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| **SEARCH FOR OUTSTANDING GOVERNMENT WORKERS**(Presidential *Lingkod Bayan* and Civil Service Commission *Pagasa* Award) For Outstanding Work Performance**Group Category** |
| **[ ]  Presidential *Lingkod Bayan* [ ]  Civil Service Commission *Pagasa*** |
| **Name of Group Nominee:**       | **Agency Name:**       |
|       |       |
| **Telephone/Cellphone Nos** *(Active Contact Details)***:**        | **Agency Address:**       |
|       |       |
| **Email address:**       | **Region:**       |
| **Team Members Information** ***(First Name, Middle Initial, Last Name - Position Title per Service Record)*** |
| **Name of Team Leader:** | **Name of Member 3:** |
| Position Title:   | Position Title:   |
| Position Level: Choose an item.Position Level: |  Sex: Choose an item. | Position Level: Choose an item. |  Sex: Choose an item. |
| Status of Appointment: Choose an item. :  | Age:  | Status of Appointment: Choose an item. | Age:  |
|  |  |
| **Name of Member 1:** | **Name of Member 4:** |
| Position Title:   | Position Title:   |
| Position Level: Choose an item.Position Level: |  Sex: Choose an item. | Position Level: Choose an item. |  Sex: Choose an item. |
| Status of Appointment: Choose an item.:  | Age:  | Status of Appointment: Choose an item. | Age:  |
|  |  |  |
| **Name of Member 2:** |  |
| Position Title:   |  |
| Position Level: Choose an item.Position Level: |  Sex: Choose an item. |  |  |
| Status of Appointment: Choose an item.:  | Age:  |  |  |
| **REGIONAL OFFICE HEAD** |
| **Name:** |
| **Position:** |
| **Telephone / Cellphone Nos** *(Active Contact Details)***:** |
| **Email address:**  |
| **AGENCY HEAD***(see Item VII, A, no. 3 of 2019 Search Guidelines for appropriate Endorsement)* |
| **Name:** |
| **Position:** |
| **Agency Address:** |
| **Telephone/Cellphone Nos** *(Active Contact Details)***:** |
| **Email address:** |
| **NOMINATOR** |
| **Name:** | **Position:** |
| **Agency:** | **Telephone/Cellphone Nos.:** |
| **Agency Address:**  |       |
|  | **Email add:**  |

 **Additional Information about the Nominee:**

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| **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**: \_\_\_\_\_  |

*Nomination Write-up:*

*(Maximum of 10 pages, A4 size bond paper, Arial #12 font, including executive summary)*

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| **Name of Nominee:**       | **Agency:**       |  **Division/Unit:**       |
| **Position:**       |        |         |
| **Length of Service in the Position:**       | **In Government:**       |        |

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| 1. **Executive Summary**

 Click here to enter text. |
| 1. **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)  Click here to enter text.  |
| 1. **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?

 Click here to enter text. |
| 1. **Other Information (**Major Awards/Citations Received/Membership in the Organization)

  Click here to enter text.  |

**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:***

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|   |  |  |       |
| **Nominee** | **Nominator** | **PRAISE Committee/Highest HRMO** | **Regional Office Head** |

*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.** |
|  Click here to enter text.           | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**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.

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| **CHAIR, PRAISE Committee** |
| **Signature over printed name** |