



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

MONTHLY JANITORIAL PERFORMANCE EVALUATION

DATE OF EVALUATION : _____ MONTH/YEAR : _____

CONDUCTED BY : _____

FLOOR				SUB-TOTAL	ACTIVITIES
F1	F2	F3	F4		
					DUSTING
					Furnitures (sofas, chairs, etc.) telephones, tables, top of steel cabinets, frames, ballosters dusted dai
					Glass doors, glass windows, cleaned & polished
					Planters divider (partition) cleaned weekly
					Window jams damp-wiped weekly
					Cobwebs removed weekly
					Walls cleaned monthly
					COMFORT ROOM CLEANING
					Toilet bowls/sinks/urinals cleaned and sanitized daily
					Trash cans emptied, cleaned, and lined daily
					Mirror cleaned and polished daily
					Entry doors cleaned daily
					Floors swept, mopped and sanitized daily
					Follow up cleaning
					Wall cleaning weekly
					FLOOR CLEANING
					Swept and mopped daily
					Maintained shine on hard and wood floors
					Canopies swept daily
					Entrances and sidewalks swept daily
					Follow up cleaning
					Floors cleaned with soap weekly
					GARBAGE COLLECTION
					Trash containers emptied, cleaned and lined daily
					Trash bins emptied and cleaned daily
					Any trash around the building picked up daily
					GROUD CLEANING & GARDENING
					Sweeping
					Drainage clean-up
					Garbage collection
					Watering of plants
					Pruning, cultivate & fertilize
					OTHER REQUIREMENTS
					Filling of airpots daily
					Water fountains, sinks, refrigerators, kitchen areas clean & sanitized daily
					Plants brought inside the office weekly (every Monday)
					Plants brought outside the office weekly (every Friday)
					Venetian blinds and roller shades cleaned quarterly
					Inside and outside windows cleaned quarterly
					Reproduction services
					Dirt traps, floor mats cleaned weekly
TOTAL					

LEGEND:

5	Excellent
4	Very Good
3	Good
2	Fair
1	Poor

FLOOR IN-CHARGE

F1	_____	MACASANDIG	_____
F2	_____	TIN-AO	_____
F3	_____	KAUSWAGAN	_____
F4	_____		

COMMENTS: _____

	CAGAYAN DE ORO CITY WATER DISTRICT				
	<i>Corrales Avenue, Cagayan de Oro City</i>				
	SURVEY FORM				
Dear Valued Customers/Clients,					
Please rate the following areas as to cleanliness Place a check(✓) on your choices.					
Location:		Date:			
Area	Poor	Fair	Good	Very Good	Excellent
Lobby					
Floors					
Stairways					
Comfort Rooms					
Grounds					
Comments/Suggestions					

Thank you for your cooperation.					
COWD MANAGEMENT					
FM-ADM-03		00			XX-XX-XXXX

	CAGAYAN DE ORO CITY WATER DISTRICT				
	<i>Corrales Avenue, Cagayan de Oro City</i>				
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Floors					
Stairways					
Comfort Rooms					
Grounds					
Comments/Suggestions					

Thank you for your cooperation.					
COWD MANAGEMENT					
FM-ADM-03		00			XX-XX-XXXX

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Floors					
Stairways					
Comfort Rooms					
Grounds					
Comments/Suggestions					

Thank you for your cooperation.					
COWD MANAGEMENT					
FM-ADM-03		00			XX-XX-XXXX

	CAGAYAN DE ORO CITY WATER DISTRICT				
	<i>Corrales Avenue, Cagayan de Oro City</i>				
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Floors					
Stairways					
Comfort Rooms					
Grounds					
Comments/Suggestions					

Thank you for your cooperation.					
COWD MANAGEMENT					
FM-ADM-03		00			XX-XX-XXXX

