



	SOUTHERN LEYTE STATE UNIVERSITY	DOCUMENT CODE	SLSU-QM-QA01
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Section:	2. INTRODUCTION		
Subject:	GENERAL DESCRIPTION		

INTRODUCTION

2.1 General Description

The Southern Leyte State University (SLSU) establishes, documents, implements and maintains a Quality Management System (QMS) in the different areas of University service delivery across the different campuses where SLSU operates. Its main purpose is to ensure continual improvement in the different services the University provides for the production of quality graduates, research and innovations and extension outputs. Hence, the implementation of SLSU QMS has the following benefits:

- 1. provision of quality instruction (higher and advanced education), research and innovation, and extension services that meet customer requirements and compliant to applicable statutory and regulatory requirements;
- 2. quality planning through the application of Plan-Do-Check-Act (PDCA) cycle and risk-based thinking in every process;
- 3. management of risks within the context of the university; and
- 4. taking advantage of opportunities to improve customer satisfaction.

The SLSU QMS will serve as basis of reference on International Standards which provides how the ISO 9001:2015 requirements are applied and implemented in the internal operations of Southern Leyte State University. Further, the QMS Quality Manual is a documentary reference of interested parties to further strengthen the quality of services provided by the University to meet customer satisfaction.

This manual defines the responsibility and authority of, as well as the interrelation among all its personnel, who manage, perform and verify work affecting the quality of instruction, research and innovation, and extension services, particularly for personnel with responsibility for

- 1.2.1Introducing action to prevent the occurrence of non-conformities;
- 1.2.2Identifying and recording deficiencies relating to training
- 1.2.3Initiating, recommending or providing solutions through designated channels
- 1.2.4Verifying the implementation of solutions, and;
- 1.2.5Controlling the process until the deficiencies have been corrected.

Where any requirements of ISO 9001:2015 cannot be applied due to the nature of SLSU's services and its product, they will be identified as not applicable clauses. SLSU's QMS satisfies the full range of requirements of ISO 9001:2015 Standard

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2.2 Quality Management Principles

The Southern Leyte State University has been giving value on the benefits of making quality as its top priority. The University is committed to promote efficiency and quality, thus, it adheres to and observe the Quality Management Principles in its daily operations. Its main purpose is to establish a basis to continually improve the University's performance in instruction (higher and advanced), research and innovations, and extension. The Quality Manual contains subsections that express a commitment to the 8 Quality Management Principles, namely: Customer Focus; Leadership; Involvement of People; Process-approach; System Approach to Management; Continuous Improvement; Factual Approach to Decision Making; and Mutually Beneficial Interested Party Relationship.

2.3 Process Approach

The Southern Leyte State University has adopted the "Process Approach" and Plan-Do-Check-Act (PDCA) in the conduct of its daily activities as presented in Figure 1. In addition, the Risk-Based Thinking Approach has been used when developing, implementing and improving the effectiveness of the Quality Management System. This approach enables the University to enhance its overall performance by effectively controlling and managing the interrelationships and the interdependencies among the different QMS processes.

The SLSU QMS adheres to the application of the "Process Approach" in order to elicit (a) understanding and consistency to produce customer-specific requirements; (b) consideration of added value of the different processes; (c) achievement of effective process performance; and (d) improvement of the processes based on the evaluation of data and information.

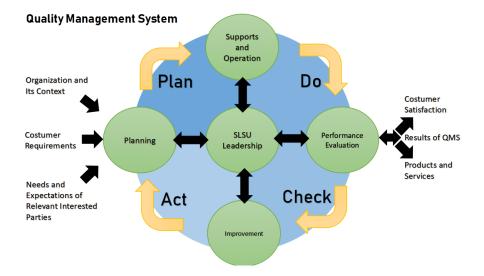


Figure 1: PDCA Cycle Diagram

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Moreover, identification and management of risks and opportunities during the planning stage for any processes will reduce the potential occurrence of non-conforming products and services during or after the delivery of these processes. Actions are taken to address risks and opportunities for each of these processes.

Each of the core processes is supported by sub-processes and activities. Likewise, different procedures are formulated as guide in the implementation of the of the sub or core processes. Monitoring and control of core processes ensure effective implementation of all sub-processes, tasks or specific activities.

Furthermore, each of the core processes has defined quality objectives, applicable risks and opportunities; applicable inputs and outputs; responsibilities and authorities and supporting resources; and criteria and methods used to ensure effectiveness of the process.

2.4 Risk-Based Thinking

The risk-based thinking is an essential tool for achieving and maintaining an effective QMS. In SLSU, effective planning and implementation of various actions to address risks and opportunities is given much importance. It aims to maximize the outcomes including, but not limited to achieving improved results and quality of graduates, research and innovation outputs, extension projects and other types of products and services, and preventing negative effects of its products, services and the OMS.

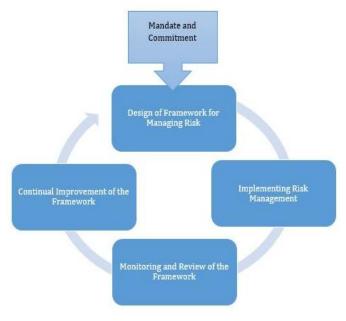


Figure 2: Risk Management Framework

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2.5 Objectives of the Quality Manual

The Quality Manual specifies the requirements for a Quality Management System (QMS) as stipulated in the ISO 9001:2015 standards and their applications in the operations of Southern Leyte State University. It guarantees high quality standards of products and services required by the customers and other interested parties of the University.

The Quality Manual also defines the University's interpretations of the ISO 9001: 2015 standard with focus on the following objectives:

- a. to consistently provide products and services that meet customer and applicable statutory and regulatory requirements;
- b. to enhance customer satisfaction through the effective application of the QMS, including processes and procedures for improvement of the system and assurance of conformity to customer and applicable statutory and regulatory requirements; and
- c. to seek certification according to ISO 9001: 2015 standard.

This Quality Manual also provides the implementation guidelines of the processes and procedures in a systematic way. Procedures being formulated is of equal importance since they are required for each unit to implement the processes.

2. 6 Organizational Context of SLSU

The Southern Leyte State University envisions to be a leading higher education institution that advances knowledge and will be known for innovation and compassion for humanity, creating an inclusive society and a sustainable world.

Alongside this vision, the University maintains the current mandated and priority programs and deliver the fourfold function, Instruction, Research, Extension, and Production. It reflects not only a university with a specific area of specialization but also an aspiration for an organization with attributes of a corporate university. It is a strategic tool designed to assist CHED and other line agencies and organization in achieving its goals by conducting activities that foster individual and organizational learning and knowledge. Also, it has the capacity to start and support change in the organization, get the most out of the investment in instruction, research and innovations, and extension which uphold competitiveness and bring a common culture, loyalty and sense of belongingness. This vision can be achieved through the accomplishment of the University's mission in committing to be a smart and green University that advances education, technological and professional instruction, research and innovation, community engagement services and progressive leadership in arts, sciences and

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technology that are relevant to the needs of the glocal communities. Also, commitment to producing graduates and life-long learners equipped with knowledge that enhances lives and invigorates economic development.

