

LOCAL GOVERNMENT UNIT OF ALABEL

CITIZEN'S CHARTERRE-ENGINEERED SERVICES

MANDATE

Local Government Unit of Alabel derived its mandate from the Local Government Code of 1991 (RA 7160) with emphasis of the People's General Welfare under section sixteen (16), to wit;

General Welfare. Every Local Government Unit shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate or incidental for its efficient and effective governance and those which are essential to the promotion of general welfare. Within their respective territorial jurisdictions, Local Government Units shall ensure and support, among other things, the preservation and enrichment of culture, promote health and safety, enhance the right of the people to balanced ecology, encourage and support the development of appropriate and self reliant scientific and technological capabilities, improve public morals, enhance economic prosperity and social justice, promote full employment among their residents, maintain peace and order, and preserve the comfort and convenience of their inhabitants.

VISION

A progressive center of administration, commerce and industry of Sarangani Province with climate resilient, peaceful, investment and child friendly community, well managed resources and sustainable agriculture through God centered and accountable governance.

MISSION

Alabel will accelerate socio-economic development through:

- Empowerment of communities
- Viable investments
- Provision of Basic Services



Republic of the Philippines Province of Sarangani

Municipality of Alabel COMMITTEE ON ANTI RED TAPE

Tel. No.: 892 5087

EXCERPT FROM THE MINUTES OF THE COMMITTEE ON ANTI RED TAPE MEETING HELD ON FEBRUARY 10, 2022, 9:00 AM AT THE MUNICIPAL GYMNASIUM, ALABEL, SARANGANI PROVINCE

PRESENT:

HON. VIC PAUL M. SALARDA, MPA - Municipal Mayor, Chairperson

HON. HERMIE GALZOTE
LILIBETH J. SALARDA
ABNER H. LABANIEGO
- Municipal Councilor, Vice Chairperson
Municipal Administrator, Member
- Municipal Budget Officer, Member

JOAN P. MAULION, CE, ENP - Municipal GSO, Member

TOMAS G. MONTEFALCON - MPDO, Member

VIOLETA B. FEROLINO - Municipal Treasurer, Member

JOCELYN L. TENCHAVEZ, MPA - HRMO, Member

DR. HONORATO FABIO

ALLAN V. RIVERA, CE, EnP.

ABIGAIL MANGAMPO

- Health Officer, Member

- MENR-Officer, Member

- Admin Officer V, Member

JHONNY DEMATE - Licensing Officer III, Member

ABSENT:

RESOLUTION NO. 2022- 0001

"RESOLUTION ADOPTING THE SUBMITTED RE ENGINEERED SERVICES ON THE CITIZEN'S CHARTER OF THE MUNICIPALITY OF ALABEL."

WHEREAS, pursuant to Republic Act No. 11032 or the "Ease of Doing Business and Efficient Government Service Delivery Act of 2018", all covered agencies are mandated to set up their respective most current and updated Citizen's Charter;

WHEREAS, in compliance to the above provision, the Local Government Unit of Alabel has crafted the most current and updated Citizen's Charter duly adopted by the Sangguniang Bayan dated November 10, 2021;

WHEREAS, pursuant to Memorandum Circular No. 2021-09 of DILG, all Government agencies are directed to adopt the Whole of Government (WOG) Reengineering Manual as a tool in the reengineering of government services and to submit Reengineering Report to the Anti Red Tape Authority;

WHEREAS, in compliance to the said provision, the Local Government Unit of Alabel has adopted through the Committee on Anti Red Tape (CART) the submitted Re Engineered Services on the Citizen's Charter of the Municipality of Alabel;

NOW THEREFORE, with the foregoing premises considered, upon motion of Jhonny Demate unanimously seconded by the body, hereby RESOLVE as it is hereby RESOLVED to ADOPT THE SUBMITTED RE ENGINEERED SERVICES ON THE CITIZEN CHARTER OF THE MUNICIPALITY OF ALABEL."

RESOLVED FINALLY, that copy of the foregoing resolution be furnished immediately to the offices concerned for information and favorable action.

UNANIMOUSLY ADOPTED

February 10, 2022

I HEREBY CERTIFY that the above – quoted resolution was approved by the members of the Committee on Anti Red Tape on February 10, 2022 at the Municipal Gymnasium.

RHEA MAE L. TORRECAMPO
CART Secretary

ATTESTED AND CERTIFIED:

HON. HERMIE GALZOTE, MPA

ABNER LABANEGO, MPA

Member

VIOLETA B. FEROLINO
Member

DR. HONORATO FABIO

JOCELYN L. TENCHAYEZ

JHONNY F. DEMATE

LILIBETH J. SALARDA, MPA

JOAN P. MAULEN, CE, ENP

TOMAS G. MONTEFALCON, EnP

ALLAN V. RIVERA, CE, EnP.

ABIGAIL A. MANGAMPO

HON. VIC PAUL M. SALARDA, MPA Chairperson

Serbisyong Matinud-anon Intigridad Lauman Epektibo para Alabel



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TYPE OF SERVICE External

1. OFFICE OF THE MUNICIPAL MAYOR

i. Issuance of Mayor's Clearance

TITLE OF SERVICE: Issuance of Mayor's Clearance				
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:				
The Office of the Municipal Mayor issues Mayor's Clearance to individuals residing in the				
municipality for local em	ployment, firearms	s licensing a	ınd PNP/AFP requ	uirements.
Office or Division	Office of t	he Municip	al Mayor	
Classification	Simple Tra			
Type of Transaction		ent to Citize		
Who May Avail			s of the Municip	
	F REQUIREMENT	5		RE TO SECURE
Barangay Clearance (the client resides	
Police Clearance with original)	Official Receipt (O	R) (1	Alabel Municipal	Police Station
3. Community Tax Certifi	icate (1 original)		Municipal Treas	urer's Office
4. Official Receipt (OR)			Municipal Treas	urer's Office
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inform the frontline personnel of his/her intent of securing Mayor's Clearance.	1. Note the client's complete name, address and purpose in securing Mayor's Clearance. Advise client to pay corresponding fee at the Municipal Treasurer's Office. 2. Advise the client to proceed to the MTO.	none	2 minutes	Frontline Personnel
Proceed to the Municipal Treasurer's Office and pay the	Staff from the MTO receive the payment and		3 minutes	



п .			T	
corresponding fee	issue Official			
and receive the	Receipt (OR).			
Official Receipt (OR).				
3. Return to the Office	Receive the OR	none	2 minutes	
of the Municipal	and review the			
Mayor and present	submitted			
the complete	documentary			Frontline Personnel
documentary	requirements for			Fromulie Fersonnei
requirements.	verification and			
	check for			
	completeness.			
4. Sit at the Waiting	Prepare the	none	3 minutes	
Area while frontline	requested			
personnel prepare	document and			
the requested	endorse the			
document.	same to the			Frontline Personnel
	Municipal Mayor			
	for approval and			
	signature.			
5. Sit at the Waiting	Check and sign	none	1 minute	
Area while the	the document.			
requested document				Municipal Mayor
is being signed.				
6. Receive copy of the	Issue Mayor's	none	1 minute	
requested document.	Clearance to			
	client and			Frontline Personnel
	secure office			
	сору.			
TOTAL NUMBER OF N	IINUTES		12 Minute	
			S	

ii. Issuance of Special Permit

			TYPE OF SERVICE
			External
TITLE OF SERVICE:			
Issuance of Special Permit			
OBJECTIVE/LEGAL BASIS	S/AGENDA STATEMENT	•	
The Office of the Munic	ipal Mayor issues Spe	ecial Permit to	promote and support
individuals/entities intending	to conduct various activity	ties for socio-econ	omic development.
			·
Office or Division	Office of the Municip	oal Mayor	
Classification	Simple Transaction		
Type of Transaction	Government to Citize	en (G2C)	
Who May Avail	Individuals/ Entities	intending to con-	duct various socio-
	economic activities		
CHECKLIST OF RI	EQUIREMENTS	WHE	RE TO SECURE
Letter Request Applicant			
Endorsement from the Sar	ngguniang Kabataan, if	Office of the Sar	ngguniang Kabataan
the activity is youth or spor	ts related		



3. Official Receipt (OR)			Municipal Treas	urer's Office
4. MENRO Certificate			Municipal Environment Resources Office	onment and Natural e (MENRO)
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the frontline personnel of his/her intent of securing Special Permit and present the required documents.	3. Note the client's complete name, address and purpose in securing a Special Permit. Advise client to pay corresponding fee at the Municipal Treasurer's Office. 4. Advise the client to proceed to the MTO.	none	2 minutes	Frontline Personnel
2. Proceed to the Municipal Treasurer's Office and pay the corresponding fee and receive the Official Receipt (OR).	Staff from the MTO receive the payment and issue Official Receipt (OR).	Minimum of ₱100.00 to ₱500.00 per day	3 minutes	Revenue Collection Clerk



6. Receive copy of the	to proceed to MTO and Alabel Municipal Police Station (MPS) or document approval. Municipal	none	8 minutes	
requested document and proceed to MTO and Alabel MPS for approval.	Treasurer and Alabel MPS Chief of Police (COP) sign the document.			Municipal Treasurer, Chief of Police of Alabel Municipal Police Station
7. Go back to the Office of the Municipal Mayor and submit the signed document to the attending frontline personnel.	Endorse document to Municipal Mayor for approval and signature.	none	2 minutes	Frontline Personnel
8. Sit at the Waiting Area while the requested document is being signed.	Check and sign the document.	none	1 minute	Municipal Mayor
Receive copy of the requested document.	Issue the Special Permit to client and secure office copy.	none	1 minute	Frontline Personnel
TOTAL NUMBER OF N	IINUTES		31 Minute s	

iii. Issuance of Working Permit

			TYPE OF SERVICE	
			External	
TITLE OF SERVICE:				
Issuance of Working Permit				
OBJECTIVE/LEGAL BASIS/	AGENDA STATEMEN	Γ:		
To provide faster frontline serv	rices to the local consti	tuents.		
Office or Division	Office of the Munici	pal Mayor		
Classification	Simple Transaction			
Type of Transaction	Government to Citiz	zen (G2C)		
Who May Avail	All persons/individuals who are bonafide residents of the			
	Municipality			
CHECKLIST OF REC	QUIREMENTS	WHE	RE TO SECURE	
1. Barangay Certification (1 original	ginal copy)	Office of the Sar	ngguniang Barangay	
2. Police Clearance with Official Receipt (OR) (1		Alabel Municipa	l Police Station	
original)				
3. Community Tax Certificate (1 original)	Municipal Treas	urer's Office	
,		-		



4. Official Receipt (OR)			Municipal Treasurer's Office	
5. Health Card	5. Health Card		Municipal Heath Office/ City Health Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
 Inform the frontline personnel of his/her intent of securing Working Permit and present the required documents. 	Evaluate and assess the submitted requirements.	none	2 minutes	Frontline Personnel
Receive copy of the application form.	Issue application form for filling up of important data by the applicant. Advise client to pay corresponding fee at the Municipal Treasurer's Office (MTO).	none	2 minutes	Frontline Personnel
3. Fill up the application form and proceed to Municipal Treasurer's Office (MTO) and Municipal Health Office (MHO) for approval. Pay the corresponding fee at MTO and receive the Official Receipt (OR).	Municipal Treasurer's Office receive the payment and issue Official Receipt	(Please refer to the Revenue Code)	12 minutes	Revenue Collection Clerk, Municipal Treasurer, Municipal Health Officer
4. Go back to the Office of the Municipal Mayor and present the complete documentary requirements.		none	5 minutes	Frontline Personnel



	for approval and signature.			
 Sit at the Waiting Area while frontline personnel prepare the requested document. 	Check and sign the document.	none	1 minute	Municipal Mayor
Receive copy of the requested document.	Issue Working Permit to client and secure office copy.	none	1 minute	Frontline Personnel
TOTAL NUMBER OF N	INUTES		23 minute	
			S	

iv. Securing Schedule of Wedding

				TYPE OF SERVICE	
				External	
TITLE OF SERVICE:					
Securing Schedule of W	/edding				
OBJECTIVE/LEGAL B	ACIC/ACENDA CE		<u> </u>		
			=		
To facilitate civil weddin	ig aiter complying t	ne needed	requirements.		
Office or Division	Office of t	he Municip	al Mayor		
Classification	Simple Tra		<u> </u>		
Type of Transaction	Governme	nt to Citize	en (G2C)		
Who May Avail	Couples w	ho desire	to avail civil wed	lding	
	F REQUIREMENT	S		RE TO SECURE	
a. Marriage License			Local Civil Regis	strar	
L. Afficiands of Online 196 (f.	and the think and the second		Matau D. I.P.		
b. Affidavit of Cohabitation	, ,	r for more	Notary Public		
than 5 years with child	1)				
c. CENOMAR or Certific	ate of No Marriage		Philippine Statistic Authority (PSA)		
C. CENOWAR OF CERTIFIC	ate of No Marriage		The state of the s		
d Company weight Toy Combit	:t- (4 - wi wi 1)		Municipal Treas	urer's Office	
d. Community Tax Certif	icate (1 original)		Warnolpar Treas		
e. Birth Certificate (husba	and, wife, child)		Philippine Statis	tic Authority (PSA)	
f. Presence of at least 2	witnesses		Family	 Family	
. Treserice of at least 2	Withesses				
CLIENT STEPS	AGENCY	FEES TO BE	PROCESSING	PERSON RESPONSIBLE	
CLILINI SILFS	ACTION	PAID	TIME	FERSON RESPONSIBLE	
1. Approach	Evaluate and	none	5 minutes		
frontline	assess the				
personnel for	submitted				
information	requirements.				
gathering and	Advise client to			Frontline Personnel	
interview of the	pay				
couple.	corresponding				
	fee at the				
	Municipal				



	Treasurer's Office (MTO).			
2. Proceed to the Municipal Treasurer's Office for payment and receive the Official Receipt (OR).	Office receive	₱100.00	3 minutes	Revenue Collection Clerk
3. Go back to the Office of the Municipal Mayor and present the Official Receipt (OR) to the frontline personnel for the schedule/ date of the wedding.	(every Wednesday is	none	2 minutes	Frontline Personnel
TOTAL NUMBER OF MINUTES			10 minute	
			S	

v. Issuance of Approved Endorsement Slip for Assistance to Individual in Crisis Situation (AICS)

					External		
TITLE OF SERVICE: Issuance of Approved Endorsement Slip for Assistance to Individual in Crisis Situation (AICS)							
OBJECTIVE/LEGAL BA		_					
To promptly assist custo	omers i	n giving fir	nancial suppo	ort to individual in	crisis situation.		
Office or Division		Office of	the Municip	al Mayor			
Classification		Simple T	ransaction				
Type of Transaction		Governm	ent to Citize	en (G2C)			
Who May Avail				asking for assist	ance (Burial/Financial)		
CHECKLIST O	F REQ	UIREMEN	ITS	WHE	RE TO SECURE		
Social Case Study				Municipal Social Office (MSWDO	Welfare and Development		
CLIENT STEPS	CLIENT STEPS AGENCY TO BE PAID			PROCESSING TIME	PERSON RESPONSIBLE		
Approach frontline personnel for information and present requirements to the Office of the Municipal Mayor.	•	s the itted ements.	3	2 minutes	Frontline Personnel		
Sit and relax while the frontline personnel prepare	Prepa reque docun	sted		4 minutes	Frontline Personnel, Municipal Administrator		

TYPE OF SERVICE



TYPE OF SERVICE

the endorsement slip.	endorse the same to the Acting Municipal Administrator for approval and signature.			
Receive copy of the requested document and forward the same to MSWDO.	Issue endorsement slip to client and advice the same to forward documents at MSWDO.	none	1 minute	Frontline Personnel
TOTAL NUMBER OF MINUTES			7 minute	
			S	

vi. Issuance of Travel Order to Employees

					Internal		
TITLE OF SERVICE:	TITLE OF SERVICE:						
Issuance of Travel Order to Employees							
OBJECTIVE/LEGAL B	Λ Q IQ/Λ	GENDA ST	VEWENT				
The Office of the Munic		·		=	f the travel records of		
employees and the cor	•	•		•			
relation thereto.	гоороги	anig onioo c	margoo or	and expended tha	t might be meanted in		
Totalion unorotor							
Office or Division		Office of the	he Municip	al Mayor			
Classification		Simple Tra	ansaction	_			
Type of Transaction				rnment (G2G)			
Who May Avail				cal Government			
CHECKLIST O	F REQ	UIREMENT	S		RE TO SECURE		
A. Letter of Invitation National Agency/ LGUs/ Organizations							
B. Request Letter for the	appear	ance of cer	tain	Department Hea	ıd		
employee.				-			
CLIENT STEPS		SENCY CTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Approach and inform	Receiv		none	2 minutes			
the frontline	review						
personnel of the	submi				Frantline Demonstral		
intent of securing a Travel Order and	require	ements.			Frontline Personnel		
present available							
requirement.							
2. Sit at the Waiting	Prepa	re the	none	3 minutes			
Area while frontline	reques	sted					
personnel prepare	docum				Frontline Personnel		
the requested	endors						
document.	same	to the					



	Municipal Mayor for approval and signature.			
Sit at the Waiting Area while the requested document is being signed.	_	none	1 minute	Municipal Mayor
Receive copy of the requested document.	Issue the approved Travel Order to employee and secure office copy.	none	1 minute	Frontline Personnel
TOTAL NUMBER OF N			7 minutes	



2. OFFICE OF THE SANGGUNIANG BAYAN

School Board or Health Board; a photocopy of

i. Accreditation of Civil Society And Non-Government Organization

			TYPE OF SERVICE
			External
TITLE OF SERVICE:			
Accreditation of Civil Society an	nd Non-Government Organi	ization	
OBJECTIVE/LEGAL BASIS/A	GENDA STATEMENT:		
Article of 64 of the IRR of RA N	o. 7160 provides the proce	dures and guidelines	for the
accreditation and selection of re	epresentatives in the local s	special bodies of POs	, NGOs and
private sectors to ensure viability	ty to local autonomy as an	alternative strategy fo	r
sustainable development.			
Office or Division	Sangguniang Bayan		
Classification	Highly Technical		
Type of Transaction	Government to Citizen	(G2C)	
Who May Avail	Association/Organization	ons	
CHECKLIST OF RE	QUIREMENTS	WHERE TO	O SECURE
Duly accomplished Application	n form for Accreditation	Office of the Sangg	uniang Bayan
Board Resolution		Requesting party	
Certificate of Registration		Registering Govern	ment Agency
4.List of Current Members		Requesting Party	
5. Original Sworn of Statement s independent non partis	stating that the CSO is an	Requesting Party	
6. Annual Accomplishment Repo	ort (Current and	Requesting Party	
Succeeding Year)			
7. Financial Statement (Current	Requesting Party		
8. Profile indicating the purposes	Requesting Party		
organization			
9. Copy of the Minutes of the late	Requesting Party		
organization			
10.For CSOs applying to be mer	mbers of the Local	Requesting Party	



profiles of at least three (3) individuals in the organization that will verify their involvement in health and education Sector

CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON DESDONSIBLE
Submit the Application		BE PAID	TIME	RESPONSIBLE
Submit the Application for Accreditation (2-sets) of original or authenticated documents to the Office of the Sangguniang Bayan.	Receive the documents	none	2 minutes	Receiving Officer
	the documents are complete, the Receiving Officer will receive the documents.	none	1 minute	Receiving Officer
	If the documents are incomplete, the Receiving Officer will return the documents to the applicant.	none	2 minutes	Receiving Officer
The Receiving Officer will forward the document to the Vice Mayor for initial action.	Approval of the Routing Slip	none	3 minutes	Municipal Vice Mayor
Upon approval of the Vice Mayor, the Receiving Officer will forward the documents to the Secretariat.	Forward	none	1 minute	Receiving Officer
The Secretariat, in close coordination with the Committee on Rules, will include this item in the Order of Business.	Inclusion in the Order of Business	none	1 minute	Administrative Assistant III



		1		~
The Vice Mayor will refer this measure to the Committee during session.	Referral	none	1 minute	Municipal vice mayor /presiding officer
The Committee will hold a committee hearing within 5 working days from the date of referral to review and scrutinize the documents with the presence of the applicant to answer all inquiries by the members of the Committee. The Committee will render a Committee within 3 working days after the completion of the hearing.	Preliminary Assessment of the Documents Adoption of the Committee's recommendation/s for approval or disapproval.	none	1 hour	concerned commitee
If for approval, the measure will be calendared under business for the day for debate and approval.	approval	none	8 minutes	Sangguniang bayan <i>enbanc</i>
Finalization, reproduction and distribution of final output with a minimum of 10 copies.	Distribution of Printed Copy	none	2 working days	SB Secretariat
TOTAL NUMBER OF M	INUTES		10 days, 1 hour and 36 minutes	

ii. Issuance Of Original/Certified True Copies Of Legislative Documents (Resolutions, Ordinances, Minutes Of Sessions, Journal Of Proceedings, and Committee Report)

TYPE OF SERVICE
External

TITLE OF SERVICE:

Issuance of Original/Certified True Copies of Legislative Documents (Resolutions, Ordinances, Minutes of Sessions, Journal of Proceedings, and Committee Reports)



OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:

The Local Government Code of 1991 provides that the SB Secretariat shall furnish, upon request of any interested party, certified copies of records of public character in his or her custody, upon payment to the treasurer of such fees as may be prescribed by ordinance and

keep in his or her office all non-confidential records therein open to the public during the usual business hours.