	CAGAYAN DE ORO CITY WATER DISTRICT			
	Corrales Avenue, Cagayan de Oro City			
	PASS SLIP FOR TOOLS/ITEMS			
DEPARTMENT: _____		DRIVER: _____		
TEAM LEADER: _____		PLATE NO: _____		
DATE: _____				
NO.	TOOL DESCRIPTION	OUT	IN	REMARKS
Approved for release: _____		Checked by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
Checked upon return: _____		Verified by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
FM-ADM-04	00	X-XX-XXXX		

	CAGAYAN DE ORO CITY WATER DISTRICT			
	Corrales Avenue, Cagayan de Oro City			
	PASS SLIP FOR TOOLS/ITEMS			
DEPARTMENT: _____		DRIVER: _____		
TEAM LEADER: _____		PLATE NO: _____		
DATE: _____				
NO.	TOOL DESCRIPTION	OUT	IN	REMARKS
Approved for release: _____		Checked by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
Checked upon return: _____		Verified by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
FM-ADM-04	00	X-XX-XXXX		

	CAGAYAN DE ORO CITY WATER DISTRICT			
	Corrales Avenue, Cagayan de Oro City			
	PASS SLIP FOR TOOLS/ITEMS			
DEPARTMENT: _____		DRIVER: _____		
TEAM LEADER: _____		PLATE NO: _____		
DATE: _____				
NO.	TOOL DESCRIPTION	OUT	IN	REMARKS
Approved for release: _____		Checked by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
Checked upon return: _____		Verified by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
FM-ADM-04	00	X-XX-XXXX		

	CAGAYAN DE ORO CITY WATER DISTRICT			
	Corrales Avenue, Cagayan de Oro City			
	PASS SLIP FOR TOOLS/ITEMS			
DEPARTMENT: _____		DRIVER: _____		
TEAM LEADER: _____		PLATE NO: _____		
DATE: _____				
NO.	TOOL DESCRIPTION	OUT	IN	REMARKS
Approved for release: _____		Checked by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
Checked upon return: _____		Verified by: _____		
Team Leader's Signature _____		Security Guard on Duty _____		
FM-ADM-04	00	X-XX-XXXX		



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

Driver's Trip Ticket

DTT No.

DATE:

A. To be filled by the administrative official authorising official travel:

1. Name of Driver of the vehicle -----
2. COWD car/vehicle to be used, Plate No. -----
3. Name of authorized passenger/s -----
4. Place or Places to be visited/inspected -----
5. Purpose -----

BIENVENIDO V. BATAR, JR.

General Manager

B. To be filled by the Driver:

1. Time of departure from office/garage ----- a.m./p.m.
2. Time of arrival at (per No. 4 above) ----- a.m./p.m.
3. Time of departure (per No. 4 above) ----- a.m./p.m.
4. Time of arrival back to Office/Garage ----- a.m./p.m.
5. Approximate distance travelled (to & from) ----- a.m./p.m.
6. Gasoline issued, purchased & consumed:
 - Balance in Tank ----- liters
 - Issued by office from stock ----- liters
 - Add: Purchased during trip ----- liters
 - TOTAL ----- liters
 - Deduct: Used during the trip (to and from) ----- liters
 - Balance in the tank at the end of trip) ----- liters
7. Gear Oil issued ----- liters
8. Lubricating oil issued ----- liters
9. Greased issued ----- liters
10. Odometer readings, if any:
 - At beginning of trip ----- lbs./kgs.
 - At end of trip ----- miles/kms.
 - Distance travelled (per 5 above) ----- miles/kms.
11. Remarks:

I hereby certify to the correctness of the statement of record of travel.

Name of Driver

I hereby certify that I used this cowd car/vehicle on official busines as stated above.

Name of Passenger



CAGAYAN DE ORO CITY WATER DISTRICT

CORRALES AVENUE, CAGAYAN DE ORO CITY

FAX No. 72-27-05 / 72-62-48 / 72-97-42

LETTER OF AUTHORIZATION OPD CONSULTATION SERVICES (NOT VALID FOR HOSPITAL ADMISSION)

Water Accessibility - Our Priority!

