

CITY GOVERNMENT OF EL SALVADOR

CITIZEN’S CHARTER

2020 (1st Edition)



**CITY COLLEGE OF EL SALVADOR**

Poblacion, El Salvador City, Misamis Oriental

**Vision**

The City College of El Salvador envisions as a Public Higher Learning institution in Northern Mindanao that will empower the Citizenry and provide social inclusion of the disadvantaged sector through Education to cut the cycle of poverty by producing globally competitive professionals.

**Mission**

It shall pursue a multi-sector agenda which includes:

1. Training of competent and responsive human resource for community and industry requirements

2. Intellectual formation that generates knowledge for people empowerment and sustainable development

3. Bridge boundaries across communities and other institutions

4. Be a laboratory for educational research and innovation

**LIST OF SERVICES**

**1. OFFICE OF THE COLLEGE PRESIDENT**

**A. Public Assistance (Phone-in) 5**

**B. Public Assistance (Walk-in) 6**

**2. OFFICE OF THE COLLEGE REGISTRAR**

**A. ADMISSION AND REGISTRATION OF STUDENTS TO THE COLLEGE**

**DURING ENROLMENT PERIOD 7**

**B. ISSUANCE OF CERTIFICATE OF REGISTRATION DURING**

**THE ENROLLMENT PERIOD 9**

**C. PROCESSING OF REQUESTS FOR SCHOLASTIC RECORDS**

**AND SCHOOL CREDENTIALS SUCH AS**

**TRANSCRIPT OF RECORDS, GRADE AND CERTIFICATIONS 10**

**D. RECEIVING AND RECORDING OF DOCUMENTS 12**

**E. AUTHENTICATION OF SCHOLASTIC RECORDS AND**

**SCHOOL CREDENTIALS 12**

**3. OFFICE OF THE GUIDANCE AND TESTING CENTER**

**A. CONDUCT OFADMISSION TEST/ENTRANCE EXAMINATION 14**

**B. ISSUANCE OF CERTIFICATE OF**

**GOOD MORAL CHARACTER (CGMC) 16**

**C. FRONTLINE SERVICE: COUNSELING SERVICES BY REFERRAL 17**

**4. OFFICE OF THE STUDENT AFFAIRS SERVICES**

**A. ACCREDITATION OF STUDENT ORGANIZATION 19**

**B. RECEIVING AND SCHEDULING OF PROPOSALS/**

**ACTION PLANS OF STUDENT AFFAIRS AND SERVICES**

**(SAS) IMPLEMENTERS 20**

**5. COLLEGE LIBRARY**

**A. APPLICATION AND ISSUANCE OF LIBRARY CARD 21**

**B. CHECKING-OUT (BORROWING) OF LIBRARY BOOKS 22**

**OFFICE OF THE COLLEGE PRESIDENT**

**1. PUBLIC ASSISTANCE (PHONE-IN)**

**Description of the service: This is a Service offered to all interested individuals or the general public who wish to inquire through phone-in about the services offered by the City College of El Salvador.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE PRESIDENT** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **ALL INTERESTED INDIVIDUALS** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **None Required** | | | NA | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Make inquiry** | * **Receive/verify caller’s name, address and purpose** | **None** | **2 minutes** | **Ms. Joan S. Bongcayao**  **Academic Secretary**  **under the direct supervision of**  **Dr. Lyllan Gay D. Magdale** |
| **2. Give personal information** | * **Transfer telephone lines to the person concerned/reply communication thru e-mails** | **None** | **1 minute** | **Ms. Joan S. Bongcayao**  **Academic Secretary**  **under the direct supervision of**  **Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | |

**2. PUBLIC ASSISTANCE (WALK-IN)**

**Description of the service: This is a Service offered to all interested individuals or the general public who wish to inquire through walk-in about the services offered by the City College of El Salvador.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE PRESIDENT** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **ALL INTERESTED INDIVIDUALS** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **Any valid ID** | | | NA | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Make Inquiry** | * **Receive/verify client’s name, address and purpose** | **None** | **2 minutes** | **Ms. Joan S. Bongcayao**  **Academic Secretary**  **under the direct supervision of**  **Dr. Lyllan Gay D. Magdale** |
| **2. Give personal**  **Information** | * **Facilitate transaction** | **None** | **5 minutes** | **Ms. Joan S. Bongcayao**  **Academic Secretary**  **under the direct supervision of**  **Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | |

**OFFICE OF THE COLLEGE REGISTRAR**

**3. ADMISSION AND REGISTRATION OF STUDENTS TO THE COLLEGE DURING ENROLMENT PERIOD**

**Description of the service: This is a Service offered by the Office of the College Registrar which handles tasks concerning admission and registration to the new set of enrollees of the City College of El Salvador.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE REGISTRAR** | | | |
| **Classification:** | | **SIMPLE** | | | |
| **Type of Transaction:** | | **G2C** | | | |
| **Who may avail:** | | **HIGH SCHOOL GRADUATES, TRANSFEREES FROM THE HIGHER EDUCATION, ALS GRADUATES** | | | |
| **CHECKLIST OF REQUIREMENTS** | | | | **WHERE TO SECURE** | |
| **HIGH SCHOOL GRADUATES** | | | | | |
| **1. Form-138 (Original Report Card) and Form-137A** | | | | Last School Attended | |
| **2. Photocopy of Birth certificate (NSO/PSA)** | | | | Philippine Statistics Authority | |
| **3. Certificate of Good Moral Character** | | | | Last School Attended | |
| **4. One (1) pc. of 2x2 picture (white background)** | | | | From Client | |
| **5. Two (2) pcs. of Long Brown envelope** | | | | From Client | |
| **6. Two (2) pcs. of Long White plain mailing envelope** | | | | From Client | |
| **7. Entrance Exam Result** | | | | Guidance and Testing Center Office | |
| **Transferees** | | | | | |
| **1. Transcript of Records** | | | | Last School Attended | |
| **2. Honorable Dismissal** | | | | Last School Attended | |
| **3. Certificate of Good Moral Character** | | | | Last School Attended | |
| **4. Photocopy of Birth certificate** | | | | Philippine Statistics Authority/Local Civil Registrar | |
| **5. One (1) pc. of 2x2 picture (white background)** | | | | From Client | |
| **6. Two (2) pcs. of Long Brown envelope** | | | | From Client | |
| **7. Two (2) pcs. of Long White plain mailing envelope** | | | | From Client | |
| **8. Entrance Exam Result** | | | | From Client | |
| **Alternative Learning System (ALS) GRADUATES** | | | | | |
| **1. Certificate of Rating (COR)** | | | | Last School Attended | |
| **2. Certificate of Passer** | | | | Last School Attended | |
| **3. Certificate of Good Moral Character** | | | | Last School Attended | |
| **4. Photocopy of Birth certificate (NSO/PSA)** | | | | Philippine Statistics Authority | |
| **5. One (1) pc. of 2x2 picture (white background)** | | | | From Client | |
| **6. Two (2) pcs. of Long Brown envelope** | | | | From Client | |
| **7. Two (2) pcs. of Long White plain mailing envelope** | | | | From Client | |
| **8. Entrance Exam Result** | | | | Guidance and Testing Center Office | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | | **PERSON RESPONSIBLE** |
| **1. Present all the requirements stated above** | **1.1Examine and evaluate the submitted entrance credentials and requirements of applicants** | **None** | **2 minutes** | | **Mr. Danel John R. Hamo**  **College Registrar, Designate**  **under the direct supervision of**  **Dr. Lyllan Gay D. Magdale** |
|  | **1.2 If all requirements are valid, the applicant will be given Admission Form to be filled out by applicant.**  **1.3 If requirements are invalid and incomplete, the applicant shall be properly notified of his deficiencies.** | **None** | **1 minute** | | **Mr. Danel John R. Hamo**  **College Registrar, Designate**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **2.1 Submit to processor accomplished Admission Form**  **2.2 Go to the department/ college for evaluation** | **2.1 Screen the accomplished admission form and process the application.**  **2.2. Instruct the client to proceed to department/college concerned for evaluation** | **None** | **2 minutes** | | **Mr. John Kevin N. Mugot**  **Registrar Staff**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | | |

