

CITY GOVERNMENT OF EL SALVADOR

CITIZEN’S CHARTER

2020 (1st Edition)



CITY GOVERNMENT OF EL SALVADOR

CITY ADMINISTRATOR’S OFFICE

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**I. Mandate:**

The City Administrator’s Office is a mandatory office created by virtue of Republic Act No. 7160 otherwise known as “The Local Government Code”.The City Administrator shall: develop plans and strategies, assist in the coordination of the work of all the officials of the city, establish a sound personnel program, conduct a continuing organizational development, be in the frontline of the delivery of administrative support services, and recommend/advise on matters of management/administration of the city. The City Administrator also represents the City Mayor in some ministerial transactions.

**II. Vision:**

**III. Mission:**

**IV: Service Pledge:**

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**LIST OF SERVICES**

**Central/Head Office 1**

**External Services 1**

Service A 1

Service B 1

Service C 1

**Internal Services 1**

Service A 1

Service B 1

Service C 1

**Regional/Field Office 1**

**External Services 1**

Service A 1

Service B 1

Service C 1

**Internal Services 1**

Service A 1

Service B 1

Service C 1

**Provincial Office 1**

**External Services 1**

Service A 1

Service B 1

Service C 1

**Internal Services 1**

Service A 1

Service B 1

Service C 1

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**Service Office**

**Service Category**

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1. APPROVAL OF LEAVE APPLICATIONS

**Description of the Service:** This service provides approval to leave application submitted by every employee.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office or Division:** | CITY ADMINISTRATOR’S OFFICE | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2G | | | |
| **Who may avail:** | All LGU Regular and co-terminous Employees | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| **LEAVE FORM duly signed by their department head and by the HRMO** | | | HRMO | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1.Submit Leave form | 1.1 Receive and review the documents |  | 5minutes | Eullen Grace B. Cero  Office Clerk  Under the supervision of the Administrator |
|  | 1.2 Sign the Leave form |  | 5 minutes | Keeshia Dawn O. Lignes  Acting City Administrator |
| 2.Receive the form and sign the logbook | 2.1 Register on the logbook and  release the forms to the HRMO |  | 5 minutes | Eullen Grace B. Cero  Office Clerk  Under the supervision of the Administrator  Manolo O. Amos  I.T Expert  Under the supervision of the Administrator |

1. APPROVAL OF TRIP TICKET

**Description of the Service:** This service provides approval of trip ticket to the drivers of the City Government.

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| **Office or Division:** | CITY ADMINISTRATOR’S OFFICE | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2G | | | |
| **Who may avail:** | All department drivers | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
| **DRIVER/ VEHICLE PASS**  **DRIVER’S TRIP TICKET** | | | CMO  From their department | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the Vehicle Gate Pass together with the Driver’s Trip Ticket | 1.1 Verify and record the documents |  | 5minutes | Jovy C. Apag  Encoder  Under the supervision of the Administrator |
|  | 1.2 Sign the Trip Ticket |  | 5 minutes | Keeshia Dawn O. Lignes  Acting City Administrator |
| 2.Receive the document and sign the logbook and acknowledge receipt | 1.3 Release the document |  | 1 minute | Jenelyn Q. Bacangoy  Office Clerk  Under the supervision of Legal Officer |

1. APPROVAL OF CASE STUDY FOR CASH ASSISTANCE REQUESTS

**Description of the Service:** This service provides approval of cash assistance requested by the City Social Work Department (CSWD) to all the city’s indigent clients.

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| **Office or Division:** | CITY ADMINISTRATOR’S OFFICE | | | |
| **Classification:** | Simple | | | |
| **Type of Transaction:** | G2G | | | |
| **Who may avail:** | All Indigent Family Heads | | | |
| **CHECKLIST OF REQUIREMENTS** | | **WHERE TO SECURE** | | |
|  | | |  | |
| **CLIENT STEPS** | **AGENCY ACTIONS** | **FEES TO BE PAID** | **PROCESSING TIME** | **PERSON RESPONSIBLE** |
| 1. Submit the complete requirements for cash assistance | 1.1. Verify the validity and completeness of the documents |  | 5 minutes | Eullen Grace B. Cero  Office Clerk  Under the supervision of the Administrator |
|  | 1.2 Sign the document/s |  | 5 minutes | Keeshia Dawn O. Lignes  Acting City Administrator |
| 2.Receive the documents and sign the logbook | 2.1 Register on the logbook and  release the forms to the Budget Office |  | 5 minutes | Eullen Grace B. Cero  Office Clerk  Under the supervision of the Administrator  Manolo O. Amos  I.T Expert  Under the supervision of the Administrator |

|  |  |
| --- | --- |
| **FEEDBACK AND COMPLAINTS MECHANISM** | |
| How to send feedback | 1. Write your comments on the paper and pen provided at designated area and drop at Comment Box. Include complete details of sender. 2. Call or text us through 0945-894-8594. Look for the Secretary. 3. Send us feedback/ message through our official Facebook page **El Salvador City, Misamis Oriental** |
| How feedbacks are processed | 1. All accomplished feedback forms, calls and messages are gathered by the Secretary and forwarded to the Administrator. 2. A feedback assessment and evaluation will be done. |
| How to file a complaint | 1. Write your complaint on the paper and pen provided at designated area and drop at Comment Box. Include complete details of sender. 2. Call or text us through 0945-894-8594. Look for the Secretary. 3. Send us feedback/ message through our official Facebook page **El Salvador City, Misamis Oriental** |
| How complaints are processed | 1. Written complaints, messages, calls will be addressed by the Secretary and forwarded to the Administrator for immediate action and investigation. |
| Contact Information of CCB | CSC – Contact Center ng Bayan – 0908-8816-565 |
| PCC | Presidential Complaints Center - 8888 |
| ARTA | Anti-Red Tape Authority – 478-5093 |

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| **Office** | **Address** | **Contact Information** |
| Office A | Address | Hotline Number |
| Office A | Address | Hotline Number |
| Office A | Address | Hotline Number |

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