

## SEARCH FOR OUTSTANDING GOVERNMENT WORKERS

(Presidential Lingkod Bayan and Civil Service Commission Pagasa Award)

For Outstanding Work Performance

### Individual Category

HAP Form 1

PASTE

1 ½" x 2"

(passport size)

Photo here

Presidential *Lingkod Bayan*

Civil Service Commission *Pagasa*

Name:

Signature:

Position:

Date of Birth:

Residence Address:

Place of Birth:

Telephone/Cellphone Nos:

Agency/Region:

Level of Position:  1<sup>st</sup> Level

Agency Address:

2<sup>nd</sup> Level (Executive Managerial)

2<sup>nd</sup> Level  3<sup>rd</sup> Level

Military  Elective

Telephone/Cellphone Nos:

Email address:

### OFFICE / REGIONAL HEAD

Name:

Position:

Telephone / Cellphone Nos.:

Email address:

### SECRETARY OF DEPARTMENT / AGENCY HEAD

Name:

Position:

Agency Address:

Telephone/Cellphone Nos.:

Email address:

### NOMINATOR

Name:

Position:

Agency:

Telephone/Cellphone Nos.:

Agency Address:

Email add:

### Additional Information about the Nominee:

Were you a previous HAP Nominee?  Yes  No What year: \_\_\_\_ What Award Category: \_\_\_\_

Were you a previous HAP Semi-finalist?  Yes  No What year: \_\_\_\_ What Award Category: \_\_\_\_

Were you a previous HAP Awardee?  Yes  No What year: \_\_\_\_ What Award Category: \_\_\_\_

# HAP FORM 1

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

Name of Nominee:

Agency:

Division/Unit:

Position:

Length of Service in the Position:

In Government:

## I. Executive Summary

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

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

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

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

### CERTIFICATION

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

**Printed Name and Signature:**

Nominee

Nominator

PRAISE Committee/Highest HRMO

Regional Office Head



## SEARCH FOR OUTSTANDING GOVERNMENT WORKERS

(Presidential Lingkod Bayan and Civil Service Commission Pagasa Award)

For Outstanding Work Performance

### Group Category

HAP Form 2  
PASTE  
1 1/2" x 2"  
(passport size)  
Photo here

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

#### Additional Information about the Nominee:

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



# HAP FORM 2

For Group Nomination only

HAP Form No. 2-A

## INFORMATION ON TEAM/GROUP MEMBERS

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

### CERTIFICATION

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

CHAIR, PRAISE Committee

Signature over printed name



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

**Name of Nominee:**

**Agency:**

**Division/Unit:**

**Position:**

**Length of Service in the Position:**

**In Government:**

## I. Executive Summary

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

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

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

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

### CERTIFICATION

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**Printed Name and Signature:**

Nominee

Nominator

PRAISE Committee/Highest HRMO

Regional Office Head



## SEARCH FOR OUTSTANDING GOVERNMENT WORKERS

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

HAP Form 3

PASTE

1 ½" x 2"

(passport size)

Photo here

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

Additional Information about the Nominee:

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



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

**Name of Nominee:**

**Agency:**

**Division/Unit:**

**Position:**

**Length of Service in the Position:**

**In Government:**

**I. Executive Summary**

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

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

**III. Impact of Accomplishments**

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

**IV. Other Information**

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

**CERTIFICATION**

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

**Printed Name and Signature:**

Nominee

Nominator

PRAISE Committee/Highest HRMO

Regional Office Head

