



Republic of the Philippines  
Department of Education  
Region VII, Central Visayas  
**DIVISION OF CEBU PROVINCE**  
Sudlon, Lahug, Cebu City



January 29, 2018

**DIVISION MEMORANDUM**

No. 084, s. 2018

**2018 SEARCH FOR OUTSTANDING GOVERNMENT EMPLOYEES**

**TO :** Assistant Superintendents  
Chiefs of SGOD and CID  
Division Supervisors/Coordinators  
SEPS and EPS 2  
District Supervisors/OICs  
Elementary and Secondary School Heads

1. For the information and guidance of all concerned, attached herewith is Memorandum Circular No. 32 s., 2017 regarding the 2018 Search for Outstanding Government Workers for this school year.
2. For the details of the said search, please refer to the attached memorandum.
3. Immediate dissemination of this memorandum is enjoined.

  
**RHEA MAR A. ANGTUD, Ed. D., CESO VI**  
Schools Division Superintendent

Telephone Numbers:

Schools Division Superintendent:	(032) 255-6405
Asst. Schools Division Superintendent:	(032) 414-7457
Accounting Section:	(032) 254-2632
Disbursing Section:	(032) 255-4401
Admin/Legal:	(032) 253-7847

Website : [www.depedcebuprovince.com](http://www.depedcebuprovince.com)  
E-mail Add: [depedcebuprovince@yahoo.com](mailto:depedcebuprovince@yahoo.com)



MC No. 32, s. 2017

MEMORANDUM CIRCULAR

**TO :** HEADS OF CONSTITUTIONAL BODIES; DEPARTMENTS, BUREAUS AND AGENCIES OF THE NATIONAL GOVERNMENT; LOCAL GOVERNMENT UNITS; GOVERNMENT-OWNED OR CONTROLLED CORPORATIONS WITH ORIGINAL CHARTERS; AND STATE UNIVERSITIES AND COLLEGES

**SUBJECT :** 2018 Search for Outstanding Government Workers

The Civil Service Commission announces the acceptance of nominations to the 2018 Search for Outstanding Government Workers. The conduct of the annual Search is mandated in the 1987 Philippine Constitution, Executive Order No. 292, or the 1987 Administrative Code, Executive Order No. 508, series of 1992, as amended by Executive Order No. 77, series of 1993, and Republic Act No. 6713. As provided by law, the CSC shall act as the Honor Awards Program (HAP) Secretariat, and shall conduct the annual Search for public service exemplars.

The Search covers three (3) award categories, namely: the Presidential *Lingkod Bayan* Award, the Outstanding Public Officials and Employees or *Dangal ng Bayan* Award, and the Civil Service Commission *Pagasa* Award. The conferment of the awards forms part of the Commission's advocacy in promoting excellence, recognizing and rewarding civil servants for outstanding performance, contributions, and achievements; and/or consistent manifestation of exemplary ethical behavior.

Heads of agencies, and state workers are enjoined to participate actively in promoting the prestigious Search, and in submitting nominations. The guidelines through CSC Resolution No. 1600111, and promotional materials may be downloaded at [www.csc.gov.ph](http://www.csc.gov.ph).

For inquiries, the HAP Secretariat may be reached through telephone numbers (02) 931-7993 and (02) 932-0381, and e-mail address: [hapsecretariat@yahoo.com](mailto:hapsecretariat@yahoo.com). Nominations should be submitted to either the CSC Regional or Field Offices not later than March 31, 2018.

  
ALICIA dela ROSA-BALA  
Chairperson

23 OCT 2017

Bawat Kawani, Lingkod Bayani

## SEARCH FOR OUTSTANDING GOVERNMENT WORKERS

(Presidential Lingkod Bayan and Civil Service Commission Pagasa Award)

For Outstanding Work Performance

### Individual Category

HAP Form 1

PASTE

1 ½" x 2"

(passport size)

Photo here

<input type="checkbox"/> <b>Presidential <i>Lingkod Bayan</i></b>		<input type="checkbox"/> <b>Civil Service Commission <i>Pagasa</i></b>	
<b>Name:</b>		<b>Signature:</b>	
<b>Position:</b>		<b>Date of Birth:</b>	
<b>Residence Address:</b>		<b>Place of Birth:</b>	
<b>Telephone/Cellphone Nos:</b>			
<b>Agency/Region:</b>		<b>Level of Position:</b> <input type="checkbox"/> 1 <sup>st</sup> Level	
<b>Agency Address:</b>		<input type="checkbox"/> 2 <sup>nd</sup> Level (Executive Managerial)	
		<input type="checkbox"/> 2 <sup>nd</sup> Level <input type="checkbox"/> 3 <sup>rd</sup> Level	
		<input type="checkbox"/> Military <input type="checkbox"/> Elective	
<b>Telephone/Cellphone Nos:</b>		<b>Email address:</b>	
<b>OFFICE / REGIONAL HEAD</b>			
<b>Name:</b>		<b>Position:</b>	
<b>Position:</b>		<b>Telephone / Cellphone Nos.:</b>	
<b>Telephone / Cellphone Nos.:</b>		<b>Email address:</b>	
<b>SECRETARY OF DEPARTMENT / AGENCY HEAD</b>			
<b>Name:</b>		<b>Position:</b>	
<b>Position:</b>		<b>Agency Address:</b>	
<b>Agency Address:</b>		<b>Telephone/Cellphone Nos.:</b>	
<b>Telephone/Cellphone Nos.:</b>		<b>Email address:</b>	
<b>NOMINATOR</b>			
<b>Name:</b>		<b>Position:</b>	
<b>Agency:</b>		<b>Telephone/Cellphone Nos.:</b>	
<b>Agency Address:</b>		<b>Email add:</b>	

