

BRIEF JUSTIFICATION FOR THE RANK 1 IN THE CATEGORY FOR BEST REGIONAL DIRECTOR

| | |
|--|---------------------------------------|
| <p>BEST REGIONAL DIRECTOR OF THE QUARTER</p> <p>Name: _____</p> <p>Designation: _____ Place of Assignment: _____</p> <p>Significant Work-related Achievements for the quarter:</p> <ol style="list-style-type: none">1.2. <p>(So on...)</p> <p>Other justifications:</p> <p>➤ Attach pictorials as may be appropriate.</p> | <p>Computer Generated Picture</p> |
|--|---------------------------------------|

REGIONAL SELECTION FOR BESTS IN THE OTHER INDIVIDUAL CATEGORIES

Note: The Bests in these categories will be chosen by the Regional PRAISE Committee from among the most deserving jail officers and non-uniformed personnel in the region.

| | |
|---|-----------------------------------|
| <p>SENIOR OFFICER OF THE QUARTER</p> <p>Name: _____</p> <p>Designation: _____ Place of Assignment: _____</p> <p>Significant Work-related Achievements for the quarter:</p> <p>1. _____</p> <p>2. _____ (So on...)</p> <p>Other justifications:</p> <p>➤ Attach pictorials as may be appropriate.</p> | <p>Computer Generated Picture</p> |
| <p>STAFF OFFICER OF THE QUARTER</p> <p>Name: _____</p> <p>Designation: _____ Place of Assignment: _____</p> | <p>Computer Generated Picture</p> |

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|--|
| Significant Work-related Achievements for the quarter: 1. 2. (So on...) |
| Other justifications: ➤ Attach pictorials as may be appropriate. |

| | |
|--|----------------------------|
| JUNIOR OFFICER OF THE QUARTER | Name: _____ |
| Designation: _____ | Place of Assignment: _____ |
| Significant Work-related Achievements for the quarter: 1. 2. (So on...) | |
| Other justifications: | |

➤ Attach pictorials as may be appropriate.

MALE JAIL NON-COMMISSIONED OFFICER OF THE QUARTER

Name: _____

Designation: _____ Place of Assignment: _____

Significant Work-related Achievements for the quarter:

- 1.
 - 2.
- (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.

FEMALE JAIL NON-COMMISSIONED OFFICER OF THE QUARTER

Name: _____

Designation: _____ Place of Assignment: _____

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Picture

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Picture

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.



NON-UNIFORMED PERSONNEL OF THE QUARTER

Designation: _____ Name: _____ Place of Assignment: _____

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.

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| |
|--|

UNIT AWARDS

| Regions | REGULAR REPORTS (20%) | SIGNIFICANT ACCOMPLISHMENTS (10%) | FOOD SERVICE ADMINISTRATION (20%) | IWD/TC IMPLEMENTATION (20%) | ABSENCE OF UNTOWARD JAIL INCIDENTS (30%) | TOTAL (100%) | UNIT RANKING |
|---------|-----------------------|-----------------------------------|-----------------------------------|-----------------------------|--|--------------|--------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4-A | | | | | | | |
| 4-B | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |

Summary of the Performance Monitoring Ratings for the ___Quarter of CY _____

| | | | | | | | |
|------|--|--|--|--|--|--|--|
| 13 | | | | | | | |
| ARMM | | | | | | | |
| CAR | | | | | | | |
| NCR | | | | | | | |

Note:

The final rating for the Regular Reports and Significant Accomplishments shall be arrived at by adding the ratings given by the Directors of Directorates and Chiefs of Offices in the NHQ divided by the number of Directorates/Offices.
 The rating for Food Service Administration and IWD/TC Implementation shall be given by the Director for IWD pursuant to approved SOPs.
 The rating for Absence of Untoward Jail Incidents shall be given by the Director for Operations pursuant to approved SOPs.

