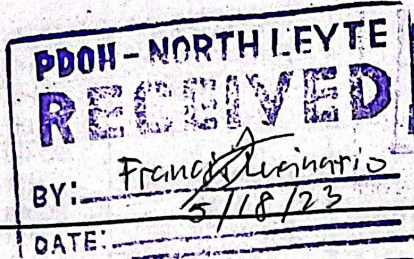




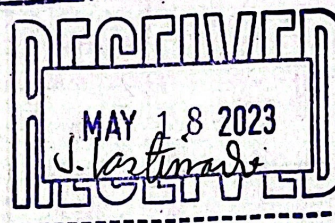
VISAYAS
STATE UNIVERSITY



Item No.: **38**
Date: **JUN 06 2023**

May 3, 2023

8:40 A.M.



8:14

EXUPERIA B. SABALBERINO, MD, MPH, CESE
Regional Director
Department of Health Eastern Visayas

Dear Madame:

The VISAYAS STATE UNIVERSITY HOSPITAL BAYBAY CITY, would like to request for reconsideration the inclusion of our COVID-19 Risk Exposure Classification (CREC) report the following personnel that we inadvertently omitted/were considered ineligible in our submitted CREC report for the month/s of **January - September 2022**:

Name			Cadre	Employment Status	Number of Hours Physically Reported		
LAST NAME	FIRST NAME	MIDDLE NAME			No. of Days		
ABELA	JULIUS	V	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	184		
BELMONTE	RUDY	V	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	166		
BENGALAN	ANTONIO	P	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	177		
CAINTIC	JEREMY	S	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	169		
CANO	GREGORIO JR.	C	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	152		
CAORTE	ENRIQUE JR.	E	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	184		
ELORCHA	ALEX	O	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	154		
ESCASINAS	VIRGILIO	A	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	169		
ESPINOSA	ANTONIO	C	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	164		
ESTOY	EDUARDO	D	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	172		
MANAGBAN AG	ARCHIE	B	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	169		
MENDOZA	EDILBERTO	V	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	164		
PASILABAN	NOE	A	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	181		
PEDREGOSA	ROSENDO	L	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	176		
POSAS	EDGAR	P	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	166		
POSAS	HENRY	P	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	174		
RABOR	ALEXANDER	P	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	120		

TAN	BASILIO JR.	E	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	0		
SAUSA	GREGORIO JR.	B	TECHNICAL STAFF	PERMANENT (GOVERNMENT)	78		
OCAÑADA	JEMUEL	A	TECHNICAL STAFF	CASUAL (GOVERNMENT)	127		
VILLARUEL	JENZEN JHON	M	TECHNICAL STAFF	CASUAL (GOVERNMENT)	142		
ALIANZA	AGA	V	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	188		
ASILOM	JOEY	P	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	190		
BAGARINAO	ANTONIO	E	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	190		
CAÑADA	VIRGILIO	S	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	198		
CASTAÑAS	JOEVEN	G	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	170		
CERILLA	VICENTE	C	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	192		
GOFREDO	ROMUYALDO	I	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	191		
JOSON	JUDE	D	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	191		
JUMAMOY	JONATHAN	V	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	193		
MAGNO	SHEENA	A	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	190		
MARTE	ROMEL	R	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	190		
MARTIREZ	VICENTE	C	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	190		
MODINA	ALFREDO	D	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	191		
MONTAJES	CRISANTO	I	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	188		
OCAÑADA	JEMUEL	A	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	125		
OQUIAS	ROLLY	C	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	191		
PADILLA	KRISTOFFER	V	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	189		
SERVIÑO	NOEL	M	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	190		
SUDARIA	JORGE	D	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	192		
VERANDA	JUN VIC	B	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	191		

YOKINGCO	LEONILO	L	TECHNICAL STAFF	JOB ORDER (CONTRACT OF SERVICE)	190		
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Hoping for your consideration and approval.

Very truly yours,


DR. ELWIN JAY V. YU
Chief of Hospital 1, VSU

Recommending Approval


DR. EDGARDO E. TULIN
President, VSU

CC: ATTY. CARLO P. LORETO
Fifth District of Leyte
; SANGGUNIANG PANLALAWIGAN OF LEYTE



Republic of the Philippines
VISAYAS STATE UNIVERSITY
Visca, Baybay, Leyte

BOR RESOLUTION NO. 87, s. 2022

A RESOLUTION COURSED THROUGH REFERENDUM APPROVING THE MEMORANDUM OF AGREEMENT BETWEEN THE DEPARTMENT OF HEALTH (DOH) - EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT AND VISAYAS STATE UNIVERSITY (VSU) IN RELATION TO THE RELEASE OF THE GRANT OF COVID 19 BENEFITS FOR PUBLIC AND PRIVATE HEALTH CARE WORKERS REGARDLESS OF EMPLOYMENT STATUS WHO ARE INVOLVED IN COVID 19 RESPONSE IN ALL HEALTH FACILITIES INCLUDING MILITARY HOSPITALS, GOVERNMENT OWNED AND CONTROLLED CORPORATIONS, STATE UNIVERSITY HOSPITALS, AND PRIVATE LICENSED FACILITIES

WHEREAS, the Leyte State University was created by virtue of Republic Act 9158 which converted the then Visayas State College of Agriculture (VISCA) into a state university last 11 August 2001 which was later renamed Visayas State University (VSU) by virtue of R.A. 9437;

WHEREAS, Section 7 of R.A. 9158 specifically empowers the Board of Regents of the University to *"exercise all the powers granted to the Directors of a corporation under Section 36 of Batas Pambansa Blg. 68 otherwise known as the Corporate Code of the Philippines"*;

WHEREAS, Paragraph (b), Section 7 of R.A. 9158 provides: *"To receive and appropriate all sums as may be provided, for the support of the University in the manner it may determine, in its discretion, to carry out the purposes and functions of the University"*;

WHEREAS, VSU is a CHED Center for Excellence (COE) in Agriculture and a National University in Region VIII, it is mandated to provide leadership in developing highly competitive human resource, relevant scientific knowledge, and innovative technologies to support the sustainable development of the Visayas Region in particular and the whole of the Philippines in general;

