



*Republic of the Philippines*  
Province of Benguet  
**Municipality of Itogon**  
**OFFICE OF THE MUNICIPAL MAYOR**

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**Administrative Order No. 15**  
**Series of 2020**

**PROVIDING FOR THE GUIDELINES ON THE GRANT OF THE COVID-19 HAZARD PAY TO MUNICIPAL OFFICIALS AND EMPLOYEES AND CONTRACT OF SERVICE AND JOB ORDER PERSONNEL WHO PHYSICALLY REPORT FOR WORK DURING THE IMPLEMENTATION OF ENHANCED COMMUNITY QUARANTINE**

Whereas President Rodrigo Roa Duterte issued on March 23, 2020 Administrative Order No. 26 which authorizes the grant of hazard pay to government personnel who physically report for work during the period of implementation of an enhanced community quarantine relative to the COVID-19 outbreak in the country. Consequently, the Department of Budget and Management (DBM) on March 24, 2020 issued Budget Circular No. 2020-1 which provides for the guidelines on the grant of the COVID-19 Hazard Pay;

Whereas on April 17, 2020, the Sangguniang Bayan of Itogon enacted Appropriation Ordinance No. 24, s. 2020 which included funds for the payment of COVID-19 hazard pay to municipal officials and employees and COS and JO personnel who physically reported for work during the period of implementation of the ECQ;

Whereas there is a need to promulgate supplemental guidelines and conditions to adhere with on the grant of this COVID-19 Hazard Pay;

Now, therefore, by virtue of the powers vested in me by law, **I, Atty. VICTORIO T. PALANGDAN**, Municipal Mayor of the Municipality of Itogon, Benguet Province, do hereby promulgate the following:

**Section 1. Coverage.** All municipal officials and employees, COS and JO personnel who physically reported for work at their respective work stations following their approved work arrangement submitted to the Civil Service Commission (CSC) from March 17, 2020 up until the lift of the ECQ in the municipality or in the country, whichever is pronounced earlier.

**Section 2. Rate.** The COVID-19 hazard pay to be granted shall not exceed five hundred pesos per day (Php. 500.00/day) per person.

**Section 3. Days included in the computation of COVID-19 hazard pay.** For purposes of computing the COVID-19 hazard pay, the total number of days shall include all days from Monday to Friday that the official, employee, COS or JO personnel physically reported for work during the ECQ period following the approved work arrangement submitted to the CSC.

**3.1** For employees, COS, and JO personnel authorized or required to report on Saturdays, Sundays and holidays, they shall also include the same in the computation of workings days only for the purpose of claiming hazard pay;

**3.2** For employees, COS, and JO personnel who reported for work outside their schedule and rendered service to augment our personnel in the repacking and distribution of relief goods, distribution of rice subsidy to the different barangays, assistance in the identification of Social Amelioration Program (SAP) target





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beneficiaries, and other COVID-19 emergency response activities, they shall include the same in the computation of working days for the purpose of claiming hazard pay provided, they reflected the activity participated in on their Daily Time Record (DTR) and supported by a certification from the overseeing personnel or head.

**Section 4. Documentary Requirements.** In addition to the Daily Time Record (DTR), heads of offices shall submit a certified list of the officials, employees, including COS and JO personnel assigned to their respective offices, who physically reported for work during the period of quarantine with the corresponding total number of days as basis for the COVID-19 hazard pay. A sample copy of the certified list is hereto attached as Annex "A" as reference of every office.

**Section 5. Effectivity.** This Administrative Order shall take effect immediately.

Done this May 11, 2020 at Itogon, Benguet.

**ATTY. VICTORIO T. PALANGDAN**  
Municipal Mayor

Cf:

- All offices
- SBO
- HRMO
- LFC
- File

(OFFICE)

**SUMMARY OF TOTAL NUMBER OF DAYS FOR HAZARD PAY COMPUTATION**

MONTH : \_\_\_\_\_

NO.	NAME	SKELETAL WORKFORCE	MAYOR'S SPECIAL ORDER	OFFICE SPECIAL ORDER	TOTAL NUMBER OF DAYS PRESENT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

CERTIFIED CORRECT:

(Head of Office)

(Position)