Check/Record ObR and the supporting documents. Stamp "received" indicate the date, time, and affix initial in the 1st and 2nd ObR. | | 3 minutes | Gerald Wilfred F. Reyes Admin. Aide |
| | 2. Check all the data and the supporting documents. * Record the amount to control card of Appropriations, Allotments and Obligations. 3. Affix initial and forward to person-in-charge in assigning the control number. | None | 15 minutes | Supervising Admin. Officer Admin. Officer V Admin. Officer IV Admin. Officer II Admin. Asst. II Admin. Aide I |
| | Indicate the control number and forward to The Provincial Budget Officer. Sign the certification on the existence of available appropriation. Detach the 2nd copies of ObR, PO and PR. | | 12 minutes | Virgie R. Panaguiton Admin. Asst. II Maura Marivic S. Leyva OIC, Provincial Budget Office Virgie S. Mañaol Admin. Asst. II |

| 6. Record to outgoing logbook and forward to Procurement Office, Engineering Office, Accounting Office or Provincial Treasurer's Office. | | | Mary J. Pajaron Admin. Aide I | | |
|--|------------|------------|---|--|--|
| TOTAL | No fees | 30 minutes | | | |
| | collect | | | | |
| | ed | | | | |
| END OF TRANSACTION | | | | | |
| | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

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57. Provide Assistance in the Review of Annual/Supplemental Budget

Assist the Sangguniang Panlalawigan (SP) on the Review of Annual/ Supplemental Budget through the Provincial Finance Committee (PFC)

| Department/Office | PROVINCIAL BUDGET OFFICE (PBO) – REVIEW AND EVALUATION DIVISION (1 st Floor, RPG Bldg., Antipolo City, Tel. No. 620-2400 Local 4504/4509 e-mail: provlbudgetoffice@gmail.com) | | | |
|---|---|--|--|--|
| Category | Internal | | | |
| Classification: | Complex | | | |
| Type of Transaction: | G2G – Government to Gov | ernment | | |
| Processing Time | 13 Days and 2 Hours | | | |
| Fees | None | | | |
| Who may avail: | Sangguniang Panlalawigan / City/ Municipal Officials/ City/ Municipal Budget Officers | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Indorsement letter Panlalawigan (SP) Appropriation. | by the Sangguniang Committee Chairman on | 1. Sangguniang Panlalawigan | | |
| enacting the Annual/Su 3. Copy of the approved | Annual Investment Plan | Sangguniang Panlalawigan Sangguniang Panlalawigan Sangguniang Panlalawigan | | |
| | Local Budget Preparation ordance with the Budget LGUs. | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) |
|---|--|--------------------|--------------------|---|
| 1) Submit all the required documents. | Check the completeness of the documents submitted. Stamp "receive", Indicate the date, time, and affix initial. Record to incoming logbook and forward to the reviewing | | 1 hour | Admin. Officer IV Admin. Aide I Admin. Aide |
| | personnel. 3) Indorse copies of the Receipts Program/ Statement of Funding Source to the Provincial Treasurer's Office and Annual Investment Plan/ Statement of Supplemental Appropriations to the Provincial Planning and Development Office for their evaluations. Prepare the Local Budget Review Form Nos. 1-3 (working papers). Evaluate the documents in accordance with the existing laws, rules, and regulations. Draft a review letter andforward to the Head of the Budget Review Division. | None | 3 days | Admin. Officer IV Admin. Aide I |

| | 4) Analyze the findings and recommendation, validate all data in the working papers, revised the draft review letter if necessary and forward to the Provincial Budget Officer. | None | | Supervising Admin. Officer |
|------------------------|---|-------------------|---------------------------|------------------------------------|
| | 5) Check if the findings, Comments and recommendations are correct before printing the final review letter. | | 10 days and 1 hour | OIC, Provincial Budget Office |
| | 6) Forward the review letter to all the members of the PFC for their signatures. | | | Admin. Officer IV Admin. Aide I |
| | 7) Submit the original copy of the AB/SB to the Sangguniang Panlalawigan with stamped "Reviewed" together with the PFC's review letter. | | | Admin. Officer IV Admin. Aide I |
| | TOTAL | No fees collected | 13 days and 2 hours | |
| END OF TRANSACTION | | | | |
| SRVICES FREE OF CHARGE | | | | |

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58. Technical Assistance/Repair of IT equipment

This Office provides technical assistance / repair of IT equipment to all departments and offices.

| Department/Office | MANAGEMENT INFORMATION SYSTEMS OFFICE (MISO) Technical Services Division (2 nd Floor, RPG Bldg., Ynares Center Complex, San Roque, Antipolo City, Tel. No. 620-2400 Local 5501/5504 Email: <u>misrizalprovince@gmail.com</u> | | | |
|---------------------------|--|------------------|--|--|
| Category | Internal | | | |
| Classification: | Simple / Complex | Simple / Complex | | |
| Type of Transaction: | Government to Client (Department/Office/Employee) | | | |
| Processing Time | 30 minutes Simple Request / 2hrs to 3 days Complex Request | | | |
| Fees | None | | | |
| Who may avail: | All Employees and Concerned Offices | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Request Form | From MIS Office | | | |

| CLIENT ACTION (Detailed Steps) | AGENCY/OFFICE ACTION (Detailed Steps) | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE (Position Unit/ Division) | |
|---|---|-----------------------|---|---|--|
| 1. Call and/or filled-up request form available at MISO Frontline Service Officer and state the purpose. | 1. Encode request on the Office' Queuing System and Inform the Assigned Technician. | None | 3 minutes | MISO Frontline Service Officer | |
| | Troubleshooting/repai r diagnose IT Equipment. | | 25 minutes 2 hrs. to 3 days | Technician in Charge | |
| 2. Sign Job Order Request when Troubleshoot or Repair Task done. | 2. Assigned Technician ensures that client /employee signed the request order. | | 2 minutes | MISO Frontline Service Officer | |
| | TOTAL | No fees collected | Simple (30 minutes) Complex (2 hrs. or 3 days) | | |
| END OF TRANSACTION | | | | | |
| SERVICES FREE OF CHARGE | | | | | |