Office or Division	Sangguniang Bayan	
Classification	Simple Transaction	
Type of Transaction	Government to Citizen (G2C)	
Who May Avail	Resident or Business Entity	

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of request addressed to the Municipal Vice Mayor, if any	Requesting Party
2. Duly filled-up Request Slip Form	Front Desk Officer
3. Official Receipt (OR) paid from the Office of the	Municipal Treasurer's Office
Municipal Treasurer	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit written/verbal request specifying the documents to be requested and Its assigned number, if any.	Receive the request	none	1 minutes	Receiving Officer
Evaluation of the request, if the documents are available, fill-up the Request Slip and present to the Vice Mayor	Check the availability of the requested documents	None	2 minutes	Receiving Officer
Upon approval, advice the client to pay the Secretary's Fee at the Municipal Treasurer's Office. (If the request is for the consumption of	Inform the client	50.00	5 minutes	Receiving Officer



the LGU or its offices, no Secretary's Fee or other charges will be collected)				
Reproduction of requested documents.	Printing	none	3 minutes	Administrative Assistant III
Release copy/ies of the requested document/s.	Realising	none	1 minutes	Administrative Assistant III
TOTAL NUMBER OF M	INUTES	ı	12 Minutes	

iii. Application For Development Permit (DP)

	TYPE OF SERVICE
	External
TITLE OF SERVICE:	
Application for Development Permit (DP)	

OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:

A permit issued to every registered owner or developer of a parcel of land who wishes to convert the same into a subdivision project applied with the LGU under BP 220 and PD 957.

Office or Division	Sangguniang Bayan
Classification	Highly Technical
Type of Transaction	Government to Citizen (G2C)
Who May Avail	Resident or Business Entity

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Application for Development Permit	MPDO
Preliminary Subdivision Development Plan	Licensed Geodetic Engineer
3. Certified True Copy of Title	Registry of Deeds (ROD)
Memorandum of Agreement between Land Owner and Community Association	Notary Public
5. Zoning Certification	MPDO



6. Certification of Road-Right-of-Way					
7. Tax Clearance			MTO		
8. Tax Declaration			MASSO		
9.Certification from SOCO	OTECO II		SOCOTECO II	SOCOTECO II	
10. Barangay Resolution	Interposing no Object	ion	Sangguniang Bara	ngay	
11. Subdivision Developn	nent Plan/Vicinity Map)	Licensed Profession	nal	
12.Road Network Layout			Licensed Profession	nal	
13.Topographic Plan			Licensed Profession	nal	
14.Topographic Layout P	lan		Licensed Profession	nal	
15. Drainage Layout			Licensed Profession	nal	
16.Water Distribution Sys	tem Plan		Licensed Professio	nal	
17. Water Treatment Fac	ility Plan		Licensed Profession	nal	
18. Power Layout Plan			Licensed Profession	Licensed Professional	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Receive the application for Development Permit (DP) from the MPDO.	Review the completeness of the submitted documents	none	3 minutes	Receiving Officer	
If the documents are complete, the receiving Officer will receive the documents.		none	1 minute	Receiving Officer	
The Receiving Officer will forward the document to the Municipal Vice Mayor. Upon the approval of the Vice Mayor, the Receiving Officer will	Routing Slip	none	5 minutes 2 minutes	Municipal Vice Mayor Receiving Officer	



forward the documents to the Secretariat for inclusion in the Order of Business.				
The Secretariat, in close coordination with the Committee on Rules, will include this item in the Order of Business	Inclusion in the Order of Business	none	3 minute	Administrative Assistant III
The Vice Mayor will refer this measure to the Committee during session.	Referral	none	1 minutes	Vice Mayor/ Presiding Officer
The Committee will hold a committee meeting within 5 working days from the date of referral.	Preliminary assessment of the documents	none	1 hour	Committee on Subdivision
The Committee will render a Committee Report within 3 working days after the completion of the meeting.	Adoption of the Committee's recommendation/s	none	10 minutes	Sanggunian En Banc
The committee will conduct committee hearing and on-site inspection within 5 working days from the date of adoption of the Committee Report.	Finalization of Committee's action	none	4 hours	committee on Subdivision
The Committee will render a final Committee Report	Adoption of Committee's recommendation/s for approval or disapproval	none	10 minutes	Sanggunian En Banc
If for approval, the measure will be calendared under business for the day for debate and approval.	Amendment accepted, if any	none		Sanggunian <i>En</i> <i>Banc</i>

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Finalization, reproduction and distribution of Resolution with a minimum of 10 copies	Distribution of Printed Copy	none		SB Secretariat
If for disapproval, the measure will be shelved. (The SB Secretariat will communicate to the applicant as to the status of his/her request.)	The application together with all attachments will be returned to the applicant	none		SB Secretariat
TOTAL NUMBER OF N	IINUTES		15 days, 8 hours and 46 minutes	



3. OFFICE OF THE MUNICIPAL HEALTH OFFICER

i. Provision of Outpatient Consultation

			TYPE OF SERV	ICE	
			External		
TITLE OF SERVICE: PROVISION OF OUTPATIENT CONSULTATION					
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:					
To provide basic cura for commonly encount					
appropriate medical se					
Health Stations.	g., c.,			o ama Daramgay	
Office or Division	Municipal Health (Office (Medical	Section)		
Classification	Simple				
Type of Transaction	Government to Cit	tizen			
Who may avail	All residents of Al Malapatan are like		patients from adj	ancent towns like	
CHECKLIST OF REQ	UIREMENTS		WHERE TO SEC	CURE	
PhilHealth Membershi Identification Number) or PhilHealth	Philhealth Office		
Laboratory or Diagnos	tic Test Result		Licensed Clinical Laboratory or Diagnostic Center		
CLIENT STEPS	AGENCY	FEES TO BE	PROCESSING	PERSON	
	ACTIONS	PAID	TIME	RESPONSIBLE	
1. Proceed to Triage Area to get number and register when number is called	1.1 Secure PIN or MDR	none	5 minutes	Nurse or Midwife on Duty	
	1.2 For Old Client: Pulls out Individual Treatment Record (ITR)	none	5 minutes	Nurse or Midwife on Duty	
1.3 For New none 5 minutes Nurse or Mi Client: Fill-up patient registry (ITR)					
	1.4 Assess for medical history, present illness, chief complaint and vital signs. 5 minutes Duty Duty				
	1.5 Takes and documents vital signs in the ITR	none	5 minutes	Nurse or Midwife on Duty	

				OLIS
2. Enter Consultation Room when your turn comes	2.1 Assess and examine the patient 2.2 Prescribes appropriate medicines and treatment 2.3 Orders appropriate laboratory examination/s, if deemed necessary 2.4 Refer patient to higher level of care if need arises	none	10 minutes	Physician
3. Proceed to laboratory room for laboratory examination	3.1 Performs laboratory test as per physician's order	none	15 minutes	Medical Technologist
	3.2 Gives laboratory result to patient	none	2 minutes	Laboratory Staff
4. Returns to frontdesk with laboratory result	4.1 Evaluation and documentation of laboratory result	none	3 minutes	Nurse or Midwife on Duty
5. Returns to Consultation Room	5.1 Evaluation and discussion of laboratory result	none	5 minutes	Physician
6. Proceed to frontdesk for appropriate nursing care, home instruction and referral if needed.	6.1 Carries out Doctor's Order	none	3 minutes	Nurse or Midwife on Duty
	6.2 Patient Education	none	2 minutes	Nurse or Midwife on Duty
7. Proceed to Botika ng Bayan (pharmacy) to get prescribed medicines	7.1 Dispense the prescribed medicines and give home instructions	none	3 minutes	Pharmacist
Total			53 minutes	

ii. Minor Surgical Procedure

	TYPE OF SERVICE
	External
TITLE OF SERVICE:	
MINOR SURGICAL PROCEDURE	



OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:

To provide basic curative services which consists of primary level out-patient and emergency care for commonly encountered diseases in the community. Diagnosis and treatment of illnesses and appropriate medical service is given. It is offered at the Municipal Health Office and Barangay Health Stations.

Health Stations.	i vico io givori. it io oi	ioroa at trio iviar		o ana Barangay	
Office or Division	Municipal Health Office (Medical Section)				
Classification	Simple				
Type of Transaction	Government to Citizen				
Who may avail	All residents of Al Malapatan are like		patients from adj	ancent towns like	
CHECKLIS	T OF REQUIREMEN	NTS	WHERE	TO SECURE	
PhilHealth Membership Identification Number () or PhilHealth	Philhealth Office		
Official Receipt			Municipal Treasu	urer's Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Proceed to Triage Area to get number and register when number is called	1.1 Secure PIN or MDR; Pulls out Individual Treatment Record (ITR)	none	5 minutes	Nurse or Midwife on Duty	
	1.2 Takes and documents vital signs in the ITR	none	5 minutes	Nurse or Midwife on Duty	
2. Enter Consultation Room when your turn comes, present yourself for assessment of medical condition	2.1 Assess and examine the patient	none	10 minutes	Physician	
3. Returns to frontdesk to carry out order	3.1 Computation of fees and issue Order of Payment		2 minutes	Nurse or Midwife on Duty	
4. Proceed to Office of the Municipal Treasurer for payment of the required fees	4.1 Give instruction	P25.00 for emergency cases	5 minutes	Revenue Collection Officer	
		P55.00 for elective cases			
5. Present the Official Receipt to the frontdesk personnel	5.1 Attach OR to ITR	none	3 minutes	Nurse or Midwife on Duty	
	5.2 Prepare surgical equipment	none	5 minutes	Nurse or Midwife on Duty	

6. Enters the Examination Room	6.1 Conduct of minor surgical procedure	none	20 minutes	Physician
7. Receive transcription and/or medicine, if applicable	7.1 Patient Education	none	3 minutes	Nurse or Midwife on Duty
	7.2 Dispense the prescribed medicines and give home instructions	none	2 minutes	Pharmacy
Total			60 minutes	

iii. . Animal Bite Services

			TYPE OF SERVI	CE	
			External		
TITLE OF SERVICE: ANIMAL BITE SERVICE					
OBJECTIVE/LEGAL E Anti-Rabies Act of 200					
Office or Division	Municipal Health (Office (Medical	Section)		
Classification	Complex				
Type of Transaction	Government to Citizen				
Who may avail	All residents of Al Malapatan are like		oatients from adja	ancent towns like	
CHECKLIS	T OF REQUIREMEN	NTS	WHERE TO SECURE		
PhilHealth Membership Identification Number () or PhilHealth	Philhealth Office		
Previous Vaccination (Card		MHO/ Animal Bite Treatment Center (ABTC)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Proceed to Triage Area to get number and register when number is called	1.1 Secure PIN or MDR	none	5 minutes	Nurse or Midwife on Duty	
	1.2 For New Client: Fill-up patient registry (ITR)	none	5 minutes	Nurse or Midwife on Duty	



	1.3 For Old Client: Pulls out Individual Treatment Record (ITR) and direct client to Animal Bite Treatment Center (ABTC)	none	5 minutes	Nurse or Midwife on Duty
	1.4 Assess for medical history, present illness, chief complaint and vital signs.	none	5 minutes	Nurse or Midwife on Duty
	1.5 Takes and documents vital signs in the ITR	none	5 minutes	Nurse or Midwife on Duty
2. Enter Consultation Room when your turn comes, present yourself for assessment of medical condition	2.1 Assess and examine the patient	none	10 minutes	Physician
	2.2 Categorizes patient based on exposure.	none	10 minutes	Physician
	2.3 Carry out doctor's order	none	5 minutes	Nurse or Midwife on Duty
	i. If vaccine is available: Proceed to ABTC for inoculation	none	5 minutes	Nurse or Midwife on Duty
	ii. If vaccine is not available: Prescribe antirabies vaccine, instruct patient to purchase at pharmacy (outside health center) then return for inoculation	none	5 minutes	Nurse or Midwife on Duty
3. Proceed to ATBC; present prescription	3.1 Verify prescription then record	none	5 minutes	Nurse or Midwife on Duty
	3.2 Start inoculation	none	5 minutes	Nurse or Midwife on Duty
	3.3 Give Vaccination Card	none	5 minutes	Nurse or Midwife on Duty
	3.4 Give home instruction	none	5 minutes	Nurse or Midwife on Duty
	3.5 Direct client to pharmacy if home	none	5 minutes	Nurse or Midwife on Duty



	medicine is prescribed			
4. Proceed to	4.1 Verify	none	5 minutes	Nurse or Midwife on
Pharmacy; present	prescription and			Duty
prescription	document			
	4.2 Dispense prescribed medicines and give instruction	none	5 minutes	Pharmacist
Total			50 minutes	

iv. National Tuberculosis Prevention and Control Services

			TYPE OF SERVI	CE	
			External		
TITLE OF SERVICE: NATIONAL TUBERCU			OL SERVICES		
OBJECTIVE/LEGAL B RA 10767 (Comprehe			5)		
Office or Division	Municipal Health (Office (Medical	Section)		
Classification	Highly Technical				
Type of Transaction	Government to citizen, Gov't to businesses, Government to Government			rnment to	
Who may avail	All residents of Al Malapatan are like		patients from adja	ancent towns like	
CHECKLIS	T OF REQUIREMEN	NTS	WHERE TO SECURE		
PhilHealth Membershill Identification Number	•) or PhilHealth	Philhealth Office		
Chest X-ray Result (fo	r New Patients)		Licensed Diagnostic Center		
Referral from Pulmono	logist		Pulmonologist		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Proceed to Triage Area to get number and register when number is called	1.1 Secure PIN or MDR	none	5 minutes	Nurse or Midwife on Duty	
	1.2 For Presumptive TB patients, ask for Chest X-ray result and request for sputum exam	none	5 minutes	Nurse or Midwife on Duty	



	1.3 Direct patient to Laboratory for Sputum examination; advise patient to return with sputum exam result	none	5 minutes	Nurse or Midwife on Duty
	1.4 For New Client: Fill-up patient registry (ITR)	none	5 minutes	Nurse or Midwife on Duty
	1.5 For Old Client: Pulls out Individual Treatment Record (ITR) and direct client to TB DOTS Center	none	5 minutes	Nurse or Midwife on Duty
	1.6 Assess for medical history, present illness, chief complaint and vital signs.	none	5 minutes	Nurse or Midwife on Duty
	1.7 Attach Chest x-ray and/or sputum results	none	5 minutes	Nurse or Midwife on Duty
2. Enter Consultation Room when your turn comes, present yourself for assessment of medical condition	2.1 Assess and examine the patient	none	10 minutes	Physician
	2.2 Treat patient accordingly	none	10 minutes	Physician
3. Go back to frontdesk	3.1 Carry out doctor's order	none	5 minutes	Nurse or Midwife on Duty
	i. If for Inititiation of Treatment: Proceed to TB DOTS Area	none	20 minutes	Nurse or Midwife on Duty
	ii. If for referral to higher facility or specialist: Fill-up referral form and advise patient	none	20 minutes	Nurse or Midwife on Duty
3. Proceed to TB DOTS Center	3.1 Verify doctor's order	none	5 minutes	Nurse or Midwife on Duty
	3.2 Register patient to TB Registry	none	5 minutes	Nurse or Midwife on Duty
	3.3 Prepare TB Drugs	none	5 minutes	Nurse or Midwife on Duty

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	3.4 Give TB counselling and home instruction	none	15 minutes	Nurse or Midwife on Duty
	3.5 Give TB Treatment Card, orient about "Tutok Gamotan" and inform about sputum follow up schedule	none	15 minutes	Nurse or Midwife on Duty
Total			2 days	

v. Issuance of Health Certificate and Sanitary Permit

			TYPE OF SERVI	CE	
			External		
TITLE OF SERVICE: ISSUANCE OF HEAL	TH CERTIFICATE A	ND SANITARY I	PERMIT		
OBJECTIVE/LEGAL ET The municipality of Ala secure sanitary permits Permit is issued.	bel requires all estab	olishments opera			
Office or Division	Municipal Health (Office (Environr	nental Health and	I Sanitation Section)	
Classification	Simple				
Type of Transaction	Government to citizen, Gov't to businesses, Government to Government				
Who may avail	All vendorsAll Ver	ndors, food han	dlers and busine	ss establishments	
CHECKLIS	T OF REQUIREMEN	NTS	WHERE TO SECURE		
For Health Certificates examinations (Stool ex	_	-	Municipal Health	Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Submit requirements (laboratory results and receipt)	1.1 Receives and review then prepares the Sanitary Permit.	none	2 minutes	Rural Sanitation Inspector	
	1.2 Register client in the log book.	none	2 minutes	Rural Sanitation Inspector	
	1.3 Gives laboratory results to Municipal Health Officer.	none	2 minutes	Rural Sanitation Inspector	
2. Enter Consultation Room when your turn comes	2.1 Receives and interprets laboratory results.	none	4 minutes	Physician	

	2.2 2.1 Sign the Sanitary Permit	none	4 minutes	Physician
3. Receives documents	3.1 Releases documents (Sanitary Permit)	none	1 minute	Rural Sanitation Inspector
	Total		15 minutes	

vi. Application for Operational Permit for New Water Refilling Stations

			TYPE OF SERVI	CE
			Enternal	
			External	
TITLE OF SERVICE:		MIT FOD NIEW/	MATER REFULIN	C CTATIONS
APPLICATION FOR COMPLETE OF CO			WATER REFILLIN	G STATIONS
For those wanting to p				
Office or Division	Municipal Health (Office (Environr	nental Health and	Sanitation Section)
Classification	Complex			
Type of Transaction	Government to cit Government	izen, Gov't to b	usinesses, Gover	nment to
Who may avail	All residents of Al Station	abel interested	in putting up a W	ater Refilling
CHECKLIS	T OF REQUIREMEN	NTS	WHERE TO SECURE	
Laboratory Request			Municipal Health	Office
Application Form for In	itial Permit		Municipal Health	Office
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fill up operational permit form and submit to Sanitary Inspector.	1.1 Ocular inspection / sanitary survey of water source. 1.2 Issuance of drinking	none	1 hour & 2 minutes	Rural Sanitation Inspector
O Otant and the first of	water site clearance.		10 minut	David Continue
2. Start contruction of water refilling station.	2.1 Issuance of laboratory request for water testing.	none	12 minutes	Rural Sanitation Inspector



	2.2 Conduct water bacteriological and physical and chemical. 2.3 Gives laboraoty results to Municipal Health Officer. 2.4 Issuance of certificate of potability.			
3. Enters Consultation Room	3.1 Sign the certificate of potability	none	2 minutes	Physician
4. Coordination	4.1 Coordination to the region for initial Permit	none	10 minutes	Rural Sanitation Inspector
5. Start of construction	5.1 Issuance of Sanitary Permit	P100.00		
	5.2 Encoding to the System and registration to the logbook		2 minutes	Rural Sanitation Inspector
	5.3 Facilitate for signing of Sanitary Permit		1 minute	Physician
	5.4 Releasing of Sanitay Permit and health card		1 minute	Rural Sanitation Inspector
	Total		1 hour & 30 minutes	

vii. Addressing Sanitation - Related Complaints

		TYPE OF SERVICE		
		External		
TITLE OF SERVICE: ADDRESSING SANIT	TATION - RELATED COMPLAINTS	<u> </u>		
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT: All public or private premises should maintain and use premises in a manner not injurious to health.				
Office or Division	Municipal Health Office (Medical Section)			
Classification	Highly Technical			
Type of Transaction	Government to citizen, Gov't to businesses, Government to Government			
Who may avail	All residents of Alabel			
CHECKLIS	ST OF REQUIREMENTS	WHERE TO SECURE		



Letter of Complaint			Complainant	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. File complaint at the health unit.	1.1 Receives complaint and registers at RSI's logbook.	none	1 minute	Rural Sanitation Inspector
	1.2 Conduct Inspection	none		Rural Sanitation Inspector
	1.3 Secure Mission Order signed by the Municipal Health Officer	none	1 minute	Rural Sanitation Inspector
	1.4 Conduct actual inspection and come up for recommendation	none	1 day	Rural Sanitation Inspector
	If Non- Compliant:			
2. Receives the copy of Sanitary Orders	2.1 Issuance of 1st Sanitary Order	none	20 minutes	Rural Sanitation Inspector
	2.2 Issuance of 2nd Sanitary Order	none	20 minutes	Rural Sanitation Inspector
	2.3 Issuance of 2nd Sanitary Order and Notice of Hearing	none	20 minutes	Rural Sanitation Inspector
	2.4 Recommend revocation and Recommendation for closure and filing of charges	none		Rural Sanitation Inspector
	Total		1 day	

viii. Provision of Prenatal Procedure

		TYPE OF SERVICE
		External
TITLE OF SERVICE: PROVISION OF PREN	IATAL PROCEDURE	
To provide maintenand		pregnancy, counselling/identification of providing appropriate management og
Office or Division	Municipal Health Office (Alabel Bi	irthing Home)
Classification	Simple	