Prepared by:

 Secretariat, PRAISE Committee

Certified Correct:

 Chairman, PRAISE Committee

Approved:

 Chief, BJMP



Republic of the Philippines
 DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
BUREAU OF JAIL MANAGEMENT AND PENOLOGY
 National Headquarters
 144 Mindanao Avenue, Quezon City



_____ (Office)

MONTHLY PERFORMANCE MONITORING RATING FORM

Date: _____

BEST REGIONAL DIRECTOR AWARD

| REGIONAL DIRECTOR | Brief Description Of Unfunded Activities That Were Initiated | Equivalent Rating (25%) | Rating for Leadership and Human Relations (10%) |
|-------------------|--|----------------------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

Performance Monitoring Ratings for the Month of _____

| | | | |
|----|--|--|--|
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |

BEST REGION OF THE YEAR AWARD

| REGION | Regular Reports And Compliances That Were Required | | | | | | | | Equivalent Rating (20%) | Brief Comment About the Significant Accomplishments That Were Noted | Equivalent Rating (10%) |
|--------|--|---|---|---|---|---|---|----------|-------------------------|---|-------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 (etc.) | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4-A | | | | | | | | | | | |
| 4-B | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |



Republic of the Philippines
 DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
BUREAU OF JAIL MANAGEMENT AND PENOLOGY

Regional
 Logo

[Address of the Regional Office]

REGIONAL PRAISE COMMITTEE REPORT

Regional Quarterly Bests

Inclusive dates: _____

INDIVIDUAL AWARDS

| NAMES (List all) | ACTIVITIES INITIATED (UNFUNDED) (20%) | LEADERSHIP AND HUMAN RELATIONS (15%) | ABSENCE OF UNTOWARD JAIL INCIDENTS (25%) | ABSENCE OF CONTRABAND (15%) | IWD ACTIVITIES (25%) | TOTAL (100%) | RANKING |
|--------------------------------------|---------------------------------------|--------------------------------------|--|-----------------------------|----------------------|--------------|---------|
| JAIL PROVINCIAL ADMINISTRATOR | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| DISTRICT JAIL WARDEN | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |

Summary of the Performance Monitoring Ratings for the Month of _____

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

CITY JAIL WARDEN

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

MUNICIPAL JAIL WARDEN

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Note:
 The final rating for the Activities Initiated (Unfunded) and Leadership and Human Relations shall be arrived at by adding the ratings given by the Chiefs of Division and Support offices in the Regional Office divided by the number of divisions/offices.
 The Premium Points shall be given by the PRAISE Committee.
 The rating for Absence of Contraband and Absence of Untoward Jail Incidents shall be given by the Division Chief for Operations pursuant to approved SOPs.
 The rating for IWD Activities shall be given by the Division Chief for IWD pursuant to approved SOPs.

BRIEF JUSTIFICATION FOR ALL RANK 1 IN THE INDIVIDUAL CATEGORIES

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BEST JAIL PROVINCIAL ADMINISTRATOR OF THE QUARTER Name: _____

Designation: _____ Place of Assignment: _____

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.

Computer Generated
Picture

BEST DISTRICT JAIL WARDEN OF THE QUARTER Name: _____

Designation: _____ Place of Assignment: _____

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ **Attach pictorials as may be appropriate.**

BEST CITY JAIL WARDEN OF THE QUARTER

Name: _____

Designation: _____

Place of Assignment: _____

Computer Generated Picture

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ **Attach pictorials as may be appropriate.**

BEST MUNICIPAL JAIL WARDEN OF THE QUARTER

Name: _____

Designation: _____ Place of Assignment: _____



Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

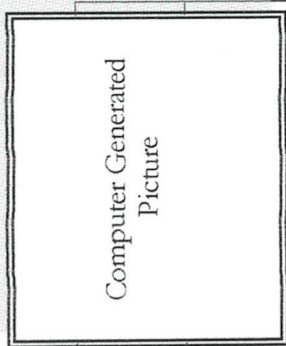
➤ Attach pictorials as may be appropriate.

