

**I. RECRUITMENT POLICY**

**ANNEX A**



<p>NATCCO MUTUAL BENEFITS ASSOCIATION, INC.</p> <p><b>MANPOWER REQUISITION FORM</b></p>		
POSITION TO FILL-IN:	TARGET STARTING DATE:	SALARY RANGE:  Min: _____ to Max: _____
REASON FOR VACANCY:  <input type="radio"/> Replacement of _____  <input type="radio"/> New Position	EMPLOYMENT STATUS:  <input type="radio"/> Contractual for ___ months <input type="radio"/> Project <input type="radio"/> Probationary	
QUALIFICATIONS:  1. Educational Attainment: _____  2. Years of Experience: _____  3. Certification/s Required: _____  4. Job Skills Required: _____  _____  _____		
Requested by:  _____  Unit Head/Department Head	Approved by:  _____  President	

**ANNEX B**

NATCCO MUTUAL BENEFITS ASSOCIATION, INC. <b>INTERVIEW EVALUATION FORM</b>	
Applicant's Name: _____	Date of Interview: _____
Position Applying For: _____	Interviewer: _____
COMPETENCY CHECKLIST	COMMENTS
<b>General Management</b> (if applicable) <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Critical decision-making</li> <li>• Group, Teamwork management</li> <li>• Strategic thinking</li> <li>• Creative problem solving</li> <li>• Managing others</li> <li>• Managing a business unit</li> <li>• Managing major changes</li> <li>• Strategic management</li> </ul>	
<b>Self-Management</b> <ul style="list-style-type: none"> <li>• Prioritizing tasks</li> <li>• Day to day missions management</li> <li>• Networking (co-workers and customers)</li> <li>• Coaching</li> <li>• Ability to take responsibilities</li> <li>• Self learner</li> </ul>	
<b>Personal Traits</b> <ul style="list-style-type: none"> <li>• Self-confidence</li> <li>• Good self-expression</li> <li>• Assertiveness</li> <li>• Ability to inspire others</li> <li>• Tact</li> <li>• Social drive and sensitivity</li> <li>• Good judgment</li> <li>• Verbal communication skills</li> <li>• Interpersonal communication skills</li> <li>• Analytical thinking</li> <li>• Numerical abilities</li> <li>• Tough-Mindedness</li> <li>• Creativity</li> <li>• Patience</li> <li>• Ability to improvise</li> <li>• Sense of humor</li> <li>• Ability to plan and organize</li> </ul>	
<b>Working Conditions</b> <ul style="list-style-type: none"> <li>• Travel</li> <li>• Long hours</li> </ul>	
<b>Salary Questions</b> <ul style="list-style-type: none"> <li>• Basic Salary Expectations</li> <li>• Benefits expectations</li> </ul>	
<b>General Questions</b> <ul style="list-style-type: none"> <li>• Career achievements</li> <li>• Career objectives</li> <li>• Motives</li> </ul>	

**Recommendation:** (check one)

For Further Interview

For Hiring

Decline

**ANNEX C**

**NATCCO MUTUAL BENEFITS ASSOCIATION, INC.**

**REFERENCE CHECK FORM**

Applicant's Name:

Name of Responder:

\_\_\_\_\_

\_\_\_\_\_

Position Applying For:

Relationship to the Applicant:

\_\_\_\_\_

\_\_\_\_\_

1. What was the applicant's last position in your company/organization?
  2. How many years have you worked with the applicant?
  3. Why did the applicant leave?
  4. Please describe the applicants' job responsibilities.
  5. Overall, how would you rate the applicants' performance (average, below average, above average)?
- 
6. Did the applicant have any attendance issues?
  7. What are the applicants' strengths?
  8. What are the applicants' weaknesses?
  9. How would you describe the applicants' relationship with coworkers, subordinates (if applicable), and with superiors?
  10. How would you describe the applicants' attitude towards his or her work?
  11. How would you describe the applicants' interpersonal skills?
  12. Did the applicant have any attendance issues?
  13. Is there anything else you would like to add regarding the applicants' work or performance?
  14. Would you rehire this person?