In achieving these vision and mission, the Southern Leyte State University must review and analyze the efficiency and effectiveness of its established Quality Management System. It has to understand and identify the "business environment", a combination of internal and external factors and conditions that can have an effect of the University's approach to its products, services and investments and interested Parties". First, it must have an understanding of its core products and services and the scope of its Quality Management System and second, is to identify the beneficiaries of its products and services, or those who may be impacted by them, or interested parties who may otherwise have significant impact on the University operations. These parties are identified as documented information (List of Interested Parties, their Needs & Requirements and Other Supporting Documents) herein provided.

In addition, the understanding of the internal and external issues of interested parties, the University will utilize the Risk Register, Risk Response Strategy, Risk Grading, Risk Rating, Risk Data Sheet and Control and Treatment Form to retain this information. All the issues and concerns are identified using SWOT/SOAR Analysis. These issues are monitored and updated periodically, and discussed as part of management review, performance evaluation and others.

The existing strategic plan of the University is important to be revisited and reviewed during the QMS strategic review and performance measurement to serve as a direct guide and reference in performance measurement.

The Performance measurement is a process that should be reviewed annually as part of SLSU's Quality Planning which for this purpose shall adopt the Dr. Robert Kaplan's Balanced Scorecard Approach as a tool for the QMS evaluation and continuous improvement. It is a comprehensive planning and management system designed to focus on SLSU's performance against achieving its objectives as effectively as possible. This will improve the University's internal and external communications and allows management to monitor SLSU's performance against its strategic goals.

2.7 Campuses within the scope of SLSU ISO 9001:2015

The QMS certification applies only to all identified processes, activities, employees, colleges and campus described as part of the scope within Southern Leyte State University – all Campuses, located at the different municipalities in the province of Southern Leyte namely Sogod, Maasin City, Tomas Oppus, Bontoc, San Juan and Hinunangan.

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ORGANIZATIONAL PROFILE

3.1 Historical Development of SLSU

By virtue of Republic Act (RA) 9261 issued on March 7, 2004, two State Colleges in the Province of Southern Leyte, namely, Southern Leyte State College of Science and Technology (SLSCST) located in San Roque, Sogod, Southern Leyte and Tomas Oppus Normal College (TONC) located in San Isidro, Tomas Oppus, Southern Leyte were integrated to become the Southern Leyte State University (SLSU).

As stipulated in RA 9261, the University operates in five campuses. These are the (1) SLSU-Sogod, (2) SLSU-Tomas Oppus, (3) SLSU-Bontoc, (4) SLSU-San Juan, and (5) SLSU-Hinunangan. The law further stipulates that the University will have SLSU-Sogod as its main campus. The following are the individual historical sketches of the five campuses:

SLSU-Sogod (Main)

- RA No. 4352 established Sogod National Trade School (SNTS) on July 7, 1969.
- RA No. 1250 converted SNTS into Southern Leyte School of Arts and Trades (SLSAT) on December 14, 1981.
- RA No. 7930 converted SLSAT into a chartered college known as Southern Leyte State College of Science and Technology (SLSCST) on March 1, 1995.
- RA No. 7722, RA No. 8292, and GAA of 1999 integrated SLSCST and three CHED supervised Institutions namely, Ruperto K. Kangleon Memorial Agro-Fisheries Technical Institute (RKKMAFTI), San Juan Polytechnic College (SIPC) and Southern Leyte Institute of Agriculture and Technology (SLIAT).
- RA 9261 established the Southern Leyte State University with the integration of SLSCST and Tomas Oppus Normal College (TONC).

SLSU-Tomas Oppus

- Barangay Resolution No. 52 established Tomas Oppus Community College (TOCC) on Dec. 20, 1970 with BEED as the only program offered.
- PD 2024 issued on Feb. 1, 1986 converted TOCC into TONC with additional BSED, AB, MAED, and MPA programs.
- RA 9261 integrated TONC and SLSCST to become Southern Leyte State University (SLSU) on March 7, 2004. It is now known as SLSU-Tomas Oppus

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SLSU-Bontoc

- RA No. 3938 established the Bontoc Agricultural and Technical School (BATS) on June 7, 1964 and three years later was renamed to Bontoc National Agricultural and Fishery School (BNAFS).
- BP Bilang 494 established the Southern Leyte Agro-Fishery Technical Institute (SLAFTI) which became a full-pledged tertiary institution on June 10, 1983.
- BP Bilang 888 renamed the school to RKKMAFTI on November 22, 1985.

SLSU-San Juan

- The San Juan Polytechnic College was formerly a Municipal High School established in 1946 and eighteen years later, it was converted into Cabalian National Vocational High School by Legislation.
- In 1968, Congress changed the school into San Juan Comprehensive High School (SJCHS) and by virtue of BP Blg. 569 the SJPC was established on June 21, 1983.
- RA No. 7722, RA 8292, and GAA of 1999 integrated RKKMAFTI into SLSCST and became SLSCST (RKKMAFTI)
- After the integration of SLSCST and TONC, SLSCST (SJPC), (RKKMAFTI), (SLIAT) is now known as SLSU-Bontoc, SLSU-San Juan, and SLSU-Hinunangan.

SLSU-Hinunangan

- RA 5380 established the Hinunangan Agricultural and Vocational School (HAVS) on September 1, 1975.
- RA 7931 converted the school into a tertiary institution and renamed as SLIAT.
- RA 9261 established the SLSU-Hinunangan.

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SLSU-Maasin City

- Maasin City Ordinance No. 2006-03 established the Maasin City College (MCC) on November 22, 2006.
- RA 11079 integrated Maasin City College of Southern Leyte State University

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3.2 Statement of SLSU VMGO and Core Values

3.2.1 The University Vision and Mission



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3.2.2 The University Breakthrough Goals and Strategic Objectives



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3.2.3 The University Core Values



CORE VALUES

Excellence

In the spirit of cooperation and collaboration, we strive to deliver the highest quality and value possible through simple, easy and relevant solutions. As we deliver excellence, we give ourselves in a way that exceeds our own expectations.

Service

We do whatever it takes to delight our stakeholders, contribute to the welfare of others, put others above ourselves, and make intentional decisions and actions to benefit others. We believe that public service is public trust.

Leadership and Good Governance

Acknowledging that there is unity in diversity, we strive to exude our influence by being proactive and resilient to achieve success and enabling the success of others. We desire everyone to be empowered to own their work and we minimize unnecessary steps.