FOR CLAIMS USE ONLY

LOA NO. _____

Claim Number

PART 1 - TO BE FILLED UP BY AUTHORIZED COWD CLINIC PERSONNEL

TO: _____ DATE ISSUED _____
Physician / Hospital Doctor / Hospital Code

THRU: _____ Valid Until _____
SR INDUSTRIAL NURSE

WE ARE REFERRING THE FOLLOWING COWD EMPLOYEE FOR OUTPATIENT CONSULTATION/SERVICES

Name of Patient (Last Name, First Name, MI)		Birth Date	
Address		AGE	SEX
Patient is referred For		() Consultation () Procedure	
Exclusion:			

Authorized Signatory

CAGAYAN DE ORO CITY WATER DISTRICT
Issuing Clinic/Office

Patient Signature

PART II - TO BE FILLED UP BY ATTENDING PHYSICIAN/HOSPITAL PERSONNEL

Consulation/Treatment Date	Diagnosis / Findings	Test/Treatment/Operation Performed
Duration For Diagnosed illness Prior to Consultation	Professional Fee	Recommended Diagnostic Test

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY

Printed Name Attending Physician Doctor's Code TAX ID No. Signature Tel. Number

PHYSICIAN OR HOSPITAL MUST RETURN THIS COPY TO CAGAYAN DE ORO CITY WATER DISTRICT

INSTRUCTION TO HOSPITAL PERSONNEL / ATTENDING PHYSICIAN:

1. Received the Original and duplicate of this LOA the employee member.
2. Fill up the items part II
3. Send back the duly accomplished Original of this LOA to COWD together with the statement of account of this patient charge slip

Form No. 001-COWD Healthcare Plan

FM - ADM - 06



CAGAYAN DE ORO CITY WATER DISTRICT
Corrales Avenue, Cagayan de Oro City

LETTER OF AUTHORIZATION EMERGENCY CONSULTATION/ADMISSION
(Work Related Injury Only)

LOA NO. _____

PART 1 - TO BE FILLED UP BY AUTHORIZED COWD CLINIC PERSONNEL

TO: _____
Physician/Hospital

DATE ISSUED: _____

THRU: _____
INDUSTRIAL NURSE

Name of Patient (Last Name, First Name, MI)	Birth Date
Department	AGE SEX
Patient is referred for () Consultation () Procedure	

BIENVENIDO V. BATAR, JR.
General Manager
Authorized Signatory

CAGAYAN DE ORO CITY WATER DISTRICT
Issuing Clinic/Office

Patient Signature

PART II - TO BE FILLED UP BY ATTENDING PHYSICIAN/HOSPITAL PERSONNEL		
Consultation/treatment Date	Diagnosis/Findings	Test/Treatment/Operation Performed
Duration For Diagnosed illness Prior to Consultation	Professional Fee	Recommended diagnostic Test

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY

Printed Name Attending Physician

Signature

This shall be attached to the Statement of Accounr.



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

INCIDENT REPORT

CONTROL NO.: _____

DATE: _____

FOR: OFFICE OF THE GENERAL MANAGER
HUMAN RESOURCE DIVISION
CLINIC

FROM: _____ DEPARTMENT

NAME OF EMPLOYEE/S INVOLVED: _____

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

NATURE OF THE INCIDENT:

PREPARED BY:

Supervisor/Division Manager

NOTED BY:

Department Manager



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

ABSTRACT OF PROPOSALS

FOR SUPPLIES AND MATERIALS

Under PR No. _____ dated _____

Opened on: _____

Abstract No. _____

ITEMS	LCB	SUPPLIERS' QUOTED PRICES				
DELIVERY SCHEDULE: _____						
ABC :						
PURPOSE:						

WE HEREBY CERTIFY THAT WE HAVE OPENED THESE PROPOSALS FOR THE ABOVE LISTED MATERIALS, THE ABSTRACT OF WHICH APPEARS ABOVE AT THE TIME AND DATE INDICATED. WE FURTHER CERTIFY TO THE FOREGOING ABSTRACT, THE LOWEST PRICES ARE INDICATED BY US ON THE PROPOSALS.

