



REPUBLIC OF THE PHILIPPINES

Department of Budget and Management

Malacañang, Manila

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**SUPPLEMENTAL/BID BULLETIN
ADDENDUM NO. 2**

(ATTENDANCE MONITORING MACHINE AND SYSTEM WITH DEDICATED SERVER)

This Addendum No. 2 dated September 13, 2012 is issued to clarify, modify or amend items in the Bid Documents. This shall form an integral part of the Bid Documents.

ISSUES	CLARIFICATION/AMENDMENTS
Section VI. Schedule of Requirements	Attached is the revised Schedule of Requirements for the project.
Item C, Section VII. Technical Specifications Can be customized to fit requirements and can interface/coherent with existing system and applications - National Payroll System, Government Human Resource System, Manpower Management Information System, etc. - CSC, COA and DBM compliant on computations - Can produce CSC/COA/DBM compliant report forms.	Basic requirements, policy considerations and sample forms are presented in the attached Time Monitoring System (TMS) Customization Requirements.

Other matters:

- All necessary guidelines and related issuances relative to the TMS customization will be provided to the winning bidder upon start of the project.

- For guidance and information of all concerned.

ASEC. JANET B. ABUEL
Chairperson, DBM-BAC

Section VI. Revised Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Item	Description/Model	Quantity	Unit	Delivery Schedule
1.	Supply, delivery and installation of the following:			Within forty five (45) days from receipt of Notice to Proceed
1.1	Biometric Machine with built-in camera - BONCODIN HALL - MABINI HALL	4 2	UNITS UNITS	
1.2	Dedicated Server	1	Set	
2	Customization of Time Monitoring System (TMS).			Within forty five (45) days from receipt of Notice to Proceed
3	Installation of TMS	1	Unit	Within five (5) days upon confirmation and advice by DBM
4	DBM conducts INITIAL testing and validation of TMS			Within five (5) days from receipt of request from the SERVICE PROVIDER
5	Conduct of trainings in two (2) batches as required by DBM.			Scheduled upon request
6	PARALLEL RUN OF TMS WITH THE EXISTING APPLICATION AND CONVENTIONAL PROCESS			Within Three (3) months upon confirmation and advice by DBM
7	TRANSFER OF BIOMETRIC MACHINE FROM MABINI HALL TO BUIDLINGS I AND III	2	UNITS	SCHEDULED UPON REQUEST
8	MODE OF PAYMENT			
8.1	FULL PAYMENT FOR BIOMETRIC MACHINE	6	UNITS	IMMEDIATELY UPON ACCEPTANCE
8.2	FULL PAYMENT FOR SERVER	1	SET	IMMEDIATELY UPON ACCEPTANCE
8.3	TMS CUSTOMIZATION AND OTHER SERVICES - 70 % - 30 %			IMMEDIATELY UPON CONFIRMATION AND COMPLETION OF TESTING AND CONDUCT OF TRAINING IMMEDIATELY UPON FINAL ACCEPTANCE

I hereby certify to comply and deliver all the above requirements.

Name of Company/Bidder

Signature Over Printed Name of Representative

Date

TIME MONITORING SYSTEM (TMS) CUSTOMIZATION REQUIREMENTS

A. BASIC REQUIREMENTS

- Data Definition
 - Basic employees data will be as follows (can be inputted or uploaded using txt file):
 - ID number
 - Last name, first name, middle name
 - Position title/salary grade
 - Employment status (e.g. permanent, temporary, contractual, coterminous, job order, contract of service, presidential appointee)
 - Shift Schedule
 - a. 4- day work week - 8 am to 7 pm
 - b. 5 -day work week – flexible schedule (from 7:00 a.m to 6:00 p.m)
 - c. 6- day work week- 8 am to 5 pm
 - Bureau/Service/Office
 - Gender
 - Date of birth
 - First day in DBM (whether original or transferee)
- Guidelines on enrollment and actual use of the machine:
 1. All DBM employees, regardless of employment status (permanent, temporary, contractual, coterminous, contract of service, job order) will be enrolled in the time monitoring machine. However, presidential appointees and OICs to such positions who choose to enjoy the privilege of not maintaining a DTR are exempted from enrollment.
 2. Initial enrollment of current employees shall be performed by designated HRDD personnel thru the assistance of the service provider.
 - a. The enrollment shall be done concurrently in every building on a specific appointed date.
 - b. Employees shall be enrolled in the time monitoring machine assigned in their respective workplaces.
 - c. Employee can only log in and out on the machine where he/she was enrolled.
 - d. Subsequent enrollments shall be done by the HRDD personnel without the assistance of the service provider.
 3. Thumb, point and middle fingers of both hands (6 fingers) of each employee shall be enrolled in the system.

- Reports to be produced

Please refer to the attached actual forms which reflect the minimum required data fields/format. All forms can be saved in excel or txt format.