Type of Transaction	Government to Citizen					
Who may avail	All residents of Alabel (priority); patients from adjancent towns like Malapatan are likewise welcome					
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE			
PhilHealth Membership Data Record (MDR) or PhilHealth Identification Number (PIN)			Philhealth Office			
Laboratory Report			Licensed Clinical Laboratory			
Ultrasound Report, if available			Licensed Diagnostic Center			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Arrive at the facility present Mother and Child Book if available.	1.1 Assess client: BP monitoring, Weighing, Fetal Heart beat monitoring, Measuring of fundic height, Medical History taking.	none	10 minutes	Nurse or Midwife on Duty		
	1.2 Prenatal counselling. 1.3 Provide	none	10 minutes	Nurse or Midwife on Duty		
2. Follow Mishwife /	prenatal services: a. Administration of Tetanus Toxoid; b. Provision of Micronutrients (Folic Acid, ferrous sulfate, Vitamin A); c. Give prescriptions if necessary.	none	10 minutes	Nurse or Midwife on		
2. Follow Midwife/ Nurses instructions.	2.1 Instruct when to return for follow up or routine check up. Give Laboratory Request.	none	5 minutes	Nurse or Midwife on Duty		
	Total		35 minutes			



ix. Provision of Delivery and Post Partum Care Services

			TYPE OF SERVICE	Ē
			External	
TITLE OF SERVICE				
PROVISION OF DE	LIVERY AND POST PA	ARTUM CARE S	ERVICES	
	L BASIS/AGENDA STA		and the contract	Leader
	nities to access quality s reduce maternal and ne	•		develop
Office or Division	Municipal Health Off			
	•	•	,	
Classification	Complex			
Type of	Government to Citize	en		
Transaction				
Who may avail	All residents of Alab Malapatan are likewi		ients from adjancer	nt towns like
CHECK	LIST OF REQUIREMEN	NTS	WHERE TO) SECURE
PhilHealth Members Identification Number	ship Data Record (MDR er (PIN)) or PhilHealth	Philhealth Office	
Mother and Child Bo	ook (MCB)		Barangay Health Station	
Marriage Certificate	(for Married)		LCR	
Any Valid ID			National or Local Agency	
Municipal Link Certi	ficate		DSWD	
Tribal Certificate (fo	r Tribal Marriage)		Mun. Tribal Office or Brgy. Tribal Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrives at the Facility Present MCB Book, Laboratoty reports, Ultra sound reports if available and one (1) valid ID	1.1 Asess and classify the patient if eligible to deliver in the facility.	none	5-15 mins	Nurse or Midwife on Duty
	1.2 Eligible Pregnant: Normal Intrapartum and Post-partum (Delivery without complication)			



	1.3 Assess client: BP monitoring, Weighing, Fetal Heart beat monitoring, Measuring of fundic height, Medical History taking.	none	5-10 mins	Nurse or Midwife on Duty
	a. Inactive Labor (1-3cm cervical dilatation) patient is counselled and instructed to observe signs of true labor. Patients may opt to go home or stay near the facility and come back to facility anytime if true labor signs are present			Nurse or Midwife on Duty
2. Prepare for client's admission. Follow midwife/nurse instruction/s	b. Active Labor (Stage 1 Labor): 4cm cervical dilatation and above			
	1.4 Admit client to Labor Room. Monitor progress of labor			
	1.5 Transfer to delivery Room 1.6 Provide routine			Nurse or Midwife on Duty
	delivery care:			
	a. Provide routine intra-partum and immediate post partum care (includes skin to skin contact of baby and mother, early initiation to breastfeeding, nonseparation of mother and baby, vital signs monitoring, provision of vit.a, pain relievers and antibiotics) b. Counselling on			Nurse or Midwife on Duty Nurse or Midwife
	Danger signs, breastfeeding, follow up check ups and other health services			on Duty



	c. After 24 hours, physician/nurses or midwives will reassess the patient and will order MGH if no complications arises			Nurse or Midwife on Duty
3. MGH Patients with or without philhealth that can afford to pay and opt to pay cash:	3.1 ABH clerk will print Order of Payment or Statement of Account	none	2 minutes	ABH Clerk
*Bring the order of payment or statement of account to Municipal Treasurer's Office and pay the amount stated		P4,700.00	10 minutes	Revenue Collection Officer
4. MGH Patients with Phil Health (Self Employed) Patient is the member:	4.1 Check and collect complete requirements and attach to the PhilHealth claim form signed by the PHIC member	none	5 minutes	ABH Clerk/ Midwife on duty
5. MGH Patients with Phil Health (Self Employed)The Husband is the member for married patient: *Present receipt of premium payment	Check and collect complete requirements and attach to the PhilHealth claim form signed by the PHIC member	none	5 minutes	ABH Clerk/ Midwife on duty
6. MGH patient with PhilHealth(Indigent category). *Present 4p's, MCT, IP's ID. *Present Municipal Link Certificate (Proof of Active member). If Married: *Present Marriage Certificate or Tribal Marriage Certificate	Check and collect complete requirements and attach to the PhilHealth claim form signed by the PHIC member	none	5 minutes	ABH Clerk/ Midwife on duty
	Total		62 minutes	
	If not eligible, arrange referral to higher facility.			



2. Patient is for referral: Prepare and decide which Hospital to be refer	facility, Proper instructions and information must be given	none		Nurse or Midwife on Duty
3. Follow Medical staff instructions	Refer patient to higher facility	none	5-15 mins	Nurse or Midwife on Duty/ Ambulance Driver
	total		15 mins	
	1.3 Eligible Pregnant: Delivery with complicatin			
1. Arrives at the Facility Present MCB Book, Laboratoty reports, Ultra sound reports if available and one (1) valid ID	Assess client: BP monitoring, Weighing, Fetal Heart beat monitoring, Measuring of fundic height, Medical History taking.	none	5-10 mins	Nurse or Midwife on Duty
	-Inactive labor (1- 3cm cervical dilatation) patient is counsel and instructed to observed signs of true labor. Patients may opt to go home or stay near the facility and come back to facility anytime if true labor signs are present			Nurse or Midwife on Duty
	-Active labor (4cm cervical dilatation and above) *admit women to labor room. Monitor progress of labor			Nurse or Midwife on Duty
	-Stage 2 Labor			

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	*Transfer to delivery room, routine delivery care			Nurse or Midwife on Duty
	If Medical problem arises classify			
2. Patient is for referral: Prepare and decide which Hospital to be refer, follow medical staff instructions.	Urgent Case: Give initial intervention. then, arrange ambulance for referral, proper instruction and information must be given to patient and patient relative, referral form shall be completely filled up, one medical staff shall accompany patient.	*Ambulance Fee (P100 for first 5km radius, P25 for additional Km.) *Intravenous fluid infusion (2nd set)- P250. *Oxygen inhalation - P1.60/liter *Episiotomy	30 mins	Nurse or Midwife on Duty/ Ambulance Driver
2. Patient is for referral: Prepare and decide which Hospital to be refer, follow medical staff instructions	Non-Urgent: Manage if manageable cases, explain the situation to the patient and patient relative, correct information and instruction must be given. observe. if referral is necessary, Arrange referral via ambulance. One medical staff shall accompany the patient	repair-P500 *Miscelanous fees as deemed applicable - P250 *Additional set of linens- 100	30mins - 1 hour	Nurse or Midwife on Duty/ Ambulance Driver
3.Patients for referral without philhealth shall pay all the services/medicines rendered to the patient.	ABH clerk will print Order of Payment or Statement of Account. Instruct to the patients relative that someone must settle the bill at MTO		5 mins	ABH Clerk/ Midwife on duty
*Bring the order of payment or statement of account to Municipal Treasurer's Office and pay the amount stated	during weekdays at regular office hours.		10 mins	Revenue Collection Officer
	Total		30 mins for urgent, 30minutes -2 hours for non urgent	



x. Provision of Family Planning Services

			TYPE OF SERVICE			
			External			
TITLE OF SERVICE: PROVISION OF FAMILY PLANNING SERVICES						
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT: Republic Act No. 10354: Responsible Parenthood and Reproductive Health Act of 2012 (RPRH Law)						
Office or Division	Municipal Health C	Office (Alabel B	irthing Home)			
Classification	Simple					
Type of Transaction	Government to Cit	izen				
Who may avail	All residents of All Malapatan are like		oatients from adj	ancent towns like		
CHECKLIS	T OF REQUIREMEN	NTS	WHERE	TO SECURE		
PhilHealth Membership Identification Number () or PhilHealth	Philhealth Office			
Individual Treatment R	`		Barangay Health Station			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
If new acceptor or without ITR Present self to Midwife or Nurse.	1.1 *Asess patient and fill up ITR for new acceptor. *Update ITR for change clinic or method.	none	5 minutes	Nurse or Midwife on Duty		
	1.2 * Counsel patient on side effects, advantages, disadvantages and scheduled follow ups/ return. *Help patient decide which family planning services is appropriate for them.	none	5 minutes	Nurse or Midwife on Duty		
	1.3 Family Planning services offered: * IUD insertion *Pills dispensing * DMPA *Implanon	none	5 minutes	Trained Nurse or Midwife on Duty		

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	insertion and removal.			
2. Return to schedule date	2.1 *Give the services they choose * Give Family Planning Method Card for follow up.	none	15 minutes	Trained Nurse or Midwife on Duty
	Total		30 minutes	

xi. Provision of Newborn Services

		TYPE OF SERVI	CE
		External	
/BORN SERVICES		<u> </u>	
BASIS/AGENDA STA	ATEMENT:		
orn Screening Act of 2	2004: DOH AO N	No. 2014-0045 or t	he Guidelines on the
•	•		
•	•	,	
Simple			
Government to cit	izen Gov't to b	usinesses Gove	nment to
	12011, 007 110 8	doi:100000, 00 10.	
All residents of Al	ahel (priority): ı	nationts from adia	ancent towns like
			anochi towno niko
•		WHERE	TO SECURE
or Kegomemer		WILEKE	10 OLOGICE
discharge		LCR	
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AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Admit	none	5 minutes	Nurse or Midwife on
newborn to			Duty
service. Secure			
consent to care.			
Assess newborn			
for any			
abnormalities.			
	BORN SERVICES BASIS/AGENDA STA orn Screening Act of a Expanded Newborn of Municipal Health of Municipal Health of Government All residents of All Malapatan are like of ST OF REQUIREMENT ACTIONS 1.1 Admit newborn to service. Secure consent to care. Assess newborn for any	AGENCY ACTIONS AGENCY ACTIONS AGENCY ACTIONS AGENCY ACTIONS 1.1 Admit newborn to care. Assess newborn for any	TYPE OF SERVI



	1.2 Well Newborn * Routine newborn care Follow Essential Intrapartum and Neonatal Care (EINC) protocol: *Immediate thorough drying *Skin to skin contact with the mother * Properly timed cord clamping and cutting. * Non separation of mother and baby * Early initiation to breastfeeding. * Administration of Vit. K, Hepa B vaccine and BCG. * application of Eye ointment. *antropometric measurement. *Vital signs Monitoring of Newborn.	none	120 minutes	Nurse or Midwife on Duty
2. Parents shall prepare and decide which hospital to be refer.	2.1 Newborn with complications: *Give initial treatment. *Refer immidiately to higher facility. *Refer patient to parents hospital of choice via ambulance accompanied by midwife or nurse.	*Ambulance Fee (P100 for first 5km radius, P25 for additional Km.)	30 minutes	Nurse or Midwife on Duty
	2.2 After 24 hours reassessment shall be done. If no complications Newborn is for discharge.	none	5 minutes	Nurse or Midwife on Duty
	2.3 Perform newborn screening after 24 hours	none	15 minutes	Nurse or Midwife on Duty



3. MGH newborn without PhilHealth parents can afford and opt to pay cash: * Ask the ABH clerk for order of payment or SOA.	3.1 ABH clerk shall print the Order of Payment.	none	2 minutes	Nurse or Midwife on Duty
*Bring the order of payment or statement of account to Municipal Treasurer's Office and pay the amount stated 4. Ask the Midwife for Newborn Data form, completely fill up the form and then bring it to LCR for Birth Registration.	4.1 Provide and Fill up Newborn data form give to the patient relative and instruct to go to LCR for Birth	Newborn Screening Fee: P 1, 800.00 Newborn Care Fee: P 500.00 none	10 minutes	Revenue Collection Officer
MGH newborn with PhilHealth: * Present Birth Certificate two Photocopies to the Midwife/ ABH clerk.	registration. Total	none	10 minutes 2 days	
	TOTAL		2 uays	

xii. Provision of Immunization Services For Infants

		TYPE OF SERVICE		
		External		
TITLE OF SERVICE: PROVISION OF IMMU	INIZATION SERVICES FOR INFANT	S		
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT: To provide basic curative services which consists of primary level out-patient and emergency care for commonly encountered diseases in the community. Diagnosis and treatment of illnesses and appropriate medical service is given. It is offered at the Municipal Health Office and Barangay Health Stations.				
Office or Division	Municipal Health Office (Barangay Health Stations)			
Classification	Simple			
Type of Transaction	Government to Citizen			
Who may avail	All residents of Alabel (priority); p Malapatan are likewise welcome	oatients from adjancent towns like		
CHECKLIS	ST OF REQUIREMENTS	WHERE TO SECURE		



PhilHealth Membership Data Record (MDR) or PhilHealth Identification Number (PIN)			Philhealth Office	
Birth Certificate and/or ECCD Card		Guardian and/or Barangay Health Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach the frontline personnel and inquire the service	1.1 Verify requirements	none	5 minutes	Nurse or Midwife on Duty
	1.2 Register the name in the ITR or ECCD Card	none	10 minutes	Nurse or Midwife on Duty
	Administration of Tetanus Toxoid. *Provision of Folic Acid, ferrous sulfate, Vitamin A. * Give prescriptions if necessary.	none	10 minutes	Nurse or Midwife on Duty
2. Follow Midwife/ Nurses instructions.	2.1 Instruct when to return for follow up or routine check up. Give Laboratory Request.	none	5 minutes	Nurse or Midwife on Duty
	Total		35 minutes	

xiii. Provision of Delivery and Post Partum Care Services

		TYPE OF SERVICE	
		External	
TITLE OF SERVICE: PROVISION OF DELIV	/ERY AND POST PARTUM CARE S	ERVICES	
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT: To provide basic curative services which consists of primary level out-patient and emergency care for commonly encountered diseases in the community. Diagnosis and treatment of illnesses and appropriate medical service is given. It is offered at the Municipal Health Office and Barangay Health Stations.			
Office or Division	Municipal Health Office (Alabel Bi	rthing Home)	
Classification	Complex		
Type of Transaction	Government to Citizen		
Who may avail	All residents of Alabel (priority); p Malapatan are likewise welcome	oatients from adjancent towns like	

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CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Data Record (MDR) or PhilHealth Identification Number (PIN)		Philhealth Office		
Mother and Child Book	(MCB)		Barangay Health	Station
Marriage Certificate (fo	or Married)		LCR	
Any Valid ID			National or Local	I Agency
Municipal Link Certifica	ate		DSWD	
Tribal Certificate (for T	ribal Marriage)		Mun. Tribal Offic Office	e or Brgy. Tribal
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrives at the Facility Present MCB Book, Laboratoty reports, Ultra sound reports if available	1.1 Asess and classify the patient if eligible to deliver in the facility. If not eligible, arrange referral to higher facility. 1.2 Eligible Pregnant: -Active labor (4cm cervical dilatation and above) *admit women to labor room. Monitor progress of labor -Stage 2 Labor *Transfer to delivery room, routine delivery care	none	30 minutes	Nurse or Midwife on Duty
2. Patient is for referral: Prepare and decide which Hospital to be refer	If Medical problem arises classify 2.1 Urgent Case: Give initial intervention. then, arrange ambulance for referral, proper instruction and information must be given to patient and patient relative, one medical staff should	none	5 minutes	Nurse or Midwife on Duty



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	patient.			
	patierit.			
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	2.2 Non-Urgent:			
	Manage if			
	manageable			
	cases, refer			
	accordingly			
	2.3 Normal			
	Delivery without			
	complication:			
	a. Provide			
	routine intra-			
	partum and			
	immediate post			
	partum care			
	(includes skin to			
	skin contact of			
	baby and			
	mother,early			
	initiation to			
	breastfeeding,			
	non-separation of			
	mother and baby,			
	vital signs			
	_			
	monitoring,			
	provision of vit.a,			
	pain relievers and			
	antibiotics)			
	b. Counselling			
	on Danger signs,			
	breastfeeding,			
	follow up check			
	ups and other			
	health services			
	c. after 24	-		
	hours,			
	physician/nurses			
	or midwives will			
	reassess the			
	patient and will			
	order MGH if no			
	complications			
	arises			
3. MGH Patients	3.1 ABH clerk will	none	2 minutes	ABH Clerk
without philhealth	print Order of			
	Payment or			
that can afford to pay				
and opt to pay cash:	Statement of			
	Account			
			-	

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*Bring the order of payment or statement of account to Municipal Treasurer's Office and pay the amount stated		P4,700.00	10 minutes	Revenue Collection Officer
4. MGH Patients with Phil Health (Self Employed) Patient is the member:	4.1 Check and collect complete requirements and attach to the PhilHealth claim form signed by the PHIC member	none	5 minutes	ABH Clerk/ Midwife on duty
5. MGH Patients with Phil Health (Self Employed)The Husband is the member for married patient: *Present receipt of premium payment	Check and collect complete requirements and attach to the PhilHealth claim form signed by the PHIC member	none	5 minutes	ABH Clerk/ Midwife on duty
6. MGH patient with PhilHealth(Indigent category). *Present 4p's, MCT, IP's ID. *Present Municipal Link Certificate (Proof of Active member). If Married: *Present Marriage Certificate or Tribal Marriage Certificate	Check and collect complete requirements and attach to the PhilHealth claim form signed by the PHIC member	none	5 minutes	ABH Clerk/ Midwife on duty
•	Total		62 minutes	

xiv. Provision of Family Planning Services

		TYPE OF SERVICE
		External
TITLE OF SERVICE: PROVISION OF FAMIL	LY PLANNING SERVICES	
	BASIS/AGENDA STATEMENT: 4: Responsible Parenthood and Repr	oductive Health Act of 2012 (RPRH
Office or Division	Municipal Health Office (Alabel Bi	rthing Home)
Classification	Simple	
Type of Transaction	Government to Citizen	



Who may avail	All residents of Alabel (priority); patients from adjancent towns like Malapatan are likewise welcome			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
PhilHealth Membership Data Record (MDR) or PhilHealth Identification Number (PIN)		Philhealth Office		
Individual Treatment R	ecord (ITR)		Barangay Health	Station
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
If new acceptor or without ITR Present self to Midwife or Nurse.	1.1 *Asess patient and fill up ITR for new acceptor. *Update ITR for change clinic or method.	none	5 minutes	Nurse or Midwife on Duty
	1.2 * Counsel patient on side effects, advantages, disadvantages and scheduled follow ups/ return. *Help patient decide which family planning services is appropriate for them.	none	5 minutes	Nurse or Midwife on Duty
	1.3 Family Planning services offered: * IUD insertion *Pills dispensing * DMPA *Implanon insertion and removal.	none	5 minutes	Trained Nurse or Midwife on Duty
2. Return to schedule date	2.1 *Give the services they choose * Give Family Planning Method Card for follow up.	none	15 minutes	Trained Nurse or Midwife on Duty
	Total		30 minutes	



xv. Provision of Newborn Services

			TYPE OF SERVI	CE		
			External			
TITLE OF SERVICE: PROVISION OF NEW	TITLE OF SERVICE: PROVISION OF NEWBORN SERVICES					
OBJECTIVE/LEGAL IN RA 9288 or the Newbook Implementation of the	orn Screening Act of 2	2004; DOH AO N		he Guidelines on the		
Office or Division	Municipal Health (
Classification	Simple					
Type of Transaction	Government to citizen, Gov't to businesses, Government to Government					
Who may avail	All residents of Al Malapatan are like		patients from adja	ancent towns like		
CHECKLIST OF REQUIREMENTS			WHERE	TO SECURE		
Birth Certificate upon of	discharge		LCR			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Provide Newborn necessities	1.1 Admit newborn to service. Secure consent to care. Assess newborn for any	none	5 minutes	Nurse or Midwife on Duty		



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	1.2 Well Newborn * Routine newborn care Follow Essential Intrapartum and Neonatal Care (EINC) protocol: *Immediate thorough drying *Skin to skin contact with the mother * Properly timed cord clamping and cutting. * Non separation of mother and baby * Early initiation to breastfeeding. * Administration of Vit. K, Hepa B vaccine and BCG. * application of Eye ointment. *antropometric measurement. *Vital signs Monitoring of Newborn.	none	120 minutes	Nurse or Midwife on Duty
2. Parents shall prepare and decide which hospital to be refer.	2.1 Newborn with complications: *Give initial treatment. *Refer immidiately to higher facility. *Refer patient to parents hospital of choice via ambulance accompanied by midwife or nurse.	*Ambulance Fee (P100 for first 5km radius, P25 for additional Km.)	30 minutes	Nurse or Midwife on Duty
	2.2 After 24 hours reassessment shall be done. If no complications Newborn is for discharge.	none	5 minutes	Nurse or Midwife on Duty
	2.3 Perform newborn screening after 24 hours	none	15 minutes	Nurse or Midwife on Duty