**4. ISSUANCE OF CERTIFICATE OF REGISTRATION DURING THE ENROLLMENT PERIOD**

**Description of the service: This is a service offered by the Office of the College Registrar of City College of El Salvador which provides Certificate of Registration of the students upon enrollment.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE REGISTRAR** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **Evaluation form with list of subjects and number of units, duly signed by the Dean /Program Coordinator** | | | Department/ College | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Present all the requirements stated above** | **1 Examine and check the submitted requirements of applicants.** | **None** | **1 minute** | **Mr. Danel John R. Hamo**  **College Registrar, Designate**  **under the direct supervisionof Dr. Lyllan Gay D. Magdale** |
| **2.1Give the evaluation form to the processor**  **2.2 Wait for the name to be called in the designated area** | **2. 1 Validate and encode the subjects**  **2.2 Print the Certificate of Registration (COR).** | **None** | **5-8 minutes** | **Mr. John Kevin N. Mugot**  **Registrar Staff**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **3. Receive the COR** | **3 Stamp COR “ENROLLED” and gives the applicant his copy of the COR.** | **None** | **30 seconds** | **Ms. Katrina Maye J. Gabule**  **Office Clerk**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | |

**5. PROCESSING OF REQUESTS FOR SCHOLASTIC RECORDS AND SCHOOL CREDENTIALS SUCH AS TRANSCRIPT OF RECORDS, GRADE AND CERTIFICATIONS**

**Description of the service: This is a service offered by the Office of the College Registrar which processes students’ requests for Scholastic Records, Transcript of Records, Grades, and Certifications of City College of El Salvador.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE REGISTRAR** | | | |
| **Classification:** | | **SIMPLE, COMPLEX** | | | |
| **Type of Transaction:** | | **G2C** | | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR** | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | | |
| **Clearance form** | | | Registrar’s office | | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Submit a request /clearance form** | * **Examine and verify the request/clearance form** | **None** | | **1 minute** | **Mr. John Kevin N. Mugot**  **Registrar Staff**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **2. Wait for the claim stub and come back on the scheduled releasing time** | * **Schedule the release of requested documents** | **None** | | **30 seconds** | **Ms. Katrina Maye J. Gabule**  **Office Clerk**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **3. (Wait for the schedule of the release of document)** | * **Prepare the requested document/s** | **None** | | **3 working days for grades and certifications**  **7 working days for Transcript of Records** | **Mr. Danel John R. Hamo**  **College Registrar, Designate**  **Mr. John Kevin N. Mugot**  **Registrar Staff**  **under the direct supervision of**  **Dr. Lyllan Gay D. Magdale** |
| **4. Sign the services logbook and receive the requested document/s** | * **Release the requested document** | **None** | | **1 minute** | **Ms. Katrina Maye J. Gabule**  **Office Clerk**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | | |

**6. RECEIVING AND RECORDING OF DOCUMENTS**

**Description of Service: This is a service offered by the Office of Registrar which secures the necessary credentials of the students in City of College of El Salvador.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE REGISTRAR** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **None** | | | NA | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Submit file** | * **Record** | **None** | **2 minutes** | **Ms. SherylMagnetico**  **Registrar Staff**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **2. Sign the log book** | * **Verify if the client signs on the log book** | **None** | **2 minutes** | **Ms. Sheryl Magnetico**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | |

