



DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

# RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH  
THE HEART OF FILIPINO HEALTHCARE

<b>DEPARTMENT:</b> Human Resources Division		<b>POLICY NUMBER:</b> DPOTMH-APP-COMP BEN-P011-(01)	
<b>TITLE/DESCRIPTION:</b> <div>EXTRA TIME ALLOWANCE (XTA)</div>			
<b>EFFECTIVE DATE:</b> May 30, 2025	<b>REVISION DUE:</b> May 29, 2028	<b>REPLACES NUMBER:</b> N/A	<b>NO. OF PAGES:</b> 1 of 5
<b>APPLIES TO:</b> All Supervisors and Managers of the RMCI (DPOTMH, UK, MRCCC)		<b>POLICY TYPE:</b> Administrative	

## PURPOSE:

Middle managers are not entitled to overtime pay due to the nature of their roles, compensation structure, scope of responsibilities, and the level of accountability attached to their positions. However, management recognizes that there are instances when middle managers must render work beyond regular working hours. To acknowledge this, such instances shall be compensated through the **Extra Time Allowance (XTA)**.

This policy supersedes all previous guidelines related to **Special Allowances and/or Supplementary Allowances**.

## DEFINITIONS:

**Extra Time Allowance (XTA)** is a pre-determined amount paid to eligible employees for hours worked beyond their regular schedule. The amount is based on the number of hours rendered and the employee's job grade classification.

## RESPONSIBILITY:

Requesting employees, Immediate head, HR-Payroll, HR-CompBen

## POLICY:

1. Only employees who are authorized to render work beyond regular office hours are eligible.
2. The **Extra Time Allowance (XTA)** guidelines and rates shall take effect on **May 1, 2025**.
3. **Prior Authorization:**  
Covered employees must obtain prior **written approval** to render work beyond the regular schedule. This must be endorsed by the immediate supervisor and approved by the concerned Division Head.
4. **Filing Requirements:**  
To avail of the XTA, the employee must complete the **Extra Time Allowance Form** with the following details:
  1. Employee Number
  2. Name
  3. Job Category
  4. Time
  5. DateThe form must be signed by the approving authority and submitted to the Payroll Unit.

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## 5. Advance Filing:

The XTA request must be filed **in advance** of rendering extra time. It must be approved by the immediate head and validated by the Division Head.

## 6. Policy Oversight:

The Human Resources Division is responsible for developing, reviewing, and updating the XTA policies and guidelines.

## 7. Use Regulation:

Approving authorities are accountable for ensuring that the XTA is **only granted when necessary** and in accordance with the guidelines.

## 8. Policy Review:

The XTA policy and its rates shall be reviewed periodically. Management reserves the right to **modify, enhance, regulate, or discontinue** the allowance depending on operational needs and changing circumstances.

## 9. Minimum Time Requirement:

A **minimum of two (2) hours** of extra work is required to qualify for the XTA.

## 10. Mechanics

### 10.1 Regular Working Days

On regular workdays, employees may receive one of the two fixed rates depending on the number of hours worked:

**Table 1.0: Regular Working Days**

Job Category	2 to 4 Hours	More than 4 Hours
C1 to C4	₱170.00	₱230.00
D1 to D4	₱300.00	₱400.00





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## 10.2 Non-Working Days

On non-working days, employees may receive one of three rates depending on the number of hours rendered:

Table 2.0: Non-Working Days

Job Category	2 to 4 Hours	4.5 to 8 Hours	More than 8 Hours
C1 to C4	₱170.00	₱285.00	₱345.00
D1 to D4	₱300.00	₱500.00	₱600.00

## 10.3 Supplemental Allowance for Extended Work

For work extending beyond 4.5 hours on both regular and non-working days, employees are entitled to the following additional allowances:

Table 3.0: Supplemental Allowances

Category	Amount
Meal Allowance	₱250.00
Transportation Allowance	₱300.00

**Note:** Supplemental Allowances apply to both Supervisors and Managers.

**11.** Extra Time Allowance (XTA) is subject to applicable tax.





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<b>PROCEDURE (SOP):</b> N/A —
<b>WORK INSTRUCTION:</b> N/A
<b>WORK FLOW:</b> N/A
<b>FORMS:</b> 1. DPOTMH-COMPEN-F010 (01) – Extra Time Allowance Form
<b>EQUIPMENT:</b> N/A
<b>REFERENCES:</b> N/A





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APPROVAL:				
	Name/Title	Signature	Date	TQM Stamp
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Approved by:	<b>NANCY B. HIZON</b> Human Resources Division Head		5/23/25	
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	<b>ROSARIO D. ABARING</b> Ancillary Division Head		06.05.2025	
	<b>JOSE PEPITO B. MALAPITAN, MD</b> Medical Director		06-10-25	
	<b>MA. ANTONIA S. GENSOLI, MD</b> VP/ Chief Medical Officer		6.13.25	
	<b>SOCORRO VICTORIA L. DE LEON</b> VP/ Chief Operating Officer		06/16/2025	
Final Approved by:	<b>GENESIS GOLDI D. GOLINGAN</b> President and Chief Executive Officer		06/19/25	