# ANNEX D

## SAMPLE JOB OFFER LETTER OF NATCCO

	<b>JOB OFFER SHEET</b>	<small>Cooperatives (NATCCO) 227 J.P. Rizal St., Projects 4, 1109 Quezon City, Philippines (632) 9137011 to 16 ceo@natcco.coop www.natcco.coop</small>
	NAME OF CANDIDATE:	
	POSITION:	
	GROUP/UNIT:	
LOCATION:		

### COMPENSATION PACKAGE

BASIC SALARY: PhpXX,XXX.XX PER MONTH

COMMUNICATION ALLOWANCE:

STARTING DATE:

EMPLOYMENT STATUS:

BENEFITS UPON RESUBMITTAL:



- Allowance/s: PhpXX,XXX.XX per month
- Vacation Leave: Total of 15 vacation leave credits per year at 1.25 earning per month starting on the first month of employment; not convertible to cash
- Sick Leave: Total of 15 sick leave credits per year at 1.25 earning per month starting on the first month of employment; convertible to cash in excess of 30 days
- Emergency Leave: 5 days per year
- Bereavement Leave: 3 days per year
- Nuptial Leave: 7 calendar days per nuptial event
- Maternity Leave/  
Paternity Leave: As provided by Law
- Annual Cash Gift: Not Guarantee; Depending on the Decision of the Board
- 13<sup>th</sup> month Pay: As provided by law



- Retirement Benefit 1 month pay for every year of service; minimum of 5 years tenure in NATCCO
- Health Care Out-patient and In-patient health care coverage up to PhpXXX,XXX.XX per illness per year
- Group Life Insurance Life insurance coverage of PhpXXX,XXX.XX per year plus Accidental Death and Dismemberment coverage of PhpXXX,XXX.XX per year
- Coop Employees Retirement Program A retirement savings program withdrawable upon separation
- Loyalty Award Cash award given to employees at 10, 15, 20, 25, and 30 years of service
- Funeral Benefit Php10,000.00 for death of immediate family member; Php25,000.00 given to dependents on death of employee

Presented by:

Accepted by:

Ma. Corazon Soriano  
Human Resources Officer

Candidate

## ANNEX E

NATCCO MUTUAL BENEFITS ASSOCIATION, INC.

### **PRE-DEPLOYMENT REQUIREMENTS**

1. Current Resume
2. Clearance from Previous Employment (if applicable)
3. Unexpired NBI Clearance or Police Clearance
4. Photocopy of SSS ID or E1 or E4
5. Photocopy of Income Tax Return (if applicable)
6. Photocopy of HDMF ID
7. ~~PhilHealth~~ Member Data Record (MDR)
8. Photocopy of Transcript of Records
9. Photocopy of Birth Certificate
10. Photocopy of Marriage Certificate (if applicable)
11. Photocopy of Birth Certificate of Child/Children, if applicable
12. Fit to Work Certificate from Accredited Clinic
13. 2 pcs. 1x1 and 1 pc 2x2 picture
14. Payroll Account Application Form

# ANNEX F

(use NATCCO MBAI Letterhead)

(date)

(Name of Candidate)  
(Address of Candidate)

Dear Mr./Ms. (Last Name of Candidate):

We are pleased to inform you that your application for the position of **(state position title)** for NATCCO Mutual Benefit Association, Inc. has been given due consideration and hereby offers you a **(state Employment Status)** for **(number of months)** months commencing on **(start date)** up to **(end date)**, under the following terms and conditions:

1. That, you are to perform work for the **(name of unit/department)** as **(position title)** effective **(starting date)**.
2. That, you shall diligently perform the duties pertaining to the job which you have been hired and such other duties as may be assigned to you from time to time.
3. That, you shall faithfully comply with all the existing company policies, written or unwritten as well as its rules and regulations and the standards of performance prescribed by NATCCO MBAI to qualify you for regular employment.
4. That, you understand that if you are found to be unqualified or unfit for the above employment after due process and careful evaluation of your work performance, vis-à-vis the standards of performance, the NATCCO MBAI may, in its exclusive discretion, terminate your employment. It is therefore understood that NATCCO MBAI shall have no obligation to convert your employment into permanent status prior to or coincident with the expiration of this contract.
5. That, your gross basic salary shall be **PhpXX,XXX.XX** per month payable in two releases based on the existing salary releasing schedule.
6. That, you understand that if you resign voluntarily before the expiration of this contract, you must secure conformity from your immediate superior. The notice of resignation shall be given at least 30 days in advance. Should you fail to do so, NATCCO MBAI reserves the right to file the appropriate legal action with damages for breach of contract.

Should the foregoing terms be acceptable to you, please sign the conforme below to bind yourself with the commitments required for your appointment. We welcome you to NATCCO MBAI and hope that you will find your work both pleasant and rewarding as we look forward to a mutually beneficial working relationship.

