**FEEDBACK TO PROGRAM MANAGERS**

In line with the service delivery improvement efforts of the Department, kindly evaluate our program managers by ticking off the appropriate box corresponding to your response. Rest assured that we will treat your reply with utmost confidentiality. Thank you.

- Application for Accreditation of Co-Partner
- Application for Alien Employment Permit (New/Renewal)
- Application for Authority to Operate Branch Office of a Private Employment Agency
- Application for Authority to Recruit
- Application for License to Operate Private Employment Agency (PEA)
- Application for Livelihood Project Assistance
- Application for Job Fair Clearance
- Application for Job Fair Permit
- Application for Sugar Workers’ Death Benefit Claim
- Application for Sugar Workers’ Maternity Benefit Claim
- Application for Authority to Operate Branch Office of a Private Employment Agency
- Issuance of Certificate of Appearance for Professional Mechanical Engineer/Professional Electrical Engineer
- Issuance of Certificate of Exclusion from Alien Employment Permit
- Issuance of Letter of Approval/Disapproval of Construction Safety and Health Program (CSHP) Application
- Issuance of Permit to Operate Mechanical Installation/Certificate of Electrical Inspection (CEI)
- Registration of Establishment under Rule 1020 of the Occupational Safety and Health Standards
- Registration of Collective Bargaining Agreement
- Registration of Contractors
- Registration of Union
- Registration of Workers’ Association
- OTHERS: ______________________________________________________

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<tr>
<th>Particulars (Mga Detalye)</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>1. Timely issuance of amendments and/or new policies/guidelines/decisions</td>
<td>☐</td>
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<td>2. Efficient technical assistance rendered</td>
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<td>3. Regular monitoring of program implementation</td>
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<td>4. Accurate evaluation of the progress of the program</td>
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<td>5. Consistent provision of feedback to the top Management and the program implementer on the result of the evaluation of the program implementation</td>
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<td>6. Capacitate program implementers</td>
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Comments/Suggestions/Recommendations:

________________________________________________________________________________________
________________________________________________________________________________________

________________________________________  ____________________________________________
Head of Office (Signature over printed name) (Office)

________________________________________  ____________________________________________
(Office) (Date)