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VI. Feedback and Complaints Mechanism

| Feedback and | Complaints Mechanism |
|------------------------------|--|
| How to send feedback | Clients are encouraged to accomplish feedback form & drop them at the designated drop boxes located the Public Information, Assistance and Complaints Desk, (PIACD) at Employee Entrance Capitol Lobby. |
| How feedback is processed | Feedback is gathered and processed by the HR office. Feedback requiring answers are forwarded to the concerned office and are therefore required to answer within three (3) days upon receipt of the feedback. A report of customer Feedback is prepared to document action plan and monitor action taken. For inquiries and follow-up, clients may contact the following number 6202400 local 5202/5203/5204 |
| How to file a complaint | Accomplish the Client Complaint Form & drop it at the designated drop box at the Public Informatioon, Assistance and Compliant Desk, manned by Frontline Desk Officer of the Day. Complaints can also be filed via telephone. 6202400 local 5202/5203/5204 or text at 0919-0031824 (Office of the Governor) Make sure to provide the following information: a. Name of Person to be complained b. Incident c. Evidence |
| How complaints are processed | Compliant/s received, whether verbal or written shall be referred/forwarded to concerned head of office who shall act on the complaint and provide feedback to the client on the action taken. |
| Contact Information | Text Office of the Governor at 0919-0031824 or send your feedback through <u>www.rizalprovince.gov.ph</u> and or to <u>hrmorpg@gmail.com</u> ARTA: <u>compaints@arta.gov.ph</u> 8478-5093 PCC: 8888 CCB: 0908-881-6565 (SMS) |

CITIZEN'S FEEDBACK FORM

PAMAHALAANG PANLALAWIGAN NG RIZAL

Lungsod ng Antipolo, Lalawigan ng Rizal

HAIN NG REKLAMO

| Petsa: |
|--------------------------------------|
| Pangalan ng Nagrereklamo: |
| Tirahan at kontak number: |
| |
| Pangalan ng Inirereklamo: |
| Opisina at Posisyon ng Inirereklamo: |
| |
| URI NG REKLAMO: |
| |
| |
| |

NAIS MANGYARI UKOL SA REKLAMO:

Lagda ng Nagrereklamo

RIZAL PROVINCIAL GOVERNMENT

Antipolo City, Province of Rizal

CUSTOMER SATISFACTION SURVEY FORM

| Name (optional) | Date |
|---|------|
| Service/Assistance Requested/ Received: | |
| Office concerned: | |

Dear Client:

We at the Rizal Provincial Government endeavors to consistently provide excellent services to meet our client's needs. In this regard, may we request you to help us improve our service by allowing us to hear your voice.

Kindly fill-out the survey form and reflect your impressions about our services. Please encircle the rating that corresponds to the level of your satisfaction.

| Rating Scale | | Satisfaction Level |
|--------------------------------|----------------------------|--------------------|
| 5 | | Very High |
| 4 | | High |
| 3 | | Moderate |
| 2 | | Low |
| 1 | | Very Low |
| A. Service Parameter | Client Satisfaction | <u>Remarks</u> |
| 1. Service Quality | 54321 | |
| 2. Service Timeliness | 54321 | |
| 3. Staff Responsiveness | 54321 | |
| B. Overall Impression | 54321 | |
| C. Suggestion for Improvement: | | |

" Taas Noo Rizaliño "



MGA PUNONG NAMAMAHALA SA PAMAHALAANG PANLALAWIGAN NG RIZAL

| PUNONG LALAWIGAN | KGG. REBECCA A. YNARES |
|-------------------------------------|--|
| PANGALAWANG PUNONG LALAWIGAN | KGG. REYNALDO H. SAN JUAN, JR. M.D. |
| KINATAWAN | |
| UNANG DISTRITO: | KGG. MICHAEL JOHN "JACK" DUAVIT |
| UNANG DISTRITO: CITY OF ANTIPOLO | KGG. ROBERTO ANDRES V. PUNO, SR. |
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| HOUSING | OIC- LOEL M. MALONZO | 620-2400 Local No. 5104 e-mail: rizalprovincialhousing@yahoo.com |
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| Records Division | AMIE G. INGCO | 620-2400 Local No. 4301/4302 |
| Telecom Unit | RICARDO DEL PAÑA | 620-2400 Local No. 4941/ 4949 |

TAGAPANGULO AT PINUNONG NAMAMAHALA SA BAWAT TANGGAPAN NG HOSPITAL

| TANGGAPAN | MGA PUNO | TELEPONO/LOCAL NO. |
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| RPHS – Angono Annex | DRA. MYLANIE C. JACINTO | 451-19-58/651-22-53 e-mail: <u>rphsangonoannex@yahoo.com</u> |

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Courtesy Lane

(For Rregnant Women, Benior Citizen's and Rerson's with Disabilities)





Pagbabayad ng Buwis ng mga Sinyor Citizen sa Courtesy Lane ng Kapitolyo ng Rizal

MARAMING SALAMAT PO