**Additional Information about the Nominee:**

Were you a previous HAP Nominee? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____
Were you a previous HAP Semi-finalist? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____
Were you a previous HAP Awardee? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____



# HAP FORM 1

*Nomination Write-up:  
(Maximum of 10 pages, A4 size bond paper, Arial #12 font, including executive summary)*

Name of Nominee:

Agency:

Division/Unit:

Position:

Length of Service in the Position:

In Government:

## I. Executive Summary

## II. Significant Accomplishment/s within the Last Three Years (Description of the Project/Work Accomplished, Strategies/Activities Done and Problems Encountered)

The nomination of heads of offices and agencies including that of the Local Chief Executives should reflect their individual accomplishments)

## III. Impact of Accomplishments (Indicate problems addressed, savings generated, people/office benefited and transactions facilitated. Indicate whether or not the accomplishments are part of the nominee's regular functions/mandated or the product of his/her/their own initiative. If part of nominee's regular duties or mandated, justify why the accomplishments are considered exemplary or extraordinary) For Presidential Lingkod Bayan Category: What was the impact of the extraordinary contribution to national public interest? For CSC Pagasa Category: What was the impact of the Outstanding contribution to more than one department of the government?

## IV. Other Information (Major Awards/Citations Received/Membership in the Organization)

### CERTIFICATION

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

Printed Name and Signature:

Nominee

Nominator

PRAISE Committee/Highest HRMO

Regional Office Head

## SEARCH FOR OUTSTANDING GOVERNMENT WORKERS

(Presidential Lingkod Bayan and Civil Service Commission Pagasa Award)

For Outstanding Work Performance

### Group Category

HAP Form 2

PASTE

1 1/2" x 2"

(passport size)

Photo here

<input type="checkbox"/> <b>Presidential <i>Lingkod Bayan</i></b>		<input type="checkbox"/> <b>Civil Service Commission <i>Pagasa</i></b>	
<b>Name of Group:</b>		<b>Name of Team Leader:</b>	
		<b>Position:</b>	
<b>Telephone/Cellphone Nos:</b>		<b>Email address:</b>	
<b>Agency/Region:</b>		<b>Level of Position:</b> <input checked="" type="checkbox"/> 1 <sup>st</sup> Level <input type="checkbox"/> 2 <sup>nd</sup> Level <input type="checkbox"/> 3 <sup>rd</sup> Level	
<b>Agency Address:</b>		<input type="checkbox"/> 2 <sup>nd</sup> Level (Executive Managerial)	
		<input type="checkbox"/> Military <input type="checkbox"/> Elective	
<b>Telephone/Cellphone Nos:</b>			
<b>Team Members (Name - Position title in Service Record)</b>			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
<b>OFFICE / REGIONAL HEAD</b>			
<b>Name:</b>			
<b>Position:</b>			
<b>Telephone / Cellphone Nos.:</b>			
<b>Email address:</b>			
<b>SECRETARY OF DEPARTMENT / AGENCY HEAD</b>			
<b>Name:</b>			
<b>Position:</b>			
<b>Agency Address:</b>			
<b>Telephone/Cellphone Nos.:</b>			
<b>Email address:</b>			
<b>NOMINATOR</b>			
<b>Name:</b>		<b>Position:</b>	
<b>Agency:</b>		<b>Telephone/Cellphone Nos.:</b>	
<b>Agency Address:</b>		<b>Email add:</b>	

### Additional Information about the Nominee:

Were you a previous HAP Nominee? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____
Were you a previous HAP Semi-finalist? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____
Were you a previous HAP Awardee? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____



# HAP FORM 2

For Group Nomination only

HAP Form No. 2-A

## INFORMATION ON TEAM/GROUP MEMBERS

Name of Team Members	Position/Status of Appt./Agency	Contribution/s of each member (including those of disqualified members)	Reason for disqualification of the Team Members, if any.