**7. AUTHENTICATION OF SCHOLASTIC RECORDS AND SCHOOL CREDENTIALS**

**Description of Service: This is a service offered by the Office of Registrar which authenticates scholastic records and school credentials of the students.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE REGISTRAR** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **1. Accomplished Application Form** | | | Registrar’s Office | |
| **2. Original and Photocopy of Scholastic Records and School Credentials** | | | Registrar’s Office | |
| **3. One Valid I.D.** | | | From Client | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Get application form and check requested documents on the application form, Submit to registrar staff** | **1. Receive from client the application form and**  **screen whether information stated in the Application Form and the submitted documents are true and authentic by checking records on file at records section** | **None** | **30 seconds** | **Mr. Danel John R. Hamo**  **College Registrar, Designate**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **2. Receive the authenticated document and sign the log book to acknowledge the receipt** | **2.1 Issue the particular document for authentication**  **2.2 Release the authenticated document and log out** | **None** | **3 minutes** | **Mr. Danel John R. Hamo**  **College Registrar, Designate**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **3. Return the Application Form** | * **Schedule the release of requested documents** | **None** | **30 seconds** | **Mr. Danel John R. Hamo**  **College Registrar, Designate**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **4. Wait for the claim stub and come back on the scheduled releasing time** | * **Issue a claim stub** | **None** | **30 seconds** | **Mr. John Kevin N. Mugot**  **Registrar Staff**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **5. Sign the services logbook and receive the requested document/s** | * **Release the requested document** | **None** | **1 minute** | **Ms. Katrina Maye J. Gabule**  **Office Clerk**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | |

**OFFICE OF THE GUIDANCE AND TESTING CENTER**

**8. CONDUCT OFADMISSION TEST/ENTRANCE EXAMINATION**

**Description of the service: This is a service offered by the Office of the Guidance and Testing Center of City College of El Salvador which conducts Entrance Examination to individuals who are interested to enroll in the school.**

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| **Office or Division:** | | **OFFICE OF THE GUIDANCE AND TESTING CENTER** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **PROSPECTIVE STUDENTS OF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **Entrance Exam Form approved by the College Registrar** | | | Office of the College Registrar | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Submits the Entrance Exam Form approved by the College Registrar** | * **Evaluate and verify the document/s submitted by the client** | **None** | **3 minutes** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **2. Take the admission test/entrance exam.** | * **Check Examinee’s attendance and Administer the examination** | **None** | **4 hours** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **3. Submit the Answer Sheet and Test Booklet** | * **Receive answer sheet and test booklet** | **None** | **2 minutes** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **4. Wait for the set schedule of releasing of test results** | * **Set a schedule for the releasing of test results** | **None** | **2 minutes** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **---END OF TRANSACTION---** | | | | |

**9. ISSUANCE OF CERTIFICATE OF GOOD MORAL CHARACTER (CGMC)**

**Description of the service: This is a service offered by the Office of the Guidance and Testing Center processes requests and issues Certificate of Good Moral Character (CGMC) of the students in City College of El Salvador.**

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| **Office or Division:** | | **OFFICE OF THE GUIDANCE AND TESTING CENTER** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **Valid School ID** | | | NA | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Request for Certificate of Good Moral Character (CGMC)form and fill out the form** | * **Give the client the CGMC form** | **None** | **1 minute** | **Mr. Manuel C. Chavo**  **Guidance Head**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **2. Wait for the document requested** | * **Verify Client’s information and prepare/print the CGMC** | **None** | **6 minutes** | **Mr. Manuel C. Chavo**  **Guidance Head**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **3. Claim the CGMC and register and sign at the services logbook of the office** | * **Release CGMC** | **None** | **1 minute** | **Mr. Manuel C. Chavo**  **Guidance Head**  **under the direct supervision of Dr. Lyllan Gay D. Magdale** |
| **---END OF TRANSACTION---** | | | | |

**10. FRONTLINE SERVICE: COUNSELING SERVICES BY REFERRAL**

**Description of the service: The office of Guidance and Testing conducts counseling services by referral to attend to and understand students’ needs emotionally, mentally, and psychologically, that help them familiarize and adjust to their forthcoming situations.**

