



# National Center for Mental Health

## MEMORANDUM

No. 2023 - 0005

**TO:** ALL NCMH OFFICIALS AND EMPLOYEES

**FROM:** NOEL V. REYES, MD, FPPA, MMHoA  
Medical Center Chief II

**DATE:** January 5, 2023

**SUBJECT:** GUIDELINES ON LEARNING AND DEVELOPMENT (L&D) - RELATED ACTIVITIES

Since NCMH has embarked on its re-organization through the Performance Governance System (PGS), it renews its commitment to capacitate the human resource as a partner toward the fulfillment of its new strategic directions. And with the start of developing the NCMH Competency-based Human Resource System (CBHRS), learning and development activities shall be based on identified competency gaps from the assessments conducted. Consequently, these new directions would require changes in the guidelines of learning and development (L&D) - related activities to ensure that these activities are coherent with the recent reforms of NCMH.

Because of these, the following general guidelines are to be observed in the conduct of learning and development (L&D) activities:

1. The NCMH believes that the employees are its best resource.
2. All learning and development (L&D) activities conducted and attended by employees shall be based on the identified competency gaps of each office which become priorities of the office learning and development activities.
3. All L&D initiatives and requests shall be coursed through the Professional Education, Training, and Research Office (PETRO).

This issuance intends to standardize the L&D activities and guide the different offices, especially the training coordinators (TCs) and the chiefs of offices/sections/services.

### I. Attendance and Conduct of NCMH L&D Activities

- A. All training requests and plans of the different offices (whether enrollment to external organizers, PETRO or Office-Initiated, or for procurement by Consultancy) shall be

*"There is no Health without Mental Health"*





## National Center for Mental Health

coursed through the PETRO for review, and to ensure these are in line with the organizational goals of NCMH.

- B. The following documents shall be submitted to PETRO:
1. Enrollment in L&D activities outside NCMH
    - i. **Training Request Form (TRF) (Annex A)** – signed by the head of the office
    - ii. Course Description/Outline
  2. PETRO / Office-Initiated L&D Activities
    - i. Learning Design of the activity – pre-reviewed by TC.
    - ii. TRF – signed by the head of the office
    - iii. Curriculum Vitae of Resource Person (if applicable)
  3. Consultancy / Contracted out through Procurement
    - i. Terms of Reference (TOR) – signed by the head of the office
- C. Other Documentary requirements (purchase requests, disbursement vouchers, etc.) shall be the responsibility of the concerned employee/office attending or organizing the activity.
- II. Attendance to Advanced Professional Courses** (postgraduate, scholarship, fellowship, sub-specialty, & similar highly technical courses)
- A. All employees applying for any advanced professional courses (as stated above) shall submit a **letter of intent (LOI)** addressed to the Office of the Medical Center Chief (**Annex B**), noted by the head of office/Chief of Section, and coursed through PETRO.
- B. The PETRO, upon receipt of the employee's application, shall provide the applicant a **Certification Form (Annex C)** for the applicant to process with the certifying officers in order to avail of the advanced professional course based on the following criteria:
1. The employee should have at least salary grade 15.
  2. Has not availed of any foreign or local scholarship for the last six (6) months
  3. Has rendered 75% of service obligation for scholarship previously availed (Regardless of date of completion of the last scholarship grant)
  4. The employee has no pending administrative / criminal case.
  5. The employee has been in government service for at least one (1) year, the six (6) months of which is under Department of Health DOH agency. (not applicable to fellowship/ residency program)
  6. The course is aligned with the current function of the employee (applicant) or a requirement for his promotion in the field.
- C. Upon clearance from the above criteria, the PETRO shall endorse the employee's application and LOI to the office of the Medical Center Chief (MCC).
- D. Upon approval by the MCC, the applicant shall accomplish the following important documents:
1. **DOH Return Service Agreement (Annex D)** – DOH requirement for fellowship and residency program
  2. **Memorandum of Agreement (Annex E)** – for scholarships to postgraduate courses, fellowship and residency program
  3. **Training Agreement (Annex F)** – for highly technical courses

*"There is no Health without Mental Health"*





## National Center for Mental Health

- E. Other documentary requirements shall be the responsibility of the applicant. The PETRO shall provide the information and coordination needed.
- F. After completion of the course, the employee shall return to his work assignment for service obligation and submit the following documents to PETRO:
  - 1. **Re-Entry Action Plan and Monitoring (REAPM) (Annex G);**
  - 2. Certificate of Training
- G. Upon completion of the service obligation, the PETRO shall issue a **certification (Annex H)** of the completed service obligation.