### CERTIFICATION

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

\_\_\_\_\_  
CHAIR, PRAISE Committee

Signature over printed name



*Nomination Write-up:  
(Maximum of 10 pages, A4 size bond paper, Arial #12 font, including executive summary)*

Name of Nominee:

Agency:

Division/Unit:

Position:

Length of Service in the Position:

In Government:

## I. Executive Summary

## II. Significant Accomplishment/s within the Last Three Years (Description of the Project/Work Accomplished, Strategies/Activities Done and Problems Encountered) The nomination of heads of offices and agencies including that of the Local Chief Executives should reflect their individual accomplishments)

## III. Impact of Accomplishments (Indicate problems addressed, savings generated, people/office benefited and transactions facilitated. Indicate whether or not the accomplishments are part of the nominee's regular functions/mandated or the product of his/her/their own initiative, if part of nominee's regular duties or mandated. Justify why the accomplishments are considered exemplary or extraordinary) For Presidential Lingkod Bayan Category: What was the impact of the extraordinary contribution to national public interest? For CSC Pagasa Category: What was the impact of the Outstanding contribution to more than one department of the government?

## IV. Other Information (Major Awards/Citations Received/Membership in the Organization)

### CERTIFICATION

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

*Printed Name and Signature:*

Nominee

Nominator

PRAISE Committee/Highest HRMO

Regional Office Head

## SEARCH FOR OUTSTANDING GOVERNMENT WORKERS

(Outstanding Public Officials and Employees or  
*Dangal ng Bayan Award*)

HAP Form 3

PASTE

1 ½" x 2"

(passport size)

Photo here

THE NOMINEE	
Name:	Signature:
Position:	Date of Birth:
Residence Address:	Place of Birth:
Telephone/Cellphone Nos:	
Agency/Region:	Level of Position: <input type="checkbox"/> 1 <sup>st</sup> Level
Agency Address:	<input type="checkbox"/> 2 <sup>nd</sup> Level (Executive Managerial)
	<input type="checkbox"/> 2 <sup>nd</sup> Level <input type="checkbox"/> 3 <sup>rd</sup> Level
	<input type="checkbox"/> Military <input type="checkbox"/> Elective
Telephone/Cellphone Nos:	Email Add:
OFFICE / REGIONAL HEAD	
Name:	
Position:	
Telephone / Cellphone Nos.:	
Email address:	
SECRETARY OF DEPARTMENT / AGENCY HEAD	
Name:	
Position:	
Agency Address:	
Telephone/Cellphone Nos.:	
Email address:	
NOMINATOR	
Name:	Position:
Agency:	Telephone/Cellphone Nos.:
Agency Address:	Email add:

### Additional Information about the Nominee:

Were you a previous HAP Nominee? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____
Were you a previous HAP Semi-finalist? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____
Were you a previous HAP Awardee? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year: _____	What Award Category: _____



*Nomination Write-up:  
(Maximum of 10 pages, A4 size bond paper, Arial #12 font, including executive summary)*

Name of Nominee:

Agency:

Division/Unit:

Position:

Length of Service in the Position:

In Government:

## I. Executive Summary

## II. Exemplary Behavior/Conduct Displayed within the last 3 years

(Describe nominee's adherence to one or more of the following norms: Commitment to Public Interest, Professionalism, Justice and Sincerity, Political Neutrality, Responsiveness to Public, Nationalism and Patriotism, Commitment to Democracy and Simple Living. Cite circumstances providing such norms, risks involved and problems encountered.)

## III. Impact of Accomplishments

(Indicate problems addressed, savings generated, people/office benefited and transactions facilitated. Indicate whether or not the accomplishments are part of the nominee's regular functions/mandated or the product of his/her/their own initiative. If part of nominee's regular duties or mandated, justify why the accomplishments are considered exemplary or extraordinary)

## IV. Other Information

(List or mention Major Awards/Citation Received/Membership in the Organization. No need to attach photocopies of certificates.)

### CERTIFICATION

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

Printed Name and Signature:

Nominee

Nominator

PRAISE Committee/Highest HRMO

Regional Office Head

Join the

# SEARCH FOR OUTSTANDING GOVERNMENT WORKERS 2018

Deadline of submission of nominations: March 30, 2018

For nomination procedures,  
contact the Honor Awards Program (HAP) Secretariat  
at telephone numbers (02) 9317993 and (02) 9320381,  
email address [paio.hap@csc.gov.ph](mailto:paio.hap@csc.gov.ph),  
[hapsecretariat@gmail.com](mailto:hapsecretariat@gmail.com)  
or [hapsecretariat@yahoo.com](mailto:hapsecretariat@yahoo.com);  
or visit the nearest CSC Regional or Field Office.



[www.facebook.com/honorawardsprogram](http://www.facebook.com/honorawardsprogram)



[www.csc.gov.ph](http://www.csc.gov.ph)



[www.youtube.com/cscmedia](http://www.youtube.com/cscmedia)