REPORT NO.	REPORT TYPE	OTHER PARTICULARS
Form 1	Daily Time Record (DTR)	i. Status of employee on regular workdays, whether he /she is absent, on leave or on official business ii. Holidays are classified as regular or special holidays iii. If the work is suspended, reason for the suspension can be stated in the form (i.e, typhoon, transport strike)
Form 2	Employee Leave Card	i. Annual individual leave record per employee ii. ABS UND. W/P column refers to Absence/Undertime with pay iii. ABS UND. WOP column refers to Absence/Undertime without pay iv. Can be converted to excel or txt file v. numbers are displayed up to 3 decimal places vi. under the particulars column, entries must be with the following format - hh:mins per given date (refer to the attached sample form)
Form 3	Monthly Summary Report (on Attendance)	Report per Bureau/Office
Form 4	Monthly Summary Report (on Leave Balances)	i. Report type per Bureau/Office ii. Ability to generate detailed historical data per employee iii. The report type per individual must have a provision for the authorized signatory.

Form 5	Statement of Overtime Services Rendered	i. Report type per Bureau/Office
Form 6	Summary Report of Overtime Services/CTO	i. Report type per Bureau/Office ii. Report type per individual: Ability to generate detailed historical data per employee
Form 8	Authority to Render Overtime Services	Downloadable form
Form 9	Authority to Render Services	Downloadable form
Form 10	Daily Pass Slip	Downloadable form
Form 11	Application for Leave	Downloadable form

- **Other Statistical Reports**

Other TMS Reports that can be translated into excel format (per bureau/service/office or per entire Central Office)

1. Reports based on specific demographics/established references/parameters such as:
 - List of employees per bureau with AWOP/AWOL for specified period
 - List of employees who rendered OT services in a given month/months
 - List of holidays and days of work suspensions.
 - List of employees who are on official business for a specified period
 - List of employees who monetized their leave credits in a given year
2. Employee's Leave Balance Detailed Report
3. Employee's Overtime /CTO Detailed Report

- Other requirements:

1. Assignment of TMS Manager and a counterpart to monitor and coordinate with ICTSS and HRDD personnel on any issues/problems encountered.
2. System must be multi-user with unique password as follows:
 - a. 10 System Administrators from HRDD
 - b. DBM employees as basic users (ensuring that basic users shall not have access to restricted data and reports).
3. Parallel run with the existing application and conventional process for three (3) months to test the accuracy of the data management and leave administration of the system
4. Images can be viewed to validate employee's unrecognized log by keying-in the employee's ID number or last name registered in the system.

5. Captured images/pictures can be deleted individually or as a group after a thorough validation of unrecognized entries and production of a completed DTR-subject to access rights.
6. Data can be backed-up and restored
7. A verifiable audit trail. Corrections to timekeeping records (manual interventions) are documented. The report shall include details such as the modification date, entries affected, name of user, reasons for change.

B. POLICY CONSIDERATIONS

1. MONTHLY PAYROLL ARE PREPARED IN ADVANCE

(i.e, August payroll is processed and generated before the end of July, September payroll is processed and generated before the end of August).

2. WORKING SCHEDULE (based on Flexible Schedule)

Monday – 7 am to 5 pm
Tuesday to Friday – 7 am to 6 pm

**** No "time in" entries earlier than 6 am shall be allowed*

3. WORKING HOURS

Worked for at least two (2) hours in a day to be considered present

4. LUNCH BREAK

12 pm to 1 pm

- One transaction log only (employees who failed to log shall be considered absent unless a duly accomplished daily pass trip is submitted to HRDD).

5. TARDINESS

- Monday – beyond 8 am for the "time in" transactions in the morning and beyond 1 pm for the lunch break
- Tuesday to Friday – beyond 9 am for the for the "time in" transactions in the morning and beyond 1 pm for the lunch break

6. UNDERTIME

- Employees who have logged out (time out) before 12 noon and/or before 4pm or failed to complete eight (8) hours.

7. OFFICIAL BUSINESS

- Manual entry by HRDD on TMS as per approved Daily Pass Slip and or Office Order

8. OVERTIME WITH PAY/ COMPENSATORY TIME OFF (CTO)

- Duly accomplished form of Authority to Render Overtime shall be submitted to HRDD for data inputting.