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3. MGH newborn without PhilHealth parents can afford and opt to pay cash: * Ask the ABH clerk for order of payment or SOA.	3.1 ABH clerk shall print the Order of Payment.	none	2 minutes	Nurse or Midwife on Duty
*Bring the order of payment or statement of account to Municipal Treasurer's Office and pay the amount stated 4. Ask the Midwife for Newborn Data form, completely fill up the form and then bring it to LCR for Birth Registration.	4.1 Provide and Fill up Newborn data form give to the patient relative and instruct to go to LCR for Birth	Newborn Screening Fee: P 1, 800.00 Newborn Care Fee: P 500.00 none	10 minutes	Revenue Collection Officer
MGH newborn with PhilHealth: * Present Birth Certificate two Photocopies to the Midwife/ ABH clerk.	registration. Total	none	10 minutes 2 days	
	TOTAL		2 uays	

xvi. Issuance of Medical Referral

		TYPE OF SERVICE		
		External		
TITLE OF SERVICE:	CAL REFERRAL			
OBJECTIVE/LEGAL E	BASIS/AGENDA STATEMENT: OI) 949 s. of 1979, UHC Act 11223 s	s. 2019		
Office or Division	Medical Section			
Classification	Simple			
Type of Transaction	Government to Citizen			
Who may avail	All residents of Alabel (priority); patients from adjancent towns like Malapatan are likewise welcome			
CHECKLIS	T OF REQUIREMENTS	WHERE TO SECURE		
Laboratory and/or Diag	gnostic Result	Licensed Clinical Laboratory and/or Diagnostic Center		

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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach the frondesk personnel and register in the logbook	Present Valid ID	none	2 minutes	Nurse or Midwife on Duty
2. Present yourself for assessment of medical condition with the physician and the preparation of Referral Note	Medical assessment	none	10 minutes	Physician
3. Receive the requested document	hand over the referral note and give instruction	none	3 minutes	Physician
	Total		15 minutes	

xvii. Issuance of Medical Certificate

			TYPE OF SERV	ICE
			External	
TITLE OF SERVICE:	CAL CERTIFICATE			
OBJECTIVE/LEGAL E Letter of Instruction (LC			2019	
Office or Division	Municipal Health (Office (Medical	Section)	
Classification	Simple			
Type of Transaction	Government to Citizen, Gov't to businesses, Government to Government			
Who may avail	All residents of Al Malapatan are like		oatients from adj	ancent towns like
CHECKLIS	T OF REQUIREMEN	NTS	WHERE	TO SECURE
PhilHealth Membership Identification Number () or PhilHealth	Philhealth Office	
Official Receipt	Municipal Treasurer's Office			urer's Office
As applicable: Special of SSS, GSIS, PNP, Do Insurance Companies			Requesting Agency/ Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Triage Area to get number and register when number is called	1.1 Secure PIN or MDR	none	2 Minutes	Nurse or Midwife on Duty

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	1.2 Registration of client	none	5 minutes	Nurse or Midwife on Duty
2. Enter Consultation Room when your turn comes, present yourself for assessment of medical condition	2.1 Assess and examine the patient	none	10 minutes	Physician
3. Returns to frontdesk to carry out order	3.1 Computation of fees and issue Order of Payment		2 minutes	Nurse or Midwife on Duty
4. Proceed to Office of the Municipal Treasurer for payment of the required fees	4.1 Give instruction	P50.00	5 minutes	Revenue Collection Officer
5. Present the Official Receipt to the frontdesk personnel	5.1 Attach OR to Medical Certificate	none	3 minutes	Nurse or Midwife on Duty
	5.2 Prepares Medical Certificate	none	10 minutes	Clerk
6. Receive copy of the requested document	6.1 Hand over requested document, ask the client to sign in the logbook	none	5 minutes	Nurse or Midwife on Duty
	Total		42 minutes	

xviii. Issuance of Medico-Legal Certificate

		TYPE OF SERVICE		
		External		
TITLE OF SERVICE: ISSUANCE OF MEDI	CO-LEGAL CERTIFICATE			
	EGAL BASIS/AGENDA STATEMENT: ction (LOI) 949 s. of 1979, UHC Act 11223 s. 2019			
Office or Division	Municipal Health Office (Medical	Section)		
Classification	Simple			
Type of Transaction	Government to Citizen			
Who may avail	All residents of Alabel (priority); patients from adjancent towns like Malapatan are likewise welcome			
CHECKLIS	ST OF REQUIREMENTS	WHERE TO SECURE		



PhilHealth Membership Data Record (MDR) or PhilHealth Identification Number (PIN)		Philhealth Office		
Official Receipt			Municipal Treasurer's Office	
Letter request to conduissuance of medical ce		ion and	PNP	
As applicable: Official I laboratory, X-ray, and	-			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Triage Area to get number and register when number is called	1.1 Secure Letter request from PNP	none	2 Minutes	Nurse or Midwife on Duty
	1.2 Registration of client	none	5 minutes	Nurse or Midwife on Duty
2. Proceed to Office of the Municipal Treasurer for payment of the required fees	2.1 Give instruction	P100.00 Medico-Legal Fee	5 minutes	Revenue Collection Officer
		P15.00		
3. Present the Official Receipt and letter request to the physician for assessment	3.1 Assess and treat patient accordingly	none	10 minutes	Physician
4. After assessment, wait for the preration and approval of the medico-legal certificate	4.1 Prepare requested document	none	10 minutes	Clerk
5. Receive copy of the requested document	5.1 Hand over requested document, ask the client to sign in the logbook	none	5 minutes	Nurse or Midwife on Duty
	Total		37 minutes	

xix. Provision of Post Mortem Examination (Autopsy)

		TYPE OF SERVICE	
		External	
TITLE OF SERVICE: PROVISION OF POST	MORTEM EXAMINATION (AUTOP	SY)	
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT: Letter of Instruction (LOI) 949 s. of 1979, UHC Act 11223 s. 2019			
Office or Division	Municipal Health Office (Medical	Section)	



	1			10,000		
Classification	Simple					
Type of Transaction	Government to Citizen					
Who may avail	All residents of Al	abel				
CHECKLIS	T OF REQUIREMEN	NTS	WHERE	TO SECURE		
Letter Request to cond examination	luct post mortem (au	topsy)	PNP			
Official Receipt			Municipal Treas	urer's Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Proceed to Triage Area	1.1 Secure and verify Letter Request from PNP	none	2 Minutes	Nurse or Midwife on Duty		
	1.2 Registration of client	none	5 minutes	Nurse or Midwife on Duty		
2. Proceed to Office of the Municipal Treasurer for payment of the required fees	2.1 Give instruction	P200.00	5 minutes	Revenue Collection Officer		
3. Present the Official Receipt and letter request to the physician for data gathering	3.1 Conduct Post Mortem Examination	none	20 minutes	Physician		
4. After examination, wait for the preration and approval of the post mortem certificate	4.1 Prepare requested document	none	10 minutes	Clerk		
5. Receive copy of the requested document	5.1 Hand over requested document, ask the client to sign in the logbook	none	5 minutes	Nurse or Midwife on Duty		
	Total		47 minutes			

xx. Issuance of Permit oo Transfer Cadaver

	TYPE OF SERVICE
	External
TITLE OF SERVICE:	
ISSUANCE OF PERMIT TO TRANSFER CADAVER	



ACTIONS PAID TIME RESPONSIE 1. Proceed to Triage Area 1.1 Verify requirements and record 2. Wait while the Physician evaluates the application as to compliance with requirements. ACTIONS PAID TIME RESPONSIE Nurse or Midwin Duty Physician 5 minutes Physician Physician	OD IEOTIVE" EOA: 5	24010/40END4 0T	N TENAEN'T			
Office or Division Classification Simple Type of Transaction Who may avail All residents of Alabel CHECKLIST OF REQUIREMENTS Death Certificate Death Certificate Cofficial Receipt CLIENT STEPS ACTIONS ACTIONS						
Type of Transaction Who may avail All residents of Alabel CHECKLIST OF REQUIREMENTS Death Certificate Death Certificate Official Receipt CLIENT STEPS AGENCY ACTIONS 1. Proceed to Triage Area 1.1 Verify requirements and record record 2. Wait while the Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit All residents of Alabel WHERE TO SECURE WHERE TO SECURE Funeral Parlor Municipal Treasurer's Office PROCESSING PERSON RESPONSIE 1.1 Verify requirements and record requirements and record requirements none 5 minutes Revenue Collect Officer Clerk						
Who may avail CHECKLIST OF REQUIREMENTS Death Certificate Embalming Certificate Official Receipt CLIENT STEPS ACTIONS 1. Proceed to Triage Area Area 2. Wait while the Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit AII residents of Alabel WHERE TO SECURE WHERE TO SECURE Funeral Parlor Municipal Treasurer's Office FEES TO BE PROCESSING PERSON RESPONSIE 1.1 Verify none PAID TIME Nurse or Midwi Duty S minutes Physician Physician Physician Physician Physician S minutes Revenue Collete Officer FEES TO BE PROCESSING PERSON RESPONSIE 1.1 Verify none S minutes Physician Physician Physician Physician Clerk Clerk	Classification	Simple				
CHECKLIST OF REQUIREMENTS Death Certificate Embalming Certificate Official Receipt CLIENT STEPS AGENCY ACTIONS 1. Proceed to Triage Area 1.1 Verify requirements and record 2. Wait while the Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit LCR Funeral Parlor Municipal Treasurer's Office FEES TO BE PROCESSING PERSON RESPONSIE In onne S minutes Nurse or Midwi Duty Nurse or Midwi Duty Physician Nurse or Midwi Duty S minutes Physician Physician S minutes Revenue Collect Officer Clerk	Type of Transaction	Government to Cit	tizen			
Death Certificate Embalming Certificate Official Receipt CLIENT STEPS AGENCY ACTIONS 1. Proceed to Triage Area 1. Verify requirements and record 2. Wait while the Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit LCR Funeral Parlor Municipal Treasurer's Office Municipal Treasurer's Office PRES TO BE PROCESSING RESPONSIE In onne S minutes Nurse or Midwi Duty Nurse or Midwi Duty Physician Physician Physician S minutes Revenue Collect Officer Officer Clerk	Who may avail	All residents of Al	abel			
Embalming Certificate CLIENT STEPS AGENCY ACTIONS 1. Proceed to Triage Area 1.1 Verify requirements and record 2. Wait while the Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit FEES TO BE PROCESSING RESPONSIE In Municipal Treasurer's Office PHOO.OB PROCESSING RESPONSIE Nurse or Midwi PAID Nurse or Midwi Duty S minutes Physician Physician Physician S minutes Revenue Collect Officer Finance APERSON RESPONSIE 1.1 Verify requirements and record S minutes Revenue Collect Officer Clerk	CHECKLIS	T OF REQUIREMEN	NTS	WHERE	TO SECURE	
Official Receipt CLIENT STEPS ACTIONS ACTIONS 1. Proceed to Triage Area 1.1 Verify requirements and record 2. Wait while the Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit Municipal Treasurer's Office PROCESSING TIME PROCESSING TIME PROCESSING TIME Nurse or Midwi Duty S minutes Physician S minutes Revenue Collete Officer S minutes Clerk	Death Certificate			LCR		
CLIENT STEPS AGENCY ACTIONS 1. Proceed to Triage Area 1.1 Verify requirements and record 2. Wait while the Physician evaluates the application as to compliance with requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Acceptable Action and approval of Permit AGENCY ACTIONS FEES TO BE PAID TIME PROCESSING TIME Nurse or Midwi Duty Nurse or Midwi Duty Physician Physician Physician Physician Physician Physician Physician Physician Fevenue Collect Officer S minutes Clerk	Embalming Certificate			Funeral Parlor		
1. Proceed to Triage Area 1.1 Verify requirements and record 2. Wait while the Physician evaluates the application as to compliance with requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit 1.1 Verify none 5 minutes Nurse or Midwir Duty 1.1 Verify requirements and record 1.1 Verify requirements and record 1.1 Verify requirements and record 1.1 Verify requirements and none 5 minutes Physician Phys	Official Receipt			Municipal Treas	urer's Office	
Area requirements and record Duty 2. Wait while the Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Physician Fevenue Collect Officer S minutes Clerk	CLIENT STEPS				PERSON RESPONSIBLE	
Physician evaluates the application as to compliance with requirements. 3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit P100.00 5 minutes Coefficient P100.00 5 minutes Fevenue Collect Officer 5 minutes Clerk		requirements and	none	5 minutes	Nurse or Midwife on Duty	
3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the required fees 4. Present the Official Receipt to attending personnel for preparation and approval of Permit 3.1 Give instruction 5 minutes Revenue Collect Officer 5 minutes Clerk	Physician evaluates the application as to compliance with	2.1 Advise patient	none	5 minutes	Physician	
Receipt to attending requested personnel for document preparation and approval of Permit	3. If all the requirements have been complied with, proceed to Office of the Municipal Treasurer for payment of the		P100.00	5 minutes	Revenue Collection Officer	
	Receipt to attending personnel for preparation and	requested	none	5 minutes	Clerk	
the requested requested document document, ask the client to sign in the logbook	5. Receive copy of the requested	requested document, ask the client to sign in the logbook	none		Clerk	
Total 25 minutes		Total		25 minutes		



xxi. Provision of General Laboratory Services

			TYPE OF SERVICE	Ξ	
			External		
TITLE OF SERVICE: PROVISION OF GENE	ERAL LABORATOR	Y SERVICES			
OBJECTIVE/LEGAL E	atory services which	consists of prima	•	<u> </u>	
care for commonly end Office and Barangay H		n the community.	. It is offered at the ivi	iunicipai Health	
Office or Division	Municipal Health	Office (Laborato	ory Section)		
Classification	Simple				
Type of Transaction	Government to cit	izen, Gov't to b	usinesses, Governi	ment to	
Who may avail	All residents of Al Malapatan are like		patients from adjan	cent towns like	
CHECKLIS	T OF REQUIREME	NTS	WHERE TO	O SECURE	
Laboratory Request			Physician		
Official Receipt MTO		MTO	<u></u> 0		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present Laboratory Request	1.1 Verify Laboratory Request	none	2 minutes	Laboratory Aide	
2. Payment of Laboratory Fees	2.1 Refer client to MTO for payment	depending on the laboratory exam requested	5 minutes	Revenue Collection Officer	
3. Present Laboratory Request and Official Receipt to the Medical Technologist	3.1 Collection of sample	none	3 minutes	Medical Technologist	
	3.2 Analysis and processing of sample	none	20 minutes (depending on the examination)	Medical Technologist	
	3.3 Encoding and printing result	none	5 minutes	Laboratory Aide	
4. Get the Laboratory Result	4.1 Release Laboratory result	none	2 minutes	Laboratory Aide	
5. Proceed to the Attending Physician for evaluation of result	5.1 Evaluate laboratory result and gives necessary treatment	none	10 minutes	Physician	



Total	47 minutes	

xxii. Tuberculosis Prevention and Control Services

			TYPE OF SERVIC	E	
			External		
TITLE OF SERVICE: TUBERCULOSIS PRE	VENTION AND CON	NTROL SERVIC	ES		
OBJECTIVE/LEGAL E To provide basic labora			ary level out-patient	and emergency	
care for commonly end	•	•	•	0 ,	
Office or Division	Municipal Health (Office (Laborato	ory Section)		
Classification	Simple				
Type of Transaction	Government to Cit	tizen			
Who may avail	All residents of Al Malapatan are like		oatients from adjan	cent towns like	
CHECKLIS	T OF REQUIREMEN	NTS	WHERE T	O SECURE	
Referral Forms and/or	Laboratory Request		Physician or Nurse and/or Midwife (from Barangay Health Station)		
Chest X-ray Result			Hospital/ Clinic/ Diagnostic Center		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present Laboratory Request	1.1 Verify Laboratory Request	none	2 minutes	Laboratory Aide	
2. Proceed to sputum collection area	2.1 Instruct patient on sputum collection and give sputum cups	none	5 minutes	Medical Technologist	
3. Deliver the sputum sample and request to laboratory	3.1 Receive sample	none	2 minutes	Laboratory Aide	
	3.2 Laboratory pre analytical procedures	none	5 minutes	Medical Technologist/ Microscopist	
	3.3 Direct Sputum Specimen Microscopy (DSSM) preparation	none	50 minutes	Medical Technologist/ Microscopist	

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	3.4 DSSM reading	none	15 minutes (per slide)	Medical Technologist/ Microscopist
	3.5 Result validation	none	5 minutes	Medical Technologist
4. Get the Laboratory Result	4.1 Release Laboratory result	none	2 minutes	Laboratory Aide
5. Deliver result to NTP incharge/ frontdesk personnel	5.1 Record result and refer to Physician for evaluation	none	5 minutes	NTP Incharge/ Nurse or Midwife on Duty
	Total		1 hour & 31 minutes	

xxiii. Maternal Laboratory Services

			TYPE OF SERVICE	E	
			External		
TITLE OF SERVICE: MATERNAL LABORA	TORY SERVICES				
OBJECTIVE/LEGAL E To provide basic labor care for commonly end Office	ratory services which	consists of prim	•	0 ,	
Office or Division	Municipal Health (Office (Laborato	ory Section)		
Classification	Simple				
Type of Transaction	Government to cit Government	izen, Gov't to b	usinesses, Govern	ment to	
Who may avail	All residents of Al Malapatan are like		oatients from adjan	cent towns like	
CHECKLIS	ST OF REQUIREMEN	NTS	WHERE TO SECURE		
Maternal and Child Bo	oklet (MCB)		Barangay Health Station/ Clinic		
Laboratory Request			Physician or Nurse and/or Midwife (from Barangay Health Station)		
Official Receipt			MTO		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present MCB & Laboratory Request	1.1 Verify & Record MCB & Laboratory Request	none	3 minutes	Laboratory Aide	
2. Payment of laboratory fees	2.1 Refer client to MTO for payment	Hemoglobin: P110.00	5 minutes	Revenue Collection Officer	
		Blood type: P60.00			



		Urinalysis: P50.00		
		Syphillis: P150.00		
		HBSAg: P150.00		
3. Present MCB, laboratory request and OR to Medical Technologist	3.1 Collection of sample	none	3 minutes	Medical Technologist
	3.2 Analysis and processing	none	20 minutes	Medical Technologist
	3.3 Encoding and printing	none	5 minutes	Laboratory Aide
4. Get the Laboratory Result	4.1 Release Laboratory result	none	2 minutes	Laboratory Aide
5. Proceed to the Attending Physician for evaluation of result	5.1 Evaluate laboratory result and gives necessary treatment	none	10 minutes	Physician
	Total		1 hour & 31 minutes	

xxiv. Covid-19 Rapid Antigen Testing

		TYPE OF SERVICE		
		External		
TITLE OF SERVICE: COVID-19 RAPID AN OBJECTIVE/LEGAL	TIGEN TESTING BASIS/AGENDA STATEMENT:			
	To provide basic laboratory services which consists of primary level out-patient and emergency care for commonly encountered diseases in the community. It is offered at the Municipal Health Office			
Office or Division	Municipal Health Office (Medical	Section)		
Classification	Simple			
Type of Transaction	Government to citizen, Gov't to b Government	ousinesses, Government to		
Who may avail	All residents of Alabel (priority); Malapatan are likewise welcome	patients from adjancent towns like		
CHECKLIS	ST OF REQUIREMENTS	WHERE TO SECURE		
Case Investigation Fo	rm (CIF)	Municipal Epidemiology and Surveillance Unit (MESU)/ Contact Tracer/ Municipal Isolation Unit (MIU)		



Laboratory Request Form		Municipal Epidemiology and Surveillance Unit (MESU)/ Contact Tracer/ Municipal Isolation Unit (MIU)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present CIF & laboratory form to the Medical Technologist	1.1 Validation of CIF & laboratory form	none	3 minutes	Medical Technologist
	1.2 Collection of sample	none	3 minutes	Medical Technologist
	1.3 Analysis and processing	none	20 minutes	Laboratory Aide
	1.4 Encoding and printing of result	none	5 minutes	Laboratory Aide
2. Receive Antigen result	2. Log and release result	none	2 minutes	Laboratory Aide
3. Wait for instructions from Contact Tracer	3. Evaluates antigen result and gives instruction to the patient	none	3 minutes	Contact Tracer
	Total		36 minutes	

xxv. Sexually Transmissible Infections Prevention and Control Services

			TYPE OF SERVI	ICE
			External	
TITLE OF SERVICE: SEXUALLY TRANSMISSIBLE INFECTIONS PREVENTION AND CONTROL SERVICES				
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT: To provide basic laboratory services which consists of primary level out-patient and emergency care for commonly encountered diseases in the community. It is offered at the Municipal Health Office.				
Office or Division	Municipal Health C	Office (Medical S	Section)	
Classification	simple, complex, h	nighly technical		
Type of Transaction	Government to cit	izen, Gov't to b	usinesses, Gove	rnment to
Who may avail	All residents of Ala Malapatan are like		oatients from adja	ancent towns like
CHECKLIST OF REQUIREMENTS			WHERE	TO SECURE
Referral (Provider Initiated Counseling and Testing- PICT)			Physician	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