WHEREAS, Republic Act (RA) No. 11639, or the General Appropriations Act (GAA) for Fiscal Year (FY) 2022 provides the basis of funds release on the grant of COVID 19 benefits for public and private health care workers (HCW) and non-health care workers (non-HCW), regardless of employment status, who are involved in COVID 19 response in all health facilities including military hospitals, Government Owned and Controlled Corporations (GOCCs), State University Hospitals and private licensed health facilities;

WHEREAS, the Department of Budget and Management (DBM) and Department of Health (DOH) Joint Circular (JC) no. 2022 – 0001 dated 10 February 2022 provided the guidelines for the grant of ONE COVID 19 ALLOWANCE (OCA) for public and private health care workers and non-health care workers, particularly requiring parties to enter into Memorandum of Agreement;

WHEREAS, the grant of the OCA to qualified public and private HCWs and non HCWs in health facilities involved in COVID 19 response shall be subject to the guidelines of DBM – DOH Joint Circular (JC) no. 2022-0001 dated 10 February 2022;

WHEREAS, the private HCWs and non-HCWs assigned in health facilities that are involved in COVID 19 response should be in line with the National Action Plan COVID 19 strategy of PDITR+ strategy and physically report for work at their assigned work stations in health facilities on the prescribed official working hours, as certified by the head of agency/office;

WHEREAS, the grant of the OCA shall be based on risk classification to high, moderate, or low risk of the eligible public and private HCWs and non-HCW as guided by DOH Administrative Order no. 2022-0001 where nine thousand pesos (P9,000.00) is allotted to high-risk classification, six thousand pesos (P6,000.00) is allotted to moderate risk classification, and three thousand pesos (P3,000.00) to those classified as low-risks;

WHEREAS, Republic Act (RA) No. 11712 known as the Public Health Emergency Benefits and Allowances for Health Care Workers Act and its Implementing Rules and Regulations (IRR) provides for the payment of Health Emergency Allowance (HEA), Sickness and Death Compensation and other Benefits for public and private health care workers (HCWs) and non-HCWs during the COVID-19 pandemic and other future public health emergencies with retroactive application starting July 1, 2021;

WHEREAS, Section 5 of the same Act stipulates that the amount of HEA shall vary based on the risk exposure categorization of the HCWs and non-HCWs in particular setting: three thousand pesos (P3,000.00) for low risk, six thousand pesos (P6,000.00) for medium risk, and nine thousand pesos (P9,000.00) for high risk;

WHEREAS, the DOH Administrative Order (AO) No. 2022-0001 dated January 14, 2022, or the Guidelines for COVID-19 Risk Exposure Classification of Health Care Workers, as amended, was issued to set the parameters for determining the risk exposure of personnel in COVID-19 response-involved health facilities;

WHEREAS, a number of VSU health workers served as COVID 19 emergency responders especially those working at the VSU Hospitals as well the non-health workers who function as support staff to COVID 19 emergency response;

WHEREAS, the Governing Board authorizes President Edgardo E. Tulin to sign a memorandum of agreement between the Department of Health – Eastern Visayas Center for Health Development and Visayas State University in Relation to the Release on the Grant of COVID 19 Benefits for VSU health and non-health personnel who are involved in COVID 19 emergency response;

WHEREAS, after scrutinizing the attached documents, the BOR Finance Committee endorsed the proposal to the Full Board for approval during the committee's 22 November 2022 meeting via zoom;

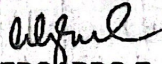
RESOLVED, AS IT IS HEREBY RESOLVED, to approve the proposal to Authorize President Edgardo E. Tulin to Sign the Memorandum of Agreement Between the Department of Health – Eastern Visayas Center for Health Development and Visayas State University in Relation to the Release on the Grant of COVID 19 Benefits for Public and Private Health Care Workers and Non Health Care Workers Regardless of Employment Status Who Are Involved in COVID 19 Response in All Health Facilities Including Military Hospitals, Government Owned and Controlled Corporations (GOCCs), State University Hospitals, and Private Licensed Health Facilities.

IN WITNESS of our approval thereof, we hereby affix our signatures this 13th day of December 2022.

VSU BOARD OF REGENTS

HON. J. PROSPERO E. DE VERA III

*CHED Chairperson and Chairperson
VSU-Board of Regents*



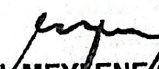
HON. EDGARDO E. TULIN
Vice Chairperson and President, VSU

HON. FRANCIS JOSEPH G. ESCUDERO
*Chair, Committee on Higher, Tech. & Voc. Educ.
Senate of the Philippines*


HON. MARK O. GO
*Chair, Committee on Higher & Tech. Educ.
House of Representatives*

Represented by:

HON. CARL NICOLAS C. CARI
Congressman, Fifth District of Leyte



HON. MEYLENE C. ROSALES
*Regional Director
National Economic & Dev. Authority-RO8
Government Center, Palo, Leyte*




HON. ANGEL C. ENRIQUEZ
*Regional Executive Director
Department of Agriculture-RO8
Tacloban City*



HON. FLORENTINO F. MORALES, JR.
*Faculty Regent - VSU Faculty Association
VSU, Visca, City of Baybay, Leyte*



HON. DEOGRACIAS E. PERNITEZ
*President, VSU Federated Alumni Assn.
VSU, Visca, City of Baybay, Leyte*



HON. PRINCESS REY ANN LENE E. ROMO
*Student Regent - VSU System
VSU, Visca, City of Baybay, Leyte*

BOR Resolution No. 87, s. 2022 – A Resolution coursed through Referendum approving the Memorandum of Agreement between the Department of Health (DOH) - Eastern Visayas Center for Health Development and Visayas State University (VSU) in relation to the release of the grant of COVID 19 benefits for public and private health care workers regardless of employment status who are involved in COVID 19 response in all health facilities including Military Hospitals, Government Owned and Controlled Corporations, State University Hospitals, and Private Licensed Facilities



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SEP 02 2022

ADMINISTRATIVE ORDER
No. 2022- 0039

SUBJECT: Supplemental Guidelines on the Grant of Health Emergency Allowance to Eligible Public and Private Health Care and Non-Health Care Workers During the COVID-19 Pandemic Pursuant to the Implementing Rules and Regulations of Republic Act No. 11712

I. BACKGROUND

Republic Act No. 11712, otherwise known as the Public Health Emergency Benefits and Allowance for Health Care Workers Act, signed into law on 27 April 2022, provides for the grant of mandatory benefits and allowances to health care workers (HCWs) and non-HCWs for their critical role in providing quality care during national public health emergencies. Specifically, it allows for the grant of the Health Emergency Allowance (HEA) to eligible public and private HCWs and non-HCWs, regardless of employment status, who are involved in COVID-19 response in all health facilities, including but not limited to military hospitals, government-owned and controlled corporations (GOCCs), state university hospitals, and private-licensed health facilities, for every month of service from the time of the declaration of the public health emergency until lifted by the President.