### III. Study Leave to complete postgraduate requirements, attend review classes, and take board / bar examinations

- A. All employees applying for a **study leave** in fulfillment of their postgraduate course requirements, attending review classes, and /or taking board/bar examinations shall submit a **Letter of Intent (LOI)** addressed to the Office of the Medical Center Chief (**Annex B**), noted by the head of office/chief of section, and coursed through PETRO.
- B. The PETRO, upon receipt of the employee's application, shall provide the applicant a **Certification Form (Annex C)** for the applicant to process with the certifying officers in order to avail of the study leave based on the following criteria:
  - 1. All of II.B. except numbers 1 & 4.
  - 2. Has been in government service for at least two (2) years.
  - 3. At least Very Satisfactory (VS) rating for the last two (2) rating periods.
- C. After the employee is determined to be eligible of the study leave, the PETRO shall endorse the study leave application with certification form and LOI of the employee to the Office of the MCC for approval.
- D. Upon approval of his/ her request by the MCC, the employee accomplishes a notarized **NCMH Return Service Agreement (Annex I)** together with the approved certification form and letter of intent.
- E. The employee files his/ her official study leave application with the Human Resource Management Office indicating the exact dates of the said study leave approved by the Head of Office or section.
- F. Other documentary requirements needed for the said application shall be the responsibility of the employee concerned. The PETRO may provide the information and coordination needed.
- G. Upon completion of the service obligation, the PETRO shall issue a **certification (Annex H)** of the completed service obligation.

For the information and guidance of all.

*"There is no Health without Mental Health"*



	<b>DEPARTMENT OF HEALTH</b> <b>NATIONAL CENTER FOR MENTAL HEALTH</b> <b>TRAINING REQUEST FORM</b>	PETRO Training Request Rev. 0 01 July 2021
--	---	--

Please write legibly or in PRINT and put a check mark (✓) on the appropriate boxes.

<b>Requesting Office:</b>				<b>Date of Request:</b>			
<b>Scheme of learning and development activity:</b> <i>(For the required attachments, please see back page)</i>			<input type="checkbox"/> Enrollment to external organizing agency <input type="checkbox"/> In-House (NCMH-organized activity) : <input type="checkbox"/> Internal resource person (NCMH Employee) <input type="checkbox"/> External resource person <input type="checkbox"/> External learning service provider				
<b>Mode of Delivery:</b>		<input type="checkbox"/> Face-to-face		<input type="checkbox"/> Online		<input type="checkbox"/> Blended learning (online and face-to-face)	
<b>For application as CPD* Program:</b>			<input type="checkbox"/> YES <i>(If yes, please see back page for CPD requirements)</i>			<input type="checkbox"/> NO	
<b>Title of learning and development activity:</b>							
<b>Target schedule:</b>		Date		from _____ to _____			
		Time		from _____ to _____			
		No. of Hours					
<b>Target participants:</b>		Number					
		Category					
		Name and position of participant/s <i>(please attach separate sheet if necessary)</i>					
<b>Proposed Budget (if applicable):</b>				<b>php</b>			
<b>Included in the Annual Training Plan of the year?</b>			<input type="checkbox"/> YES			<input type="checkbox"/> NO <i>(provide justification letter)</i>	

Submitted by:

\_\_\_\_\_  
Head of Office

\*CPD: Continuing Professional Development

TO BE FILLED OUT BY PETRO:

Recommended for approval:

YES

with comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
TERESA ROSALIE D. DEL VALLE, MD, FPPA, MMHoA  
Chief, PETRO

Approved by:

\_\_\_\_\_  
NOEL V. REYES, MD, FPPA, MMHoA  
Medical Center Chief II

(Below is the template for letter of intent for application of advanced professional course and study leave)

**Letter of Intent**

*(For Advanced Professional Course and Study Leave)*

(Name of Applicant)

(Address)

(Contact Number)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Center Chief II

Subject: Letter of Intent for *(specify advanced professional course or study leave)*

Dear Dr. \_\_\_\_\_:

I am writing this letter to apply for *(specify name of scholarship/special training or course/study leave)* starting in *(specify month/year)*.