Recommended for award to: _____

Prepared by: _____

Certified Correct: _____

Recommending Approval: _____

Procurement Staff date

Supervising Supplies/Property Officer

Manager, Administrative Department

APPROVED FOR AWARD TO THE LOWEST BIDDER INDICATED SUBJECT TO EXISTING REQUIREMENTS OF LAW AND COWD RULES AND REGULATIONS.



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

ABC ADJUSTMENT REQUEST

Control No. :

		Date:
REQUEST DETAILS		
REQUEST FOR THE ADJUSTMENT IN THE <u>APPROVED BUDGET FOR CONTRACT (ABC)</u> FOR:		
PURCHASE REQUEST NUMBER: _____ PURCHASE REQUEST DATE : _____		
FROM APPROVED ABC: ₱ _____ TO: ₱ _____		
REASON : <input type="checkbox"/> DUE TO INCREASE IN PREVAILING PRICE/S		
<input type="checkbox"/> OTHERS (PLEASE SPECIFY): _____		
CHARGE TO: _____		
APPROVAL		

REQUESTED BY: _____ DEPARTMENT MANAGER	OK AS TO BUDGET: _____ VIRGINIA J. DIAZ BUDGET DIVISION MANAGER	APPROVED BY: _____ BIENVENIDO V. BATAR, JR. GENERAL MANAGER
--	--	--



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

OUTSIDE JOB ORDER

(for Outside Jobs below P 3,000.00)

DEPARTMENT : _____

Date : _____

SECTION : _____

REQUEST NO. _____

PURPOSE:

DESCRIPTION OF WORK :

ACTUAL COSTS:

Materials	P	_____
Labor		_____
Others		_____
Total	P	<u>Php -</u>

Prepared by: _____

Approved by: _____

Supervising Supplies/Property Officer

Assistant General Manager-AFC Services

CERTIFICATION OF ACCEPTANCE/ACCOMPLISHMENT:

This is to certify that _____
has accomplished the assigned job order in conformity with the specifications above, and within
the specified period of time.

Actual completion date: _____

PWMRS No: _____
(if replacement of parts)

DIVISION MANAGER

Department Manager

APPROVED FOR PAYMENT:

Department Manager, Finance



CAGAYAN DE ORO CITY WATER DISTRICT
 Corrales Avenue, Cagayan de Oro City
SUPPLIERS' ACKNOWLEDGEMENT RECEIPT
 FOR PR NO. _____

ORIGINAL CANVASS ADDITIONAL CANVASS RE-CANVASS

Deadline of Submission: _____

No.	COMPANY NAME	DATE RECEIVED	NAME OF REPRESENTATIVE AND SIGNATURE	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Submitted by:

Purchasing Officer



CAGAYAN DE ORO CITY WATER DISTRICT
 Corrales Avenue, Cagayan de Oro City
SUPPLIERS' ACKNOWLEDGEMENT RECEIPT
 FOR PR NO. _____

ORIGINAL CANVASS ADDITIONAL CANVASS RE-CANVASS

Deadline of Submission: _____

No.	COMPANY NAME	DATE RECEIVED	NAME OF REPRESENTATIVE AND SIGNATURE	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Submitted by:

Purchasing Officer



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

Water Accessibility - Our Priority!

