

**Form 1.0 REPORT ON RANKING OF OFFICES/DELIVERY UNITS**

Department/Agency \_\_\_\_\_

**I. SUMMARY OF INFORMATION REQUIRED**

1.1 Total No. of Bureau/Offices/Attached Agencies/Delivery Units _____
1.2 Total No. of Bureaus/Attached Agencies/Delivery Units that achieved their performance targets _____
1.3 Total No. of Filled Positions as of December 31, 2021 _____
1.4 Total No. of Officials and Employees Entitled to PBB _____
1.5 Total Amount Required for Payment of PBB PHP _____

**II. REPORT ON RANKING OF OFFICES/DELIVERY UNITS**

Department/Agency: \_\_\_\_\_

<b>Details for Head of Agency</b>				
<b>Name</b>	<b>Salary Grade (and Step Increment)</b>	<b>Monthly Basic Salary</b>	<b>Months in service in 2021</b>	<b>Amount of PBB</b>

<b>Names of Bureaus/ Offices/Attached Agencies/ Delivery Units</b>	<b>Total Score</b>	<b>List of Employees</b>				
		<b>Names of Employee</b>	<b>Salary Grade (and Step Increment)</b>	<b>Monthly Basic Salary</b>	<b>Months in service in 2021</b>	<b>Amount of PBB</b>
Delivery Unit 1						
Delivery Unit 2						
Delivery Unit 3						

<b>2.4 Did not meet Targets (No PBB)</b>	Delivery Unit 1				
	Delivery Unit 2				
<b>TOTAL POOR</b>					

<b>2.5 Did not submit SALN</b>	Delivery Unit 1					
	Delivery Unit 2					
<b>TOTAL</b>						

<b>2.6 Did not liquidate Cash Advance within reglementary period</b>	Delivery Unit 1					
	Delivery Unit 2					
<b>TOTAL</b>						

<b>2.7 Did not submit SPMS Forms</b>	Delivery Unit 1					
	Delivery Unit 2					
<b>TOTAL</b>						

\_\_\_\_\_  
Head of HR

Date:

\_\_\_\_\_  
Department Agency Head

Date: