



Republic of the Philippines
PROVINCE OF LEYTE
Palo, Leyte

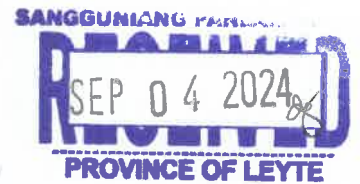
OFFICE OF THE PROVINCIAL GOVERNOR
CARLOS JERICHO L. PETILLA

Item No.: 25

Date: 10 2024 SEP

September 3, 2024

The Honorable Members
Sangguniang Panlalawigan of Leyte
Provincial Government Capitol Complex
West Bypass Road, Palo, Leyte



Thru : Hon Vice Governor Leonardo M. Javier, Jr.
Vice Governor and Presiding Officer

Hon. Ladies and Gentlemen :

Greetings !

I am forwarding the appointment papers of **Dr. Ronald E. Flores** as Provincial Government Department Head (Provincial Health Officer II SG-26) for your concurrence.

Qualification Standards of the position:

Education	:	Doctor of Medicine
Experience	:	5 years experience as medical practitioner
Training	:	None required
Eligibility	:	RA 1080 as amended (Physician)

Dr. Flores completed his graduate degree of Master in Management Major in Hospital Management from the Philippine Christian University Manila.

He served as the Medical Director of the Baconawa Hospital from 2003 to 2004. He was appointed as Medical Officer III of the Eastern Visayas Medical Center from 2004 to 2008 as well as Medical Officer III of the Burauen District Hospital from 2008 to 2012. Dr. Flores was appointed as the Provincial Health Officer I, SG 25 from 2022 to present. He attends to the various concerns and development initiatives in both Public Health and the operational mandate of organic hospitals and recipient LGUs in line with the challenges posed by the Universal Healthcare Program under the Province of Leyte.

Dr. Flores has been a Municipal Vice Mayor for three (3) consecutive terms in the Local Government Unit of Tanauan, Leyte from 2013 to 2022.

Subject appointee deserves his appointment as Provincial Health Officer II, SG 26 of the Province of Leyte. Your confirmation hereon is earnestly requested and appreciated.

Very truly yours,


CARLOS JERICHO L. PETILLA
Governor



Republic of the Philippines
OFFICE OF THE PROVINCIAL GOVERNOR

CIVIL SERVICE COMMISSION RO VIII
LEYTE FIELD OFFICE II
PALO, LEYTE

RECEIVED: -

DATE: _____

TIME: _____

NAME & SIGNATURE: _____

POSITION

Mr./Mrs./Ms.: RONALD E. FLORES

You are hereby appointed as PROVINCIAL HEALTH OFFICER II (SG-26 Step 1)
(Position Title)

under Permanent status at the Provincial Health Office
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of ONE HUNDRED SIXTEEN THOUSAND FORTY PESOS (P116,040.00)
pesos per month.

The nature of this appointment is Promotion vice _____
(Original, Promotion, etc.)

Vacant, who _____ with Plantilla Item No. 1
(Transferred, Retired, etc.)

Page 34.

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,


CARLOS JERICHO L. PETILLA
Appointing Officer/Authority

02 SEP 2024
Date of Signing

CSC ACTION:

Authorized Official

Date

CIVIL SERVICE COMMISSION
LEYTE FIELD OFFICE II
PALO, LEYTE

RELEASED:

DATE: _____

TIME: _____

RELEASING OFFICER: _____

RECEIVED BY: _____

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	FLORES		
FIRST NAME	RONALD		
MIDDLE NAME	ENCINA		
3. DATE OF BIRTH (mm/dd/yyyy)	07/13/1976	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	TACLOBAN, CITY	if holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	167.64 cm	17. RESIDENTIAL ADDRESS	HAVANA Street LICOD Barangay TANAUAN City/Municipality LEYTE Province 6502 ZIP CODE
8. WEIGHT (kg)	80 kls.	18. PERMANENT ADDRESS	HAVANA Street LICOD Barangay TANAUAN City/Municipality LEYTE Province 6502 ZIP CODE
9. BLOOD TYPE	B+	19. TELEPHONE NO.	N/A
10. GSIS ID NO.	BP # 200-1788389	20. MOBILE NO.	0917-154-3532
11. PAG-IBIG ID NO.	1211-4686-4159	21. E-MAIL ADDRESS (if any)	reflores_2010@yahoo.com
12. PHILHEALTH NO.	13-025048099-8		
13. SSS NO.	N/A		
14. TIN NO.	931-652-501		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	FLORES		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LOIDA		LUKE FRANCESCO L. FLORES	02/08/2022
MIDDLE NAME	LISBOA			
OCCUPATION	PHYSICIAN			
EMPLOYER/BUSINESS NAME	DR. RONALD E. FLORES MEDICAL CLINIC			
BUSINESS ADDRESS	BRGY. SAN ROQUE TANAUAN, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	FLORES			
FIRST NAME	FELIZARDO			
MIDDLE NAME	IGNACIO			
25. MOTHER'S MAIDEN NAME				
SURNAME	ENCINA			
FIRST NAME	NECITAS			
MIDDLE NAME	DAYLO			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			Start	End			
ELEMENTARY	DIVINE WORD UNIVERSITY TACLOBAN	ELEMENTARY	1983	1989	Graduate	1989	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SECONDARY	1989	1993	Graduate	1993	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	RTRMF Tacloban	BS in Medical Technology	1993	1997	Graduate	1997	
GRADUATE STUDIES	RTRMF Tacloban	DOCTOR'S OF MEDICINE	1998	2002	Graduate	2002	
	Phillipine Christian University Manila	Master in Management Major in Hospital Management			Graduate	2002	

(Continue on separate sheet if necessary)

SIGNATURE	DATE	2/10/22
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
Knights of Columbus	2008	present		Member
Pastoral Council	1996	present		Member

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

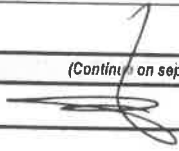
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
N/A					

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES (Write in full)	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Singing	N/A	Member, Philippine Medical Association
		Member, Medical Leyte Society
		Member, Philippine College of Occupational Medicine Diplomate
		Philippine Pediatric Society

(Continue on separate sheet if necessary)

SIGNATURE		DATE	2/10/24
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