JOB ORDER

Job Order No. _____

Date : _____

P.R. No. _____

Date : _____

A. EQUIPMENT DESCRIPTION (TO BE REPAIRED) :

B. DESCRIPTION OF WORK :

PURPOSE:

C. ACTUAL COST :

Materials	_____
Labor	_____
Others	_____
Total	<u>0.00</u>

PREPARED BY: _____

Ok as to Funds: _____

Supervising Supplies/Property Offi

Finance Manager

APPROVED BY:

Assistant General Manager-AFC Services

D. TO BE FILLED IN BY PARTY DOING THE OUTSIDE JOB :

Supplier

Signature over Printed Name

Designation

Company

E. CERTIFICATION OF ACCEPTANCE/ ACCOMPLISHMENT:

This is to certify that _____ has accomplished the assigned job order in conformity with the specifications above, and within the specified period of time.

Actual completion date: _____

PWMRS No: _____

(if replacement of parts)



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

TRAVEL ORDER

Date:

Name:

Date/s	Place/s	Purpose

1. Expenses to be incurred will be subject to the availability of funds and the usual accounting
2. Upon completion of travel you will submit Certificate of Travel Completed.

BIENVENIDO V. BATAR, JR.



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

IN-HOUSE TRAINING ATTENDANCE SHEET

Training Title :

Training Date (s) :

Venue :

Speaker :

#	Name	Department	Gender	Designation	Signature	
					AM	PM
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

COWD RTC TRAINING ATTENDANCE SHEET

Training Title :		Training Date (s) :	
Venue :			
Speaker :			

#	Name	Nickname	Gender	Designation	Water District	Contact Number	E-mail	Signature	
								AM	PM
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									



CAGAYAN DE ORO CITY WATER DISTRICT
Corrales Avenue, Cagayan de Oro City
COWD-RTC IN-HOUSE SEMINAR EVALUATION

Seminar Title :	Seminar Date(s) :
Please complete the following evaluation for the seminar-workshop you have attended. Your feedback will help us evaluate the effectiveness of this program and allow us to make improvements. Your feedback is important for planning future programming and trainings.	

5 - Strongly Agree | 4 - Agree | 3 - Neither Agree or Disagree/No Opinion | 2 - Disagree | 1 - Strongly Disagree

#	CRITERIA	COMMENTS / REMARKS, if any.	IMPROVEMENT RATING				
			5	4	3	2	1
<i>Trainee's Evaluation (to be conducted right after the training). Please check (ü) the box that corresponds to your answers.</i>							
1	The seminar met my expectations.						
2	The content was helpful.						
3	The level of the seminar was appropriate.						
4	The format was enjoyable.						
5	The speaker has a good understanding of the topic.						
6	The handouts were helpful.						
7	The seminar was worth my time.						
8	The length of the seminar was appropriate.						
9	The seminar should be repeated to other COWD Employees						
10	The COWD-RTC staff was able to facilitate the seminar well.						
11	How would you rate the seminar? Please check.	Excellent	Very Good	Good	Fair	Poor	
12	Are there any aspects of the course that you now feel should have been handled differently?						
13	Other comments/suggestions:						

Done by: _____

 Trainee's Signature / Date

Trainee's Rating

 <small>Water Accessibility - Our Priority!</small>	CAGAYAN DE ORO CITY WATER DISTRICT <i>Corrales Avenue, Cagayan de Oro City</i> TRAINING NEEDS SURVEY
---	--

Year: _____

Name: _____	Department: _____
Position: _____	

PURPOSE:
 In order to align our training programs with the needs of the employees and the organization as a whole, we are conducting this TRAINING NEEDS SURVEY. Kindly CHECK the box of topics that you believe our organization ONLY needs, CHECK the urgency of the need, and RANK the trainings/seminars accordingly. Thank you.