Truly yours,

(name of Authorized signatory)  
(position)  
|

CONFORME:

\_\_\_\_\_  
(Name and Signature of Candidate)  
Date: \_\_\_\_\_

## VI. POLICY ON ATTENDANCE

### ANNEX A



## AUTHORITY TO TRAVEL/OFFICIAL BUSINESS SLIP

Reference no: \_\_\_\_\_

Date filed: \_\_\_\_\_

Name: \_\_\_\_\_ Department/Group: \_\_\_\_\_

You are hereby authorized to travel on official business as follows:

Place/Venue : \_\_\_\_\_

Inclusive Times/Dates: \_\_\_\_\_

Activity/ies : \_\_\_\_\_

In this regard, your request for cash advance to cover the following travel & other expenses is hereby approved:

Transportation	:	Airplane	P	_____
		Boat		_____
		Taxi, PUJ & Others		_____
Lodging	:	P _____ x _____ # of days		_____
Per diem	:	P _____ x _____ # of days		_____
Materials/Supplies:				_____
Miscellaneous	:			_____

Note: Lodging maximum of P800/person/day

Total P \_\_\_\_\_

Request by:

Approved by:

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Group Head/ Immediate Supervisor

To be accomplished by Accounting:

Unliquidated Cash Advance to Date: P \_\_\_\_\_



Verified by:


Approved for disbursement by:

\_\_\_\_\_  
Accountant

\_\_\_\_\_  
Accounting Group Head

□

ANNEX B

 <small>Our future, today</small>	<b>National Confederation of Cooperatives</b> <b>LEAVE APPLICATION FORM</b>	Reference No.  <i>0000</i>
Employee's Name: _____ Section/Dept: _____		
<b>REQUEST FOR LEAVE CREDIT AVAILMENTS</b>	<b>FOR ADMIN SERVICES SECTION ONLY</b> <b>VERIFICATION</b>	
Date: _____ Type of Leave: <input type="checkbox"/> vacation <input type="checkbox"/> sick <input type="checkbox"/> emergency <input type="checkbox"/> maternity/paternity <input type="checkbox"/>	AS OF: _____ Available leave credits: NO. OF DAYS: _____	
Inclusive Dates: _____  Pls. Check Appropriate Box/Indicate No. of Days <b>REQUESTED NO. OF DAYS</b> <input type="checkbox"/> WITH PAY: _____ <input type="checkbox"/> W/O PAY: _____	VERIFIED BY: _____ <small>SIGNATURE AND PRINTED NAME</small>	
Reason/s for Leave: _____ _____ _____	NOTED BY: _____ <small>SIGNATURE AND PRINTED NAME</small>	
REQUESTED BY: _____ <small>SIGNATURE AND PRINTED NAME</small>	<b>ACTION TAKEN</b> Date: _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> DEFERED UNTIL _____	
NOTED BY: _____ <small>SIGNATURE AND PRINTED NAME</small>	Reason/s for Leave: _____ APPROVE BY: _____ <small>SIGNATURE AND PRINTED NAME</small>	



ANNEX C

REQUEST FOR OVERTIME

Name:	
Dept / Group:	
Date:	
Time: From _____ To _____	
Reason/s for overtime:	Charging: <input type="radio"/> Compensatory Time-Off <input type="radio"/> Overtime Premium
Requested by:  Name of Employee	Approved by:  Group Head/Immediate Supervisor

HRD-010 rev.01

**VII. ALCOHOL AND DRUG- FREE WORKPLACE POLICY**

**ANNEX A**

<p>NATCCO Mutual Benefits Association Inc. <b>Drug Test Authorization Form</b></p>	
<p>I, _____, hereby agree upon a request made under the Alcohol and Drug-Free Workplace Policy of NATCCO MBAI, to submit to a drug screen test and to furnish a sample of my urine, breath, and/or blood for analysis. I further understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.</p> <p>I further authorize and give my full permission to have NATCCO MBAI and/or its authorized representative send the specimen or specimens so collected to a laboratory for a confirmatory testing should the drug screening test gives positive results. A confirmed positive test is a violation of NATCCO MBAI’s Alcohol and Drug-Free Workplace Policy.</p> <p>I understand that the drug test will be conducted by a DOH-authorized medical facility with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of the policy.</p> <p>I understand that it is my responsibility prior to the drug testing to inform the laboratory and NATCCO MBAI of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.</p> <p>I consent to the release of the results of any drug test to authorized representatives of NATCCO MBAI for appropriate review. I release the NATCCO MBAI, its affiliates, Officers, employees, and any person affiliated with the testing from any claims, losses, damages, or other liabilities due to any acts, omissions, or negligence arising from or related to such testing.</p> <p>I acknowledge that the Alcohol and Drug-Free Workplace Policy is to have an alcohol and drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Alcohol and Drug-Free Workplace Policy.</p>	
<p>_____</p> <p>_____</p>	
<p>Signature over Printed Name of Employee</p>	<p>Date</p>