On 26 June 2022, the Implementing Rules and Regulations (IRR) of RA 11712 was published. Pursuant to Section 13 of the IRR, these supplemental guidelines shall be issued to govern and facilitate the operational details of the grant of HEA to eligible public and private HCWs and non-HCWs during the State of Public Health Emergency due to COVID-19.

II. OBJECTIVES

This Administrative Order is issued to provide supplemental guidelines on the grant of the HEA pursuant to RA 11712 and its IRR.

III. SCOPE OF APPLICATION

These guidelines shall apply to all eligible HCWs and non-HCWs, regardless of employment status, rendering services during the COVID-19 pandemic, from 01 July 2021 until lifted by the President. All provisions in this Order shall apply to COVID-19 Risk Exposure Classification (CREC) reports for the months of July to December 2021, appealed reports from January to June 2022, and reports from July 2022 onwards and until the declaration of Public Health Emergency is lifted by the President.

IV. DEFINITION OF TERMS

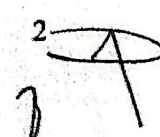
The following definitions are hereby adopted for the purposes of this

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Administrative Order:

- A. Health care** - refers to the maintenance or improvement of the health of individuals or populations through the prevention, diagnosis, treatment, rehabilitation, and chronic management of disease, illness, injury, and other physical and mental ailments or impairments, based on the IRR of RA No. 11712.
- B. Health facilities** - refers to any public or private institution with health care as their core service, function, or business. For the purposes of this Administrative Order, health facilities and other health-related establishments shall refer to those duly-licensed or designated by the Department of Health (DOH), including the DOH-Central Office (CO), Centers for Health Development (CHDs), Provincial/City/Municipal Health Offices, and Local Government Offices, for COVID-19 response in accordance with the government's National Action Plan (NAP) Against COVID-19 Prevent, Detect, Isolate, Treat, Reintegrate (PDITR+) strategies, based on the IRR of RA No. 11712.
- C. Health care workers (HCWs) and non-health care workers** - refers to any of the following, based on the IRR of RA No. 11712 :
1. All public and private medical, allied medical, administrative, technical, support, and other necessary personnel employed by and assigned in hospitals, health facilities, laboratories, medical or temporary treatment, and monitoring facilities, or vaccination sites, including those who are involved in COVID-19 response to mitigate transmission and further loss of lives in line with the government's NAP Against COVID-19 PDITR+ strategies;
 2. Outsourced personnel hired under an institutional or individual contract of service or job order basis who are similarly exposed to COVID-19;
 3. Barangay Health Workers (BHWs) who are part of the DOH National BHW registry system assigned in health facilities, including swabbing and vaccination sites, and those administering medical assistance, as well as those assigned in barangay health emergency response teams (BHERTs) or their successor entities.
- D. Public health emergency** - refers to the COVID-19 pandemic for which a state of public health emergency was declared throughout the Philippines last 08 March 2020 and which remains in force and effect until lifted or withdrawn by the President.
- E. COVID-19 Risk** - refers to the chance or likelihood of acquiring COVID-19 infection of HCWs and non-HCWs in the performance of their duties.
- F. COVID-19 Risk Exposure Classification (CREC)** - refers to a framework in classifying COVID-19 infection risk for HCWs and non-HCWs as high, medium, and low risk.
- G. COVID-19 Risk Exposure Classification (CREC) Report** - refers to the report that shall be submitted by the health facilities to the Health Emergency Allowance

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Processing System (HEAPS) using the prescribed template of the DOH-Management Services Team (MST) which may be downloaded at the HEAPS website (<https://heaps.doh.gov.ph>). This report shall be the basis for the processing and grant of HEA.

H. Health Emergency Allowance Processing System (HEAPS) - refers to the official system that shall be used for the processing of HEA starting from the masterlisting of HCWs and non-HCWs, submission of the CREC report, up to the allocation, obligation, and disbursement of the HEA.

I. Health Emergency Allowance (HEA) Form - refers to the form generated by the HEAPS from the submitted CREC reports that shall be used in the processing of HEA.

V. GENERAL GUIDELINES

A. The following inclusion criteria shall **ALL** be satisfied to be eligible for the grant of HEA:

1. HCWs and non-HCWs are either of the following:
 - a. Employees occupying regular (permanent or temporary), contractual, or casual positions, whether full-time or part-time;
 - b. Workers engaged through contract of service (COS), including but not limited to regular, active, visiting, affiliate, honorary, medical or one-peso consultants, and job order (JO), as certified by the head of the health facility;
 - c. Outsourced personnel hired under institutional COS or JO basis assigned in health facilities;
 - d. Duly accredited and/or registered barangay health workers (BHWs) in the DOH National BHW Registry. Pending the registration and accreditation of BHWs not included in the DOH National BHW Registry, the local health board or the Municipal/City Registration and Accreditation Committee (M/CRAC) shall issue a resolution stating that these BHWs are assigned in BHERTs or their successor entities.
2. The public or private HCWs and non-HCWs are assigned to health facilities involved in the COVID-19 response in line with the NAP Against COVID-19 PDITR+ strategies.
3. The public and private HCWs and non-HCWs physically report for work at their assigned work stations in licensed health facilities on the prescribed official working hours, as authorized by the head of the agency/office.

B. The risk exposure classification for the grant of HEA shall be based on risk classification to high, medium, or low risk of the eligible public and private HCWs and non-HCWs as guided by Administrative Order No. 2022-0001 or the COVID-19 Risk Exposure Classification of Healthcare Workers dated 14 January 2022, as amended.