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Present self for pre testing counselling	1.1 Counselling	none	10 minutes	HIV Trained Personnel
2. Submit for blood collection	2.1 Collection of blood sample	none	3 minutes	HIV Proficient Medical Technologist
	2.2 Laboratory Pre-analytical procedure	none	5 minutes	HIV Proficient Medical Technologist
	2.3 HIV Testing	none	15 minutes	HIV Proficient Medical Technologist
	2.4 Result validation	none	3 minutes	HIV Proficient Medical Technologist
4. Get the Laboratory Result	4.1 Release Laboratory result	none	2 minutes	Laboratory Aide
5. Present self for post testing counselling	5.1 Counselling	none	10 minutes	HIV Trained Personnel
	5.2 Refer accordingly	none	5 minutes	HIV Trained Personnel
	Total		53 minutes	

xxvi. Provision of Dental Health Services

			TYPE OF SERVICE	
			External	
TITLE OF SERVICE: PROVISION OF DEN	ΓAL HEALTH SERVI	CES	<u> </u>	
OBJECTIVE/LEGAL E To provide basic denta commonly encountered appropriate dental serv	I services which cons d diseases in the con	sists of primary I		
Office or Division	Municipal Health C	Office (Dental S	ection)	
Classification	Simple			
Type of Transaction	Government to cit Government	izen, Gov't to b	usinesses, Governn	nent to
Who may avail	All residents of Ala Malapatan are like		oatients from adjand	cent towns like
CHECKLIS	CHECKLIST OF REQUIREMENTS WHERE TO S			SECURE
PhilHealth Membership Identification Number (•) or PhilHealth	Philhealth Office	
Official Receipt			MTO	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



	Total		132 minutes	
prescription	advise patient		420 mains at a s	
4. Proceed to Pharmacy; present	4.1 Verify prescription and	none	5 minutes	Pharmacist
4 Dragged to	3.8 Gives home instruction	none	5 minutes	Dentist
	3.8 Prescribes home medicine, if applicable	none	5 minutes	Dentist
Request and Official Receipt to the Medical Technologist	procedure done			Destin
3. Present Laboratory	Extraction 3.7 Document the	none	patient 5 minutes	Dentist
	application 3.6 Tooth		20 minutes per	Dentist
	filling 3.5 Flouride		tooth) 5 minutes	Dentist
	filling 3.4 Permanent		tooth) 10 minutes (per	Dentist
	Prophylaxis 3.3 Temporary		5 minutes (per	Dentist
services	3.2 Oral		45 minutes	Dentist
3. Present OR for provision of sepcific	3.1 Oral Examination		2 minutes	Dentist
	2.2 Advise patient to proceed to MTO to pay Dental Fees		J IIIIIules	Denial Alue
2. Proceed to Dental Room	2.1 Initial assessment and procedure and pre-procdure requirement	none	5 minutes 5 minutes	Dentist Dental Aide
O. Dunana dita Dantal	1.4 For Old Patient: Pulls out previous Dental Record	none	5 minutes	Dental Aide
	1.3 For New Patient: Fill up Dental Form with patient's data	none	5 minutes	Dental Aide
	1.2 Verify MDR & ID	none	2 minutes	Dental Aide
1. Go to frontdesk for triaging	1.1 Register and get priority number	none	3 minutes	Nurse or Midwife on Duty



g. MUNICIPAL CIVIL REGISTRAR

i. Application for Marriage License

			TYPE OF SERVICE	
			External	
TITLE OF SERVICE:				
Application for Marriage Licens	e			
OBJECTIVE/LEGAL BASIS/A	-			
All couples (either one or both r				
marriage license at the OMCR	•	alld any part of the Pi	nilippines for a period of	
120 days from the date of issue Rule 47 – Reglementary period		n		
Rule 48 – Requisites of Applica				
Rule 47 – Number of copies to				
Office or Division	Office of the Municip			
Classification	Simple Transaction			
Type of Transaction	Government to Citize	en (G2C)		
Who May Avail	All couples where on		ents in the	
	Municipality who inte			
CHECKLIST OF REC		WHERE	TO SECURE	
4. For Couples who are b	oth Filipino:			
5. Birth Certificate of both (1 orig	ginal, 2 photocopies)	Philippine Statistic	s Authority	
Certificate of No Marriage of the photocopies)	ooth (1 original, 2	Philippine Statistics Authority		
рпогосоріез)		11		
7. Tree Planting Certificate (1 or	iginal, 2 photocopies)	Office of the Barangay Captain of Residency		
Cedula of both (1 photocopy)		Municipal Treasur	Municipal Treasurer's Office	
9. If one is a Foreigner:				
Legal Capacity to Contract Maphotocopies)	arriage (1-original, 2-	Embassy		
2. Passport (2-photocopies)		Department of For	reign Affairs (DFA)	
10. If one or both are 18-21	I Years Old:			
1. Parent/s Consent (3 copies al	l original)	Office of the Muni	cipal Civil Registrar	
2. Valid I.D. of Parent/s (1-origin	al)	Client, BIR, Post (Office, DFA, PSA, SSS,	
	,		oter's I.D., 4P's I.D.	
3. Cedula		Municipal Treasur		
11.If one or both are 22-24	1 Years Old:	'		
1. Parent/s Advice (3 copies all o	original)	Office of the Muni	cipal Civil Registrar	
2 Valid ID of Parant/a /4 arisin	راه.	Client DID Doct (Office DEA DOA COO	
2. Valid I.D. of Parent/s (1-origin	iai)	1	Office, DFA, PSA, SSS, oter's I.D., 4P's I.D.	
3. Cedula		Municipal Treasur		
12.If one or both are Wido	w/Widower:			

1. Death Certificate of Spous	se (2-Certified Ph	otocopies)	PSA MCR/CCR PI	ace of Death
13. If one or both are Divorced/Annulled:				
Annotated Marriage Certificate of First Marriage (2 certified photocopies) Certified photocopy of Registration of Court Decree (2 photocopies)		PSA MCR/CCR Place of Death		
		MCR where he/sh	e registered	
3. Decree of Nullity (2 certified	ed photocopies)		Regional Trial Cou	ırt
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
14. Submit documents to MCR Staff	Receive and verify submitted documents	none	10 minutes	
15. Give required information	Interview the applicants and prepare three (3) original copies of application form	none	20 minutes	Person In-Charge
16. Check correctness of entries in the AML and sign	 Print and let applicants review and sign the forms; give order of payment. Issue order of payment 	none	10 minutes	
17. Pay required fee to MTO	Issues official receipt upon payment of the required fees	₱480.00		MTO - Revenue Collection Clerk
18. Present OR to MCR Staff	Receive O.R. and record	none	1 minute	Person In-Charge
19. For applicants aged 18-24, parents to sign in consent or advice form, present Cedula/ valid I.D. of parents to MCR Staff	Prepare consent or advice form	none	2 minutes	
	Verify and sign application form and advice or consent if available	none	10 minutes	
	Advise the client to proceed to Population	none	2 minutes	

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Officer for	
schedule of	
Pre-Marriage	
Counseling	
and come	
back with	
Certificate of	
Compliance	
and start of	
required	
posting period	
TOTAL NUMBER OF HOUR	55 inutes

ii. Issuance of Marriage License

				TYPE OF SERVICE				
				External				
TITLE OF SERVICE:								
Issuance of Marriage Licens	Issuance of Marriage License							
OBJECTIVE/LEGAL BASIS	S/AGENDA STATE	MENT:						
All couples (either one or bo	th resident of Alabe	el) of lega	l age intending to g	et married must apply for				
marriage license at the OM	CR. Marriage Licer	nse is val	id any part of the P	hilippines for a period of				
120 days from the date of is	sue.							
Rule 47 – Reglementary per	iod and place of re	gistration	1					
Rule 48 – Requisites of App	_							
Rule 47 – Number of copies								
Office or Division	Office of the	Municip	al Civil Registrar					
Classification	Simple Trans	saction						
Type of Transaction	Government	to Citize	en (G2C)					
Who May Avail		couples	applying for marr	iage license				
CHECKLIST OF R	EQUIREMENTS		WHERE	TO SECURE				
Duly Accomplished Application Form (1-original)	Duly Accomplished Application for Marriage License Form (1-original) Office of the Municipal Civil Registrar							
2. Certified of Compliance/ Pl	MC (1-original)		MHO, MSWDO					
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE				
1. Approach the MCR Staff	Give the	none	5 minutes					
and inform release of	application form							
Marriage License	to check the							
	correctness of			Person In-Charge				
	the entries			Person In-Charge				
2. Check entries in the	Prepare the	none	5 minutes	i erson in-onarge				
application form	documents to							
	secure Marriage							
	License							
3. Check entries in the	Issues Marriage	₱2.00		MTO - Revenue				
application form	License Form			Collection Clerk				
	upon payment of			Conconori Olciic				



	the required fees			
Present Marriage License Form to MCR Staff	Receive Marriage License and prepare for signature	none	1 minute	Person In-Charge
	Sign Marriage License and the attached documents	none	3 minutes	Municipal Civil Registrar
5. Receive the Application for Marriage License with the attached Marriage License for submission to Solemnizing Officer	Issue Application Form and Marriage License	none	1 minute	Person In-Charge
TOTAL NUMBER OF MINU	ITES		15 minutes	

iii. Registration of Marriage Certificate (Timely)

				TYPE OF SERVICE		
				External		
TITLE OF SERVICE:						
Registration of Marriage Certificate (Timely)						
OBJECTIVE/LEGAL BASIS	S/AGENDA STATE	MENT:				
Marriage Registration shall	be done with 15 da	ays follov	ving the solemnizati	ion of marriage while for		
those availed under Article 3	4 of the Family Co	de, regist	ration shall be done	within 30 days following		
the solemnization rites.						
Office or Division			al Civil Registrar			
Classification	Simple Tran					
Type of Transaction	Government					
Who May Avail		who were	e married in the m			
CHECKLIST OF R				TO SECURE		
Duly Accomplished Certifice all original)	ate of Marriage (4	copies	Church, Trial Cour	t, MMO		
In case of marriages exem affidavits (2 original copies		/e	Notary Public			
CLIENT STEPS	AGENCY TO BE PAID PROCESSING TIME			PERSON RESPONSIBLE		
1. Submit document for	Receive and	none	2 minutes			
review to MCR Staff	review correctness of			Pagiatratian Officer		
				Registration Officer Registration Officer		
	Check	none		Registration Officer		
	completeness of	110110		. togionanon omoor		
	signatures					



	Assign Registry Number, enter date receive and sign	none		
	Review and sign the documents	none	2 minutes	Municipal Civil Registrar
Receive duly signed and registered Certificate of Marriage and sign in the receiving logbook: 1 original copy for Solemnizing Officer and 1 original copy for couple	signed and registered Certificate of Marriage: 1 original copy for Solemnizing Officer and 1 original copy for couple	none	1 minute	Registration Officer
TOTAL NUMBER OF MINU	JTES		5 minutes	

iv. Application for Delayed Registration/ Reconstruction of Marriage Certificate

TYPE OF SERVICE
External

TITLE OF SERVICE:

Application for Delayed Registration/ Reconstruction of Marriage Certificate

OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:

- Late registration applies to events that are not yet registered after 30-day reglementary period after the occurrence of the event. A ten day posting period must be observed before the document applied for will be released.
- Rule 12 Delayed Registration Administrative Order No. 1 Series of 1993 and other Laws on Civil Registration-A report of vital event made beyond the reglementary period is considered delayed.
- Rule 13 Administrative Order 1 Series of 1993 Implementing Rule and Regulations of Act 3735 and other Laws on Civil Registration.
- Posting of Pending Application a notice to the public on the pending application for delayed registration shall be posted in the bulletin board of the city/municipality for a period of not less than ten (10) days which begin in a regular working day.

Office or Division	Office of the Municipal Civil Registrar		
Classification	Simple Transaction		
Type of Transaction	Government to Citizen (G2C)		
Who May Avail	All couples who were married in the municipality		
CHECKLIST OF REC	QUIREMENTS	WHERE TO SECURE	
Negative Certification of Marri original copy, 2 photocopies)	age Certificate (1	Philippine Statistics Authority	
Affidavit of two (2) disinterests facts of marriage (2 original co		Notary Public	
Old copy of Marriage Certificate issued by Solemnizing Officer (1 original copy, 1 photocopy)		Owner of the document	



Affidavit of contracting parties attested by two witnesses (1 original copy, 1 photocopy)		Notary Public		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit Negative Certification secured from PSA together with other required documents	Receive and verify submitted documents	none	10 minutes	Receiving Officer
Give information to be supplied in the Certificate of Marriage	Interview client for the information to be supplied in the Certificate of Marriage	none	15 minutes	
Check correctness of entries in the Certificate of Marriage and sign	Prepare the Certificate of Marriage and print one copy for checking, print additional 3 copies after checking	none	15 minutes	Person In-Charge
	Issue order of payment	none		
4. Pay required fee to MTO	Issues official receipt upon payment of the required fees	₱200.00		MTO - Revenue Collection Clerk
5. Present O.R. to MCR Staff	Receive O.R. and advise the client to return after 10 days posting period	none	2 minutes	Danasa In Ohanna
6. Wait for ten days posting period	After posting period, record and assign Registry Number and sign	none	3 minutes	Person In-Charge
	Review and sign the documents	none	3 minutes	Municipal Civil Registrar
7. Return after posting period and receive personal copy of Certificate of Marriage	Issue duly registered Certificate of Marriage	none	1 minute	Person In-Charge
TOTAL NUMBER OF MIN	UTES		49 minutes (excluding posting period)	



v. Registration of Death Certificate (Timely)

				TYPE OF SERVICE	
				External	
TITLE OF SERVICE: Registration of Death Certific	cate (Timely)				
OBJECTIVE/LEGAL BASIS			_		
The registration of Death Co	ertificate shall be m	nade at th	ne place of occurre	nce with the MCR within	
30 days and is mandatory. Office or Division	Office of the	Municir	al Civil Registrar		
Classification		Office of the Municipal Civil Registrar Simple Transaction			
Type of Transaction	Government	Government to Citizen (G2C)			
Who May Avail		All individuals whose family member's death occurred in the			
CHECKLIST OF R	-			TO SECURE	
6. Duly Accomplished Certificate of Death (4 original copies) Hospital, MHO		Hospital, MHO			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
7. Submit document for review to MCR Staff	Receive and review correctness of entries	none	2 minutes		
	Check completeness of signatures	none		Registration Officer	
	Assign Registry Number, enter date receive and sign	none			
	Review and sign the documents	none	2 minutes	Municipal Civil Registrar	
8. Receive duly signed and registered Certificate of Death and sign in the receiving logbook: 1 original copy for Hospital and 1 original for personal	registered Certificate of Death: 1 original copy for Hospital	none	1 minute	Registration Officer II	
сору	and 1 original for personal copy				
TOTAL NUMBER OF MINU			5 minutes	 	



vi. Application for Delayed Registration of Death Certificate

	TYPE OF SERVICE
	External
TITLE OF SERVICE:	

Application for Delayed Registration of Death Certificate

OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:

- •Late registration applies to events that are not yet registered after 30-day reglementary period after the occurrence of the event. A ten-day posting period must be observed before the document applied will be released.
- •Rule 12 Delayed Registration Administrative Order No. 1 Series of 1993 and other Laws on Civil Registration-A report of vital event made beyond the reglementary period is considered delayed.
- •Rule 13 Administrative Order 1 Series of 1993 Implementing Rule and Regulations of Act 3735 and other Laws on Civil Registration.
- •Posting of Pending Application a notice to the public on the pending application for delayed registration shall be posted in the bulletin board of the city/municipality for a period of not less than ten (10) days which begin in a regular working day.

Office or Division	Office of the Municipal Civil Registrar
Classification	Simple Transaction
Type of Transaction	Government to Citizen (G2C)
Who May Avail	All individuals whose deceased family member is resident of
	the Municipality

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Negative Certification of Death Certificate (1 original copy, 4 photocopies)	Philippine Statistics Authority
6. Affidavit of two (2) disinterested persons attesting facts of death (2 original copies, 3 photocopies)	Notary Public
Certificate of burial rites (1 original copy, 4 photocopies) (optional)	Church
Barangay Certification (1 original copy, 4 photocopies) (optional)	Office of the Barangay Captain
Duly Accomplished Certificate of Death (3 original copies, 1 photocopy)	Hospital, MHO

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
7. Submit Negative Certification secured from PSA together with other required documents	Receive and verify submitted documents	none	2 minutes	Registration Officer
	Advise the client to return after 10 days posting period	none		
Wait for ten days posting period	After posting period, record and assign	none		Registration Officer



	Registry Number and sign			
	Review and sign the documents	none	2 minutes	Municipal Civil Registrar
9. Return after posting period and receive personal copy of Certificate of Death	Issue duly registered Certificate of Death	none	1 minute	Registration Officer
TOTAL NUMBER OF MINU	TES		5 minutes (excluding posting period)	

vii. Registration of Birth Certificate of Legitimate Child (Timely)

				TYPE OF SERVICE
				External
TITLE OF SERVICE: Registration of Birth Certif	icate of Legitimate Cl	hild (Timel	у)	
OBJECTIVE/LEGAL BAS Birth Registration is the p shall be registered within	ermanent and official	recording		
Office or Division			Civil Registrar	
Classification	Simple Transa			
Type of Transaction	Government t		(G2C)	
Who May Avail	Parents of Ne	wborn Ch	ild and Municipal	Health Office and
	Birthing Clinic	c in the M	<u> </u>	
CHECKLIST O	F REQUIREMENTS		WHERE	TO SECURE
Duly Accomplished Certifi original)	cate of Live Birth (4 c	opies all	Hospital, MHO, Bi Municipality	rthing Clinic in the
CLIENT STEPS	AGENCY FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE
Submit document for review to MCR Staff	Receive and review correctness of entries	none		Receiving Officer
	Check completeness of signatures	none	6 minutes	
	Assign Registry Number and enter date receive	none		Person In-Charge
	Issue order of payment			
2. Pay required fee to MTO	Issues official receipt upon payment of the required fees	₱50.00		MTO – Revenue Collection Clerk

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Present OR to MCR Staff	Receive O.R. and sign documents	none	1 minute	Person In-Charge
	Review and sign	none	2 minutes	Municipal Civil
	the documents			Registrar
Receive duly signed and	· ·	none	1 minute	
registered Certificate of	•			
Live Birth and sign in the	registered			
receiving logbook: 1	Certificate of Live			
original copy for	Birth: 1 original			Person In-Charge
Hospital/Birthing Clinic	copy for			1 erson in-Charge
and 1 original copy for	Hospital/Birthing			
parents of child	Clinic and 1			
	original copy for			
	parents of child			
TOTAL NUMBER OF MINUTES			10 inutes	

viii. Registration of Birth Certificate of Illegitimate Child (Timely)

				TYPE OF SERVICE
				External
TITLE OF SERVICE:				
Registration of Birth Cert	ificate of Legitimate Chi	ild (Timely)		
OBJECTIVE/LEGAL BA Birth Registration is the shall be registered within	permanent and official	recording of		
Office or Division	Office of the M			ed late.
Classification	Simple Transa			
Type of Transaction	Government to		2C)	
Who May Avail		Parents of Newborn Child and Municipal Health Office and Birthing Clinic in the Municipality		
CHECKLIST	OF REQUIREMENTS	in the wun	WHERE TO SECURE	
Duly Accomplished Certificate of Live Birth (4 copies all original)			Hospital, MHO, Birthing Clinic in the municipality	
5. Affidavit to Use the Surname of the Father, executed by the mother (2 original copies, 2 photocopies)			MCR, Notary Publ	ic
6. Cedula (1 original copy)		Municipal Treasure	er's Office
7. Valid I.D. of Parents (original/photocopy)			Client, COMELEC, Philhealth, SSS, TIN, Pag-ibig, PRC, Driver's License, Senior Citizen's I.D., Postal I.D.	
Affidavit of Acknowledgement of Paternity (In case of absence of father but entry on father's data were supplied)		Notary Public	,	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