Innovation

We generate solutions for our stakeholders' delight and raise the bar -- both within our workplace and throughout the academic community through innovation. We never give up finding creative ways and emerging answers to solve tough problems.

Social Responsibility

We act with honesty, integrity, and thoughtfulness. We believe in the power of the communities we create and serve, our academic family and in giving back to the communities we live in.

Integrity

As we create trust as an academic community, we choose to infuse in our every action with honesty, fairness, and respect for customers and colleagues alike. We strive to do the right thing always, act truthfully and honorably. We do it all even when no one is watching.

Professionalism

We project professionalism in our attire, behavior, attitude, and communication. In the workplace, we observe timeliness, organization, and dedication as we desire to excel in our career.

Spirituality

We lay hold of the truths about our absolute God — the source of all moral authority, the creator and ruler of the universe, and supreme being. We acknowledge His order of creation, spiritual and delegated authorities, and our identity and personal relationship with Him. Our spirituality in the workplace keeps us aligned and solid with where we are going, what we are doing, and who we are as an academic family and as public servants.

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3.2.4 The University Quality Policy

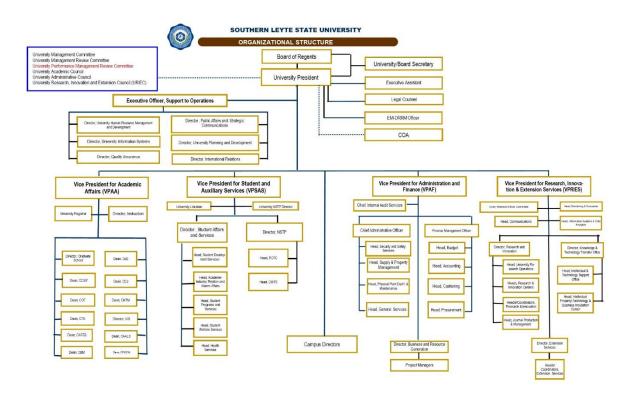


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ORGANIZATIONAL STRUCTURE

4.1 SLSU Organizational Composition

4.1.1 The SLSU Organizational Structure



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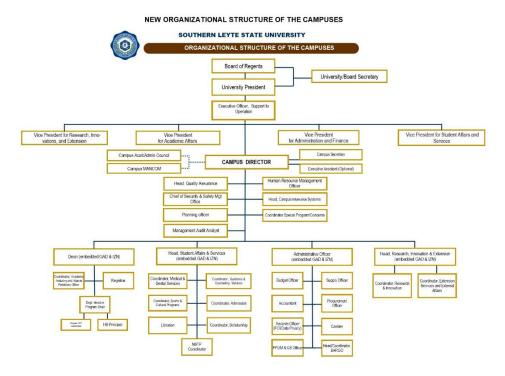


Figure 4. The University Organizational Structure

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4.1.2 University Quality Assurance Office (UQAO) -ISO

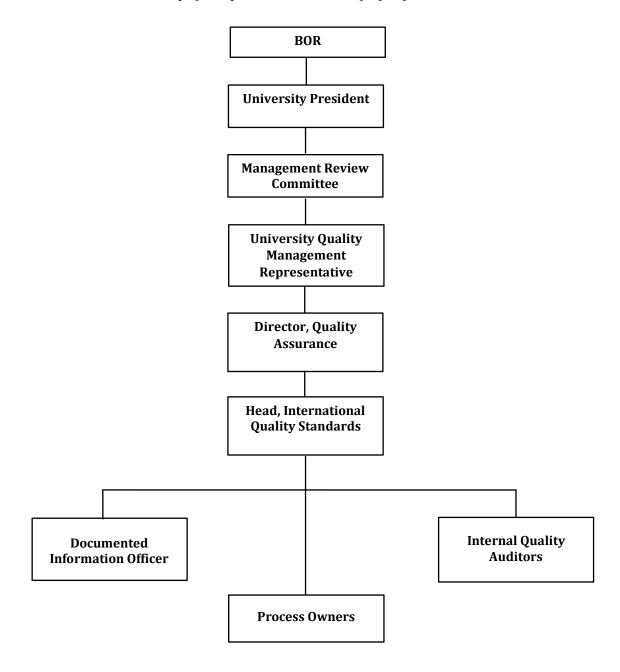


Figure 5. The UQAO-ISO Structure

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4.2 Management Roles and Responsibilities:

4.2.1 Top Management

It is the Top Management's responsibility to fulfill its commitment which is to ensure customer satisfaction, availability of resources, and adherence to quality policy by formulating and implementing QMS plans. It also guarantees that responsibilities and authorities are defined and communicated through conduct of periodic management review.

Management Commitment

SLSU top management is committed to implement the QMS and ensure delivery of quality instruction, research and innovations, and extension services through;

- 1.1.1 Ensuring that employees at all levels within the organization understand the Quality Policy, goals and objectives of the SLSU QMS;
- 1.1.2 Conducting regular management review meetings to discuss the effectiveness of the QMS criteria;
 - 1. Customer Requirements
 - 2. Quality Objectives
 - 3. Statutory, legal and regulatory requirements
 - 4. Continuous improvement goals
 - 5. Instruction (Education), Research and Innovations, and Extension function, and
 - 6. Student and administrative support functions
- 1.1.3 Ensuring the availability of resources to attain the objectives for quality in terms of performance of work and ensure that policies and procedures are properly documented, understood and implemented;
- 1.1.4 Providing quality instruction (education), research and innovations, and extension services thereby producing competitive professionals responsive to the needs of global and local market.
- 1.1.5 Defining and communicating the responsibilities and authorities of staff at all levels of the organizational structure and its interrelations at least annually.
- 1.1.6 SLSU top management designated the VP for Executive Operations and External Affairs as the University Quality Management Representative.

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The designated official, irrespective of other responsibilities, has the defined responsibility and authority to:

- 1. Ensure that the university management processes of the QMS are defined.
- 2. Ensure that the SLSU QMS requirements are established, implemented and maintained in accordance with the ISO 9001:2015 Standard.
- 3. Report to top management on the performance of the QMS, including needs for improvement.
- 4. Promote awareness of customer requirements throughout the organization.

Act as the liaison between the different divisions, units and offices on matters concerning the SLSU QMS.

4.2.2 University Quality Management Representative (UQMR)

- 1. Ensures that processes needed for the quality management system are established, implemented and maintained;
- 2. Reports to top management on the performance of the quality management system and any need for improvement;
- 3. Ensures the promotion of awareness of customer requirements throughout the organization;
- 4. Monitors and coordinates the implementation of the QMS with the Colleges/Departments and personnel concerned; and
- 5. Submits monthly reports to the Office of the President on the status of the QMS.

