

HRDO Form no.. _____		University of the Philippines Los Baños	
<b>ENHANCED UP HOSPITALIZATION PROGRAMME (UP eHoPe)</b>			
<b>APPLICATION FORM</b>			
Last Name		First Name	
Position		Unit	Age
Date of Filing		Civil Status:	
Name of Hospital		Total Amount Applied	Period of Hospitalization
Cause/Reason of Hospitalization:			
Employee's Signature		<b>Recommended by:</b>	
		Unit Head/Administrative Officer (Signature over Printed Name)	
		Date	
<b>HRDO CLEARANCE</b>			
Appointment Status:		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> UP Contractual	
Date of original appointment:		<input type="checkbox"/> Active Service	
Number of years in service:		LWOP	
Date of last application:		<input type="checkbox"/> Deducted	
Application Count: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Others:		<input type="checkbox"/> Not yet deducted	
UP eHoPe Account Balance:		as of _____	
<b>Cleared by:</b>			
NELSON JOSE VINCENT B. QUERIJERO eHOPE Committee Chair		Date	
<b>EVALUATION/VALIDATION/RECOMMENDATION of the</b>			
HRDO [ ] eHoPe Committee [ ] [N.A.]			
<b>Requirements</b>			
<input type="checkbox"/> Medical Certificate from Attending Physician/s		<input type="checkbox"/> Original OR for Medicines/Laboratory Tests	
<input type="checkbox"/> Summary Statement of Accounts showing PhilHealth and other health insurance deductions.		<input type="checkbox"/> Surgical Technique (for surgical cases)	
<input type="checkbox"/> Original Official Receipt (OR) of Hospital Bill		<input type="checkbox"/> Discharge Order/Copy of Going Home Instruction, if any	
<input type="checkbox"/> Other requirements: please specify: _____			
<b>ACTION of the</b>			
HRDO [ ] eHoPe Committee [ ] [N.A.]			
<b>Budget Management Office Clearance</b>			
Payable to employee Php _____			
Payable to Hospital Php _____			
Total Amount Php _____		Cleared by: _____ Date: _____	
ETHEL T. CABRAL Chief Administrative Officer, BMO			
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	
Remarks: _____		Approved Amount: Php _____	
_____		_____	
MARILYN P. REAÑO Director, University Health Service		Date	
<b>Recommending Approval:</b>		<b>Approved by:</b>	
CRISANTO A. DORADO Vice Chancellor For Administration		FERNANDO C. SANCHEZ JR. Chancellor	
Date: _____		Date: _____	