Competency	(✓)	Level of Urgency (✓)			Rank
		VERY URGENT <small>(needed within 6 months)</small>	URGENT <small>(needed within 1 year)</small>	NOT NEEDED AT THIS TIME	
I. WATER SUPPLY OPERATIONS PROGRAM					
1 BASIC HYDRAULICS					
2 TRAINING ON ENVIRONMENTAL PROTECTION AGENCY NETWORK (EPANET)					
3 PIPE NETWORK ANALYSIS FOR WATER SUPPLY SYSTEMS					
4 WATER RESOURCES FACILITIES OPERATOR COURSE					
5 PLUMBING TECHNIQUES SEMINAR					
6 WATER SAFETY PLAN					
7 WATER SUPPLY SYSTEM OPERATION AND MAINTENANCE SEMINAR					
8 GEOGRAPHIC INFORMATION SYSTEM					
II. SOFT SKILLS PROGRAM					
1 PRESENTATION SKILLS					
2 CUSTOMER SERVICE PROGRAM					
3 VALUES ORIENTATION PROGRAM					
4 PERSONALITY DEVELOPMENT					
5 BUDGET MANAGEMENT					
6 TECHNICAL WRITING					
7 RECORDS MANAGEMENT					
8 EFFECTIVE COMMUNICATION					
9 STRESS MANAGEMENT					
10 TIME MANAGEMENT					
III. ACCOUNTING AND FINANCIAL PROGRAMS					
1 ACCOUNTING FOR NON-ACCOUNTANTS					
2 FINANCIAL MANAGEMENT					
3 PROPERTY AND INVENTORY MANAGEMENT					
4 UTILITY BUDGETING					
IV. MANAGEMENT AND LEADERSHIP					
1 STRATEGIC PLANNING					
2 SUPERVISORY DEVELOPMENT COURSE					
3 PEOPLE MANAGEMENT SKILLS					
V. OTHER PROGRAMS					
1 GENDER AND DEVELOPMENT					
2 REVIEW FOR CIVIL SERVICE EXAM					
3 SAFETY PLANNING AND EMERGENCY PREPAREDNESS					
4 PRE-RETIREMENT SEMINAR					
5 BASIC EXCEL					
6 PUBLIC SECTOR UNIONISM					
VI. SUGGESTED PROGRAMS (IF ANY)					
1					
2					
3					

Accomplished by: _____ <div style="text-align: center; margin-top: 10px;"> _____ Signature of Employee </div>	Reviewed by: _____ <div style="text-align: center; margin-top: 10px;"> 00 _____ Division Manager, Human Resources </div>
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CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

ANNUAL TRAINING PLAN

Year :

Department :

#	TRAINING TITLE	REQUIRED ATTENDEES	SCHEDULE												REMARKS		
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC			
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
			PLAN														
			ACTUAL														
Prepared By:		Reviewed By:					Approved By:										
Division Manager, Human Resources		Department Manager A					General Manager										



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

OVERTIME AUTHORIZATION

CONTROL NO.							
DATE:						REGULAR	<input type="checkbox"/> FOR PAYMENT
DATE OF OVERTIME:						CASUAL	<input checked="" type="checkbox"/>
DEPARTMENT:						JOB ORDER	<input checked="" type="checkbox"/> CTO

NO.	NAME OF EMPLOYEE	PURPOSE OF OVERTIME	JOB ORDER / WORK ORDER NO.	LOCATION	DAY	TYPE OF OVERTIME		OVERTIME PERIOD		HOURS
						R	H/DO/ RD	FROM	TO	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										

REQUESTED BY:	RECOMMENDING APPROVAL:	APPROVED:
		<input type="checkbox"/> CTO <input type="checkbox"/> FOR PAYMENT
SUPERVISOR/ DIVISION MANAGER	DEPARTMENT MANAGER	ASSISTANT GENERAL MANAGER
DATE _____	DATE _____	DATE _____

LEGEND: H-HOLIDAY; DO-DAY-OFF; RD- REST DAY; R-REGULAR



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

OVERTIME AUTHORIZATION

CONTROL NO.							
DATE:						REGULAR	<input type="checkbox"/> FOR PAYMENT
DATE OF OVERTIME:						CASUAL	<input checked="" type="checkbox"/>
DEPARTMENT:						JOB ORDER	<input checked="" type="checkbox"/> CTO