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- C. The rate of the HEA per COVID-19 Risk Exposure Classification of HCWs and non-HCWs shall be as follows:

COVID-19 Risk Exposure Classification	Rate
High	Php 9,000.00
Medium	Php 6,000.00
Low	Php 3,000.00

- D. The grant of HEA shall be based on the number of hours that the public and private HCWs and non-HCWs physically report for work in a month, as certified by the head of the facility, or his/her authorized representative, reckoned starting July 1, 2021.

1. The full rate based on the identified COVID-19 Risk Exposure Classification for the month shall be granted to those who physically rendered their service in a month for ninety-six (96) hours. Otherwise, the formula below for pro-rated benefits shall be applied:

$$\text{prorated allowance} = \frac{\text{actual hours physically reported for work}}{96 \text{ hours}} \times \text{full amount}$$

2. In the case of different risk classifications, the grant of HEA shall be based in direct proportion to the hours of services physically rendered under each risk classification, as exemplified in this automated HEA calculator: bit.ly/HEAcalculator.

This computation shall be applied to all CREC reports for the months of July to December 2021, appealed reports for January to June 2022, and reports from July 2022 onwards until the declaration of Public Health Emergency is lifted by the President. There shall be no HEA above Php 9,000 per month.

3. The hours rendered during work-from-home arrangements and official business outside of the health facility to perform non-COVID-19 related activities shall not be included in the total number of hours rendered in the computations.

- E. In cases wherein personnel reports to more than one health facility involved in COVID-19 response, the personnel shall only be listed under one facility's CREC report. They reserve the right to choose which facility they prefer to be listed under to claim their HEA, provided proper documentation (ANNEX A) is presented to the chosen health facility to allow proper verification of information to be included in the CREC report.

- F. The HEA of personnel hired on a part-time basis in one or more health facilities involved in COVID-19 response shall be in direct proportion to the services rendered, provided that the total HEA received from the chosen health facility shall not exceed Php 9,000.00 for high risk, Php 6,000 for medium risk, and Php 3,000 for low risk.

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- G. The HEA of personnel whose mandated roles and responsibilities are not involved in COVID-19 response but are assigned for a certain number of hours in health facilities involved in COVID-19 response shall be based only on the number of hours physically rendered on such health facilities involved in COVID-19 response.
- H. The HEA of an eligible DOH Office/Hospital/Drug Abuse Treatment and Rehabilitation Center (DATRC) personnel detailed to another government health facility shall be granted by the parent agency. On the other hand, the HEA of an eligible non-DOH Office/Hospital/DATRC personnel detailed to another government office/agency shall be granted by the receiving agency.
- I. Eligible public or private HCW or non-HCWs who are compulsory retirees or service extensions may be granted the HEA, subject to the pertinent conditions and guidelines in this issuance.
- J. The grant of HEA shall be released monthly in place of the One COVID-19 Allowance (OCA), and in addition to other existing benefits that the HCWs and non-HCWs receive, subject to the availability of funds.
- K. The following HCWs and non-HCWs shall be excluded from the grant of HEA:
1. Consultants and experts engaged for a limited period to perform specific activities or services with expected outputs except medical consultants as mentioned in Section V.A.1.b;
 2. Laborers engaged through job contracts (pakyaw) and those paid on piecework basis;
 3. Volunteers (except BHWs), student interns, and apprentices;
 4. Individuals, and groups of individuals whose services are engaged through COS or JO, including BHWs, who are NOT assigned in health facilities involved in COVID-19 response;
 5. HCWs and non-HCWs assigned in health-related establishments NOT duly licensed or designated by the DOH for COVID-19;
 6. Those personnel who are in work-from-home arrangements for the entire month; or
 7. Those who are under quarantine and/or treatment due to COVID-19 and have not rendered actual physical services in health facilities for the entire month.
- L. The HEA shall be subject to existing taxation laws.
- M. All issues arising from the grant of HEA to public and private HCWs and non-HCWs assigned to health facilities involved in COVID-19 response shall be resolved exclusively by the Grievance Board, established by the DOH, as prescribed by the IRR of RA No. 11712.

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N. All processing for the provision of HEA, starting from master listing of HCWs and non-HCWs, submission of CREC reports, up to the processing of HEA forms and reporting of the disbursement of the HEA shall be done through the Health Emergency Allowance Processing System (HEAPS), formerly known as the One COVID-19 Allowance Information System (OCAIS).

1. The CREC Report shall serve as the masterlist of HCWs and non-HCWs in health facilities. Likewise, it shall be the basis for the identification of eligible HCWs and non-HCWs for the allocation of funds.
2. All CREC Reports must be submitted along with an Attestation Form (ANNEX B) duly signed by the head of the health facility or head of the human resources/personnel division, clearly indicating their designation/position, acknowledging the authenticity and correctness of the CREC report. Specifically,
 - a. The CREC Report with the Attestation Form of the **DOH-CO** shall be duly signed by the Secretary of Health or the appointed Officer-in-Charge of the DOH, or the designated Officer-in-Charge (OIC), in accordance with the retroactive provision of RA No. 11712; and
 - b. The CREC Report with the Attestation Form of the **Bureau of Quarantine (BOQ) and the Food and Drug Administration (FDA)** shall be duly signed by the Director IV and Director General, respectively, or their designated OICs, in accordance with the retroactive provision of RA No. 11712.
3. The official HEA forms and updates on the release of HEA funds shall be generated through the HEAPS.
4. The guidelines in the implementation of HEAPS for the processing of HEA shall be issued separately.

O. The DOH, in coordination with the DBM, shall submit periodic reports to the Office of the President on the implementation of HEA, including but not limited to, the number of HCWs and non-HCWs assigned in health facilities involved in COVID-19 response provided with HEA and the amounts utilized for this purpose.

VI. ROLES AND RESPONSIBILITIES

A. The **DOH-Management Services Team (MST)** shall:

1. Oversee the grant of HEA to eligible HCWs and non-HCWs in health facilities engaged in COVID-19 response;
2. Prepare and release the guidelines for the sub-allotment or transfer of funds for the HEA to Centers for Health Development (CHDs), Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), DOH hospitals, DATRCs, Specialty Hospitals and the Philippine General Hospital (PGH);

3. Monitor the timely release of HEA to eligible HCWs and non-HCWs assigned to health facilities engaged in COVID-19 response;
4. Consolidate the reports received from CHDs, MOH-BARMM, DOH hospitals, DATRCs, Specialty Hospitals, and the PGH; and
5. Submit periodic reports to the Office of the Secretary (OSEC).