4.2.3 Director, Quality Assurance

- 1. Takes lead in the operation of the University management's functions such as advancement of quality assurance perspectives, management and updating of university data/profile, promotion of gender and development advocacies, regulation and protection of the university's information and public documents in accordance to the FOI manual;
- 2. Assists the VPEOEA in the development of quality assurance policies and procedures which are aligned to the University's by-laws, strategic plan and vision, its approach to quality and to the relevant external reference points as CHED's policies, guidelines and standards, local and international accrediting agencies and relevant others;
- 3. Provides support to the VPEOEA in planning, implementation, monitoring and reviewing development programs related to quality assurance;
- 4. Maintains a central oversight of key university documents relevant to quality assurance:
- 5. Serves as over-all liaison officer in establishing and maintaining linkages with local and international accrediting bodies;

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- 6. Acts as liaison with deans, directors, division and unit heads, faculty and administrative colleagues to support the implementation of quality assurance processes for monitoring and review of academic activities and administrative processes;
- 7. Plays a proactive role in the University's preparations for AACCUP accreditation, ISO accreditation, ISA evaluation, SUC leveling evaluation and relevant others;
- 8. Leads the Quality Assurance Committee, Program Reviews and Validation Committees and participate in working groups as necessary to provide a quality assurance perspective;
- 9. Conducts regular meeting with the EOQA heads of the university in close coordination with the Campus Directors of the external campuses;
- 10. Submits monthly report to the VPEOEA; and
- 11. Does related tasks that may be assigned by the VPEOEA and/or University President.

4.2.4 Head, International Quality Standards

- 1. Take charge, facilitates and coordinates on the implementation, monitoring, quality control, Quality Improvement Mechanism and evaluation of the quality management system of the university
- 2. Take charge on the ISO 9001:2015 Certification (Surveillance Visits and ReCertification)
- 3. Spearheads and Facilitates all the activities in relation to international certification and implementation of international standards;
- 4. Facilitate the application, monitoring of QS Star Rating;
- 5. Assist the QA Director in crafting QA policies and procedures which are aligned to the University's by-laws, strategic plan, vision and mission;
- 6. Assist the QA Director in the planning, implementation and evaluation of QA activities;
- 7. Lead the QA committees/task force and participate in working groups as necessary to provide a quality assurance perspective;
- 8. Submit monthly report to the QA Director; and
- 9. Do other tasks that are assigned by the University President and QA Director

4.2.5 Documented Information Officer (DIO)

- 1. Coordinates all activities related to the document control procedure, including technical documents and correspondence;
- 2. Inputs document data into the standard registers ensuring that the information is accurate and up to date;
- 3. Generates the various document control reports as required;
- 4. Makes sure that controlled copies of latest approved documents and drawings are given to the appropriate staff as applicable;
- 5. Maintains updated records of all approved documents and their distribution;
- 6. Maintains the files and controls logs as required by the project;
- 7. Responsible in the control of records and documents in compliance with ISO standards;

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- 8. Responsible in the documentations of revisions made in the Quality Management System Manual;
- 9. Assists process owners in documenting their processes;
- 10. Ensures control of records such as identification, storage, protection, retrieval and disposition are implemented and maintained thru supervision of the Records Management Team;
- 11. Establishes, monitors and updates QMS documents;
- 12. Secures, updates and files controlled documents for easy retrieval and reference when needed.

4.2.6 Internal Quality Auditor (IQA)

- 1. Assists all aspects of the internal quality systems audit program including audit planning, execution, follow-up and re-audit if necessary;
- 2. Provides internal communication regarding compliance issues and applicable regulation changes;
- 3. Aids in the creation of gap analysis to any new/changed regulations;
- 4. Works with the departments audited to resolve compliance issues, provides recommendation, communication on status of action resolution and bring to management issues that require attention tracking corrective actions;
- 5. Works with the auditee to resolve compliance issues, provides recommendation, communication on status of action resolution and bring to management issues that require attention tracking corrective actions;
- 6. Gathers information and constantly updates knowledge on the various changes that are happening in the field of quality audit;
- 7. Communicates with employees of various departments and inform of the areas of strengths and weaknesses;
- 8. Suggests changes to ensure that the work procedures and equipment are in line with the required specifications and requirements.

4.2.7 Process Owner

- 1. Ensures that all quality processes and procedures are implemented and observed:
- 2. Maintains the applicability and efficiency of their concerned quality processes and procedures;
- 3. Communicates with the other process owners as to the implementation of the QMS;
- 4. Proposes to MRC any need for revision, improvement or change of any part of the QMS which concerns customer satisfaction

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QUALITY MANAGEMENT SYSTEM DIAGRAMS

5.1 Process Map

THE QMS PROCESS MAP

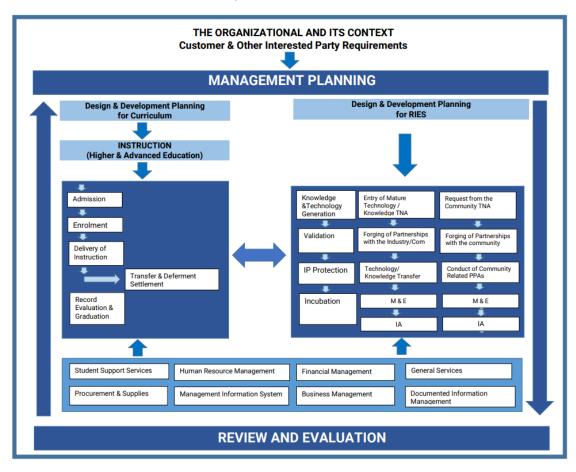


Figure 6. The QMS Process Map

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5.2 Interested Parties

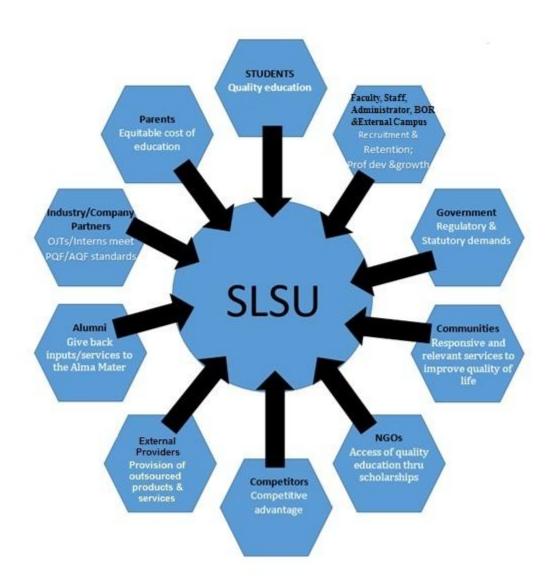


Figure 7. The SLSU and Interested Parties Diagram

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5.3 Organizational Model Canvas