*(State the reason for your application of the scholarship / study leave; benefits of this scholarship or study leave in your current position and area of assignment.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Closing statement to grant the application for scholarship/lateral entry/study leave).*

Sincerely,

\_\_\_\_\_  
Name of Applicant / Employee

Noted by:

\_\_\_\_\_  
Supervisor

**CERTIFICATION***(For Advanced Professional Courses and Study Leave)*Application for:  Study Leave  Advanced Professional Course

- specify purpose/ course: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Office: \_\_\_\_\_

Position: \_\_\_\_\_ Salary Grade: \_\_\_\_\_

Instructions: Please certify the above-named applicant regarding his/ her application by encircling the Y/N box whichever is applicable to the applicant and affixing your signature on the appropriate space provided as certifying officer:

**Certifying Officer**

- |   |  |   |   |                     |  |             |
|---|--|---|---|---------------------|--|-------------|
| 1. Has foreign or local scholarships for the last six months:   | <table border="1"><tr><td>Y</td><td>N</td></tr></table>                                  | Y | N | _____ PETRO         |  |             |
| Y   | N  |   |   |                     |  |             |
| 2. Has rendered 75% of service obligation for study grant previously availed (regardless of date of completion of the last study grant)   | <table border="1"><tr><td>Y</td><td>N</td></tr><tr><td colspan="2">N/A</td></tr></table> | Y | N | N/A                 |  | _____ PETRO |
| Y   | N  |   |   |                     |  |             |
| N/A   |  |   |   |                     |  |             |
| 3. Has pending administrative/ criminal charges:  | <table border="1"><tr><td>Y</td><td>N</td></tr></table>                                  | Y | N | _____ Legal Section |  |             |
| Y   | N  |   |   |                     |  |             |
| 4. Meet required no. of years in government service <i>(not applicable to fellowship/ residency)</i> <ul style="list-style-type: none"> <li>• For advanced professional course - one (1) year; last six (6) months of which should be under any Department of Health (DOH) Agency</li> <li>• For study leave - two (2) years</li> </ul> | <table border="1"><tr><td>Y</td><td>N</td></tr><tr><td colspan="2">N/A</td></tr></table> | Y | N | N/A                 |  | _____ HRMO  |
| Y   | N  |   |   |                     |  |             |
| N/A   |  |   |   |                     |  |             |
| 5. Has at least Very Satisfactory performance rating for the last two (2) periods <i>(not applicable to advance professional course)</i>  | <table border="1"><tr><td>Y</td><td>N</td></tr><tr><td colspan="2">N/A</td></tr></table> | Y | N | N/A                 |  | _____ HRMO  |
| Y   | N  |   |   |                     |  |             |
| N/A   |  |   |   |                     |  |             |
| 6. Study grant aligned with current function and requirement for his promotion in the field   | <table border="1"><tr><td>Y</td><td>N</td></tr></table>                                  | Y | N | _____ PETRO         |  |             |
| Y   | N  |   |   |                     |  |             |

Recommendation for approval:

 YES NO

**TERESA ROSALIE D. DEL VALLE, MD, FPPA, MMHoA**  
Chief PETRO

 Approved Disapproved

**NOEL V. REYES, MD, FPPA, MMHoA**  
Medical Center Chief II



**HEALTH HUMAN RESOURCE DEVELOPMENT BUREAU**

**RETURN SERVICE AGREEMENT**

I, \_\_\_\_\_, \_\_\_\_\_ in  
(Position)  
\_\_\_\_\_ in consideration of my grant to undergo training for a  
(Hospital)  
period of \_\_\_\_\_ months/years commencing \_\_\_\_\_, do hereby agree:

1. **THAT**, upon pursuing my training, I shall comply with all rules and regulations applicable to my grant and such other rules and regulations as may thereafter be prescribed by the Department of Health;
2. **THAT**, upon completion of my training, I shall return to my assignment in \_\_\_\_\_ where my special training under this grant can be utilized to the fullest advantage and the best interest;
3. **THAT**, I shall conform with the plan of training arranged by the Health Human Resource Development Bureau, Department of Health.
4. **THAT**, I shall render one (1) year service or two (2) years for every year of training to the sending agency in consideration of the grant herein authorized, and should I fail to do so because of resignation, or other cause of separation within my control, I shall refund to the \_\_\_\_\_ and amount equivalent to the total expenses for my training grant, including salaries I have received during the period of my training.
5. **THAT**, in case of default within the period stipulated of my grant, I shall also refund to same hospital an amount equivalent to the expenses already incurred for my training, including salaries I have received during the period of training.
6. **THAT**, I shall render within thirty (30) days, after the termination of my grant a written summary of my training to Health Human Resource Development Bureau, Department of Health.

**IN WITNESS THEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
at \_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_  
issued on \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Head of Agency

\_\_\_\_\_  
Participant

WITNESS:

APPROVED:

\_\_\_\_\_  
CAO / HRMO

\_\_\_\_\_  
Regional Director

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES    )  
CITY OF \_\_\_\_\_            ) S.S.

**BEFORE ME**, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, in the city of \_\_\_\_\_, Philippines, personally appeared \_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_, issued at \_\_\_\_\_ on \_\_\_\_\_, 20 \_\_\_\_\_, known to me to be the same person who executed the foregoing instrument and they acknowledge to me the same is their free act and deed.

**WITNESS MY HAND AND SEAL**, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, in the City of Manila, Philippines.

\_\_\_\_\_  
Notary Public

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20 \_\_\_\_\_



**MEMORANDUM OF AGREEMENT FOR RESIDENCY/ FELLOWSHIP TRAINING PROGRAM**

**KNOWN ALL MEN BY THESE PRESENT:**

This Agreement is entered into in \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_, 2022 among:

The **NATIONAL CENTER FOR MENTAL HEALTH (NCMH)**, a special research and training hospital under the Department of Health, with postal address at Nueve de Pebrero Street Barangay Mauway, Mandaluyong City, 1553 and herein represented by its **Medical Center Chief II, DR. NOEL V. REYES** and referred to as the **SENDING HOSPITAL**;

and

The \_\_\_\_\_, a training hospital, duly organized and existing under and by virtue of the Republic of the Philippines, with postal address at \_\_\_\_\_, and herein represented by its Medical Center Chief, \_\_\_\_\_, and herein referred to as the **RECEIVING HOSPITAL**;

and

Dr. \_\_\_\_\_, Filipino, of legal age and a resident of \_\_\_\_\_ employed as \_\_\_\_\_ of the National Center for Mental Health and herein referred to as the **RESIDENT/ FELLOW**.

**WITNESSETH:**

WHEREAS, the **SENDING HOSPITAL** is mandated to render a comprehensive range of quality mental health services nationwide and desires to improve the quality of its healthcare services through affiliation with other teaching hospitals;

WHEREAS, the **RESIDENT/ FELLOW** has qualified as a physician to undergo residency/ fellowship training in the field of \_\_\_\_\_ at the \_\_\_\_\_ for \_\_\_ (duration) from \_\_\_\_\_ to \_\_\_\_\_;

WHEREAS, the **RECEIVING HOSPITAL** offers **RESIDENCY/ FELLOWSHIP TRAINING PROGRAM** in the field of \_\_\_\_\_ to qualified selected physicians;

WHEREAS, the **RECEIVING HOSPITAL** agrees to accept the affiliation and training of the **RESIDENT/ FELLOW** of the **SENDING HOSPITAL** for professional learning and development under its well-established and accredited Residency/ Fellowship Training Program in \_\_\_\_\_.