				W 000 100 00000
5. Submit document for		none		
review to MCR Staff	correctness of entries			
	Check completeness	none	_	Person In-Charge
	of signatures	Hone		1 erson in-onarge
	Check validity of	none		
	Cedula	110110		
	Show the father	none		
	where to sign in the		10 minutes	
	back page of		To minutes	
	Certificate of Live			
	Birth for			
C. Fathan airma in the	Acknowledgement			
6. Father signs in the		none		
back page of	Birth and issue order			
Certificate of Live	of payment			
Birth	or paymont			
7. Pay required fee to	Issues official receipt	₱150.00		
MTO	upon payment of the			
	required fees			
8. Present O.R. to MCR	Receive O.R. and	none	15 minutes	
Staff	prepare Affidavit to			
	Use the Surname of the Father			
	Give the Affidavit to	none	2 minutes	
	the mother and let	Hone	2 1111111111111111111111111111111111111	
	her check the			Person In-Charge
	correctness of			
	entries			
9. Mother checks	Advise the mother to	none	1 minute	
correctness of entries	, ,			
and signs the Affidavit	for notarization of the			
10. Return the	Affidavit Receive, check,	nono	2 minutes	
10. Return the notarized AUSF	Receive, check, assign Registry	none	2 minutes	
Hotalized A001	Number and attach			
	the AUSF to			
	Certificate of Live			
	Birth			
	Assign Registry	none	2 minutes	
	Number, enter date			
	receive and sign the			
	Certificate of Live			
	Birth Review and sign the	none	2 minutes	Person In-Charge
	documents	110116	Z 1111114163	i cison in-onarge
11. Receive duly	Release duly signed	none	1 minute	Person In-Charge
signed and registered	and registered			
Certificate of Live	Certificate of Live			
Birth and sign in the				
receiving logbook: 1	for Hospital/Birthing			
original copy for				
Hospital/Birthing	copy for parents of			
Clinic and 1 original	child			



copy for parents of child			
TOTAL NUMBER OF M	INUTES	35 minutes	

xix. Application for Delayed Registration of Birth Certificate

				TYPE OF SERVICE	
				External	
TITLE OF SERVICE:					
Application for Delayed Reg	gistration of Birth	Certificate			
OBJECTIVE/LEGAL BASIS	S/AGENDA STA	TEMENT:			
	Late registration applies to events that are not yet registered after 30-day reglementary period after the occurrence of the event. A ten day posting period must be observed before the document applied				
 Rule 12 - Delayed Registra Registration-A report of vita Rule 13 - Administrative O 	l event made bey rder 1 Series of 1	ond the reg	lementary period is	considered delayed.	
and other Laws on Civil Req •Posting of Pending Applic registration shall be posted	ation - a notice in the bulletin bo	ard of the c			
<u>ten (10) days which begin ir</u> Office or Division			Civil Registrar		
Classification	Simple Tran		Olvii Registiai		
Type of Transaction	Governmen		(G2C)		
Who May Avail			re born in the Mun	icipality	
CHECKLIST OF			WHERE TO SECURE		
. Negative Certification of Birth Certificate (1 original copy, 4 photocopies)			Philippine Statistic	s Authority	
f. Affidavit of two (2) disinterested persons attesting facts of birth (2 original copies, 3 photocopies)			Notary Public		
. Marriage Certificate of the married (1 original copy, 4		r if already	PSA/MCR of place of marriage		
. Marriage Certificate of par original copy, 4 photocopic	. •	child (1	PSA/MCR of place	e of marriage	
. At least 3 valid I.D./ documents that supports the data to supply (1 original, 3 photocopies)			Client, Church, COMELEC, Philhealth, SSS, TIN, Pag-ibig, PRC, Driver's License, Senior Citizen's I.D., Postal I.D., School		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
O. Submit Negative Certification secured from PSA together with other required documents	Receive and verify submitted documents	none	10 minutes	Person In-Charge	



11. Give information to be supplied in the Certificate of Live Birth	Interview client for the information to be supplied in the Certificate of Live Birth	none	15 minutes	
12. Check correctness of entries in the Certificate of Live Birth and sign	Prepare the Certificate of Live Birth and print one copy for checking, print additional 3 copies after checking	none	15 minutes	
13. Receive Certificate of Live Birth and bring to attendant at birth for signature	If attendant at birth is still available, give the Certificate of Live Birth and instruct them for signature of attendant at birth	none	5 minutes	
14. Return Certificate of Live Birth to MCR Staff	Receive, check Certificate of Live Birth and issue order of payment	none	5 minutes	
15.Pay required fee to MTO	Issues official receipt upon payment of the required fees	₱300.00		MTO – Revenue Collection Clerk
16. Present O.R. to MCR Staff	Receive O.R. and advise the client to return after 10 days posting period	none	3 minutes	Person In-Charge Person In-Charge
17.Wait for ten days posting period	After posting period, assign Registry Number and sign	none	5 minutes	
	Review and sign the documents	none	3 minutes	Municipal Civil Registrar
18. Return after posting period and receive personal copy of Certificate of Live Birth	Issue duly registered Certificate of Live Birth	none	1 minute	Person In-Charge
TOTAL NUMBER OF HOU	IRS AND MINUT	ES	1 hour	



2 minutes	
(excluding posting period)	
periou)	

x. Registration and Annotation of Legal Instrument (Affidavit of Acknowledgement of Paternity)

					TYPE OF SERVICE
					External
TITLE OF SERVICE:					
Registration and Annotatio	n of Legal Instrume	ent (Affidavit o	of Acknov	wledg	gement of Paternity)
OBJECTIVE/LEGAL BAS			0: ". D	. ,	000
	rument shall be req	gistered in the	e Civil Re	egistr	ar Office of the place where
the event was registered. Office or Division	Office of the	Municipal C	ivil Regi	strar	<u> </u>
Classification	Simple Trans		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ou a	
Type of Transaction	Government		G2C)		
Who May Avail	All persons/	individuals	who wer		rn in the Municipality who
			by the fa		at the time of birth
	F REQUIREMENTS		DI ::: :		IERE TO SECURE
Birth Certificate of the Ch	ild (1 original, 4 pho	otocopies)	Philippir	ne St	atistics Authority
2. Affidavit of Acknowledger	ment of Paternity (1	original, 4	Notary I	Publi	С
photocopies)					
At Least Two (2) Proof of	Affinity:				
3. Baptismal Certificate of C		ather's	Church		
name (1 original, 4 photo	copies)				
4. PhilHealth Member Data	Record of father wi	th entrv	PhilHea		
showing child as one of h					
5. Elementary School Reco	rd with name of fath	ner (1	School	Δtten	nded
original, 4 photocopies)	ia wiiii name oi iaii		Ochoon	, tttor	ided
CLIENT STEPS	AGENCY	FEES TO	PROCE		PERSON RESPONSIBLE
OLILITI OTLI O	ACTION	BE PAID	ING TI	ME	T EROOM REOF OROIDEE
1. Submit document for	Receive and	none	5 minu	tes	
review to MCR Staff	review submitted				Person In-Charge
	documents		1		
	Issue order of	none			
2. Pay required fee to	payment Issues official	₱300.00			
MTO	receipt upon	1 000.00			MTO – Revenue Collection
	payment of the				Clerk
	required fees				
3. Present O.R. to MCR	Receive O.R.	none	20 minu	utes	
Staff	and prepare				
	Certificate of Registration,				Person In-Charge
	Endorsement				
	letter and				
					1



	annotated document			
	Review and sign Certificate of Registration, Endorsement letter and annotated document	none	2 minutes	Municipal Civil Registrar
Receive 2 sets of Endorsement for Legal Instrument: 1 set for mailing to PSA-OCRG and another set for personal copy	Endorsement for Legal Instrument: 1 set	none	1 minute	Person In-Charge
TOTAL NUMBER OF MIN	IUTES		28 minutes	

xi. Registration and Annotation of Legal Instrument (Affidavit of Legitimation)

			TYPE OF SERVICE
			External
TITLE OF SERVICE:			
Registration and Annotation of I	Legal Instrument (Affidavi	t of Legitimation)	
OBJECTIVE/LEGAL BASIS/A	GENDA STATEMENT:		
As general rule, Legal Instrume the event was registered.	nt shall be registered in t	he Civil Registrar O	ffice of the place where
Office or Division	Office of the Municipal	l Civil Registrar	
Classification	Simple Transaction		
Type of Transaction	Government to Citizen (G2C)		
Who May Avail	,		
	whose parents were no	ot yet married at th	ne time of birth
CHECKLIST OF REC	QUIREMENTS	WHERE TO SECURE	
C. Primary			
5. Birth Certificate of the Child (1	original, 4 photocopies)	Philippine Statistic	s Authority
6. Joint Affidavit of Legitimation		Notary Public	
if necessary (1 original, 4 phot	(ocopies)		
7. Marriage Certificate of parents		PSA/MCR	
Certificate of No Marriage (CENOMAR) of both parents (1 original, 4 photocopies)		Philippine Statistic	s Authority
parents (1 original, 4 priotocop	nes _j		
Register Acknowledgement of Paternity if child is not acknowledged (1 original, 4 photocopies)		MCR	



D. Secondary				
10. Death Certificate of f parents have previous ma conception of the child (4	rriage. Prior to the		PSA/MCR/CCR of	place of death
11. Annotated Marriage marriage (1 original) (option	-	ious	Philippine Statistic	s Authority
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit document for review to MCR Staff	Receive and review submitted documents Issue order of	none	10 minutes	Person In-Charge
2. Pay required fee to MTO	payment Issues official receipt upon payment of the required fees	₱200.00		MTO – Revenue Collection Clerk
3. Present O.R. to MCR Staff	Receive O.R. and prepare Certificate of Registration, Endorsement letter and annotated document	none	20 minutes	Person In-Charge
	Review and sign Certificate of Registration, Endorsement letter and annotated document	none	3 minutes	Municipal Civil Registrar
4. Receive 2 sets of Endorsement for Legal Instrument: 1 set for mailing to PSA-OCRG and another set for personal copy	Issue 2 sets of Endorsement	none	2 minutes	Person In-Charge
TOTAL NUMBER OF MIN	UTES		35 inutes	



xii. Registration and Annotation of Legal Instrument (Affidavit to use the Surname of the Father)

				TYPE OF SERVICE
				External
TITLE OF SERVICE:				
Registration and Annotation	n of Legal Instrum	nent (Affidavit	to use the Surnam	e of the Father)
OBJECTIVE/LEGAL BASI				
As general rule, Legal Instr	ument shall be re	egistered in th	ne Civil Registrar O	ffice of the place where
the event was registered. Office or Division	Office of th	e Municinal	Civil Registrar	
Classification	Simple Train	•	Olvii itogiotiai	
Type of Transaction	•	nt to Citizen	(G2C)	
Who May Avail			s who were born in	n the Municipality
		ents were no		
	REQUIREMENT			TO SECURE
Birth Certificate of the Chi	ild (1 original, 4 pl	hotocopies)	Philippine Statistic	es Authority
Affidavit to Use the Surna 4 photocopies)	me of the Father	(1 original,	Notary Public	
3. If the child is below 7 year execute	rs old, the mother	will	Notary Public	
4. If child is 7 to 17 years old sworn attestation of the m		te but with	Notary Public	
5. If child is 18 years old or a	above, child will e	xecute	Notary Public	
Register Acknowledgeme acknowledged (1 original,		hild is not	MCR	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit document for		none	10 minutes	
review to MCR Staff	review			D 1 01
	submitted documents			Person In-Charge
	Issue order of	none		Person In-Charge
	payment	110110		
2. Pay required fee to MTO	Issues official	₱300.00		
	receipt upon			MTO – Revenue
	payment of the			Collection Clerk
a Breeze A O B at a MOD	required fees		00 01 0	
3. Present O.R. to MCR	Receive O.R. and prepare	none	20 minutes	
Staff	Certificate of			
	Registration,			D
	Endorsement			Person In-Charge
	letter and			
	annotated			
	document			
	Review and sign Certificate	none	3 minutes	Municipal Civil Registrar



	of Registration, Endorsement letter and annotated document			
Receive 2 sets of Endorsement for Legal Instrument: 1 set for mailing to PSA-OCRG and another set for personal copy	Issue 2 sets of Endorsement for Legal Instrument: 1 set for mailing to PSA-OCRG and another set for personal copy	none	2 minutes	Person In-Charge
TOTAL NUMBER OF MIN	UTES	P 300.00	35 inutes	

xiii. Petition for Change of First Name, Change Sex, Correction of Day and Month of Birth (R.A. 9048-Cfn/R.A. 10172)

			TYPE OF SERVICE	
			External	
TITLE OF SERVICE:				
Petition for Change of First Na	ame, Change Sex, Correc	ction of Day and Mo	nth of Birth (R.A. 9048-	
Cfn/R.A. 10172				
OBJECTIVE/LEGAL BASIS/A	-			
Republic Act 9048 and Republi			•	
Civil Registrar to correct clerica	7. 0 .			
and month of birth without a j person is not covered by R.A.		correction/change of	nationality, status of a	
Office or Division	Office of the Municipal	l Civil Registrar		
Classification	Highly Technical	i Oivii itegistidi		
Type of Transaction	Government to Citizen (G2C)			
Who May Avail	Owner of Registered b		ality, parents and	
	his/her spouse, direct			
	charge for any adminis			
	proceedings with valid			
CHECKLIST OF RE	, = =		TO SECURE	
Affected document in SECP Affected document in SECP	A form (1 original, 3	Philippine Statistic	s Authority (PSA)	
photocopies)				
Baptismal Certificate (3 phot	ocopies)	Church		
3. Marriage Certificate of owne	r, if married (3	PSA/MCR		
photocopies)	·			
4. Earliest School Record (3 photocopies)		Elementary School	l where graduated	
5. Police and NBI Clearance (1	original, 3 photocopies)	PNP, NBI		
Certificate of Employment or Affidavit of non-		Employer, Notary	D. I.P.	
o. Commodio of Employmont of	Amuavit of non-	Limployer, Notary	Public	
Employment (1 original, 3 ph		Employer, Notary	Public	



Medical Certificate from I original, 3 photocopies)	. Medical Certificate from Municipal Health Officer (1 original, 3 photocopies)		MHO			
8. Old Medical Records (3 p	Old Medical Records (3 photocopies)			Government/Private Hospital		
data to supply (3 photocopies)		Client, COMELEC, Philhealth, SSS, TIN, Pag-ibig, PRC, Driver's License, Senior Citizen's I.D., Postal I.D.				
10. Community Tax Certifica		<u> </u>	MTO			
11. Affidavit of Publication windown original)	ith Newspaper Cl	ippings (1	Local Newspaper	of General Circulation		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Present your problem to MCR Staff	Assess the presented problem/s and advise needed documents	none	20 minutes			
Submit the required documents for review	Review the submitted documents	none	15 minutes	Person In-Charge		
	Prepare petition form	none	15 minutes			
	Issue order of payment	none				
3. Pay required fee to MTO	Issues official receipt upon payment of the required fees	₱3,350.00		MTO – Revenue Collection Clerk		
 Present O.R. to MCR Staff and wait for the posting (10 consecutive days) 	Receive O.R. and prepare Notice of Posting	none	10 consecutive days	Person In-Charge		
5. Check and sign the petition	Review the documents and subscribe the petition	none	15 minutes	Municipal Civil Registrar		
Pay for publication and wait for the publication (2 consecutive weeks)	Receive payment and prepare Notice of Publication to be published for 2 consecutive weeks	none	5 minutes			
7. Wait to finish the publication	Re-evaluate all documents, verify signatures	none	2 Consecutive Weeks	Person In-Charge		
8. Follow-up the petition after completion of the	After publication, prepare the record book	none	15 minutes	Person In-Charge		



requirements including publication	and completion of Notice and Certificate of Posting			
	Sign the Notice and Certificate of Posting and Action Taken portion of the Petition	none	3 minutes	
	Prepare transmittal letter, sign and mail to PSA- OCRG for affirmation	none	3 minutes	Person In-Charge
9. Return to MCR Office and receive set of Certificate of Finality with attached annotated and un-annotated document and certified photocopy of the Affirmed petition and sign in the receiving logbook	Prepare Certificate of Finality, Annotated and Un-annotated document and transmittal letter to PSA	none	3 minutes	Person In-Charge
	Sign the documents and certify the photocopy of the Affirmed petition for submission to PSA	none	3 minutes	
	Issue one set of Certificate of Finality with attached annotated document and certified photocopy of the Affirmed petition	none	3 minutes	Person In-Charge
TOTAL NUMBER OF DAY		MINUTES	10 days, 1 hour and 40 minutes (excluding publication of documents and time of affirmation	



from the PSA-	
OCRG)	
,	

xiv. Petition for Correction of Clerical Error (R.A. 9048)

				TYPE OF SERVICE	
				External	
TITLE OF SERVICE:					
Petition for Correction of CI	erical Error (R.A.	. 9048)			
OBJECTIVE/LEGAL BASI	S/AGENDA STA	TEMENT:			
Republic Act 9048 and Rep				•	
Civil Registrar to correct cle					
and month of birth without	-	. However, c	orrection/change of	nationality, status of a	
person is not covered by R.A. 9048. Office or Division Office of the Municipal Civil Registrar					
Classification	Highly Tecl		Olvii itogistiai		
Type of Transaction		nt to Citizen	(G2C)		
Who May Avail	Owner of R his/her spo charge for	legistered bi ouse, direct c any adminis	rth in the municipa descendants, institution trative, judicial or identification card	tutions legally in- other official	
CHECKLIST OF				TO SECURE	
			Philippine Statistic	s Authority (PSA)	
Baptismal Certificate (3 photocopies)			Church		
Marriage Certificate of owner/parents, if married (3 photocopies)			PSA/ MCR		
4. Earliest School Record (3	photocopies)		Elementary School	l where graduated	
5. at least 2 valid I.D. or any data to supply (3 photoco		supports	Client, COMELEC, Philhealth, SSS, TIN, Pag-ibig, PRC, Driver's License, Senior Citizen's I.D., Postal I.D.		
6. Community Tax Certificat	e (3 photocopies)	MTO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present your problem to MCR Staff	Assess the presented problem/s and advise needed documents	none	20 minutes	Receiving Officer	
Submit the required documents for review	Review the submitted documents	none	15 minutes	Person In-Charge	
	Prepare petition form	none	15 minutes	Person In-Charge	
	Issue order of payment	none		Person In-Charge	
3. Pay required fee to MTO	Issues official receipt upon	₱1,350.00		MTO – Revenue Collection Clerk	



	payment of the required			
4. Present O.R. to MCR Staff	Receive O.R. and prepare Notice of Posting	none	10 minutes	Person In-Charge
5. Check and sign the petition	Review the documents and subscribe the petition	none	15 minutes	Municipal Civil Registrar
6. Wait for the posting period (10 consecutive days)	Re-evaluate all documents, verify signatures	none	10 consecutive days	Person In-Charge
7. Follow-up the petition after completion of the requirements	Prepare the record book and completion of Notice and Certificate of Posting	none	15 minutes	Person In-Charge
	Sign the Notice and Certificate of Posting and Action Taken portion of the Petition	none	3 minutes	Municipal Civil Registrar
	Prepare transmittal letter, sign and mail to PSA- OCRG for affirmation	none	3 minutes	Person In-Charge
8. Return to MCR Office and receive set of Certificate of Finality with attached annotated and un-annotated document and certified photocopy of the Affirmed petition and sign in the receiving logbook	document and transmittal	none	3 minutes	Person In-Charge
	Sign the documents and certify the photocopy of the Affirmed petition and mail to PSA-OCRG	none	3 minutes	Municipal Civil Registrar
	Issue one set of Certificate	none	3 minutes	Person In-Charge



	of Finality with attached annotated document and certified photocopy of the Affirmed petition		
TOTAL NUMBER OF DAY	S, HOURS AND	10 days, 1 hour and 45 minutes (excluding time of affirmation from the PSA-OCRG)	

xv. Registration and Annotation of Court Decree

				TYPE OF SERVICE	
				External	
TITLE OF SERVICE: Registration and Annotatio	n of Court Decree)			
OBJECTIVE/LEGAL BAS All court decisions must be functioning within ten (10)	pe registered in t	he Municipa			
Office or Division					
Classification	Highly Tech				
Type of Transaction	Governmen				
Who May Avail	Declaration Correction court decre	Persons who filed for Adoption, Annulment of Marriage, Declaration of Absolute Nullity of Marriage, Legal Separation, Correction of Entry, Presumptive Death and other registrable court decree/orders			
CHECKLIST OF	REQUIREMENT	S	WHERE TO SECURE		
1. Certificate of Finality (5 c	ertified photocopic	es)	RTC, MTC, C/MCR		
2. Certificate of Authenticity	(5 certified photo	copies)	RTC, MTC, C/MCR		
Certified true copy of the photocopies)	Decision (5 certifi	ed	RTC, MTC, C/MCR		
 Birth/Marriage/Death Cer photocopies) 	tificate (5 certified		PSA/MCR		
5. Court Order (5 certified p	hotocopies)		RTC/MTC		
6. Decree of Nullity (5 certifi	ed photocopies)		RTC/MTC		
CLIENT STEPS	AGENCY ACTION				
Submit documents to MCR Staff	Receive, evaluate and inquiry of submitted documents	none	30 minutes	Registration Officer Registration Officer	



	Issue order of payment	none		
Pay required fees to MTO and present O.R. to MCR Staff	Issues official receipt upon payment of the required fees	₱1,000.00		MTO – Revenue Collection Clerk
Wait for the preparation and registration of the Court Decree	Prepares Registry of Court Decree endorsement letter, Certificate of Authenticity, Annotated and Un-annotated affected document	none	20 minutes	Registration Officer
	Signs the Registry of Court Decree, Endorsement letter, Certificate of Authenticity, Annotated and Un-annotated affected document	none	5 minutes	Municipal Civil Registrar
4. Machine Copy all documents (4 copies each)	Certify the Certificate of Finality, Certificate of Authenticity from court, Court Decision, Decree of Nullity and Court Order	none		Municipal Civil Registrar
5. Receive 2 sets of endorsement for Court Decree: 1 set for mailing to PSA-OCRG and another set for personal copy	for Court Decree: 1 set for mailing to PSA-OCRG and 1 set for personal copy	none	2 minutes	Registration Officer
another set for personal	for mailing to PSA-OCRG and 1 set for personal copy		57 minutes	Registration Of