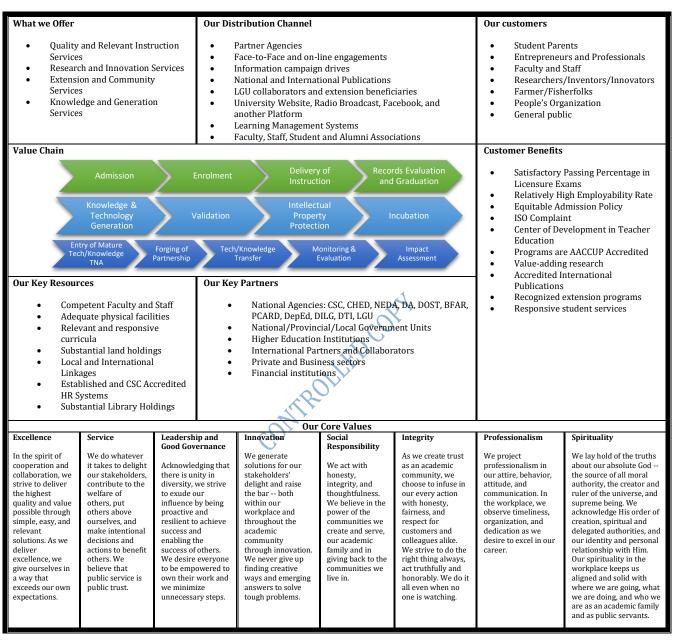


Figure 8. The Organizational Model Canvas

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Subject:	PROCESSES AND CLAUSES MATRIX		

CLAUSE APPLICATION

6. 1 Processes and Clauses Matrix

Process	Applicable ISO 9001:2015 Clause
	4.1, 4.2, 4.3, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.2.1, 5.2.2, 5.3 , 6.1.1,
Management Planning	6.1.2, 6.2.1, 6.2.2, 6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3,
	7.4, 7.5, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Admission	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
	8.2.2, 8.2.3, 8.2.4, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Enrollment	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
Emonnent	8.2.2, 8.2.3, 8.2.4, 8.5.1, 8.5.2, 8.5.3, 8.5.4, 8.5.6, 8.7, 9.1.1,
	9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Delivery of Instruction	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
Delivery of Instruction	8.2.2, 8.2.3, 8.2.4, 8.5.1, 8.5.2, 8.5.3, 8.5.4, 8.5.5, 8.5.6, 8.7,
	9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Transfer, Deficiency	6.3, 7.1.1, 7.1.2, 7.1.4, 7.1.5, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
Settlement	8.2.3, 8.5.2, 8.5.3, 8.5.4, 8.6, 8.7, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2,
	10.3
Records Evaluation and	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Graduation	6.3, 7.1.1, 7.1.2, 7.1.4, 7.1.5, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
Graduation	8.2.3, 8.5.5, 8.6, 8.7, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Needs Assessment	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
	8.2.2, 8.2.3, 8.2.4, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
Knowledge	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Generation/Verification	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.5, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1,
and Technology	8.2.1, 8.2.2, 8.2.3, 8.2.4, 8.3, 8.5.1, 8.5.2, 8.5.3, 8.5.4, 8.5.5,
Development	8.5.6, 8.6, 8.7, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Validation and Utilization	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
vanuation and othization	8.2.2, 8.2.3, 8.2.4, 8.3, 8.5.1, 8.5.2, 8.5.3, 8.5.4, 8.5.5, 8.5.6, 8.6,
	8.7, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3



Process	Applicable ISO 9001:2015 Clause
110003	
Knowledge/Technology	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Transfer	6.3, 7.1.1, 7.1.2, 7.1.4, 7.1.5, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
76 1 0 7 1 1	8.2.3, 8.5.5, 8.6, 8.7, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
Monitoring & Evaluation 7.1.5, 8.2.3, 8.2.4, 8.3.4, 8.3.5, 8.3.6	
Impact Assessment	9.1.2, 9.1.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Student Services	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
beddent bet vices	8.2.2, 8.2.3, 8.2.4, 8.3, 8.5.1, 8.5.2, 8.5.3, 8.5.4, 8.5.5, 8.5.6, 8.6,
	8.7, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
Procurement and	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.4,
Supplies Management	8.5.2, 8.5.3, 8.5.4, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
Haman Daganas	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Human Resource	6.3, 7.1.1, 7.1.2, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 9.1.1, 9.1.2,
Management	9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Management of	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 9.1.1,
Information System	9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Financial Resource	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 9.1.1,
Management	9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
Business Management	8.2.2, 8.2.3, 8.2.4, 8.5.1, 8.5.2, 8.5.3, 8.5.4, 8.5.5, 8.5.6, 8.6, 8.7,
	9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 8.2.1,
General Services	8.2.2, 8.2.3, 8.2.4, 8.3, 8.5.1, 8.5.2, 8.5.3, 8.5.4, 8.5.5, 8.5.6, 8.6,
	8.7, 9.1.1, 9.1.2, 9.1.3, 10.1, 10.2, 10.3
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Documented Information	6.3, 7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.6, 7.2, 7.3, 7.4, 7.5, 8.1, 9.1.1,
Management	9.1.2, 9.1.3, 10.1, 10.2, 10.3
	7.1.2, 7.1.0, 10.1, 10.2, 10.0
	4.1, 4.2, 4.4.1, 4.4.2, 5.1.1, 5.1.2, 5.3, 6.1.1, 6.1.2, 6.2.1, 6.2.2,
Review and Improvement	6.3, 7.1.1, 7.1.2, 7.1.4, 7.2, 7.3, 7.4, 7.5, 8.1, 8.7, 9.1.1, 9.1.2,
-	9.1.3, 9.2, 9.3, 10.1, 10.2, 10.3

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6.2 Clause Application

Clause 1: Scope

The scope and intent of the University QMS is to define and communicate its commitment to continually enhance customer satisfaction through:

- a. effective process improvement of all systems of the University;
- b. assurance of conformity to the customer's and applicable domestic and international statutory and regulatory requirements;
- c. provision of responsive policies, development of inclusive system, and proper implementation of the quality procedures and processes in constant observance and in strict adherence to the constituted requirements set forth by ISO 9001:2015standards.

Clause 2: Normative References

The documented information of the SLSU Quality Management System, in part or in whole, are normatively referenced to the International Standard ISO 9001:2015 Quality Management Systems Requirements, Quality Management Fundamentals and Vocabulary.

Clause 3: Terms and Definitions

The terms and definitions used in this Quality Manual are referenced from ISO 9001: 2015 standard.

Clause 4: Context of the Organization

4.1 Understanding the Organization and its Context

The Southern Leyte State University (SLSU) has determined external and internal issues that are relevant to its purpose and its strategic direction and those that affect its ability to achieve the intended result(s) of its Quality Management System. Likewise, the University has monitored, review, evaluate and take actions to address these external and internal issues.

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4.2 Understanding Requirements and Expectations of Interested Parties

Due to the impact or potential impact of various interested parties to the Quality Management System in consistently providing products and services that meet the customer and applicable statutory and regulatory requirements, SLSU has identified and listed relevant interested parties; determined their corresponding customer and applicable legal requirements.