B. The DOH-Field Implementation and Coordination Team (FICT) shall:

1. Through the CHDs, assist the MST in ensuring the timely release of HEA to eligible HCWs and non-HCWs assigned to health facilities engaged in COVID-19 response;
2. Assist the MST in validating CREC reports in the HEAPS from all CHDs, DOH hospitals, DATRCs, and sanitaria;
3. Submit weekly monitoring reports to MST on observations and/or feedback on the process of provision of the HEA.

C. The DOH-Knowledge Management and Information Technology Service (KMITS) shall:

1. Develop, maintain and update the HEAPS as necessary, as well as provide key inputs and recommendations on its deployment; and
2. Assist MST, AS and FICT in the conduct of training for users and develop relevant training materials.

D. The DOH-Centers for Health Development (CHDs) shall:

1. Coordinate with local government units, and other government and private health facilities involved in COVID-19 response within their jurisdiction;
2. Enter into a Memorandum of Agreement (MOA) with LGUs and private health facilities, using the template provided in Annex C, for the transfer of funds and the payment of the HEA to eligible HCWs and non-HCWs assigned in health facilities involved in COVID-19 response;
3. Alternatively, the CHDs may directly process claims for the grant of the HEA to eligible public and private HCWs and non-HCWs, in instances where MOA with the LGU or private health facility cannot be executed or delayed subject to budgeting and auditing rules and regulations. *Provided*, that the risk classification of the HCWs or non-HCWs and the computation of the appropriate HEA for each HCW or non-HCW along with other requirements, certifications, and consent for data sharing shall be signed and submitted by the head of the human resource or personnel division (if such division is in the structure) and the head of the health facility, clearly indicating his/her designation or position;

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4. Evaluate and validate the submitted CREC reports and submit to the DOH-MST, via the HEAPS, a certification (ANNEX D) attesting that the submitted reports had undergone thorough verification and validation guided by the provisions of relevant laws and issuances. The certification must be signed by the designated validator of the CHD, clearly indicating his/her designation or position;
5. Per COA's recommendation (per CAAR 2021, page 222), CHDs may open or use their Local Currency Account to pay the eligible HCWs and non-HCWs through the issuance of cheques or List of Due and Demandable Accounts Payable-Advice to Debit Account. If not applicable, the concerned CHD may seek the opinion of their resident COA Auditor in writing regarding the payment through cash advances of a special Disbursing Officer as another option;
6. Update daily the online sheet (ANNEX E) of the DOH-MST for consolidation and monitoring. For this purpose, this report shall entail the list of health facilities obligated and provided with funds for HEA, the total number of personnel, and the total amount of HEA obligated and given to each facility; and
7. Submit to the DOH-MST and FICT the physical and financial accomplishment reports (ANNEX F) for monitoring in accordance with pertinent accounting and auditing rules and regulations.

E. The Ministry of Health-Bangsamoro Autonomous Region of Muslim Mindanao (MOH-BARMM) shall:

1. Coordinate with local government units, and other government and private health facilities within its jurisdiction;
2. Facilitate the payment of the HEA to eligible HCWs and non-HCWs in government-owned health facilities involved in the COVID-19 response;
3. Enter into a MOA with private health facilities, using the template provided in Annex C, for the transfer of funds and the payment of the HEA to eligible HCWs and non-HCWs assigned to health facilities involved in COVID-19 response;
4. Alternatively, the MOH-BARMM may directly process claims for the grant of the HEA to eligible public and private HCWs and non-HCWs in instances where MOA with the private health facility cannot be executed or delayed, subject to budgeting and auditing rules and regulations. *Provided*, that the risk classification of the HCWs or non-HCWs and the computation of the appropriate HEA for each HCW or non-HCW along with other requirements, certifications, and consent for data sharing shall be signed and submitted by the head of the health facility or head of the human resources/personnel division, clearly indicating his/her designation or position;

5. Evaluate and validate the submitted CREC reports and submit to the DOH-MST, via the HEAPS, a certification (ANNEX D) attesting that the submitted reports had undergone thorough verification and validation guided by the provisions of relevant laws and issuances. The certification must be signed by the designated validator of the CHD, clearly indicating his/her designation or position;
6. Update daily the online monitoring sheet (ANNEX E) of the DOH-MST for consolidation and monitoring. For this purpose, the reports shall entail the following: the list of health facilities provided with funds for HEA, the total and number of personnel, and the total amount of HEA given to each facility; and
7. Submit physical and financial accomplishment reports (ANNEX F) to the DOH-MST for monitoring in accordance with applicable accounting and auditing rules and regulations.

F. The DOH Hospitals, DATRCs, GOCCs, Philippine General Hospital, and Philippine Genome Center, Attached Agencies, as well as the DOH Central Office, CHDs, and MOH-BARMM, shall:

1. Facilitate the payment of the HEA to eligible HCWs and non-HCWs involved in the COVID-19 response in their respective units;
2. Submit monthly CREC reports to the DOH-MST through the HEAPS using templates as prescribed by the DOH. For this purpose, the reports shall entail the following: the list of eligible HCWs and non-HCWs; respective positions; COVID-19 exposure risk classification; and the number of hours physically present for work;
3. Submit monthly through the HEAPS a certification (ANNEX B) attesting to the authenticity and correctness of the contents of the monthly CREC report, and that consent for sharing of data has been obtained from the personnel involved. The certification must be signed by the head of health facility or head of the human resources/personnel division, clearly indicating his/her designation or position;
4. Regularly update the COVID-19 risk exposure classification of their personnel to enable proper monthly computation of HEA; and
5. Submit physical and financial accomplishment reports (ANNEX F) to the DOH-MST for monitoring in accordance with applicable accounting and auditing rules and regulations.