NO.	NAME OF EMPLOYEE	PURPOSE OF OVERTIME	JOB ORDER / WORK ORDER NO.	LOCATION	DAY	TYPE OF OVERTIME		OVERTIME PERIOD		HOURS
						R	H/DO/ RD	FROM	TO	
1										
2										
3										
4										
5										
6										
7										
8										
9										
14										
15										
16										
17										

REQUESTED BY:	RECOMMENDING APPROVAL:	APPROVED:
		<input type="checkbox"/> CTO <input type="checkbox"/> FOR PAYMENT
SUPERVISOR/ DIVISION MANAGER	DEPARTMENT MANAGER	ASSISTANT GENERAL MANAGER
DATE _____	DATE _____	DATE _____

LEGEND: H-HOLIDAY; DO-DAY-OFF; RD- REST DAY; R-REGULAR



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

DAILY WORK RECORD

DEPARTMENT: _____ JOB ORDER NO: _____ WORK ORDER: _____ ACCOUNT NO: _____ CONTROL NO. _____
 DATE: _____

NO.	NAME OF EMPLOYEE	LOCATION OR DESCRIPTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL NO. OF HOURS	SIGNATURE		
			16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			31	
1																		0			
2																		0			
3																		0			
4																		0			
5																		0			
6																		0			
7																		0			
8																		0			
9																		0			
10																		0			
11																		0			
12																		0			
13																		0			
		REVIEWED BY:	APPROVED:					FOR HRD USE ONLY:													
								CHECKED BY:						CERTIFIED CORRECT:							
TIMEKEEPER		SUPERVISOR/DIVISION MANAGER	DEPARTMENT MANAGER					SUPERVISING INDUSTRIAL RELATIONS MANAGEMENT OFFICER A						DIVISION MANAGER A							



CAGAYAN DE ORO CITY WATER DISTRICT
Corrales Avenue, Cagayan de Oro City
OVERTIME CLAIM PROCESSING

TYPE OF OVERTIME

- CTO
 PAYMENT

DEPARTMENT: _____

NAME OF EMPLOYEE: _____

MONTH OF CLAIM: _____

DATE RECEIVED FROM
 DEPARTMENT MANAGER _____

DATE FORWARDED TO
 SUP. INDRL REL OFF. _____

NAME OF PROCESSOR _____

DATE FORWARDED TO
 PROCESSOR _____

OT CLAIM CHECKLIST

- Daily Work Record
 Accomplishment Report
 Overtime Authorization
 Signed DTR

NAME OF EMPLOYEE

Returned

Name of Employee	Reason/s
_____	_____
_____	_____
_____	_____
_____	_____

REMARKS: _____

DATE RETURNED TO
 DEPARTMENT _____

DATE FORWARDED TO
 HRD _____

DATE RELEASED BY
 PROCESSOR _____

DATE FORWARDED TO
 CHECKER _____

DATE FORWARDED TO
 HRD DIV MGR _____

DATE FORWARDED TO
 FINANCE DEPARTMENT _____



CAGAYAN DE ORO CITY WATER DISTRICT
Corrales Avenue, Cagayan de Oro City
OVERTIME CLAIM PROCESSING