REGIONAL SELECTION FOR BESTS IN THE OTHER INDIVIDUAL CATEGORIES

Note: The Bests in these categories will be chosen by the Regional PRAISE Committee from among the most deserving jail officers and non-uniformed personnel in the region.

| | | | |
|--|-------------|----------------------------|-------------------------------|
| SENIOR OFFICER OF THE QUARTER | Name: _____ | Place of Assignment: _____ | Computer Generated Picture |
| Designation: _____ | | | |
| Significant Work-related Achievements for the quarter: | | | |
| 1. _____ | | | |
| 2. _____ (So on...) | | | |
| Other justifications: | | | |
| ➤ Attach pictorials as may be appropriate. | | | |
| STAFF OFFICER OF THE QUARTER | Name: _____ | Place of Assignment: _____ | Computer Generated Picture |
| Designation: _____ | | | |

| | |
|---|---|
| <p>Significant Work-related Achievements for the quarter:</p> <ol style="list-style-type: none">1.2. <p>(So on...)</p> <p>Other justifications:</p> <p>➤ Attach pictorials as may be appropriate.</p> | |
| <p>JUNIOR OFFICER OF THE QUARTER</p> <p>Designation: _____</p> <p>Name: _____</p> <p>Place of Assignment: _____</p> <p>Computer Generated Picture</p> | <p>Significant Work-related Achievements for the quarter:</p> <ol style="list-style-type: none">1.2. <p>(So on...)</p> <p>Other justifications:</p> <p>➤ Attach pictorials as may be appropriate.</p> |



MALE JAIL NON-COMMISSIONED OFFICER OF THE QUARTER

Name: _____

Designation: _____ Place of Assignment: _____

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.



FEMALE JAIL NON-COMMISSIONED OFFICER OF THE QUARTER

Name: _____

Designation: _____ Place of Assignment: _____

Significant Work-related Achievements for the quarter:

Summary of the Performance Monitoring Ratings for the Month of _____

- 1.
2. (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.

Computer Generated
Picture

FEMALE JAIL NON-COMMISSIONED OFFICER OF THE QUARTER Name: _____

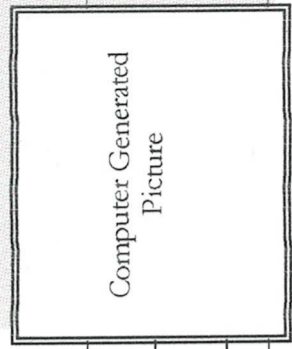
Designation: _____ Place of Assignment: _____

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.



NON-UNIFORMED PERSONNEL OF THE QUARTER

Name: _____
 Place of Assignment: _____

Designation: _____

Significant Work-related Achievements for the quarter:

- 1.
2. (So on...)

Other justifications:

➤ Attach pictorials as may be appropriate.

UNIT AWARDS

| | | | | | | | |
|---------------------|--------------------------|---|---|-------------------------------------|--|-----------------|-----------------|
| UNITS (List all) | REGULAR REPORTS (20%) | SIGNIFICANT ACCOMPLISH- MENTS (10%) | FOOD SERVICE ADMINISTRATION (20%) | IWD/TC IMPLEMEN- TATION (20%) | ABSENCE OF UNTOWARD JAIL INCIDENTS (30%) | TOTAL (100%) | UNIT RANKING |
|---------------------|--------------------------|---|---|-------------------------------------|--|-----------------|-----------------|

JAIL PROVINCIAL ADMINISTRATOR'S OFFICE

Summary of the Performance Monitoring Ratings for the Month of _____

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

DISTRICT JAILS

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

CITY JAILS

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

MUNICIPAL JAILS

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Note:

The final rating for the Regular Reports and Significant Accomplishments shall be arrived at by adding the ratings given by the Chiefs of Division and Support offices in the Regional Office divided by the number of divisions/offices.

The rating for Food Service Administration shall be given by the members of the Regional Food Service Council.

The rating for IWD/TC Implementation shall be given by the Division Chief for IWD.

The rating for Absence of Untoward Jail Incidents shall be given by the Division Chief for Operations.

Prepared by:

Secretariat, Regional PRAISE Committee

Certified Correct:

Chairperson, Regional PRAISE Committee

Approved:

Regional Director