SLSU is committed to continually monitor, review and analyze information and relevant requirements of the interested parties to assure that requirements are effectively managed in the QMS.

4.3 Determining the Scope of the Quality Management System

Based on the external and internal issues, requirements of relevant interested parties vis-à-vis the nature of products and services offered and produced by Southern Leyte State University as a high corporate university of Science and Technology and Innovations, SLSU has determined the boundaries and applicability of its Quality Management System that covers core areas of Instruction (Higher and Advanced Education), Research and Innovations, and Extension with student and administrative support services certifiable to ISO 9001:2015.

Management-Related Process

The management-related processes are implemented, monitored and evaluated by the Top Management of the University. These processes are under the Management Planning which include Quality Planning, Identification, Implementation and Acceptance of Infra-Projects, Risk Assessment, Management Review, Approval of University Policies, Disaster Risk Reduction Management, Feedback Mechanism, Solid Waste Management and Selection of Internal Auditors. Other processes which are management-related include; target setting, operational and resource planning, customer satisfaction review; identifying strengths, weaknesses, threats and opportunities, allocating budget and conducting performance review and evaluation.

Core Process

The core processes relate to the provision of the major final output of the university addressing the customer requirements of Southern Leyte State University-Main Campus of Sogod, Southern Leyte.

The SLSU Core Processes include Instruction (Higher and Advanced Education), and Research and Innovations, and Extension services delivery.

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The university identified 41 specific procedures covered for QMS in **Instruction** are classified under the following sub-processes:

Admission Activities cover all the processes prior to the actual enrollment by a student of Southern Leyte State University, to wit: administration and conduct of Entrance Examination in two phases and conduct of assessment for students who will shift to another program.

Enrolment Activities encompasses all the act or processes of enrolling at SLSU. The sub-activities include advising and approval, encoding, assessment, enlistment and updating of class list.

Delivery of Instruction pertains to all activities that define delivery and management of instruction (higher and advanced education) either in residential or flexible learning mode that meet student's learning needs. In the SLSU context, this includes development, review and revision of program curriculum, constructive alignment of program outcomes, making of outcomes-based syllabi, development of instructional materials, assessment of students' performance, preparation and submission of student's rating reports, and internship program.

Endorsement of Students for Graduation refers to the relevant processes that will facilitate the conferment of an academic degree or diploma signifying the completion of studies by students of SLSU. The policies and guidelines on endorsement of candidates for graduation include assessments, presentation in the Academic Councils for endorsement to the Board of Regents.

Meanwhile, the sub-processes under the **Research and Innovations services** delivery are the following:

Knowledge and Technology Generation – Refers to the process of acquiring new information and developing novel technologies through research.

Validation– A process of confirming that a newly acquired knowledge and developed technology can continue or commence the next phase of the research development, extension process (incubation or technology transfer).

IP Protection – Refers to the protections, and other types of knowledge and technologies developed by the university Faculty/Researchers/Inventors/Scientists (FRIS) through application patents, copyrights, Utility Models, Industrial Designs, and other.

Incubation – Refers to the establishment of an ecosystem where innovation is promoted and supported towards commercialization. It aims to help start up technology-based businesses by providing a range of resources, services and facilities needed during the development stage.

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Thus, in order to achieve research excellence, the SLSU Research and Innovations (R & I) office has developed a comprehensive guide described in the BOR approved R & I Manuals that will expedite and manage the risks on aspects of research and innovations productivity.

The different references in the implementation of the R & I process is described in terms of the following: (1) Policy Formulation, (2) Research/Project Conceptualization and Development; (3) Monitoring and Evaluation, (4) Research Publication, (5) Intellectual Property Protection and Application, (6) Data Management, (8) Endorsement of Project for External Funding, and others.

Likewise, the **Extension services** have the following sub-processes:

Needs Assessment – is a process that is used to identify what people need, where they live, work or enjoy life and what are the underutilized resources. The purpose is to use the information gained to make plans to meet those needs use available resources and/or secure needed resources to improve the quality of lives of the people.

Forging Partnership – is an act of creating possibilities for the university and the community or industry to develop a common agenda for action, leverage resources and tap into outside expertise. It is combining the efforts of individual partners to greatly magnify the effects of healthy collaboration policy and program initiatives launched by the partners.

Technology Transfer – is a process of imparting outputs from scientific and technological research to the industry or community along with the associated skills and procedures.

Knowledge transfer – is a process by which practical method, both a theory and practice, for transitioning knowledge from the university to the community. It involves the circulation of information, ideas, tasks, processes, tools, documents, and others which are beneficial to the recipients.

Monitoring and Evaluation – is a vital component of an extension activity which focus on the positive manner to improve extension's performance and increase its efficiency and to communicate the results of extension programmes to policy makers and clientele being served for an improved outcome.

Impact Assessment – is a means of measuring the effectiveness of extension and community relations activities looking into the significance of changes brought about by those activities. It is a powerful means of communicating, internally and externally, the contribution of the activities to the attainment of the mission of SLSU.

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Furthermore, the SLSU QMS **Support Processes (Student and Administrative Support Services)** include Student Support Services, Procurement and Supplies Management, Human Resource Management, Management Information System, Financial Resource Management, Business Management, General Services, Security Services and Documented Information Management.

Meanwhile, there are 11 Student Support Services identified namely: (1) Scholarship; (2) Dormitory Occupancy; (3) Handling Student-Related Activities; (4) Handling Complaints/Grievances from Students, Parents, and Other Stakeholders; (5) Conduct of Orientation for Freshmen and Transferees; (6) Medical Services; (7) Dental Services; (8) Library Transactions; (9) Individual Counseling; (10) Determining Students' Satisfaction; (11) Group Guidance Activity).

The aforementioned Instruction and Student Support Services cater to the following: Issuance of Student Academic Records; Management of Student Organizations; Student Publication; Sports Development; Student Accident Insurance; Health Services -Medical and Dental Services; Guidance and Counseling Services; Library Services; Cafeteria and Canteen; Scholarship and Financial Assistance; Student Discipline; Services for Students with Special Needs; Retrieval and Issuance of Records; Internship Program Deployment; and Submission of Agenda Items for Board's Approval/Confirmation.

The Procurement and Supplies Management includes (1) Procurement through Alternative Method for Common-Use Supplies; (2) Procurement through Alternative Method for Services & Non-Common-Use Supplies; (3) Procurement through Competitive Bidding; (4) Issuance of Procured Goods; and (5) Formulation of Project Procurement Plan.

For Human Resource Management, the following are included (1) Recruitment and Selection for Faculty; (2) Recruitment and Selection for Staff; (3) Appointment Preparation; (4) Training Needs Identification; (5) Involuntary Employee Termination; (6) Retirement/Resignation; and (7) Grievance Machinery.