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| **Office or Division:** | | **OFFICE OF THE GUIDANCE AND TESTING CENTER** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **1. Valid School ID** | | | From Client | |
| **2. Referral Form** | | | Any faculty member (for referral form) | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Present the referral form duly endorsed by a faculty member** | * **Evaluate and verify the referral form** | **None** | **3 minutes** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **2. Register his/her complete name in the log book** | * **Check the log book** | **None** | **2 minutes** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **3. Ask for the counseling form and Fill- out the counseling form and submit the same to the guidance counselor/ psychometrician** | * **Give the counseling form** | **None** | **1 minute** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **4. Wait** | * **Evaluate and verify the referral form** | **None** | **3 minutes** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **5. Wait for further instructions and the counseling session** | * **Conduct the counseling session** * **Record what transpired during the session and the time of the start and end of the session** * **Schedule another session if necessary** | **None** | **30-60 minutes** | **Ms. Alyn Kyle B. Gaid, RPm**  **Psychometrician** |
| **---END OF TRANSACTION---** | | | | |

**STUDENTS AFFAIRS AND SERVICES (SAS) OFFICE**

**11: ACCREDITATION OF STUDENT ORGANIZATION**

**Description of the service: The Student Affairs and Services (SAS) Office processes the applications and approves the accreditation and re-accreditation of students’ organizations and campus ministries.**

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| **Office or Division:** | | **STUDENT AFFAIRS AND SERVICES (SAS) OFFICE** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **STUDENTS ORGANIZATIONS AND CAMPUS MINISTRIES** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **Complete application paper with requirements for accreditation and re-accreditation** | | | Students Affairs And Services (SAS) Office | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Submit application form with complete requirements** | **1.1 Check forms and requirements (if lacking, return papers for completion)**  **1.2 Review application** | **None** | **20 minutes** | **Fr. Melvin P. Clapano**  **Student Affairs Services Coordinator** |
| **2. Wait for approval accreditation/re-accreditation** | **2.Approve/ Disapprove application** | **None** | **20 minutes** | **Fr. Melvin P. Clapano**  **Student Affairs Services Coordinator** |
| **3. Receive approved accreditation/ re-accreditation and sign the log book to acknowledge receipt** | **3. Release approved accreditation/ re-accreditation and log out.** | **None** | **2 minutes** | **Fr. Melvin P. Clapano**  **Student Affairs Services Coordinator** |
| **---END OF TRANSACTION---** | | | | |

**12. RECEIVING AND SCHEDULING OF PROPOSALS/ACTION PLANS OF STUDENT AFFAIRS AND SERVICES (SAS) IMPLEMENTERS**

**Description of the service: The Student Affairs and Services (SAS) Office reviews and sets schedule of presentations of Proposals and Action Plans submitted by the implementers.**

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| **Office or Division:** | | **STUDENT AFFAIRS AND SERVICES (SAS) OFFICE** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C** | | |
| **Who may avail:** | | **SAS IMPLEMENTERS** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **Proposal and Action Plan SAS Forms** | | | Students Affairs And Services (SAS) Office | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Submit proposal/Action Plan** | * **Receive document** | **None** | **2 minutes** | **Fr. Melvin P. Clapano**  **Student Affairs Services Coordinator** |
| **2. Receive information on schedule of proposal presentation** | * **Inform client and provide notice of schedule of proposal presentation** | **None** | **2 minutes** | **Fr. Melvin P. Clapano**  **Student Affairs Services Coordinator** |
| **---END OF TRANSACTION---** | | | | |

**COLLEGE LIBRARY**

**13. APPLICATION AND ISSUANCE OF LIBRARY CARD**

**Description of the service: The College Library processes applications and issues library cards for the students and employees of City College of El Salvador.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE LIBRARIAN** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C**  **G2G** | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR**  **EMPLOYEESOF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **1. Two (2) pcs. ID picture (1x1)** | | | NA | |
| **2. School ID (for CCE students only)** | | | IT Center | |
| **3. Employment ID (for CCE employees only)** | | | IT Center | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Submit all the requirements stated above** | * **Check the submitted**   **requirements of the applicant**   * **Give the application form** | **None** | **3 minutes** | **Mr. Ronie M. Neri**  **Library Staff**  **under the direct supervision of**  **Mr. Rod Ullyses D.Pagaling**  **Librarian III** |
| **2. Fill-out the form** | * **Type all the needed information on the library card** * **Release/issue the accomplished card** | **None** | **5 minutes** | **Mr. Rod Ullyses D. Pagaling**  **Librarian III** |
| **3. Receive the library card** | * **Record the names of the students who received the library card** | **None** | **2 minutes** | **Mr. Rod Ullyses D. Pagaling**  **Librarian III** |
| **---END OF TRANSACTION---** | | | | |

