



ACCOMPLISHMENT REPORT DETAILED ITMS PERSONNEL

For the Month of _____ 20____



Rank/Name : _____

PCO [] PNCO []

Unit: _____

NUP: Technical [] Non-technical []

Division/Office: _____

Detail Period: _____

NUP Salary Grade _____ Plantilla Position: _____

Instruction: Fill up the form completely. Place NA if not applicable. Check appropriate box.

TECHNICAL	I. Information System support: _____ No. of times: _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	II. Hardware support: _____ No. of times: _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	III. Software support: _____ No. of times: _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	IV. Network support: _____ No. of times: _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	VI. Office website support: _____ No. of updates: _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	VII. Multi-media support: _____ No. of times: _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	VIII. Encoding support: No. of Database recorded _____ No. of Communications prepared _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	IX. No. of IT related meetings attended: _____ Support to: Operation <input type="checkbox"/> Investigation <input type="checkbox"/> Intelligence <input type="checkbox"/> PCR <input type="checkbox"/> Administrative <input type="checkbox"/>
	X. Project proposals prepared: a. _____ b. _____ c. _____ c. _____
	NON-TECHNICAL
10. List of Non-technical support services rendered: a. _____ b. _____ c. _____ d. _____	

Supervisor's comment

(Signature)

Detailed Personnel

(Signature)

Chief of Staff / Regional Chief Directorial Staff /Ex-O