



Republic of the Philippines
Department of Environment and Natural Resources
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MEMORANDUM

MAR 18 2021

**FOR/TO : All Undersecretaries
All Assistant Secretaries
All Service Directors
All Executive Directors
DENR Central Office**

**FROM : The Director
Human Resource Development Service**

**SUBJECT : REQUEST FOR FOCAL PERSON PER OFFICE RELATIVE TO
THE CONDUCT OF DENR HEALTH AND WELLNESS PROGRAM
ACTIVITIES FOR CY 2021**

The health and safety of our entire workforce is paramount today. In the face of an infectious disease outbreak, how we protect our employees now clearly dictates how our management is doing its part in preventing the spread of the virus and ensuring the health and wellness of the DENR population.

Pursuant to Civil Service Commission (CSC) Resolution No. 1200241, each agency shall establish its Employee Health and Wellness Program under the Program to Institutionalize Meritocracy and Excellence in Human Resource Management (**PRIME-HRM**).


The DENR Health and Wellness Team had lined up programs and activities to address the needs of the employees during this pandemic while implementing occupational safety and health measures.

In this regard, to minimize physical interactions and efficiently facilitate all Health and Wellness Programs (HWP) during the pandemic, all offices are requested to identify **one (1) Focal Person (FP)** to assist the Health and Wellness Team. The FP shall be our partner in the dissemination/distribution and collection of information relative to HWP activities to your respective offices.

Please accomplish the attached reply slip form and return to the Training and Development Division on or before **March 22, 2021**.

For any queries, you may contact the Health and Wellness Team of the Training and Development Division, HRDS at VOIP 1065 or 1066.

For your information and consideration.


RIC G. ENRIQUEZ, Ph.D., CESO III

**Health and Wellness Program
Focal Person**

Reply Slip

OFFICE: _____

Office Location: *(building, floor)* _____

Name of Focal Person: _____

Position/Designation: _____

Office Telephone #: _____

CP #: _____

Email Address: _____

Noted by:

(Head of Office Signature over Printed Name)

HWP-TDD-HRDS