**14 . CHECKING-OUT (BORROWING) OF LIBRARY BOOKS**

**Description of the service: The College Library facilitates the checking-out of books through the approval of the library card and issuance of the borrowed book by the students and employees.**

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| **Office or Division:** | | **OFFICE OF THE COLLEGE LIBRARIAN** | | |
| **Classification:** | | **SIMPLE** | | |
| **Type of Transaction:** | | **G2C**  **G2G** | | |
| **Who may avail:** | | **STUDENTS OF CITY COLLEGE OF EL SALVADOR**  **EMPLOYEES OF CITY COLLEGE OF EL SALVADOR** | | |
| **CHECKLIST OF REQUIREMENTS** | | | **WHERE TO SECURE** | |
| **1. Library Card** | | | College Library | |
| **2. School ID (for CCE students only)** | | | From Client | |
| **3. Employment ID (for CCE employees only)** | | | From Client | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| **1. Presents the library card, valid ID, and books to be borrowed** | **1.1 Examines the library card, valid ID, and books to be borrowed**  **1.2 Returns the library card and valid ID**  **1.3 Gives Borrowers form** | **None** | **3 minutes** | **Mr. Rod Ullyses D. Pagaling**  **Librarian III** |
| **2. Writes the titles of the books to be borrowed** | * **Reviews the accomplished library card** | **None** | **5 minutes** | **Mr. Rod Ullyses D. Pagaling**  **Librarian III** |
| **3. Receives books to be borrowed** | * **Approves the accomplished library card** * **Issues the books borrowed** | **None** | **2 minutes** | **Mr. Rod Ullyses D. Pagaling**  **Librarian III** |
| **---END OF TRANSACTION---** | | | | |

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| **FEEDBACK AND COMPLAINTS MECHANISM** | |
| **How to send feedback** | 1. Call or text the College President-Designate,  **Dr. Lyllan Gay D. Magdale**, at 09755303887.  2. Send your feedback through email:  **elsalvador.citycollege@gmail.com**.  3. Accomplish the feedback Form available in the offices and put it in the CCE Assistance and Complaint Drop Box. |
| **How feedbacks are processed** | 1. Minor feedbacks will be acted on immediately.  2. Major feedbacks will be first reviewed by the Feedback and Complaint Committee for further improvement and enhancement of services. |
| **How to file a complaint** | 1. If the complaint is against an administrative official, the proponent may submit a letter or affidavit of complaint addressed to VP-Administration.  2. If the complaint is against a faculty member, the proponent may submit a letter or affidavit of complaint addressed to VP-Academic Affairs.  3. If the complaint is against a student, the proponent may submit a letter or affidavit of complaint addressed to SAS Coordinator. |
| **How complaints are processed** | 1. All complaints will then be endorsed to the Feedback and Complaint Committeefor investigation and initial deliberation.  2. After the initial deliberation,the Feedback and Complaint Committee will then write its findings and recommendations.  3. The findings and recommendations from the Feedback and Complaint Committee will then be endorsed to the Board of Trustees for review and final deliberation of the complaint.  4. The Complainant and the Complainee will then be duly notified of the decision of the filed complaint through the Office where the complaint emanates. |

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| **Office** | **Address** | **Contact Information** |
| City College of El Salvador | Zone 1 Poblacion, El Salvador City | elsalvador.citycollege@gmail.com |
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| Contact Information of CCB | CSC – Contact Center ng Bayan – 0908-8816-565 |
| PCC | Presidential Complaints Center - 8888 |
| ARTA | Anti-Red Tape Authority – 478-5093 |