








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.

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

Particulars (Mga Detalye)	Strongly agree 	Agree 	Neither Agree nor Disagree 	Disagree 	Strongly Disagree 
1. Timely issuance of amendments and/or new policies/guidelines/decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Efficient technical assistance rendered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Regular monitoring of program implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accurate evaluation of the progress of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Consistent provision of feedback to the top Management and the program implementer on the result of the evaluation of the program implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Capacitate program implementers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Suggestions/Recommendations:



Head of Office
(Signature over printed name)

(Office)

(Date)