G. The LGU-owned and Licensed Private Health Facilities concerned shall:

1. Facilitate the payment of the HEA to eligible HCWs and non-HCWs assigned to health facilities involved in the COVID-19 response in line with the COVID-19 NAP strategy of PDITR+ strategy;

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2. Submit monthly CREC reports via the HEAPS using templates as prescribed by the DOH. For this purpose, the reports shall entail the list of eligible HCWs and non-HCWs, respective positions, COVID-19 exposure risk classification; and the number of hours physically present for work. This shall be submitted electronically through the HEAPS;
3. Submit monthly through the HEAPS a certification (ANNEX B) attesting to the authenticity and correctness of the contents of the monthly CREC report, and that consent for sharing of data has been obtained from the personnel involved. The certification must be signed by the head of the health facility or head of the human resources/personnel division, clearly indicating his/her designation or position;
4. Regularly update the COVID-19 risk exposure classification of their personnel to enable proper monthly computation of HEA; and
5. Submit physical and financial accomplishment reports (ANNEX F) to the DOH-CHD/MOH for monitoring in accordance with applicable accounting and auditing rules and regulations.

VII. SEPARABILITY CLAUSE

If any clause, sentence, or provision of this Order shall be declared invalid or unconstitutional, the other provisions unaffected thereby shall remain valid and effective.

VIII. REPEALING CLAUSE

Any orders, issuances, rules, and regulations inconsistent with or contrary to this Order shall be repealed, amended, or modified accordingly.

IX. EFFECTIVITY CLAUSE

This Order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation and upon filing of three (3) certified copies to the University of the Philippines Law Center.

MARIA ROSARIO S. VERGEIRE, MD, MPH, CESO II
Officer-in-Charge
Department of Health



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

26 July 2022

DEPARTMENT CIRCULAR

No. 2022- 0397

FOR : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES, DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, MINISTER OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARM), EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES, DIRECTORS OF TREATMENT AND REHABILITATION CENTERS, AND OTHERS CONCERNED

SUBJECT : Clarification and Updates on the Grant of COVID-19 Health Care Worker Benefits

This Circular is hereby issued to clarify the grant of the following COVID-19 benefits to eligible health care workers (HCWs):

1. COVID-19 Special Risk Allowance (SRA)

SRA is an allowance given in the amount not exceeding Php 5,000 per month to all public and private health workers **directly catering to or in contact with COVID-19 patients**. This is provided in addition to the hazard pay under Republic Act (RA) No. 7305 and the active hazard duty pay under RA No. 11494 or the Bayanihan to Recover as One Act.

As stated in Department Memorandum (DM) No. 2022-0136¹, the grant of SRA is only applicable to services reckoning **September 15, 2020 to June 30, 2021**. Pursuant to relevant guidelines cited in the DM, the grant of SRA does not cover the services rendered starting July 1, 2021 onwards.

In addition, please be informed that the Management Services Team (MST), formerly named as Administration and Financial Management Team (AFMT), released a memorandum last 08 September 2021 for the final submission of the list of remaining eligible public and private HCWs that have yet to receive their SRA, with a deadline on **13 September 2021**. Requests received on or before this deadline were forwarded to the Department of Budget and Management (DBM) for additional funding amounting to a total of Php 2,747,690,725.30 to cover for around 148,500 HCWs. However, only Php 1,185,116,935.00 was granted by the DBM to cover for around 66,080 HCWs. Please see Annex A for the list of facilities included in the request for

¹ Clarification on the Grant of COVID-19 Special Risk Allowance to Public and Private Health Workers for the Period of July to December 2021

additional funding but were not included in the recipients of SRA under Department Order No. 2022-0017².

As of date, the DOH is facilitating the request to DBM for additional funding for the grant of SRA to the remaining 72,658 eligible HCWs.

2. Meals, Accommodation, and Transportation (MAT) Benefits

The MAT benefits under RA No. 11494 were initially provided in-kind or as actual services (i.e. actual transportation arrangements, accommodation, and meals for HCWs). However, some health facilities were not able to disburse the funds for such purposes. Instead, the funds were reverted back to DOH where it was then used to support other requirements for the pandemic response.

Recognizing that a number of HCWs have not been able to receive the MAT benefits, additional funds were provided by the Office of the President last December 2021 for the grant of MAT as cash in the amount of Php 3,500 only to eligible HCWs who were not given any kind of MAT benefits during services rendered from 15 September to 19 December 2020.

As of date, there are no more available funds for the grant of MAT benefits.

3. One COVID-19 Allowance (OCA)

Republic Act No. 11639 or the FY 2022 General Appropriations Act provides for the payment of COVID-19 benefits to eligible public and private HCWs and non-HCWs, regardless of employment status, who are involved in COVID-19 response in health facilities. It stipulates that the amount of the COVID-19 benefits shall vary according to risk exposure of the HCW and non-HCW in particular setting: three thousand pesos (Php 3,000) for low risk, six thousand pesos (Php 6,000) for medium risk, and nine thousand pesos (Php 9,000) for high risk.

Subsequent thereto, the DOH and DBM issued Joint Circular No. 2022-0001³ as implementing guidelines for the grant of One COVID-19 Allowance (OCA), which will cover and substitute for all COVID-19 benefits previously enumerated in the law. Moreover, the COVID-19 Risk Exposure Classification (CREC) of all health workers shall be anchored to the Administrative Order (AO) No. 2022-0001⁴, which provides the parameters in determining the COVID-19 risk exposure of personnel in health facilities involved in COVID-19 response.

To streamline the management of OCA, the One COVID-19 Allowance Information System (OCAIS) was developed and is being enhanced to serve as the official platform automating the entire process for the grant of OCA starting from masterlisting of HCWs and non-HCWs, submission of CREC reports, up to the processing of OCA forms and reporting of the disbursement of OCA.

² Guidelines on the Sub-Allotment and Transfer of Funds to Selected Centers for Health Development (CHDs), Philippine General Hospital (PGH) and Philippine Genome Center (PGC) for the Grant of Special Risk Allowance (SRA) of Healthcare Workers (HCWs) in Response to COVID-19 Health Emergency under Administrative Order No. 42 Batch 12

³ Guidelines on the Grant of One COVID-19 Allowance (OCA) to Public and Private Health care Workers (HCWs) and Non-HCWs in Health Facilities Involved in COVID-19 Response

⁴ Guidelines on COVID-19 Risk Exposure Classification of Healthcare Workers

The grant of OCA covers services physically rendered starting **January 1, 2022**.

