

Republic of the Philippines
CIVIL SERVICE COMMISSION
 Regional Office No. _____

Recent ID Photo
 - Passport size (4.5 cm x 3.5 cm)
 - White background
 - In close-up shot (from shoulder level up with head & face occupying at least 80% of the picture and with name tag at approx. 1" below the chin)
 - In bare face (without eye glasses/colored contact lens/any facial accessory; facial features not computer-enhanced)
 - Showing left and right ears
 - With hand-held & written (not computerized) and legible name tag showing signature over complete printed name in the format FN-MI-LN-EN

CS Form 101-G (Revised, Dec. 2011)
 THIS FORM IS NOT FOR SALE.
 REPRODUCTION IS ALLOWED.

**Application for Grant of Eligibility Pursuant to
 CSC MC No. 11, s. 1996 as amended (Category II)**

INSTRUCTIONS: Fill in the required information. Put "n/a" for items not applicable to you. Submit this Form, together with the documentary requirements, to the CSC Regional/Field Office concerned. (Note: This Form may be accomplished either handwritten, typewritten, or computer printed, provided that the signature of the applicant should be handwritten. Digital/scanned signature is strictly not allowed.)

1. APPLICANT'S NAME: _____
Last name First name Ext. name Middle name Middle initial

2. MOTHER'S MAIDEN NAME: _____
Last name First name Middle name

3. COMPLETE PERMANENT MAILING ADDRESS: _____ ZIP CODE _____

4. SEX (M/F): _____ 5. DATE OF BIRTH (mm/dd/yyyy): _____ 6. PLACE OF BIRTH (City/Municipality & Province): _____

7. CIVIL STATUS: Single Married Legally Separated Annulled Widowed Others, specify _____ 8. CITIZENSHIP: _____

9. TEL. NO.: _____ (include area code) 10. CELLULAR PHONE NO.: _____ 11. E-MAIL ADDRESS: _____

12. EDUCATION (Highest Educational Attainment)
 Level of Education: Elementary High School College Master's Doctorate
 Completion: Graduated Not Graduated If not graduated, highest Grade/Year/Level/Units earned: _____
 If graduated, date of Graduation/Completion (mm/dd/yyyy): _____ Honors received: _____
 Complete Title of Course/Degree (for college, master's, doctorate): _____ Major: _____
 Name & address of school attended: _____ Inclusive years: _____
(from-to)

13. EMPLOYMENT (Present & Previous):

Agency/Office	Address	Position/Job Title	Status of Appt./Employment	Inclusive Years <small>(from-to)</small>	Gov't Service? <small>(Yes/No)</small>
_____	_____	_____	_____	_____	_____

14. Temporary Appointment Information
 Complete Position Title _____ Status of Appt. _____ Date of Appt. (mm/dd/yyyy) _____
 1st Rating Pd: Numerical rating _____ Adjectival rating _____ 2nd Rating Pd: Numerical rating _____ Adjectival rating _____

15. Other Eligibility/ies: Title of Eligibility 1) _____ Date of Conferment (mm/dd/yyyy) _____
 2) _____

I declare under oath that I **personally** accomplished this Form, and that the information given are true, correct and complete statements pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I understand that any misrepresentation made in this document shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative/criminal case/s against me.

Done this _____ day of _____ 20____.

 Signature over full printed name of the applicant

DO NOT FILL BELOW THIS LINE.

Subscribed and sworn to before me this _____ day of _____ 20____.

 Signature over full printed name of Administering Officer Office/Position

INDORSEMENT (CSCFO to CSCRO or CSCRO to CSCCO; To be filled up ONLY as applicable):
 ENDORSING the application of _____ to CSCRO No. _____/CSCCO as received by CSCFO-_____/_____
 CSCRO No. _____ on _____, for approval and processing of the grant of Skill (Category II) eligibility.

 Signature over full printed name of CSC Field/Regional Director / Date

ACTION TAKEN (for Processors only): Approved Disapproved due to _____ For Compliance

(Evaluation Fee) O.R. No.: _____ Date: _____ Amount: _____	(Processing Fee) O.R. No.: _____ Date: _____ Amount: _____
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Title of Eligibility _____ Date of Effectivity (mm/dd/yyyy) _____
 Certificate of Eligibility No. _____ Serial No. _____ Remarks _____

(Evaluation Fee) O.R. No.: _____ Date: _____ Amount: _____ Collecting Officer _____	(Processing Fee) O.R. No.: _____ Date: _____ Amount: _____ Collecting Officer _____
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 Signature over full printed name of 1st Processor/Date _____

 Signature over full printed name of 2nd Processor/Date

APPLICATION RECEIPT

Received the application of _____
Last Name First Name Middle Name
 for grant of eligibility under special laws & CSC issuances at CSCRO/FO _____

 Signature over full printed name of Receiving Officer/Date

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I. QUALIFICATIONS FOR THE GRANT OF SKILL ELIGIBILITY (Category II)

A. Checklist of Qualifications

- 1. Title of position included in the list of positions under CSC MC No. 11, s. 1996/CSC MC No. 3, s. 2008 Specify complete title of position
2. Status of appointment indicated on appointment paper is Temporary
3. Rendered service under temporary status for one year or at least 10 months
Specify inclusive dates: From (mm/dd/yyyy) To (mm/dd/yyyy)
4. Rendered Very Satisfactory actual work performance for the two rating periods during the one-year temporary appointment