- *-Employees who shall render overtime are entitled to one (1) hour rest period/break after three (3) hours of overtime rendered.
- Employees who shall render overtime up to 5 am the following day are entitled to midnight break from 11:30 pm to 12:30 am. Provided further that overtime rendered overnight shall not be rendered beyond 5 am the following day.
- No Overtime IN /OUT transactions policy shall be applied for employees who shall render overtime on weekdays
- No "time in" entries earlier than 6 am shall be allowed
- Overtime rendered in a day should not be less than one (1) hour
- Employees who are late shall not be authorized to render overtime within the same day (even a one minute late shall be considered for this purpose).
- Computation of overtime and compensatory time offsetting is as follows:
 - i. No. of hrs worked x 1.25 overtime with pay (weekdays)
 - ii. No. of hrs worked x 1.00 CTO (weekdays)
 - iii. No of hrs worked x 1.50 CTO and Overtime with Pay (rest day and holidays)
- Rules to be observed on holidays, Saturday and Sunday:
 - i. Starts at 9 am only
 - ii. Fixed meal periods:
 - 1. Lunch : 12 noon to 1 pm
 - 2. Dinner: 7 pm to 8 pm
 - 3. Midnight Break: 11:30 pm to 12:30 am

9. COMPENSATORY TIME CREDITS (COC)

- i. Maximum of 120 hours carry over balance per month
- ii. Only COCs earned from the current year can be carried over to the following year;
- iii. Unutilized COCs from previous year shall be forfeited, hence cannot be carried over to the following year.
- iv. First in, first out (FIFO) COC availment policy
- v. Availment of COCs are based only in blocks of 4 and 8 hours
- vi. All applied CTO will be charged against total accumulated COC

10. COMPUTATIONS IN COMPLIANCE WITH CSC,DBM, COA POLICIES ON LEAVE ADMINISTRATION

A.	Entitlement to Leave Privileges	
	i. SICK LEAVE (SL) - with monthly earnings of 1.25 days	
	ii. VACATION LEAVE (VL) - all tardiness, undertime and insufficient SLs and COCs will be charged against VL. However, insufficient VL may not be charged against SL. Hence, will result to Absence without Pay (AWOP).	
	-	with monthly earnings of 1.25 days or less depending on the number of AWOP incurred (please refer to table of leave credit)
	-	computation is on a daily basis
	iii. FORCED LEAVE - at least 5 days per year	
	-	charged to VL credits
	-	to be initialized yearly

	-	when an employee has more than 10 days balance of VL by year-end and has not enjoyed the required 5 days FL, the unavailed FL balance will be deducted from the year-end VL balance
	-	when FL application is disapproved by the approving official, such FL will not be deducted from the employee's year-end VL balance
iv. SPECIAL PRIVILEGE LEAVE - 3 days per year		
	-	continuous or staggered
	-	to be initialized yearly
	-	non-cumulative/non-commutable
v. PATERNITY LEAVE - non-cumulative/non-commutable		
	-	7 working days; can be enjoyed continuously or on staggered basis
	-	to be initialized yearly depending on eligibility
	-	can applied up to 4 children with the legal wife only
vi. MATERNITY LEAVE - to be initialized yearly		
	-	60 calendar days
	-	regardless of frequency; can be enjoyed more than once a year
	-	regardless if the female employee is married or not
	-	pregnancy that resulted to miscarriage can avail of ML
vii. SOLO PARENT LEAVE - to be initialized yearly		
	-	7 days staggered or continuous
	-	non-cumulative/non-commutable
viii. STUDY LEAVE - 2 to 6 months with pay		
	-	covered with service obligation
	-	initialized on a need basis
ix. REHABILITATION LEAVE – maximum of 180 days/ initialized on a need basis		
x. SPECIAL EMERGENCY LEAVE - 5 days staggered or continuous		
		initialized on a need basis
	-	on account of natural calamities
	-	can be availed within 30 days from the the declaration of calamity
xi. MAGNA CARTA OF WOMEN - initialized on a need basis		
	-	initialized on a need basis
	-	minimum of 2 weeks up to maximum of 2 months
xii. RA 9262 ANTI-VIOLENCE AGAINST WOMEN AND THEIR CHILDREN		
	-	initialized on a need basis
	-	10 days staggered or continuous
xiii. COMPENSATORY TIME-OFF		
	-	in lieu of OT with pay
xiv. MONETIZATION OF LEAVE CREDITS		
	-	minimum of 10 days
B.	Leave of Absence Without Pay	
C.	Terminal Leave	
D.	Transferred Leave Credits (for transferees)	
E.	Leave credits of employees on actual services rendered	
F.	Length of service for the grant of step increment, loyalty, retirement benefits and other incentives	
G.	Total number of VL AWOP that would affect the grant of step increments and loyalty	
H.	Total number of VL and SL AWOP that would affect the grant of retirement benefits	



DEPARTMENT OF BUDGET AND MANAGEMENT

Name:
EmployeeNo.:
Position:
Status:

Office / Department:

Daily Time Record for the _____

Date	Day	Morning		Afternoon		Overtime		Hrs. Rendered	OT	Late	UT	Others	
		In	Out	In	Out	In	Out					Status	Holidays
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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30													
31													

TOTAL

Length Of Work:
Overtime:
Night:

Undertime:
UT Frequency:
Lates:
Late Frequency:

Leave:
Special Holiday:
Rest Day:

Day Work:
AWOL:
Legal Holiday:

I certify that the entries on this record, which were made by myself daily time of arrival and departure from office are true and correct.