Under the 2022 GAA, a total of Php 7,919,160,000.00 (PS: Php 4.5B and MOOE: Php 3.4B) was allotted for the provision of OCA. As of date, only Php 922M under the Personnel Services (PS) funds remains from the Php 7.9B. Be it noted that the funds under PS may only be allotted to regular or plantilla personnel in DOH facilities.

As of date, the DOH is facilitating the request to DBM for the release of Php 42B under the unprogrammed funds in the 2022 GAA for the provision of OCA.

4. Health Emergency Allowance (HEA)

Republic Act No. 11712 or the Public Health Emergency Benefits and Allowances for Health Care Workers Act provides for the grant of HEA to all HCWs and non-HCWs, regardless of employment status, during the COVID-19 pandemic or other public health emergencies of national scale that may be declared in the future, from the time of the declaration of the public health emergency until lifted by the President.

Last 26 June 2022, the IRR was published in a national newspaper. Supplemental guidelines are currently being drafted to guide all operating units for the operationalization of the provision of HEA.

Starting 1 July 2022, the HEA shall replace OCA as the sole COVID-19 benefits for eligible public and private HCWs engaged in COVID-19 response, covering services rendered from 1 July 2021 until the state of national emergency is lifted. An estimated amount of Php 63.5B is needed for the grant of HEA from 1 July 2021 to 31 December 2022.

The dissemination of the information to all concerned units/offices is hereby requested.

By Authority of the Secretary of Health:

Digitally signed by Beltran

Maylene Meniado

Date: 2022.07.27 19:10:10

MA. CAROLINA V. TAINO
MA. CAROLINA V. TAINO, CPA, MGM, CESO I
Undersecretary of Health
Management Services Team

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENT:

This AGREEMENT is entered into and executed by and between:

The DEPARTMENT OF HEALTH – EASTERN VISAYAS CENTER FOR HEALTH DEVELOPMENT (DOH- EV CHD), a national government agency/Department of Health regional office responsible for ensuring access to basic public health services to all Filipinos through the provision of quality health care and regulation of health goods and services, with office address at Government Center, Candahug, Palo, Leyte, herein represented by EXUPERIA B. SABALBERINO, MD, MPH, CESe in the official capacity as Director IV, and hereafter referred to as “FIRST PARTY”;

- and -

The VISAYAS STATE UNIVERSITY, a public institution of higher learning, created by virtue of R.A. 9437, formerly known as the Leyte State University created by the virtue of Republic Act 9158 which converted the then Visayas State College of Agriculture (ViSCA) last 11 August 2001 which was later renamed Visayas State University (VSU), with address at Brgy. Pangasugan, Baybay City, Leyte herein represented by EDGARDO E. TULIN, PhD in the official capacity as University President, and hereafter referred to as “SECOND PARTY”; as authorized under Board Resolution No. 87 s. 2022 dated December 13, 2022;

Hereafter collectively referred to as “Parties”

WITNESSETH:

WHEREAS, Republic Act (RA) No. 11712 known as the *Public Health Emergency Benefits and Allowances for Health Care Workers Act* and its Implementing Rules and Regulations (IRR) provides for the payment of Health Emergency Allowance (HEA), Sickness and Death Compensation and other Benefits for public and private health care workers (HCWs) and non-HCWs during the COVID-19 pandemic and other future public health emergencies with retroactive application starting July 1, 2021;

WHEREAS, Section 5 of the same Act stipulates that the amount of HEA shall vary based on the risk exposure categorization of the HCWs and non-HCWs in particular setting: three thousand pesos (Php 3,000.00) for low risk, six thousand pesos (Php 6,000.00) for medium risk, and nine thousand pesos (Php 9,000.00) for high risk;

WHEREAS, the DOH Administrative Order (AO) No. 2022-0001-A or the *Amendment to Administrative Order No. 2022-0001 entitled “COVID-19 Risk Exposure Classification of Healthcare Workers”* was issued to set the parameters for determining the risk exposure of personnel in COVID-19 response-involved health facilities;

WHEREAS, the DOH issued AO No. 2022-0039, dated September 2, 2022 entitled “*Supplemental Guidelines on the Grant of Health Emergency Allowance to Eligible Public and Private Health Care and Non-Health Care Workers During the COVID-19 Pandemic Pursuant to the Implementing Rules and Regulations of Republic Act No. 11712*” to provide supplemental guidelines on the grant of HEA pursuant to RA No. 11712 and its IRR, particularly requiring the PARTIES to enter into a Memorandum of Agreement;

WHEREAS, RA No. 11936 or the *General Appropriations Act FY 2023* has appropriated funds for the payment of arrears to the eligible HCWs and non-HCWs pursuant to RA 11712;

WHEREAS, the amounts to be transferred to the SECOND PARTY are yet to be determined based on the submissions of the SECOND PARTY pursuant to AO No. 2022-0039, dated September 2, 2022, and other relevant issuances.


EDGARDO E. TULIN, PhD
University President


EXUPERIA B. SABALBERINO, MD, MPH, CESe
Director IV

WHEREAS, the DOH shall issue Department Orders (DOs) providing guidelines on the sub-allotments/transfers and disbursements of funds for the grant of HEA to eligible HCWs and non-HCWs.

NOW THEREFORE, in consideration of the foregoing premises, the parties hereby agree as follows:

SECTION I. ROLES AND RESPONSIBILITIES OF THE PARTIES

- A. The **SECOND PARTY** shall submit to the **FIRST PARTY** documents and forms, such as but not limited to HEA forms, as may be required by applicable issuances of the **FIRST PARTY**, for the determination of amounts to be indicated in the Department Orders providing guidelines on the sub-allotments/transfers and disbursements of funds to the **SECOND PARTY**.
- B. Subject to pertinent accounting rules and regulations, the **FIRST PARTY** shall transfer funds to the **SECOND PARTY** in the amount to be specified in the DOs/approved HEA Forms, as the case may be, upon issuance of the corresponding Certificate of Availability of Funds for the grant of HEA to the **SECOND PARTY**'s eligible HCWs and non-HCWs.
- C. The **SECOND PARTY** shall i) facilitate the payment of HEA benefits to its eligible HCWs and non-HCWs as guided by DOH AO Nos. 2022-0001-A and 2022-0039, as well as any other relevant issuances; ii) ensure that there is no duplicity of the names of the HCWs and non-HCWs, iii) require the HCWs and non-HCWs to sign a quitclaim with an undertaking that in case the HCWs and non-HCWs receive HEA benefits twice or more from one (1) or more health facilities, the HCWs and non-HCWs shall return the excess amount, iv) submit to **FIRST PARTY** the final report on the number of eligible HCWs and non-HCWs signed by the human resource personnel or personnel division and certified by the head of the facility; as well as to comply with any other related guidelines that may be issued by the **FIRST PARTY**.
- D. Transferred funds must be utilized for the intended purpose not later than *December 31, 2023*.
- E. The **SECOND PARTY** shall submit a liquidation report with the attached Reports of Checks Issued (RCI) and the Report of Disbursement (RD) certified correct by the Head of the Accounting Office and approved by the Head of the Implementing Agency within ten (10) days from the termination of this Agreement.