**IX. BRINGING OF CHILDREN AT WORK POLICY**

**ANNEX A**

<p>NATCCO Mutual Benefit Association Inc. <b>Consent to Bring Child in the Workplace</b></p>
<p>I, _____, hereby authorizes _____ to bring his/her child/children namely: _____ into the workplace for the following reason/s:</p> <p>This consent is valid on _____.</p>

# XIV. TERMINATION AND RETIREMENT POLICY

## ANNEX A

### EXIT INTERVIEW FORM

NATCCO MUTUAL BENEFIT ASSOCIATION INC.

**Exit Interview**

Employee Name: _____	Date of Hire: _____
Role/Department: _____	
Exit Interview Conducted by: _____	Date Today: _____
Last Day of Work: _____	Effective Date: _____

1. Why are you leaving NATCCOMBAI?  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Overall, I was satisfied with NATCCOMBAI as a place to work.  
 Fully \_\_\_\_ Moderately \_\_\_\_ Not Really \_\_\_\_

3. Would you be interested in working for NATCCOMBAI on a Part-Time basis? Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

4. How did you first become interested in NATCCOMBAI:  
 Newspaper Advertisement \_\_\_\_ Friend employed by NATCCOMBAI \_\_\_\_  
 Internet Advertisement \_\_\_\_ Self Initiative \_\_\_\_  
 Recruitment Agency \_\_\_\_ Other Radio - Job Fair \_\_\_\_

5. What was the main reason you decided to join NATCCOMBAI?  
 Looked like a good opportunity \_\_\_\_ Friend employed by NATCCOMBAI \_\_\_\_  
 Career growth \_\_\_\_ Wanted to join this industry \_\_\_\_  
 Good pay / benefits \_\_\_\_ Progressive company \_\_\_\_  
 Good match for my skills \_\_\_\_ Needed a job \_\_\_\_

6. How long did you expect to be in the position you were selected for?  
 Between 0-6 months \_\_\_\_ Between 6-9 months \_\_\_\_  
 Between 9-12 months \_\_\_\_ Approximately 1.5 years \_\_\_\_  
 Approximately 2 years \_\_\_\_ 3 years or more \_\_\_\_

7. Did you fully understand what was involved in the job when it was offered?  
 Fully \_\_\_\_ Moderately \_\_\_\_ Not Really \_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

8. Throughout your employment, were you clearly informed of what was expected of you?  
 Fully \_\_\_\_ Moderately \_\_\_\_ Not Really \_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Please rate & give comments on the following areas in relation to your position**

9. How beneficial was the training you received when you first joined NATCCOMBAI?  
 Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Did you learn all you need to know to be capable of doing the job?  
 \_\_\_\_\_  
 \_\_\_\_\_

12. How did you feel about your physical working environment? (e.g.: surroundings, furniture, etc)

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Did you feel this is a safe place to work?  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Did the technology support hinder your ability to do your job?

Very supportive \_\_\_\_ Supportive \_\_\_\_ Hindrance \_\_\_\_

What changes would you suggest?  
 \_\_\_\_\_  
 \_\_\_\_\_

14. How do you feel about your co-workers?

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

15. Company benefits:

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

16. How did your senior management treat you during your time at NATCCOMBAI? (e.g.: director, mgrs, etc)

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

17. How do you feel about the communication you received about the NATCCOMBAI Project?

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

18. How do you feel the communication you received about the company? (Big Picture)

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

19. What is the general morale and attitude of those around you?

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**ANNEX B**

**EXIT CLEARANCE FORM**

**NATCCO MUTUAL BENEFIT ASSOCIATION INC.  
EXIT CLEARANCE FORM**

This is to certify that \_\_\_\_\_ has ceased to be connected from NATCCO Mutual Benefit Association Inc. (NATCCO MBAI) effective \_\_\_\_\_. The following departments have checked the above employee's accountabilities and below are the details:

DEPARTMENT/ UNIT	COMPANY PROPERTY ISSUED <small>(If applicable)</small>	STATUS & SIGNATURE <small>(Indicate if no responsibility: Custom requesting employee)</small>	DATE SIGNED
Immediate Superior			
Accounting/Finance			
Property Custodian	1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
Human Resources	1. Employee Handbook 2. Company ID 3. Health Card 4. _____ 5. _____		

\_\_\_\_\_  
President