The next item is the Management Information System which is composed of (1) IT Hardware and Software Maintenance; and (2) Issuance of Student ID Number and Instructor/Clerk Username.

The sub-processes for Financial Resource Management are the following: (1) Collecting & Reporting of Fees and other Charges; (2) Processing of Financial Claims; (3) Formulation of Program of Receipts & Expenditures (PRE); and (4) Budget Cycle.

Another support process is the Physical Plant Development and Maintenance Office (PPDMO) and General Services which include (1) Requested Maintenance of

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Physical Facilities; (2) Preventive Maintenance of Physical Facilities; (3) Routine Maintenance of Cleanliness of the Campus; and (4) Requested General Services.

Meanwhile, the Security Services cover (1) Gate Entry/Exit; and (2) Campus Guard Patrol. Also, the Documented Information Management includes (1) Control of Documents; Control of Records and (3) Management of Quality Assurance Documents. The other documented information are retained in the office where they originate/terminate.

These support oriented processes ensure that the requirements of the management and core processes are addressed to provide efficient and effective support services. Therefore, the scope of the SLSU Quality Management System shall always be available to internal and external parties and maintained as documented information.

Furthermore, assessment oriented process helps determine compliance and performance of the SLSU QMS. The documented procedure includes Internal Quality Audit, Data Analysis, Corrective Action of Non-conformities.

4.4 Quality Management System and its Processes

SLSU has established, documented and implemented the Quality Management System (QMS) in accordance with the requirements of ISO 9001:2015. The QMS is maintained and continually improved through the use of the quality policy, quality objectives, quality processes, quality procedures, audit results, analysis of data, corrective and preventive actions and management review. SLSU utilizes Quality Procedures to guide faculty members, staff and other employees, with detailed steps and procedures. In addition, transactions involving external providers observe legal and customer requirements. These documents support the achievement of quality compliance for each of the processes identified under the QMS. SLSU creates, uses and retains QMS Forms, communications and other types of documents that serve and provide documented information and substantiate the process inputs and outputs that have been accomplished as planned.

Clause 5 Leadership

5.1 Leadership and Commitment

5.1.1 General

The Top Management of SLSU which is composed of Board of Regents, University President, Vice-Presidents and Campus Directors and members of the Management Review Committee are actively involved in the implementation of the SLSU Quality Management System (QMS) and are accountable for its overall effectiveness. The Top Management initiates and fully supports the vision and strategic directions for the

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continual improvement and sustainability of the QMS. It is fully committed to support, observe and implement the Quality Policy. It also provides direction to the integration of the QMS requirements into each university process and commits to promote the use of the Process Approach and Risk-Based Thinking, as well as the engagement and motivation of the faculty and staff for them to contribute to the effectiveness of the QMS.

5.1.2 Customer Focus

SLSU ensures that customer requirements and expectations are clearly defined, understood and provided at all levels of the organization. The Top Management considers all clients as the top priority and ensures that the determined customer expectations are translated into requirements, and are met with the aim of enhancing customer satisfaction. This is done by ensuring and assuring that (1) client and applicable statutory and regulatory requirements are determined, understood and consistently met; (2) risks and opportunities that can affect conformity of products and services and the ability to enhance client satisfaction are determined and addressed; and (3) the focus on enhancing client satisfaction is maintained.

SLSU's Top Management strives to achieve genuine and substantial customer's approval by manifesting the university's commitment to give topmost priority to genuine satisfaction and institutional integrity towards excellence in customer service.

5.3 Quality Policy

5.3.1 Establishing the Quality Policy

The Top Management through the University President has defined, revised and documented the SLSU Quality Policy. The policy articulates the purpose and context of the university as a "High Quality Corporate Science, Technology and Innovations University" and supports the university's strategic direction. Further, the quality policy renders the model for setting quality objectives, satisfies applicable legal requirements and supports the University's commitment for continual improvement of the QMS. The revised SLSU Quality Policy was approved by the SLSU Board of Regent per BOR Resolution No. 40, series of 2018.

5.3.2 Communicating the Quality Policy

The Quality Policy is a vital discrete document which is communicated, understood and implemented throughout the SLSU. These are done as follows: posting of

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the Quality Policy in all conspicuous places inside the university. Inclusion in the first part of the learning plan in all courses, for recital/reflection during the first day of classes in all courses. In addition, mass recital during university flag raising ceremony (every Monday) and in other formal events. Posters of the same are displayed in strategic units of SLSU such as in offices, classrooms and bulletin boards. The other communication modalities either online or offline, include QP in invitation letters, programs, reports and news bulletin as well as its being uploaded in the SLSU website and official facebook page.

5.4 Organizational Roles, Responsibilities, and Authorities

It is the Top Management's responsibility to fulfill its commitment which is to ensure customer satisfaction, availability of resources, and adherence to quality policy by formulating and implementing QMS plans. It also guarantees that responsibilities and authorities are defined and communicated through conduct of periodic management review.

SLSU Top Management is committed to implement the QMS and ensures delivery of quality instruction (higher and advanced education), research and innovations, and extension services by (1) Ensuring that employees at all levels within the organization understand the Quality Policy, goals and objectives of the SLSU QMS; (2) Conducting regular management review meetings to discuss the effectiveness of the QMS criteria, to wit: Customer Requirements, Quality Objectives, Statutory, Legal and Regulatory Requirements, Continuous Improvement Goals, and Instruction, Research and Innovation and Extension functions; (3) Guaranteeing the availability of resources, to attain the objectives for quality in terms of performance of work and to see to it that policies and procedures are properly documented, understood and implemented; (4) Providing quality Science, Technology and Innovation leaders and professionals responsive to the needs of global and local market; (5) Defining and communicating the responsibilities and authorities of staff at all levels of the organizational structure and its interrelations at least annually; (6) Creating the Vice President for Executive Operations and Quality Assurance (VPEOEA) by virtue of BOR Resolution No. 20. Series 2019, that serves as supervising unit in providing assistance to Top Management in the establishment, implementation, maintenance and continual improvement of the SLSU Quality Management System; and (7) Designating a university official as the University Quality Management Representative (UQMR).

Moreover, am Executive Operations and Quality Assurance Office (QAO) which under the VPEOEA plays a key role in the development, monitoring, and reporting of quality across the university. Its management and operation has clearly defined mission, principles and terms of reference, which indicate the commitment of the university to quality and continuous improvement.

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The duties and responsibilities are communicated through the organizational structure and charts; the issuance of communications from the University President such as appointments, special orders with the specific job descriptions, memorandum order, position description forms, contracts, Memorandum of Understanding (MOUs) and Memorandum of Agreements (MOAs).