Any subsequent fund transfer is subject to proper liquidation of the previously transferred funds.

- F. The **PARTIES** shall ensure that processing of sensitive and personal information is strictly in observance with Republic Act 10173, or the Data Privacy Act of 2012 and all other related National Privacy Commission issuances.

SECTION II. TERM OF AGREEMENT

This Agreement shall be effective from the date of its execution until the occurrence of any of these circumstances: a) termination mutually agreed upon in writing by the **PARTIES**; b) termination for justifiable cause after due notice; c) exhaustion of transferred funds; or d) insufficiency or unavailability of funds.

Violation by the **SECOND PARTY** of this Agreement or any of the relevant issuances of the **FIRST PARTY** may be a ground for termination of this Agreement, without prejudice to other courses of action and remedies available under the circumstances.


EDGARDO E. TULIN, PhD
University President


EXUPERIA B. SABALBERINO, MD, MPH, CESE
Director IV

Obligations which by nature are intended to continue beyond the termination of the Agreement shall survive such termination.

SECTION III. WARRANTIES AND REPRESENTATIONS

- A. The Parties represent and warrant that they possess all rights and have full power and authority necessary to enter into this Agreement and perform all of their obligations.
- B. Each Party's execution, delivery and performance of this Agreement does not conflict with any agreement, oral or written, to which it is a party or by which it is bound, nor violate any law or regulation of any court, governmental body, or administrative agency having jurisdiction over such Party.
- C. In entering into this Agreement and performing their respective obligations hereunder, the Parties warrant compliance with all applicable laws, rules and regulations.

SECTION IV. AMENDMENT

This agreement shall not be modified except by mutual consent in writing by the parties. Notwithstanding, relevant issuances shall apply suppletorily as applicable without need of any amendment.

SECTION V. INTERPRETATION

In case of doubt or dispute in the interpretation of this agreement, the parties shall, in good faith, exert earnest efforts to resolve the same. Failing such resolution, the said dispute shall be elevated to and resolved by the Department of Health, Management Services Team (DOH-MST), Administrative Service-Personnel Administration Division (AS-PAD). Should there be conflict between the provision of this Agreement and any of the issuances, the latter shall prevail.

SECTION VI. SETTLEMENT OF DISPUTES

Without prejudice to the **FIRST PARTY**'s rights under Section II, the parties shall exert every effort to amicably resolve disputes in connection with this Agreement. In case of failure to reach an amicable settlement, redress may be sought in accordance with applicable laws.

SECTION VII. LIMITATION OF LIABILITY

The **SECOND PARTY** shall defend and hold the **FIRST PARTY** harmless from any liability, claim or suit arising from this Agreement, except to the extent that the **FIRST PARTY** has been shown to cause or contribute to the liability or claim through its gross negligence or willful misconduct.

SECTION VIII. SEPARABILITY

Any provision in this Agreement that is found to be invalid or unenforceable shall not affect the remaining provisions that can otherwise be validly enforced.



EDGARDO E. TULIN, PhD
University President


EXUPERIA B. SABALBERINO, MD, MPH, CEs
Director IV

IN WITNESS WHEREOF, all parties have signed this Memorandum of Agreement
on _____ at _____.


FIRST PARTY

By:



EXUPERIA B. SABALBERINO, MD, MPH, CSE
Director IV
DOH- EV CHD

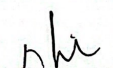
SECOND PARTY

By:


EDGARDO E. TULIN, PhD
President
Visayas State University

SIGNED IN THE PRESENCE OF:


MS. DARBY LUMBRES, CPA, MM
Accountant III
DOH- EV CHD


ELWIN JAY V. YU, MD, MPH
Chief of Hospital I
Visayas State University Hospital

ACKNOWLEDGMENT

Republic of the Philippines)
_____) S.S

BEFORE ME, a Notary Public, this JAN 31 2023 day of JANUARY, 2023 in BAYBAY CITY,
personally appeared the following persons:

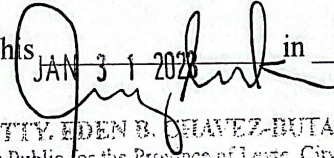
NAME	Government Issued I.D.	Place/Date of Issue
EXUPERIA B. SABALBERINO, MD, MPH, CSE	TIN 144-142306000	
<u>EDGARDO E. TULIN, PhD</u>	GSIS UMID No. 006-001 6117-7	

Both known to me to be the same persons who executed the foregoing Memorandum of Agreement, duly signed by their witnesses, and who acknowledge to me that the same is their own free and voluntary act and deed as well as the agency they represent.

This contract consists of _____ pages, including this page, where the acknowledgment is written, and signed on each page by the parties and respective witnesses.

WITNESS MY HAND AND SEAL this JAN 31 2023 in BAYBAY CITY.

Doc. No. 216;
Page No. 46;
Book No. 10;
Series of 2023.


ATTY. EDEN B. CHAVEZ-DUTAWAN
Notary Public for the Province of Leyte, City of Baybay
Notarial Commission No. B-72-06-06
Until December 31, 2023
PTR No. B10913706 issued on Jan. 3, 2023
IBP No. O. R. No. 457259 issued on Jan. 2, 2023
MCLE COMPLIANCE NO. MT-0008593- Valid until April 14, 2025
Attorney's Roll No. 42391
TIN No. 207-628-029
R. Magsaysay Avenue, Baybay City, Leyte