B. Evaluation on Qualifications for the Grant of Eligibility

- Qualified (all qualifications set are met). Application for approval.
Not qualified. Application for disapproval. Specify qualification/s not met

II. DOCUMENTARY REQUIREMENTS FOR SUBMISSION (To be accomplished only for qualified applications; Put asterisk (*) for lacking items and/or "n/a" for items not applicable)

A. Checklist of GENERAL REQUIREMENTS:

- 1. Properly accomplished CS Form 101-G, Revised Dec. 2011 (all fields properly filled out, with "n/a" indicated in all fields not applicable to the applicant)
2. Three (3) pieces of identical, recent I.D. pictures with the following specifications:
Passport size (4.5 cm x 3.5 cm) In white background Printed on quality photo paper
In bare face (without eye glasses/colored contact lens/any facial accessory; facial features not computer-enhanced) Showing left and right ears
In standard close-up shot (from shoulder level up with head and face occupying at least 80% of the picture and with the name tag positioned at approximately 1" below the chin)
With handheld and written (not computerized), and legible name tag showing signature over complete printed name in the format First Name-Middle Initial-Last Name-Extension Name
NOTE: DO NOT ACCEPT I.D. PICTURE IF NOT WITH ALL OF THE ABOVE SPECIFICATIONS.
3. Original and photocopy of any of the following I.D. cards, which must be valid (not expired) upon filing of application, and bears the applicant's name, picture and signature, and the issuing officer's name and signature (NOTE: Any other I.D. card NOT included in the list shall NOT be accepted. Circle the I.D. card/s submitted by the applicant):
Current Office/Company I.D. GSIS UMID PhilHealth I.D. (ATM type)
School I.D. (must be duly validated for the current school year) SSS I.D. Voter's I.D.
Passport (with signature of the applicant) PRC License Postal I.D.
BIR I.D. (ATM type/laminated card with picture type) Driver's License Barangay I.D.
Police clearance (with picture)
4. Original and photocopy of Birth Certificate of the applicant authenticated/issued by the NSO [Note: In case the NSO Birth Certificate is not legible, or the NSO has duly issued a Negative Certification of Birth (NSO CRS Form No. 1) printed in NSO security form, the applicant shall, in addition, submit the original and photocopy of his/her Birth Certificate authenticated/issued by the Local Civil Registrar.]
5. For female married applicants, original and photocopy of Marriage Certificate authenticated/issued by the NSO (Note: In case the NSO Marriage Certificate is not legible, the applicant shall, in addition, submit the original and photocopy of his/her Marriage Certificate authenticated/issued by the Local Civil Registrar.)
6. If filing of application is through a representative:
Authorization letter executed by the applicant; and Original and photocopy of one (1) valid I.D. card of the representative.

B. Checklist of SPECIFIC REQUIREMENTS: Skill Eligibility (Category II)

- 7. Original and photocopy of Appointment Paper of the applicant, specifically indicating the status of appointment as "Temporary" [NOTE: No status of appointment other than "Temporary" shall be considered for the grant of eligibility under Category II, except for positions concerned under Category III (see related policy in the November 2011 Revised Guidelines and Procedures on grant of eligibility under special laws and CSC issuances.)]
8. Certification (using the prescribed CSC-ERPO Cat. II Form No. 1, Revised Oct. 2009) from the agency head/highest HRMO that the appointee obtained at least Very Satisfactory rating for the two rating periods during the one-year temporary appointment
9. Statement of Actual Duties and Responsibilities (using the prescribed CSC-ERPO Cat. II Form No. 2, Jan. 2011) of the applicant executed by the applicant's immediate supervisor
10. Authenticated copy of the applicant's Performance Rating Form, duly confirmed by the agency's Performance Evaluation and Review Committee (PERC), for the two rating periods covered by the one-year temporary appointment

C. Evaluation on Documentary Requirements Submitted

- Complete documents.
Incomplete/lacking documents. See items in the above checklist/s marked with asterisk (*) for compliance.
Incorrect documents. Specify deficiency/ies
Specify requisite/s to address the deficiency/ies
Data on documents with discrepancy/ies.
Specify discrepancy/ies
Specify requisite/s to address the discrepancy/ies

Signature over full printed name of 1st Processor Date Position Signature over full printed name of 2nd Processor Date Position

CERTIFICATION (To be accomplished only for qualified applicants with complete documents):

We certify that we have reviewed the qualifications and all the documentary requirements submitted by on his/her application for grant of the Skill eligibility (Category II), and found the same to be complete and in order.

Signature over full printed name of 1st Processor Date Position Signature over full printed name of 2nd Processor Date Position

CERTIFICATION (To be accomplished only upon submission of ALL documents for compliance/requisites addressing deficiencies and/or discrepancies):

We certify that has submitted on the marked documents for compliance/requisites addressing marked deficiencies and/or discrepancies. We further certify to have reviewed the complied documents/requisites and found the same to be satisfactory and in order.

Signature over full printed name of 1st Processor Date Position Signature over full printed name of 2nd Processor Date Position

CSC Regional Office No. may be reached at the following contact numbers:

Telephone :
Cellular :
Fax :
E-mail add :
Contact Person :

CSC Field Office may be reached at the following contact numbers:

Telephone :
Cellular :
Fax :
E-mail add :
Contact Person :