For and in consideration of the foregoing, the parties hereto agreed to the following:

**ARTICLE I – DUTIES AND OBLIGATIONS OF THE PARTIES**

**Section 1.** The **SENDING HOSPITAL** shall:

- a) Send an applicant for residency/ fellowship training who meet the minimum eligibility and/ or requirements set by the **RECEIVING HOSPITAL**;
- b) Endorse the **RESIDENT/ FELLOW** to the **RECEIVING HOSPITAL**;
- c) Maintain the database of accepted **RESIDENT/ FELLOW** and their corresponding field of training and expected date of completion of training;

- d) Coordinate closely with the RECEIVING HOSPITAL for the monitoring and evaluation of the performance of the RESIDENT/ FELLOW; and,
- e) Process the monthly salaries of the RESIDENT/ FELLOW upon submission of the signed Daily Time Records (DTR) or its equivalent.

**Section 2. The RECEIVING HOSPITAL shall:**

- a) Provide the SENDING HOSPITAL a letter stating its acceptance of the RESIDENT/ FELLOW to undergo the residency/ fellowship training program in \_\_\_\_\_;
- b) Exercise joint administrative supervision and control over the RESIDENT/ FELLOW with the SENDING HOSPITAL, for the duration of the training program;
- c) Make available its staff, facilities, equipment and machineries for the Residency/ Fellowship Training Program;
- d) Determine the content of the program, the instruction materials or references that may be needed, and the patients who could be subject cases in accordance with the accreditation standards set by the \_\_\_\_\_ (society);
- e) Provide actual and free-of-charge relevant instruction, exposure, and training to the RESIDENT/ FELLOW consistent with its policies, rules and regulations and with the established Residency/ Fellowship Training Program;
- f) Provide the SENDING HOSPITAL a monthly DTR, or its equivalent, of the RESIDENT/ FELLOW signed by the immediate supervisor and by any of its authorized officers;
- g) Ensure safety and security of the RESIDENT/ FELLOW; and,
- h) Issue a Certificate of Completion at the end of the residency/ fellowship training program and upon clearance from any hospital liabilities.

**Section 3. The RESIDENT/ FELLOW shall:**

- a) Fulfill the duties and functions as a Resident/ Fellow of the SENDING HOSPITAL;
- b) Obey and adhere to the policies, practices, rules, and regulations of the RECEIVING HOSPITAL and the Department/ Section where Resident/ Fellow is receiving training;
- c) Participate fully in the educational and scholarly activities of the training program, including compliance with research activities as assigned by the Head of the Department/ Section and/or as necessary for the completion of the requirements of the training program;
- d) Submit to NCMH Human Resource Management Office DTRs, leave applications, Individual Performance Commitment and Reviews (IPCRs) and other administrative documents/ reports for purposes of compensation, program monitoring and evaluation based on the prescribed schedule as required by the SENDING HOSPITAL;
- e) Refund to the sending hospital the amount equivalent to the total expenses of the training grant, including salaries received during the period of training in case of resignation or other cause of separation or default within the period stipulated of the grant.

**ARTICLE II – TERMS OF THE RESIDENCY/ FELLOWSHIP TRAINING**

**Section 1. The TERMS OF THE RESIDENCY/ FELLOWSHIP TRAINING shall be as follows:**

- a) The RESIDENT/ FELLOW, once accepted by the RECEIVING HOSPITAL to the Residency/ Fellowship Training Program, shall undergo the training for the duration of \_\_\_\_\_, commencing from \_\_\_\_\_ to \_\_\_\_\_, subject to renewal / reappointment every year thereafter but not to exceed \_\_\_\_\_ years as the duration of the training program.
- b) The renewal/ continuity of the RESIDENT/ FELLOW under the Residency/ Fellowship Training Program shall depend on his/ her performance as evaluated

by the Training Committee of the said Department/ Section of the RECEIVING HOSPITAL, thru a standard performance evaluation system, the mechanics of which shall be communicated to the former before the start of the training;

- c) The training may be terminated by the RECEIVING HOSPITAL even before the expiration of the period, once the performance of the RESIDENT/ FELLOW is found to be poor/ unsatisfactory, or for tardiness and absenteeism concerns, mental or physical unfitness, or failure to meet the standards of medical ethics and behavior, based on pertinent rules and regulations.