TYPE OF SERVICE

xvi. Endorsement of Available Registry Records but with Negative Certification from the Philippine Statistics Authority (PSA)

				I I I I OI SERVICE	
				External	
TITLE OF SERVICE:					
Endorsement of Available	Registry Records	s but with 1	Negative Certification	on from the Philippine	
Statistics Authority (PSA)	0		0	''	
OBJECTIVE/LEGAL BASI	S/ACENDA STAT	EMENT.			
There are instances when			ithority does not h	nave available records	
requested by clients, but the			•		
document, the MCR Office				• • • • • • • • • • • • • • • • • • • •	
General (OCRG).					
Office or Division	Office of the	Municipal	Civil Registrar		
Classification	Simple Tran				
Type of Transaction	Governmen				
Who May Avail				ed in the Municipality	
	REQUIREMENTS		WHERE	TO SECURE	
A. Birth:					
1. Negative Certification of B	sirth (1 original, 3		Philippine Statistic	s Authority (PSA)	
photocopies)	, ,			, ,	
, ,			0		
2. Old personal copy of Civil Registry Form 1A (if		(п	Owner of the docu	iment	
available) (1 original, 3 ph	otocopies)				
3. At least 2 valid I.D. or any	document that su	pports	Client, COMELEC	, Philhealth, SSS, TIN,	
data to supply (3 photocor	oies)		Pag-ibig, PRC, Driver's License, Senior		
			Citizen's I.D., Postal I.D.		
B. Marriage:					
4. Negative Certification of M	larriage (1 original	l, 3	Philippine Statistics Authority (PSA)		
photocopies)					
C. Death:					
5. Negative Certification of D	eath (1 original 3		Philippine Statistic	es Authority (PSA)	
photocopies)	rodin (1 onginal, o		Trimppino Gianono	o ridulolly (i Gri)	
OLIENT OTERS	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTION	BE PAID	TIME	RESPONSIBLE	
20. Submit Negative	Receive and	none			
Certification secured	verify submitted	110116			
from PSA together with	documents		40	Person In-Charge	
other required	Issue order of	none	10 minutes	Person In-Charge	
documents	payment				
21. Pay required fee to	Issues official	₱200.00		MTO D	
MTO	receipt upon			MTO – Revenue	
	payment of the required fees			Collection Clerk	
22. Present O.R. to	Receive O.R.	none	1 minute	Damas L. Ol	
MCR Staff	and record	110110		Person In-Charge	
	•			Person In-Charge	



	Prepare the Endorsement, Certification (Form 1A/2A/3A), Annotated document and for certified supporting documents	none	20 minutes	
	Review and sign the Endorsement, Certification (Form 1A/2A/3A), Annotated document and certify the supporting documents	none	2 minutes	Municipal Civil Registrar
23. Receive 2 sets of documents for Endorse: 1 set for mailing to PSA-OCRG and another set for personal copy	Issue 2 sets of documents for Endorse: 1 set for mailing to PSA-OCRG and another set for personal copy	none	2 minutes	Person In-Charge
TOTAL NUMBER OF MIN	UTES		35 minutes	

xvii. Issuance of Birth/ Death/ Marriage Certificate (Certified Photocopy/ Form 1A / 2A / 3A)

			TYPE OF SERVICE	
			External	
TITLE OF SERVICE:				
Issuance of Birth/ Death/ Marria	age Certificate (Certified P	hotocopy/ Form 1/	√ 2A / 3A)	
OBJECTIVE/LEGAL BASIS/A	CENDA STATEMENT.			
		by accuring a cor	tified transprint from the	
Civil Registry document such a				
Municipal Civil Registrar's Off		copy based on t	he original copy of the	
document filed and kept in this	copy.			
Office or Division	Office of the Municipal Civil Registrar			
Classification	Simple Transaction			
Type of Transaction	Government to Citizen	(G2C)		
Who May Avail	All persons/ individuals whose birth are registered in the			
Municipality				
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
A. Principal: (Document or	A. Principal: (Document owner, his/her parents, his/her spouse, his/her direct			

	LABEL, S.	Rep
	W .	
E	W AS CUAL	
	TOLKE	

			Client, COMELEC, Philhealth, SSS, TIN, Pag-ibig, PRC, Driver's License, Senior Citizen's I.D., Postal I.D.	
B. Authorized Represe	entative (Other th	an the Prin	cipal)	
7. Authorization Letter (1 oriç	ginal)		Principal	
8. I.D. of both principal and a original, 1 photocopy)	authorized represe	entative (1	Requesting Party	and Principal
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Fill-up the request form and present to MCR Staff	Receive the request form and validate	none	1 minute	
	Verifies the record in the Civil Registry Information System	none	3 minutes	Receiving Officer
	Issue order of payment	none		
4. Pay required fee to MTO	Issues official receipt upon payment of the required fees	₱50.00/ 2 copies ₱5.00/ copy for addit- ional copies		MTO – Revenue Collection Clerk
5. Present O.R. to MCR Staff	Receive O.R. and record	none	1 minute	
	Prepare the Certified photocopy and evaluate the correctness of the requested documents	none	10 minutes	Person In-Charge
	Evaluate the correctness and sign the requested documents	none	1 minute	
6. Receives result of requested copies	Issues duly signed and certified document/s	none	1 minute	Releasing Officer
TOTAL NUMBER OF MIN	UTES		17 minutes	



xviii. Annotation and Endorsement of Supplemental Report

				TYPE OF SERVICE
				External
TITLE OF SERVICE:				
Annotation and Endorsement		·		
OBJECTIVE/LEGAL BASIS				
A Supplemental Report for E omitted when the document	•	Death may	be filed to supply in	formation inadvertently
Office or Division		Municipal	Civil Registrar	
Classification	Simple Tran		o	
Type of Transaction		Government to Citizen (G2C)		
Who May Avail	municipality descendant	, parents a s, institutio	rths, marriages, de and his/her spouse ons legally in-charq or other official p	, direct ge for any roceedings
	REQUIREMENTS			TO SECURE
Birth/Marriage/Death Certi photocopies)	ficate to be supplie	ed (3	Philippine Statistic	s Authority
2. Affidavit for Supplemental	Report (3 photoco	pies)	Notary Public	
3. at least 2 valid I.D. or any	document that sup	ports data		, Philhealth, SSS, TIN,
to supply (3 photocopies)			Citizen's I.D., Post	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTION	BE PAID	TIME	RESPONSIBLE
24. Submit documents	Receive and	none	15 minutes	
to MCR Staff	review			5
	submitted			Person In-Charge
	documents Issue order of			
	payment			
25. Pay required fees	Issues Official	₱200.00		MTO Davianua
, ,	Receipt (OR)			MTO – Revenue Collection Clerk
	upon payment			Collection Clerk
26. Present O.R. to	Receive OR.	none	30 minutes	
MCR Staff	prepare the Supplemental			
	Report Form,			Person In-Charge
	Endorsement			1 ordon in ondigo
	and Annotaated			
	document			
27. Review and sign the	Sign the	none	2 minutes	
Supplemental Report Form	Supplemental Report,			
FOIIII	Endorsement,			
	Annotated			Municipal Civil
	document and			Registrar
	certify the			
	supporting			
28. Receive 2 sets of	documents Issue 2 sets of	none	3 minutes	
Endorsement for	Endorsement	110116	3 minutes	Person In-Charge
		<u> </u>	l .	OC Citizen Charten



Supplemental Report: 1 set for submission to PSA and another set for personal copy	Supplemental		
TOTAL NUMBER OF MINU	JTES	50 minutes	



i. OFFICE OF THE MUNICIPAL TREASURER

i. Issuance of Business/Mayor's Permit (RENEWAL)

		TYPE OF SERVICE			
		External			
TITLE OF SERVICE:					
	ess/Mayor's Permit (RENEWAL)				
OBJECTIVE/LEG/	AL BASIS/AGENDA STATEMENT:				
	nicipal Ordinance No. 10 Series 2005	Any individual or corporation who			
	tes and maintains a business within this				
	yor's permit and other regulatory fees pu				
		or quarterly basis and payment shall only			
	ice of the Municipal Treasurer.				
Office or Division	Municipal Treasurer's Office				
Classification	Complex				
Type of	Government to citizen, Government	to Business			
Transaction					
Who may avail	Business Entities				
CHECK	(LIST OF REQUIREMENTS	WHERE TO SECURE			
Barangay Busines	s Clearance	Office of the Punong Barangay where			
		the business is located			
Location Sketch of		Owner			
Passport Size pictor	ure of the Owner/Operator	Owner			
SEC/DTI/CDA Reg	gistration	Securities and Exchange Commission,			
		Department of Trade and			
		Industry/Negosyo Center, Cooperative			
		Development Authority			
Locational Clearan	ce/Zoning Clearance	*For Business Establishments Outside			
		the Central Business District Only -			
		Office of the Municipal Planning			
Tay Identification N	Lumb or /TINI\	Development Coordinator			
Tax Identification N	· ,	Bureau of Internal Revenue			
Fire Safety Inspect	cion Certificate	Bureau of Fire Protection			
Sanitary Permit		Municipal Health Office			
Occupancy Permit		Office of the Building Official, Municipal			
0 (()	(** 1)	Engineering Office			
Contract of Lease	,	Lessor			
	NAL REQUIREMENTS PECULIAR TO	<u></u>			
NATURE OF BUSINESS	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
Pawnshop,	Cerificate of Registration as Branch,	Bangko Sentral ng Pilipinas			
Money	Head Office				
Remittance,					
Foreign					
Exchange	A the site to Occupat	Basela Castalas Billi			
Banking	Authority to Operate Bangko Sentral ng Pilipinas				
Institutions	License to Operate	Conitation Officer Maniella III - III			
Water Refilling	License to Operate	Sanitation Officer, Municipal Health			
Stations	Business Permit	Office			
Drugstore, Bakery	Dusiness Fential	Business Licensing and Permit Office			
Dareil					



LPG Dealer, Gasoline Station	License to Operate		Department of Energy	
Piggery, Poultry	Environmental Compliance Certificate		Municipal/Provincial Environment and Natural Resources Office - DENR Region 12	
Agricultural Supplies, Veterinary Supplies/Clinics	Certification		Office of the Municipal Agriculturist	
Market Vendors	Market Clearance		Public Market O	ffice
Real Estate Lessor	Occupancy Permit		Office of the Mu	nicipal Engineer
Cellsite	Sangguniang Bayan Re	solution	Office of the Sai	ngguniang Bayan
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Present application form and requirements	Verification of previous records	None	5 minutes	Person In-Charge
Direct and ask for the computation and assessment of taxes, fees and charges	Assess and compute the bill depending on the declared gross income	Fees may vary (Refer to Municipal Ordinance No. 10, Series of 2005)	5 minutes	Person In-Charge
For Approval of Assessment and computation of the bill	The Municipal Treasurer or her authorized representative approve the assessment and computation of the bill	None	5 minutes	Municipal Treasurer or her authorized representative
Pay the required fees due.	Receive the payment and issued Official Receipt. Records transaction into computer and logbook. Instruct the applicant to go back to the BPLO for the issuance of the Business Permit.	Fees may vary (Refer to Municipal Ordinance No. 10, Series of 2005)	10 minutes	Revenue Collection Clerks
Total			24 inutes	

ii. Issuance of Business/Mayor's Permit (NEW)

	TYPE OF SERVICE	
	External	
TITLE OF SERVICE:		
Issuance of Business/Mayor's Permit (NEW)		



OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:

Revenue Code Municipal Ordinance No. 10, Series 2005 Any individual or corporation who establishes, operates and maintains a business within this Municipality shall be required to pay for a business tax, Mayor's permit and other regulatory fees pursuant to the revenue code of the municipality. Mode of payment is on annual, semi-annual, or quarterly basis and payment shall only be made at the Office of the Municipal Treasurer.

Office or Division	Municipal Treasurer's Office			
Classification	Complex			
Type of Transaction	Government to citizen, G2B			
Who may avail	Business Entities			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Barangay Business Clearance	Office of the Punong Barangay where the business is located
	_
Location Sketch of the Business	Owner
Passport Size picture of the Owner/Operator	Owner
SEC/DTI/CDA Registration	Securities and Exchange
	Commission, Department of Trade
	and Industry/Negosyo Center,
	Cooperative Development Authority
Locational Clearance/Zoning Clearance	*For Business Establishments
	Outside the Central Business District
	Only - Office of the Municipal
	Planning Development Coordinator
Tax Identification Number (TIN)	Bureau of Internal Revenue
Fire Safety Inspection Certificate	Bureau of Fire Protection
Sanitary Permit	Municipal Health Office
Occupancy Permit	Office of the Building Official,
	Municipal Engineering Office
Contract of Lease (if Lessee)	Lessor

ADDITIONAL REQUIREMENTS PECULIAR TO THE NATURE OF BUSINESS

NATURE OF BUSINESS	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Pawnshop, Money Remittance, Foreign Exchange	Cerificate of Registration as Branch, Head Office	Bangko Sentral ng Pilipinas
Banking Institutions	Authority to Operate	Bangko Sentral ng Pilipinas
Water Refilling Stations	License to Operate	Sanitation Officer, Municipal Health Office
Drugstore, Bakery	Business Permit	Business Licensing and Permit Office
LPG Dealer, Gasoline Station	License to Operate	Department of Energy
Piggery, Poultry	Certification of Environmental Compliance	Municipal/Provincial Environment and Natural Resources Office - DENR Region 12
Agricultural Supplies, Veterinary Supplies/Clinics	Certification	Office of the Municipal Agriculturist
Market Vendors	Market Clearance	Public Market Office
Real Estate Lessor	Occupancy Permit	Office of the Municipal Engineer
Cellsite	Sangguniang Bayan Resolution	Office of the Sangguniang Bayan



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Present application form and requirements	Verification of previous records	None	5 minutes	Person In-Charge
Direct and ask for the computation and assessment of taxes, fees and charges	1. Makes an assessment based on the capitalization (for new) and gross income (for Renewal) 2. Compute the bill depending on the declared income	Fees may vary (Refer to Municipal Ordinance No. 10, Series of 2005)	5 minutes	Person In-Charge
For Approval		None	5 minutes	Municipal Treasurer or her authorized representative
Pay the required fees due.	Receive the payment and issued Official Receipt. Records transaction into computer and logbook. Instruct the applicant to go back to BPLO for the issuance of the Business Permit	Fees may vary (Refer to Municipal Ordinance No. 10, Series of 2005)	10 minutes	Revenue Collection Clerks
Total			25 inutes	

iii. Issuance of Real Property Tax Payment Certificate

TVDE OF SERVICE						
	TYPE OF SERVICE					
	External					
TITLE OF SERVICE	•					
Issuance of Real Pro	perty Tax Paymer	nt Certificate				
OBJECTIVE/LEGAL	BASIS/AGENDA	STATEMENT:				
Revenue Code Muni	cipal Ordinance No	o. 10, Series 2005	5, (RA 7160) Genera	al Revision CY 2021,		
Certificate of RPT pa	lyment is issued for	or whatever purpo	se he may have.			
Office or Division	Municipal Treas	urer's Office				
Classification	Complex					
Type of	Government to	citizen, Governm	ent to Business, G	overnment to		
Transaction	Government					
Who may avail	Owner of Land/k	ouilding, Busines	s Entities, Govern	ment Agencies who		
	have Real Prope	erty Taxes				
CHECKLIS	ST OF REQUIREM	MENTS	WHERE	TO SECURE		
Tax Declaration of P	Tax Declaration of Property Municipal Assessor's Copy					
Proof of Ownership/ Deed of Sale / Waiver of Rights Owner's Copy						
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		



Total			29 inutes	
Claiming of requested document by requisitioner or authorized representative	Releases the Tax Clearance	None	1 minute	Personnel In-charge
Pay the required fees.	Receive the payment, prepares and issue official receipt	₱80.00 ₱5.00 for additional copy	2 minutes	Revenue Collection Clerks
Request for Tax Payment Certificate	The attending personnel encode all payment in the Tax Payment Form	None	2 minutes	Personnel In-charge
records from Real Property Tax Assessment Register In case if partial payments were made, ask the frontline clerks for computation and pay the corresponding amount to the Revenue Collection Clerk	The frontline clerks compute the total delinquency of the client up to date. Revenue Collection Clerks receives the payment and issue official receipt.	Fees may vary (Refer to assessed value of the property)	10 minutes	Revenue Collection Clerks
Go directly to the frontline personnel Verification of	Verify and validate the information received Look for the	None ₱50.00	10 minutes 5 minutes	Personnel In-charge



iv. Issuance of Real Property Tax Clearance

			TYPE OF SERV	/ICE	
			External		
TITLE OF SERVICE:					
	Issuance of Real Property Tax Clearance				
OBJECTIVE/LEGAL BAS					
Revenue Code Series 200	• •	al Revision CY	2021, Certificate	of RPT payment is	
issued for whatever purpo					
Office or Division	Municipal Treasur	er's Office			
Classification	Complex				
Type of Transaction	Government to cit	izen, Govern	ment to Busines	ss, Government to	
Who may avail	Owner of Land/bu who have Real Pro		ess Entities, Go	vernment Agencies	
CHECKLIST C	F REQUIREMENTS	3	WHERE	TO SECURE	
Tax Declaration of Property	У		Municipal Asses	ssor's Copy	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	
Go directly to the	Verify and	None	10 minutes		
frontline personnel	validate the information received			Personnel In-charge	
Verification of records	Look for the	₱50.00	5 minutes		
from Real Property Tax	record card of the				
Assessment Register	client				
In case no payments were made, ask the frontline clerks for computation and pay in full the amount to the Revenue Collection Clerk	The frontline clerks compute the total delinquency of the client up to date. Revenue Collection Clerks receives the payment and issue official receipt.	Fees may vary (Refer to assessed value of the property)	10 minutes	Revenue Collection Clerks	
Request for Tax Payment Certificate	The attending personnel encode all payment in the Real Property Tax Register	None	2 minutes	Personnel In-charge	

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Pay the required fees.	Receive the payment, prepares and issue official receipt	₱80.00 ₱5.00 for additional copy	2 minutes	Revenue Collection Clerks
Claiming of requested document by requisitioner or authorized representative	Releases the Tax Clearance	None	1 minute	Personnel In-charge
Total			30 inutes	

v. Issuance of the Community Tax Certificate						
			TYPE OF SERV	ICE		
TITLE OF SERVICE:			l			
Issuance of the Community Tax Certificate						
OBJECTIVE/LEGAL						
	•	10,Series 2005; Com	•	•		
every resident of this			•			
wage or salary basis						
aggregate assessed	•	•		salaries and		
earnings from exercise Office or Division	Municipal Treasur		pation.			
Classification	Simple	ei 5 Office				
	•					
Type of Transaction	Government to cit	izen, Government to	Business			
Who may avail	Residents of Muni	cipality of Alabel an	d Business Enti	ties (18 years old		
	and above), Corpo	oration				
CHECK	LIST OF REQUIRE	MENTS	WHERE	TO SECURE		
Personal Appearance	9					
Payslip or statement	of gross receipts		financial respect	tive offices where		
			requesting state	ment party works		
School/Government i	ssued Identification (Card	School, Governr	ment Agencies		
			(SSS, GSIS, LT	•		
			,	,		
CLIENT STEPS	AGENCY	FEES TO BE	PROCESSING	PERSON		
	ACTIONS	PAID	TIME	RESPONSIBLE		
Individual is	Verifies the	None	2 minutes	Revenue		
required to write his	information.			Collection Clerks		
/ her personal						
information sheet						
provided		1 2 1 1				
Pay the tax due.		Individual :	5minutes			
Pay the tax due.		Individual :	5minutes			



	Prepares and	P 5.00 Annual		
	issue the	Community Tax		
	Community Tax	and additional tax		
	Certificate.	of P 1.00 for every		
		P1,000.00 of gross		
		receipts of		
		earnings deived		
		form salaries or		
		earnings from the		
		exercise or the		
		pursuit oa any		
		occupation, which		
		in no case shall		
		exceed P 5,000.00		
		Every Corporation		
		shall pay an		
		annual tax of		
		500.00 and annual		
		additional tax, in		
		no case shall		
		exceed 10,000.00		
		in accordance with		
		the following		
		schedule (1)		
		For every 5,000.00		
		worth of Real		
		Property - P2.00		
		(2) For every		
		5,000.00 of Gross		
		Receipts or		
		Earnings from		
		_		
		business during		
		the preceeding		
		year - P 2.00		
		Community Tax		
		shall accrue on the		
		1st day January of		
		each year and		
		shall be paid not		
		later than the last		
		day of February of		
		each year. There		
		shall be added		
		interest of 2% per		
		month but not to		
		exceed 24 % per		
		annum from the		
		due date until it is		
		paid.		
Receive the	Releases the	None	2 minutes	
		INOLIG	Z 11111111CS	
Community Tax	Community Tax			
Certificate.	Certificate and get			
	signed by the			
	client and prints			
	its thumbmark			



Total		8	minute	
			S	

vi. Payment of Individual Mayor's Permit Fee

			TYPE OF SERV	ICE		
			External			
TITLE OF SERVICE:						
Payment of Individual Mayor's Permit Fee						
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:						
	There shall be collected prescribed rate for the issuance of Mayor's Permit to every person who shall					
	actice of the occupation of	or calling not red	quiring governmer	nt examination with the		
municipality.	Manadain at Tues assuments	Office				
Office or Division	Municipal Treasurer's	Office				
Classification	simple					
Type of Transaction						
Who may avail			yed by business	establishments within		
	the jurisdiction of the					
CHECKI	LIST OF REQUIREMEN	TS	WHERE TO SECURE			
Cedula	Cedula Office of the Municipal Treasurer					
Barangay Clearance			Barangay where the citizen lives			
Police Clearance			Alabel Police Station			
Health Certificate			Municipal Health Office			
ID Picture			Owner			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE	PROCESSING	PERSON		
		PAID	TIME	RESPONSIBLE		
Present/Submit the	Issues Official Receipt	P 80.00	5 minutes	Revenue Collection		
reviewed and	and instruct the client			Clerks		
verified application	to return to Mayor's					
form and pay the	Office for futher					
corresponding fee	instructions.					
Total			5 minutes			

vii. Payment of Mayor's Clearance

		TYPE OF SERVICE
		External
TITLE OF SERVICE	E:	·
Payment of Mayor	s Clearance	
	AL BASIS/AGENDA STATEMEN	
•	is one of the essential documents or application for work	requested by a government angency or
Office or Division	Office of the Municipal Treas	surer
Classification	simple	
Type of	Government to citizen,	
Transaction		
Who may avail	Residents Only	
CHECK	LIST OF REQUIREMENTS	WHERE TO SECURE
1. Barangay Clearance		Office of the Punong Barangay where
		the applicant resides.
2. Cedula Office of the Municipal Treasurer		Office of the Municipal Treasurer
3. Police Clearance PNP Station Alabel		

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3		
	#SEAL	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present requirements Pay the fees due.	1. Verifies documents presented			Revenue Collection Clerks
Pay the fees due	Receives payments and issues Official Receipt.	P 50.00 - Sec. Fee P 30.00 - Doc. Stamp	3 minutes	Revenue Collection Clerks
	Instruct the client to proceed to Mayor's Office.		3 minutes	
TOT	AL		3 minutes	

viii. Branding of Large Cattle

			TYPE OF SER	VICE		
	External	VICE				
TITLE OF SERVICE:						
Branding of Large Cattle						
OBJECTIVE/LEGAL BASIS	S/AGENDA STATEME	NT·				
Revenue Code Municipal						
Office or Division	Municipal Treasurer'		venue Operatio	n Section		
Classification	Simple					
Type of Transaction	Government to citize	en				
Who may avail	Owner/Buyer of Larg	je Cattle				
	OF REQUIREMENTS		WHERE	TO SECURE		
Barangay Certification as to	the validity of ownersh	ip	Respective Ba	rangay Hall of		
		,	Requisitioner			
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSIN	PERSON		
		BE PAID	G TIME	RESPONSIBLE		
Submit the request for	Verify and validates	None	3 minutes			
branding, verbal and/or	the submitted					
written in nature, at the	requirements					
Office of the Municipal						
Treasurer						
Go directly to the	Receive the	P130.00	5 minutes	D		
Revenue Collection Clerk	payment and			Personnel In-		
III for the payment of the	prepare the Official			charge		
required fees (LDF,	Receipt. Prepare the					
Ownership Fee,	Original/Transfer					
Registration, Secretaries	Certificate of					
Fees)	Ownership signed by					
	the Secretary of					
	Sanggunian,					
	Municipal Treasurer					
	and Municipal Mayor					



Get the Original/Transfer	Releases the	None	3 minutes	
Certificate of Ownership	Original/Transfer			
duly signed by the	Certificate of			
Secretary of the	Ownership			
Sanggunian, Municipal	·			
Treasurer and the				
Municipal Mayor				
Total			11 inutes	

ix. Imposition of Slaughter and Corral Fees

			TYPE OF SERV	VICE	
			External		
TITLE OF SERVIC	 =				
Imposition of Slaughter and Corral Fees OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:					
		•	ees, anti-mortem	fees and post-mortem	
fees as per Municip					
Office or Division	Municipal Treasu	rer's Office			
Classification	simple				
Type of	Government to c	itizen, Gov't to bu	sinesses,		
Transaction					
Who may avail	Anyone who des	ires to avail the se	ervices of LGU A	Alabel	
CHECKI	LIST OF REQUIRE	MENTS	WHER	RE TO SECURE	
NONE					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE	
Present the order of payment and pay the fees due	Receive payment and issues Official Receipt	Refer to Municipal Tax Ordinance No. 13-2021-016	3 minutes	Jaime P. Dumpa In charge	
Receive the Official Receipt and return to the Slaughter House	Instruct the client to proceed to the slaughter house and present the Official Receipt as proof of payment	None	10 minutes		
Total			13 inutes		

x. Payment of Burial Permit Fee and Tomb Construction Fees

	TYPE OF SERVICE			
	External			
TITLE OF SERVICE:				
Payment of Burial Permit Fee and Tomb Construction Fe	es			
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:				



Except in cases allowed under existing laws and regulations, no person may be buried/interred, permanently or temporarily other than in properly designated cemeteries or burial grounds. There shall be a fee collected for the sale of Municipal Cemetery lots owned by the Municipality located at Barangay Spring and Barangay Bagacay.

•	•			the Municipality located
at Barangay Spring a				
Office or Division	Municipal Trea	isurer's Office		
Classification	Simple	:.:		
Type of Transaction	Government to	· · · · · · · · · · · · · · · · · · ·		
Who may avail	Alabel			Municipal cemetery of
	T OF REQUIRE	MENTS	WHE	RE TO SECURE
Death Certifcate			•	th Office (if the person Sarangani Province)
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
Present the Death Certificate (Obtained from MHO) to Office of the Municipal Treasurer	Validates the documents	none	2 minutes	
Pay the fees due	Receive payment and issues Official Receipt and records transaction at the ledger and locator map.	P20.00 - Burial Permit Fee	3 minutes	Person In-Charge
		For tomb construction please refer to Municipal Ordinance No. 13-2021-175	5 minutes	
Received the Burial Permit Contract	Release the signed and approved Burial Permit Contract			

TOTAL

inutes



xi. Issuance of Receipt for Level III Water System Service Connection and Payment of Bill

			TYPE OF SERV	ICE	
			External		
TITLE OF SERVICE: Issuance of Receipt for Level III Water System Service Connection and Payment of Bill					
OBJECTIVE/LEGAL BASIS Any household, association water service from the LGU	, organization		nment entity who	desires to avail	
Office or Division	Municipal Tr	easurer's Office			
Classification	simple				
Type of Transaction	Government	to citizen,			
Who may avail	Residents pr	acticing their prof	ession		
CHECKLIST O	F REQUIREM	ENTS	WHERE TO SECURE		
Application and Agreement	for water Servi	ce Connection	Level III Water System Office		
Application Information She	et		Level III Water S	Level III Water System Office	
Service Application and Cor	nection Order		Level III Water S	System Office	
Promissory Note			Level III Water System Office		
Sketch and location of propo	osed service co	onnection	Level III Water System Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present the validated application form and pay the connection fee due	Issue Official Receipt	P 650.00 plus P 80.00 for Secretarial Fee	2 minutes	Revenue Collection Clerks	
Total			2 minute s		

xii. Issuance of Accountable Form 51 , BIR Form 0016 and Cash Tickets to Barangay Treasurers

	TYPE OF SERVICE			
	External			
TITLE OF SERVICE:				
Issuance of Accountable F	Issuance of Accountable Form 51, BIR Form 0016 and Cash Tickets to Barangay Treasurers			
OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT :				
Barangay Treasurer's are deputized to collect from their respective Barangays payment for fees,				
taxes and other impositions through approved Barangay Ordinance.				
Office or Division	Municipal Treasurer's Office	•		
Classification	Simple			



Type of Transaction	Government to Government					
Who may avail	Who may avail Barangay Treasurers					
CHECKLIST OF REQUIREMENTS			WHERE T	O SECURE		
Approved disbursement vo	uchers		Barangay Hall o	f Requesting		
Requisition Issued Slip			Barangay Treas	urer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBL E		
Present the requirements stated and then pay the required fee.	Verifies document, recieves payment and issues Official Receipt	P 162.00 - AF 51 P 150.00 - Cash Tickets	5 minutes	Person In- Charge		
Sign the logbook and receive the Accountable Form 51, BIR Form 0016, and or Cash Tickets	Records the transaction in a logbook and releases the accountable form 51.		2 minutes			
Total			6 minute			
			S			

xiii. Payment of Motorized Tricycle Operators Permit

		TYPE OF SERVICE		
		External		
TITLE OF SERVIC				
	ed Tricycle Operators Permit			
	L BASIS/AGENDA STATEMENT:			
	•	ricycle operated within the municipality.		
	shall be due on the first day of January	& payable the Municipal Treaseurer		
within the first (20)	twenty days of January every year.			
Office or Division	Municipal Treasurer's Office			
Classification	simple			
Type of	Government to citizen,			
Transaction				
Who may avail	Who may avail Citizens operating public utility vehicle for transporting passengers			
CHECKI	LIST OF REQUIREMENTS	WHERE TO SECURE		
Drivers License				
Picture of unit				
Voters ID / Voters 0	Certification			
Copy of OR / CR				
ID picture of operator				
Community Tax Certificate				
Sticker / No smoking signage				



Folder Long (for documents)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
1. Present requirements stated above.	Verifies documents presented. 1.1 Makes an assessment.	None	5 minutes	Person In-Charge
2. Pay the fees due.	2. Issue Official Receipt. 2.1 Records transaction to the computer and logbook. 2.2 Forwards application to the office of the Municipal Administrator	P990.00 Application Fee P 80.00 - Sec. Fee	10 minutes	Revenue Collection Clerks
3. Preparation of the pertinent documents	Complete documents will be forwarded to authorized signatories and for final approval of the Municipal Mayor	None	5 minutes	Person In-Charge
4. Claim the Motorized Tricycle Operators Permit	Releases the Motorized Tricycle Operators Permit.	None	5 minutes	
Total			26 inute s	

xiv. Payment Docking Fees, Stall and Rental Fees

		TYPE OF SERVICE		
		External		
TITLE OF SERVICE	CE:			
Payment Docking	Fees, Stall and Rental Fees			
OBJECTIVE/LEG	AL BASIS/AGENDA STATEMENT:			
Rental fee paid an	Rental fee paid and collected for the privilege of using properties owned by the municipality.			
Office or Division	Office of the Municipal Treasurer			
Classification	simple			
Type of	Government to Citizen, Government to Business			
Transaction				
Who may avail	Stallholders			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				



None				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present order of payment.	1. Verifies records.	None	2 minutes	Person In-Charge
2. Pay fees due.	2. Receives payment and Issue Official Receipt. And records transaction in stall rental index card	Fees may vary (Refer to Municipal Ordinance No. 10, Series of 2005)	5 minutes	Revenue Collection Clerks
TO	TAL		7 minutes	

xv. Issuance of Official Receipt for Payment Rentals for Heavy Equipments

			TYPE OF SERV	/ICE
			External	
TITLE OF SERVICE	: :			
		nt Rentals for Heavy E	quipment	
OBJECTIVE/LEGA				
Municipal Tax Ordin				
Office or Division	Municipal Treas	urer's Office		
Classification	Simple			
Type of	Government to	citizen, Gov't to busir	esses, Governn	nent to Government
Transaction	Posidonts of Mu	n. of Alabel, Neighbo	ring Citios/Muni	oinalities Pusiness
Who may avail	Entities, Etc.	ii. Oi Alabei, Neigiibo	oring Cities/Muni	cipalities, busiliess
CHECK	LIST OF REQUIR	EMENTS	WHERE	TO SECURE
Assessment of Fees	s/Order of Paymen	t	Motorpool Servi	ces
CLIENT STEPS	AGENCY	FEES TO BE PAID	PROCESSIN	PERSON
	ACTIONS		G TIME	RESPONSIBLE
Go directly to the Revenue Collection Clerk and present the Order of Payment and pay the fees due	Receive the order of payment, prepares and issue official receipt	Fees may vary (Refer to the attached Order of payment indicating the equipment to be rented and the specified amount as per Municipal Ordinance No. 13- 2021-017)	3 minutes	Revenue Collection Clerks
Receive Official Receipt for every payment made	Releases the Official Receipt and instructed the client to return to the	None		

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	Motorpool Office		
Total		3 Minute	
		5	

xvi. Collection of Fees and Other Imposition

		TYPE OF SERVICE	
		External	
TITLE OF SERV	/ICE:		
Collection of Fe	es and Other Imposition		
OBJECTIVE/LE	GAL BASIS/AGENDA STATEME	NT:	
_	nt is an itemized list of fee/s to be p	•	ces requested by other
offices already of	computed for, by the person inchar	ge.	
Office or	Office of the Municipal Treasu	rer	
Division			
Classification	simple		
Type of	Government to citizen,		
Transaction			
Who may avail	All	· · · · · · · · · · · · · · · · · · ·	
	LIST OF REQUIREMENTS		TO SECURE
1. Order of Payr	nent	Birth, Marriage, Death Certificates Exhume Permit Endorsement Fee Subscription Fee, Others pertaining to Civil Registry Documents Farmer's Certification, Livestock and poultry inspection certificate Certified True Copies of Tax Declarations, and other Certifications pertaining to real	Office of the Municipal Agriculturist Office of the Municipal Agriculturist
		Land use and Zoning Certification fee Desludging Fees and Environmental Fees	Office of the Municipal Planning and Development Officer MENRO

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			Building Permit Fee Line and Grade Plumbing Permit Electrical Permit Fencing Permit Fee Occupancy Permit Fee	Office of the Municipal Engineer
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Present order of payment 1.1 Pay the fees due.	1. Receives payment. 1.2 Issuance of Official Receipt	Fees may vary Refer to Municipal Ordinance No. 10, Series of 2005 and Municipal Ordinance No. 058, Series of 2010	5 minutes	Revenue Collection Clerks - Municipal Treasurers Office
Receive Official Receipt.	Releases Official Receipt and instruct the client to proceed to the office concerned.	None		
TOT	AL		4 minutes	

xvii. Issuance of Checks and Disbursment of Funds for Various Claims

			TYPE OF	SERVICE	
			External		
TITLE OF SERVICE	E:				
Issuance of Check	s and Disbursement of Funds for V	arious Claims			
OBJECTIVE/LEG	AL BASIS/AGENDA STATEMENT	•			
	unds shall be governed and spent o		ublic pirpos	ses for whch they	
are intended to be	used as provided in PD 1445 Sect	` '			
Office or Division	Municipal Treasurer's Office - Cas	sh Section			
Classification	Simple				
Type of	Government to citizen				
Transaction					
Who may avail	Residents of Municipality of Alabel, Employees, Contractors, Suppliers				
CHECKLIST OF REQUIREMENTS WHERE TO SECUI			E TO SECURE		
Identification Card or Cedula			Any Government		
			Agencies/Barangay		
	Hall/Municipal Treasu			cipal Treasurer's	
Office					
Official Receipt (in case of Company claims)					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE	PROCE	PERSON	
		PAID	SSING	RESPONSIBLE	
			TIME		



	Posting of approved disbursement vouchers Issuance of Check to Approved Disbursement Vouchers	None	2 minutes 5 minutes	Person In- Charge Municipal Treasurer
	1. Typing of Check ready for payment (a) process the accountant's advice (b) requires the signatures of the following: *Municipal Treasurer / Assistant Municipal Treasurer *Municipal Mayor or Municipal Administrator *Municipal Vice Mayor or Authorized	None	30 minutes	Person In- Charge
Releasing of Check to payee or his/her authorized claimants	Releasing of Check to authorized claimants	None	3 minutes	Person In- Charge
Total			40 minute s	

xviii. Issuance of Certification for the Closure and Retirement of Business

	TYPE OF SERVICE		
	External		
TITLE OF SERVIC	E:		
Issuance of Certific	cation for the Closure and Retirement of Business		
OBJECTIVE/LEGA	OBJECTIVE/LEGAL BASIS/AGENDA STATEMENT:		
Certification issued	ertification issued when a business for whatever reason ceased to operate.		
Office or Division	Municipal Treasurer's Office		
Classification	simple		
Type of	Government to citizen, Gov't to businesses		
Transaction			



Who may avail Business Entities with registered business establishment/s in the municipality					
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
Proof of Payment/Current Mayor's Permit			Owner		
	e Retirement from Bu		Business Owner		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
Present the requirements stated above	Verifies the documents presented computes for any tax deficiency by submitting sworn statement of gross sales	Amount of tax payable upon verification of the documents submitted	5 minutes	Person In-Charge)	
Pay the corresponding fees.	Receives payment and issues Official Receipt	P 80.00 P 5.00 for additional Copy	3 minutes	Revenue Collection Clerk	
Receives certification	Prepares certification. Puts dry seal and get it signed by the authorized personnel. Records the transaction into logbook. Releases the certification.	none	5 minutes	Person In-Charge	
Total			14 inutes		

xix. Collection of Fines and Penalties

			TYPE OF SERV	ICE
			External	
TITLE OF SERVICE:	•			
Collection of Fines ar	nd Penalties			
OBJECTIVE/LEGAL	. BASIS/AGENDA	STATEMENT:		
				, regulations, or codes
set forth in a municip	al code of ordinan	ces. Any person v	vho is cited for vio	lation of any provision of
any municipal ordina	nce shall be given	citation ticket for	every violation ma	nde.
Office or Division	Municipal Treasurer's Office			
Classification	simple			
Type of Transaction	Government to citizen,			
Who may avail	Citizens with violations			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE			E TO SECURE	
Citation Ticket Apprehending Officer/Enforcer			officer/Enforcer	
CLIENT STEPS	AGENCY	FEES TO BE	PROCESSING	PERSON
	ACTIONS	PAID	TIME	RESPONSIBLE



LIST OF OFFICES/DEPARTMENTS OF LGU ALABEL

Office	Address	Contact Information
Municipal Mayor's Office	Poblacion, Alabel, Sar. Prov	508-2084
Municipal Civil Registrar	Poblacion, Alabel, Sar. Prov	892-5277
Municipal Treasurer's Office	Poblacion, Alabel, Sar. Prov	892-6277
Municipal Assessor's Office	Poblacion, Alabel, Sar. Prov	892-6160
Municipal Social Welfare and Development Office	Poblacion, Alabel, Sar. Prov	508-0142
Municipal Engineering Office	Poblacion, Alabel, Sar. Prov	508-0005
Municipal Agriculture's Office	Poblacion, Alabel, Sar. Prov	508-2284
Municipal General Services Office	Poblacion, Alabel, Sar. Prov	892-5290
Municipal Accounting Office	Poblacion, Alabel, Sar. Prov	508-2183
Municipal Planning and Development Office	Poblacion, Alabel, Sar. Prov	508-3017
Municipal Environment and Natural Resources Office	Poblacion, Alabel, Sar. Prov	508-2043
Municipal Disaster Risk and Reduction Magnt Office	Poblacion, Alabel, Sar. Prov	508-0225
Municipal Health Office	Poblacion, Alabel, Sar. Prov	508-2249
Municipal Market Office	Poblacion, Alabel, Sar. Prov	508-4002
Municipal Level III Water System	Poblacion, Alabel, Sar. Prov	892-5274
Municipal Bids and Awards Office	Poblacion, Alabel, Sar. Prov	892-562

FEEDBACK AND COMPLAINTS

FEEDBACK AND COMPLAINTS MECHANISM				
How to send feedback?	Answer the client form and drop it at the designated drop box			
	atthe Public Assistance & Complaint Desk (PACD)			
	Contact Info: 892-5087/ alabel.hrmd@gmail.com			
How feedback isProcessed?	Every Friday, the Municipal Administrator opens the drop box and compiles and records all feedback submitted			
	Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) Days ofthe receipt of the feedback.			
	The answer of the office is then relayed to the citizen.			
	For inquiries and follow-ups, clients may contact thefollowing telephone number: 892-5087			
How to file complaints?	Answer the client Complaint Form and drop it at the designateddrop box at the Public Assistance & Complaint Desk (PACD)			
	For inquiries and follow-ups, clients may contact thefollowing telephone number: 892-5087			
How complaints areprocessed?	The PACD Officer opens the complaints drop box on a daily basis and evaluates each complaint.			
	Upon evaluation that the complaint is meritorious, the PACD Officer shall start the investigation and forward the complaint tothe relevant office for their explanation			
	The PACD Officer will create a report after the investigation and shall submit it to the Head of Agency for Appropriate Action.			
	The Complaints Officer will give the feedback to the clients			
	For inquiries and follow-ups, clients may contact the following telephone number: 892-5087			
Contact Information	Arta: Complaints@arta.Gov.ph / 1-Arta			
ofARTA, PCC, CCB	(2782)PCC:8888 CCB: 0908-881-6565(SMS)			