



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Human Resource Division		POLICY NUMBER: DPOTMH-MPP-MAN-P002-(01)	
TITLE/DESCRIPTION: POLICY ON PRE-EMPLOYMENT EXPENSES			
EFFECTIVE DATE: August 30, 2023	REVISION DUE: August 29, 2026	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 8
APPLIES TO: Human Resources – Recruitment Section, Wellness		POLICY TYPE: Multi Disciplinary	

PURPOSE:

This aims to establish a standard policy on the pre-employment expenses incurred by applicants of RMCI. This shall also provide assistance to potential employees of RMCI who cannot pay the pre-employment expenses outright.

DEFINITIONS:

N/A

RESPONSIBILITY:

Human Resources – Recruitment Section, Wellness

POLICY:

1. All pre-employment expenses to be incurred in the entire hiring process shall be shouldered by the applicant. This includes medical examinations (CBC, X-Ray, Fecalalysis, Drug Testing, Urinalysis, etc.) done at RMCI.
2. The Recruitment Section of the Human Resources Division shall identify the urgency of the vacant position and shall pool applicants ahead, in order to give potential employees ample time to prepare for the medical requirement fees.
3. In cases where the vacant position is urgently needed to be filled up, all fees for the medical requirements shall be charged to employee advances for salary deduction. Approval matrix is shown on Table 1.0.
4. The Recruitment Section shall endorse to the Wellness Section, the incoming employee/s whose medical requirements fees are to be charged through salary deduction.





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Table 1.0 – Approval Matrix

Employment Category	Amount	Approving Authority	Documents needed	Allowable Period
a. Rank and File - Admin Support, Allied Medical Professionals and others	Php 3,000.00 and below	Head, Human Resource Division	Letter or Authority to deduct	Up to 3 months only or 6 equal payments
	Php 3,001 to Php 5,000.00	VP, Chief Operating Officer		
b. Rank and File – Nurses (to cover for vaccine shots, nasal swab, and repeat procedures)	Php 3,000.00 and below	Head, Human Resource Division		Up to 5 months only or 10 equal payments
	Php 3,001 to Php 5,000.00	VP, Chief Operating Officer		
c. Supervisory Positions	Pre-employment expenses on Personal Account. Not allowed for salary deduction.			
d. Managerial and Executive Positions	Pre-employment expenses on Personal Account. Not allowed for salary deduction.			





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PROCEDURE (SOP):

1. The HR Recruitment Staff shall direct the successful applicant to the Wellness Clinic for processing of medical examinations as part of the pre-hiring requirements.
2. In case the successful applicant cannot out rightly pay all the medical requirements, the HR Recruitment Staff shall instruct the applicant to write a letter for Authority to Deduct, addressed to the respective approving authority. Refer to Table 1.0
3. The HR Recruitment Staff shall then seek for the approval of the corresponding approval authority.
4. Once signed and approved, the employee shall fill out the Authority to Deduct form.
5. The successful applicant shall then proceed to the Wellness Clinic to for the medical examination.





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WORK INSTRUCTION:

KEY TASK	PERSON RESPONSIBLE
1. Direct the successful applicant to the Wellness Clinic for processing of medical examinations as part of the pre-hiring requirements.	HR Recruitment Staff
2. Instruct the applicant to write a letter for Authority to Deduct, addressed to the respective approving authority for successful applicant that cannot out rightly pay all the medical requirements.	
3. Seek for the approval of the corresponding approval authority.	
4. Fill out the Authority to Deduct form.	Employee
5. Proceed to the Wellness Clinic to for the medical examination.	





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TITLE/DESCRIPTION:**POLICY ON PRE-EMPLOYMENT EXPENSES****EFFECTIVE DATE:**

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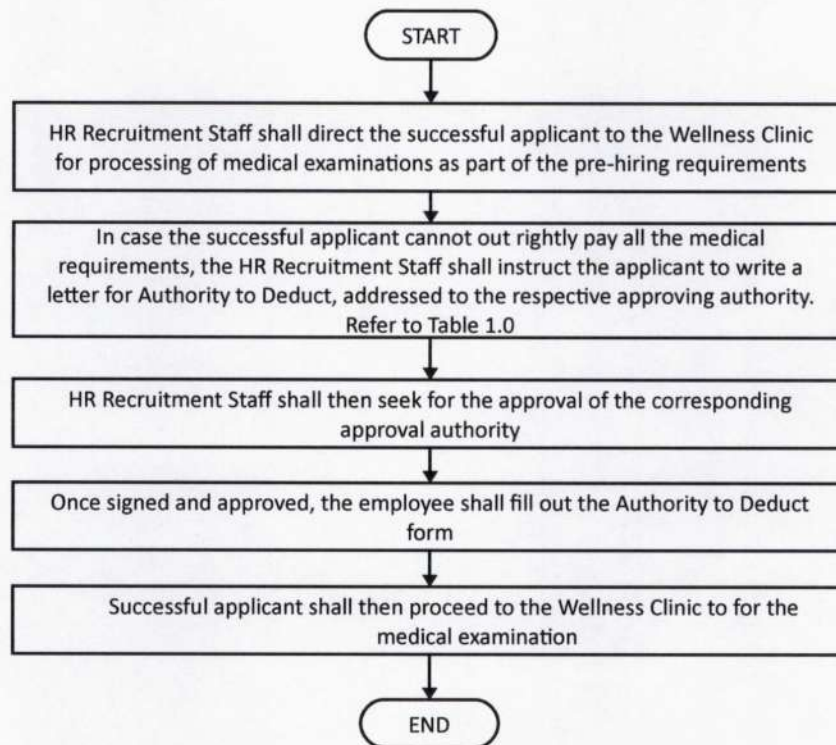
REPLACES NUMBER:

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NO. OF PAGES: 5 of 8

APPLIES TO: Human Resources –
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WORK FLOW:

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FORMS: DPOTMH-HRD-F034-Authority to Deduct



RIVERSIDE MEDICAL CENTER, INC.

Owner and operator of the Dr. Pablo O. Torre Memorial Hospital
A proud member of the Metro Pacific Hospital Holdings, Inc.

Authority to Deduct

Employee: _____ **ID Number:** _____
Surname First Name

Section/Station: _____ **Position** _____

This is to authorize Payroll Section to deduct from my salary the cost of the following item/s purchased.

Kindly put a check mark and write the number of pieces

☐ Wash Day ___ No. of Pieces ___ Male ___ Female
☐ Uniform ___ No. of Pieces ___ Male ___ Female Please specify: _____
☐ RMC Pin ___ No. of Pieces
☐ Others Please Specify: _____

Signature Over Printed Name

Date

DPOTMH-HRD-F034
Effective Date: 08-14-2023

Unauthorized duplication of this form is strictly prohibited

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EQUIPMENT: N/A			
REFERENCES: N/A			





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APPROVAL:				
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