**Section 2.** The **TERMS OF RETURN SERVICE** shall be as follows:

- a) The RESIDENT/ FELLOW shall complete the Residency/ Fellowship Training Program of the RECEIVING HOSPITAL within the prescribed period without further extension. However, the RECEIVING HOSPITAL may issue a Certificate of Completion only upon the satisfactory completion by the RESIDENT/ FELLOW of the established requirements.
- b) The RESIDENT/ FELLOW shall immediately render service to the SENDING HOSPITAL as stated in the signed and notarized Return Service Agreement;
- c) Render a service obligation equivalent to the duration of the training:
 

<b>Duration of training</b>	-	<b>Duration of service obligation</b>
Less than one (1) year	-	one (1) year
For every year	-	two (2) years
- d) Upon satisfactory completion of return service, the SENDING HOSPITAL shall issue a Certificate of Completion of Return Service.

**ARTICLE III – MISCELLANEOUS PROVISIONS**

**Section 1.** All parties further agree that this Memorandum of Agreement shall not be amended or modified without the consent of the contracting parties.

**Section 2.** This Agreement shall take effect immediately upon signing hereof and shall remain in force and in effect until revoked, modified, or amended accordingly.

**Section 3.** In the event any provision of this Agreement is held to be unenforceable for any reason, that unenforceability shall not affect the remainder of this Agreement, which shall remain in full force and effect and shall be enforceable in accordance with its terms.

IN WITNESS THEREOF, the PARTIES have hereunto affixed their signatures on the date and place above written.

\_\_\_\_\_  
RESIDENT/ FELLOW

\_\_\_\_\_  
**NOEL V. REYES, MD, FPPA, MMHoA**  
Medical Center Chief II  
NCMH  
(Sending Hospital)

\_\_\_\_\_  
**MEDICAL DIRECTOR**  
(Receiving Hospital)

**SIGNED IN THE PRESENCE OF:**

**BEVERLY A. AZUCENA, MD, FPPA, MMHoA, IFAPA**  
Chief, Medical and Professional Staff II – Hospital  
National Center for Mental Health  
(Sending Hospital)

\_\_\_\_\_  
Department Head  
(Receiving Hospital)

**TERESA ROSALIE D. DEL VALLE, MD, FPPA, MMHoA**  
Chief, Professional Education, Training and  
Research Office  
National Center for Mental Health  
(Sending Hospital)

\_\_\_\_\_  
Chief, Professional Education,  
Training and Research Office  
(Receiving Hospital)

**ELY H. ESPINOSA, JR. Rpm, MMHoA**  
OIC, Human Resource Management Office  
National Center for Mental Health  
(Sending Hospital)

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES  
CITY OF \_\_\_\_\_ S.S

BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, 2021, in the city of \_\_\_\_\_, Philippines, personally appeared the above-mentioned parties with their corresponding any valid Government ID:

NAME	Government ID	Date of Issue
NOEL V. REYES, MD, FPPA		

WITNESS MY HAND AND SEAL, this \_\_\_\_\_ day of \_\_\_\_\_, 2022, in the City of Mandaluyong, Philippines.

\_\_\_\_\_  
Notary Public

Doc No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20\_\_.

## TRAINING AGREEMENT

The NATIONAL CENTER FOR MENTAL HEALTH herein referred to as “NCMH” places utmost importance in the partnership with its human resources for health in their optimum development towards a quality delivery of patient care. Investing in their learning and development is projected to result to competent and satisfied human resources. In view of this, it is important that this partnership is honored in the form of a training agreement

### Personal Information

Name: _____ <i>(Family Name, Given Name Middle Name)</i>		ID No. _____
Position: _____	Area/Section: _____	Service: _____
Title of Learning and Development Intervention or LDI (training program): _____ _____		
Inclusive Date of LDI:		From: _____ To: _____

All NCMH employees (regardless of rank and tenure) who attend any LDI shall be required to render a minimum period of service on the basis of the following:

- a. **Official Time:** *Using government time only (no government funds used for registration/ tuition/ seminar)*

Duration	Required Service Contract
More than six (6) months	2 years
Two (2) months to six (6) months	1 year
Less than two (2) months	6 months