TYPE OF OVERTIME

- CTO
 PAYMENT

DEPARTMENT: _____

NAME OF EMPLOYEE: _____

MONTH OF CLAIM: _____

DATE RECEIVED FROM
 DEPARTMENT MANAGER _____

DATE FORWARDED TO
 SUP. INDRL REL OFF. _____

NAME OF PROCESSOR _____

DATE FORWARDED TO
 PROCESSOR _____

OT CLAIM CHECKLIST

- Daily Work Record
 Accomplishment Report
 Overtime Authorization
 Signed DTR

NAME OF EMPLOYEE

Returned

Name of Employee	Reason/s
_____	_____
_____	_____
_____	_____
_____	_____

REMARKS: _____

DATE RETURNED TO
 DEPARTMENT _____

DATE FORWARDED TO
 HRD _____

DATE RELEASED BY
 PROCESSOR _____

DATE FORWARDED TO
 CHECKER _____

DATE FORWARDED TO
 HRD DIV MGR _____

DATE FORWARDED TO
 FINANCE DEPARTMENT _____

**CAGAYAN DE ORO CITY WATER DISTRICT***Corrales Avenue, Cagayan de Oro City***PERSONNEL SELECTION BOARD SCORE SHEET**

Name : _____

Department : _____

For the position of : _____

Category : Next in Rank Applicant

On a scale of 1 to 10, with 1 the lowest and 10 to the highest, please rate the candidate on each of the following criteria:

SCORE SHEET

CRITERIA	R A T I N G (Please encircle)										WEIGHT	SCORE
	1	2	3	4	5	6	7	8	9	10		
1 Attitude	1	2	3	4	5	6	7	8	9	10	40%	
2 Job Knowledge	1	2	3	4	5	6	7	8	9	10	30%	
3 Potential	1	2	3	4	5	6	7	8	9	10	30%	
TOTAL SCORE:												

SIGNATURE OF _____



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

MANPOWER REQUEST FORM

Control No. : _____

Requested by: _____ Date: _____

REQUEST DETAILS

Reason : Replacement Additional New position

Employment Type : Regular Job Order

No. of Needed Manpower : _____

Job Title : _____

Gender : Male Female No Preference

Group Assignment : _____

Age Range : _____

Reporting to : _____

Expected Report Date : _____

Work Location : _____

MINIMUM REQUIREMENTS

Education Level : _____

If required, specific course & degree : _____

Trainings: _____

Experience: _____

Other required competencies: _____

JOB DESCRIPTION

Details: (please attach Position Description Form)

APPROVAL

Requested By:

Approved By:

Received By:

Department Manager

BIENVENIDO V. BATAR, JR.
General Manager

ADMIN Staff



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

INTERVIEW FORM

NAME OF APPLICANT: _____
DATE OF BIRTH: _____
AGE: _____
CURRENT ADDRESS: _____
TELEPHONE NUMBER: _____

EMPLOYMENT HISTORY:

EDUCATIONAL HISTORY:

SKILLS:

REFERENCES:

WITHIN COWD	NAME	RELATIONSHIP

OTHERS

WHY DID YOU APPLY AT COWD?

Interviewer: _____
Print Name and Signature



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

CHECKLIST FOR NEW EMPLOYEES

- Application Letter
- 1 copy of filled-up Personal Data Sheet with picture
- Copy of Certificate of Eligibility/ Board Certificate
- Copy Transcript of Records/Diploma
- Copy of Birth Certificate (PSA)
- Copy of Marriage Certificate, if Married
- Original copy of Physical Examination Result conducted in Government Hospital
- Original copy of Chest X-ray Result
- Original copy of Drug Testing Result
- Original copy of NBI Clearance
- Copy of Clearance from previous employer, if previously employed
- TIN
- Cedula
- Copy of Birth certificate of dependents (PSA)

Submitted: _____
Print Name and Signature / Date

Checked: _____
Print Name and Signature / Date

FM-ADM-34

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XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT

Corrales Avenue, Cagayan de Oro City

CHECKLIST FOR NEW EMPLOYEES

- Application Letter
- 1 copy of filled-up Personal Data Sheet with picture
- Copy of Certificate of Eligibility/ Board Certificate
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- Original copy of Chest X-ray Result
- Original copy of Drug Testing Result
- Original copy of NBI Clearance
- Copy of Clearance from previous employer, if previously employed
- TIN
- Cedula
- Copy of Birth certificate of dependents (PSA)

Submitted: _____
Print Name and Signature / Date

Checked: _____
Print Name and Signature / Date

FM-ADM-34

00

XX-XX-XXXX