Employee's Signature

Authorized Official

Run Date:
Run Time:

**Department of Budget and Management
Malacañang, Manila**

**Monthly Summary Report
Attendance for the Month of _____ 2012
(Absences / Late / Undertime)**

Office:

ID #	Name of Employees	Absences	Late	Undertime

Run Date:

Run Time:

SUMMARY REPORT OF OVERTIME SERVICES/CTO
For the month of January 2011

HUMAN RESOURCE DEVELOPMENT DIVISION
ADMINISTRATIVE SERVICE

Compensatory Time-Off (in hours)						Remarks
Balance Forwarded	Earned this month (max. of 40 hrs.)	Total	Applied	Date/s	Balance	
84.039	35.450	119.489	0	n/a	119.489	

Prepared by:

Noted by:

LOLITA P. MATIAS
Supvg. Administrative Officer
HRDD, AS

CORAZON M. GARCIA
Chief Administrative Officer
HRDD, AS

AUTHORITY TO RENDER OVERTIME SERVICES

Date:

This is to authorize:

Division:

Position:

To render overtime job/services on:

Specific output to be done/expected output:

Recommending Approval:

Approved:

Note: This should be accomplished in two (2) copies prior to rendering overtime work. Please submit the duplicate copy a day after the rendition of overtime to Personnel Division in case of CO personnel or the Office of the Director in the case of RO personnel.

AUTHORITY TO RENDER SERVICES

Date:

This is to authorize:

Division:

Position:

To render overtime job/services on:

Specific output to be done/expected output:

Recommending Approval:

Approved:

Note: This should be accomplished in two (2) copies prior to rendering overtime work. Please submit the duplicate copy a day after the rendition of overtime to Personnel Division in case of CO personnel or the Office of the Director in the case of RO personnel.

DAILY PASS SLIP

<input checked="" type="checkbox"/> Official <input type="checkbox"/> Personal		DATE:
Name:	Bureau/Division:	
Time Out:	Time In:	
Destination:		
Name of Contact Person:		
Purpose:		

PERMISSION GRANTED by:

APPLICATION FOR LEAVE

1. OFFICE/AGENCY	2. NAME (Last) (First) (Middle)		
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	

DETAILS OF APPLICATION

<p>6.a) TYPE OF LEAVE</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> To seek employment</p> <p><input type="checkbox"/> Others (Specify) _____</p> <hr/> <p><input type="checkbox"/> Sick</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Others (Specify) _____</p>	<p>6.b) WHERE LEAVE WILL BE SPENT:</p> <p>(1) IN CASE OF VACATION LEAVE</p> <p><input type="checkbox"/> Within the Philippines</p> <p><input type="checkbox"/> Abroad (Specify) _____</p> <hr/> <p>(2) IN CASE OF SICK LEAVE</p> <p><input type="checkbox"/> In Hospital (Specify) _____</p> <p><input type="checkbox"/> Out Patient (Specify) _____</p>
<p>6.c) NUMBER OF WORKING DAYS APPLIED FOR: _____</p> <p>INCLUSIVE DATES: _____</p>	<p>6.d) COMBINATION: <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested</p> <p style="text-align: center;">_____ (Signature of Applicant)</p>

DETAILS OF ACTION ON APPLICATION

<p>7.a) CERTIFICATION OF LEAVE CREDITS AS OF _____, 199__</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Vacation</th> <th style="width: 33%;">Sick</th> <th style="width: 33%;">Total</th> </tr> </thead> <tbody> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Days</td> <td style="border: none;">Days</td> <td style="border: none;">Days</td> </tr> </tbody> </table> <p style="text-align: center;">_____ (Personnel Officer)</p>	Vacation	Sick	Total	_____	_____	_____	Days	Days	Days	<p>7.b) RECOMMENDATION</p> <p><input type="checkbox"/> Approval</p> <p><input type="checkbox"/> Disapproval due to _____</p> <hr/> <p style="text-align: center;">_____ (Name & Signature of Authorized Official)</p> <p style="text-align: center;">_____ (Official Title/Designation)</p>
Vacation	Sick	Total								
_____	_____	_____								
Days	Days	Days								
<p>7.c) APPROVED FOR:</p> <p>_____ days with pay</p> <p>_____ days without pay</p> <p>_____ Others (Specify)</p>	<p>7.d) DISAPPROVED DUE TO:</p> <p>_____</p> <p>_____</p> <hr/> <p style="text-align: center;">_____ (Name & Signature of Authorized Official)</p> <p style="text-align: center;">_____ (Official Title/Designation)</p>									