\*CSC MC No. 44 s. 1992

- b. Using **government funds** for registration/tuition/seminar fee sponsored by NCMH:

Registration/Tuition/Seminar Fee Involved	Required Service Contract
Above Php 2,000.00 to Php 10,000.00	3 months
Above Php 10,000.00 to Php 25,000.00	6 months
Above Php 25,000.00 to Php 40,000.00	8 months
Above Php 40,000.00 to Php 55,000.00	1 year
Above Php 55,000.00	1 and ½ Years

- a. I AGREE that upon completion of the training that I have requested, I will serve in NCMH for \_\_\_ year/s and \_\_\_ month/s, FROM (enter date): \_\_\_\_\_ TO (enter date): \_\_\_\_\_, according to the required service contract.
- a. In the event that I am unable to complete my service obligation stipulated above, I AGREE to refund NCMH the registration fees, travel, per diem, salaries, and other miscellaneous expenses incurred in connection with my training. The amount of the refund shall be computed on a pro-rated basis according to the percentage of service rendered. (Sample computation: If the training cost is 2,000.00 and I completed two-thirds of the service obligation, I will refund NCMH Php 666.66 instead of Php 2,000.00)
- b. I AGREE that should I fail to complete the requested training successfully, due to circumstances within my control, I will reimburse the agency for all training costs including salary associated with my attendance.

\_\_\_\_\_  
Signature Over Printed Name of Trainee

\_\_\_\_\_  
Signature Over Printed Name of Chief of Section/ Office

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name of Chief PETRO

Date: \_\_\_\_\_



**NATIONAL CENTER FOR MENTAL HEALTH  
PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE  
RE-ENTRY ACTION PLAN AND MONITORING (REAPM)**

PETRO  
REAPM  
Rev. 1  
01 Oct 2022

*(This form shall be used by employees who attended training activities through enrolment in an external learning service provider)*

To ensure that the learning gained from the developmental intervention(s) will be applied in the respective office, the PETRO has established a mechanism, through the Re-Entry Action Planning (REAP). This mechanism is a proactive process that will provide avenue for the subordinate and supervisor to discuss and agree on what has been gained/learned and how they will apply it at work.

Name : \_\_\_\_\_ Position / Designation : \_\_\_\_\_

Office : \_\_\_\_\_

Title of Training Attended : \_\_\_\_\_

Date of Training Attended : \_\_\_\_\_

**Re-Entry Action Plan**

<b>I. Introduction</b> (reason for REAP - current situation, challenges, opportunities, gaps)	
<b>II. Objectives</b> (Smart - Specific, Measurable, Attainable, Realistic and Time-bound)	
<b>III. Output</b> (including target date and needed resources)	
<b>IV. Outcome</b> (impact of your action plan)	
<b>V. Success Indicators</b>	
<b>VI. Beneficiary/ies</b>	

*Please submit the accomplished form two (2) weeks upon completion of training.*

Prepared by:

Discussed and Agreed with:

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Chief of Section

Office Copy

PETRO Copy



(This will be accomplished by the Supervisor and approved by Chief of Office three (3) to six (6) months after the training attended by the employee.)

Name : \_\_\_\_\_ Position/ Designation : \_\_\_\_\_

Office : \_\_\_\_\_

Title of Training Attended : \_\_\_\_\_

Date of Training Attended : \_\_\_\_\_

Action Plan	Status of Action Plan and Challenges	Date of Monitoring

Please submit the accomplished form with the Re-Entry Action Plan (REAP).

Discussed by:		Noted by:	
Printed Name/ Signature/ Date			
	Trainee	Immediate Superior	Chief of Office/ Section

**CERTIFICATION**

This is to certify that Dr./ Mr./ Ms. (Name of Employee) has satisfactorily complied and fulfilled the service obligation of his/ her (type of study grant e.g. study leave, fellowship training program on sub-specialty, highly technical course) from (date) to (date).

This certification is being issued for the purpose of releasing Dr./Mr./Ms. (surname) from his/ her service obligation to the above-mentioned study grant.

Issued on \_\_\_th day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Chief HRMO

\_\_\_\_\_  
Chief PETRO

\_\_\_\_\_  
Medical Center Chief II



**RETURN SERVICE AGREEMENT (STUDY LEAVE)**

I, \_\_\_\_\_, \_\_\_\_\_ employee of the National Center for Mental Health (NCMH) in consideration of the study leave granted me under the rights and privileges pertaining hereto, do hereby agree:

1) To abide by the provisions of CSC Memorandum Circular No. 21, s. 2004;

*“Section 68. Study leave. Officials and employees, excluding those in the teaching profession who are covered by different provisions of law, may apply for study leave subject to the following conditions:*

*a. The study leave is a time-off work not exceeding six (6) months with pay for qualified officials and employees to help them prepare for their bar or board examinations or complete their master’s degree. For completion of master’s degree, the study leave shall not exceed four (4) months.*

*b. The leave shall be covered by a contract between the agency head or authorized representative and the employee concerned. No extension shall be allowed if the officials or employees avail of the maximum period of leave allowed herein. If they need more time to complete their studies, they may file a leave of absence chargeable against their vacation leave credits.”*

2) To return to my assignment in \_\_\_\_\_ upon completion of my study leave.

3) If I suffer illness or injury, resulting in an inability to continue studies, it should be supported by a certificate issued by the government physician stating:

a. The nature and extend of the sickness or injury incurred or sustained by the official/ employer;

b. Facts and actual circumstance surrounding the acquisition of, or giving rise to the sickness or injury;

c. That the illness was not the proximate result of the official/employee’s misconduct, gross negligence, intemperate use of drugs or alcoholic liquor or vicious and immoral acts of habits.

4) To render service obligation within the NCMH as follows:

Period of Grant	Service Obligation
One (1) month	Six (6) months
Two (2) to three (3) months	One (1) year
More than three (3) months to six (6) months	Two (2) years



DEPARTMENT OF HEALTH  
 NATIONAL CENTER FOR MENTAL HEALTH  
**PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE**  
 Nueve de Pebrero St., Brgy. Mauway, Mandaluyong City



6) In case of failure to render in full the service obligation referred to in the contract on account of voluntary resignation, optional retirement, or separation from the service through one's own fault, or other causes within one's control, I shall refund to the NCMH the gross amount of salary, allowances and other benefits received while on study leave proportionate to the balance of the service obligation based on the following computed formula:

$$R = \frac{(SOR-SOS) \times TCR}{SOR}$$

Where: R = Refund  
 TCR = Total Compensation Received (gross salary, allowances, and other benefits received while on study leave)  
 SOS = Service Obligation Served  
 SOR = Service Obligation Required

5) To inform the NCMH, through the Human Resource Management Office and the Professional Education Training and Research Office, the failure to complete the bar/ board examination or master's degree for which I was granted the study leave. Hence, I shall refund to the agency all the salaries and benefits received during the study leave.

**IN WITNESS THEREOF**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 at \_\_\_\_\_ with Residence Certificate No. \_\_\_\_\_ issued on  
 \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
 (Participant)

\_\_\_\_\_  
**NOEL V. REYES, MD, FPPA, MMHOA**  
 Medical Center Chief II  
 NCMH

**WITNESS:**

\_\_\_\_\_  
 Supervisor of Participant (Chief of Section)

\_\_\_\_\_  
**ELY H. ESPINOSA, JR. Rpm, MMHoA**  
 OIC, Human Resource Management Office

\_\_\_\_\_  
**TERESA ROSALIE D. DEL VALLE, MD, FPPA, MMHoA**  
 Chief, Professional Education, Training and Research Office

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES  
CITY OF \_\_\_\_\_ S.S

**BEFORE ME**, on this \_\_\_\_\_ day of \_\_\_\_\_, 2021, in the city of \_\_\_\_\_, Philippines, personally appeared the above-mentioned parties with their corresponding any valid Government ID:

NAME	Government ID	Date of Issue
NOEL V. REYES, MD, FPPA, MMHoA	10566	

**WITNESS MY HAND AND SEAL**, this \_\_\_\_\_ day of \_\_\_\_\_, 2021, in the City of Mandaluyong, Philippines.

\_\_\_\_\_  
Notary Public

Doc No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20\_\_.