The **Director for Executive Operations and Quality Assurance (DEOQA)** reports directly to the VPEOEA on all matters pertaining to accomplishments, issues and concerns on ISO9001:2015, in coordination with the UQMR. The EOQA Director is aided by the Assistant Director for Executive Operations and External Affairs and Administrative Assistant.

The Campus Quality Assurance Office Head (CQAOH) considers training and advocacy in the implementation and sustenance in coordination with the campus ADEOEA; plans and coordinates with process owners, through the office of the concerned college, for the effective deployment and efficient use of resources in line with training and advocacy activities (meetings, seminars and training workshops). The CQAOH serves as conduit of the UQAOD in the conduct of training, documentation, internal audits and management review; and ensures the availability of relevant resources to expedite efficient implementation of ISO activities in their respective units such as colleges and offices/units.

The University Quality Management Representative (UQMR) is assigned to ensure that processes needed for the quality management system are established, implemented and maintained; awareness of customer requirements throughout the organization are promoted; and implementation of the QMS are monitored and coordinated. Further, the UQMR is responsible in overseeing the establishment, documentation and effective implementation of the Quality Management System, who will act as liaison with interested parties on matters related to QMS, ensure that procedures for IQA, Management Review, Corrective and Risk Controls are established and implemented; and make reports of QMS performance to Top Management, through the UQAO, for review and continual improvement and promotes risk-based thinking in overseeing the effectiveness of the Quality Management System.

The **Deputy Quality Management Representative (DQMR)** is assigned in order to assist the UQMR in managing and monitoring the overall effectiveness of the integrated management system; ensuring compliance to objective and targets for quality, environment and safety management programs and recording and regular follow-up on non-conformance findings and creating interventions and risk controls; and meeting the concerned personnel regularly to assess the program of the QMS.

Documented Information Officer (DIO) ensures that the requirements for retaining documented information are established and implemented.

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Internal Quality Audit Team determines whether the SLSU QMS is effectively implemented and maintained through Internal Quality Audits. The IQA team provides input to management review regarding results of the audits and; monitors actions taken to non-conforming products and services raised during the QMS and/or 5S (Sort, Set in Order, Shine, Standardized, Sustain) audits.

Risk Management Team – performs oversight function in ensuring that the established risk controls and related activities are consistently implemented and monitored. The team plans and coordinates with risk owners for the effective and efficient use of risk control tools such as risk register, risk action plan and opportunity logs. Thus, the team helps ensure that risk related information is maintained and retained. Periodic reporting (semi-annually) to the Top Management will be done by the team to ensure effectiveness of the QMS.

Clause 6. Planning

6.1 Actions to address the risks and opportunities

The Top Management considers risks and opportunities when taking actions in relation to its Quality Management System. These risks and opportunities are identified within and outside of the university's environment, a combination of internal and external factors and conditions that can have an effect of the university's approach to its products, services and investments and interested Parties within the scope and all other activities of the Quality Management System.

Management of risks and opportunities are in accordance with the Risk Assessment Procedure and is documented through the use of SOAR Analysis, SWOT Analysis, Stakeholder's Analysis, Sources of Strategic Risks, Sources of Operational Risks, Register, Risk Grading, Risk Response Strategy, Significant Risk Data Sheet, and Risk Action Plan. With these documents, risks are being managed to minimize their likelihood of occurrence and adverse impact to the university. Likewise, opportunities are identified, described and managed using an opportunity log to exploit possible improvements and positive significance.

6.2 Quality Objectives and Planning to Achieve Them

Quality Objectives are formulated and established at relevant mandated functions, levels and processes of the university. The crafted quality objectives meet the required characteristics and standards, to wit:

- a. consistent with the Quality Policy and Strategic Plan of SLSU;
- b. specific, measurable and time-bounded;

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- c. conveniently monitored, evaluated and communicated;
- d. in consonance with applicable requirements;
- e. can be updated accordingly;
- f. relevant in the delivery of quality services in conformance to the criteria of quality products.

These quality objectives are identified and defined as part of the quality planning documents, namely, the balanced scorecard and Strategic Performance Management System (SPMS) forms. The descriptions of these tools are as follows:

- a. Balanced Score Card a measurement based strategic management system that provides the method of aligning institutional activities of its QMS to strategy, monitoring strategic performance goals over time. During its strategic review, management will look at every initiative linked to the strategy maps and determine whether or not each is achieving its desired strategic outcome and the cause-and-effect relationships.
- b. Strategic Performance Management System (SPMS) Performance management is a system designed to identify the ways to achieve organizational goals. It is essential for effective management since it helps in developing and motivating individuals, identifying the real performers and enhancing organization's comparative and competitive advantage. It is but right, therefore, to invest time, effort and money for the development and adoption of a performance management system because it will lead to organizational success.

The SLSU SPMS aims to:

- 1. serve as reference in performance planning, review, control and improvement.
- 2. promote the most effective use of manpower in the organization in order that the employee makes his/her optimum contribution in the production of outputs/outcome;
- 3. concretize the linkage of organizational performance with the Philippine Development Plan, the SLSU Strategic Plan, and the Organizational

Performance Indicator Framework:

4. continuously ensure organizational effectiveness and improvement of individual employee efficiency by cascading institutional accountabilities to the various levels of the organization anchored on the establishment of rational and factual basis for performance targets and measures;

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- 5. provide an objective performance rating which serves as basis for personnel actions, incentives and rewards, and administrative sanctions;
- 6. link performance management with other HR systems and ensure adherence to the principle of performance-based tenure and incentive system.

Through the implementation of the SLSU Performance Management System, quality measurable objectives, targets and success indicators are laid down within a definite time-frame for improving the university's performance in attaining its VMGO and the operational performance to ensure process conformity and customer satisfaction. These are established by the management through employee involvement (meeting, mentoring, advising and workshops) and monitored within the framework of management reviews and evaluation. Management may revise the objectives according to changes in its internal and external influences, issue corrective action requests, or take other appropriate actions to address issues for continual improvement. Status of the quality objectives are retained as documented information.

6.3 Planning of Changes

When changes to the QMS are deemed necessary, the top management ensures that these comply with the requirements of ISO 9001:2015 and shall consider:

- a. the purpose of the changes and their potential consequences;
- b. the integrity of QMS;
- c. the availability of resources;
- d. the allocation or reallocation of responsibilities and authorities.

When Top Management determines the need for changes in its QMS or its specific processes, these changes are planned, implemented and then verified for effectiveness. As necessary, documents are changed in accordance with the mandatory procedure on Documented Information.

Clause 7: Support

7.1 Resources

As stated in its Quality Policy, SLSU commits to provide adequate resources required for the establishment, implementation, maintenance and continual improvement of the QMS. These resources include: competent employees, infrastructure, environment for the operation of processes and finances, monitoring and measuring resources, organizational knowledge for instruction, research and innovations, and

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extension services delivery, and others. The process for determining and communicating resource requirements includes:

- a. management review committee meeting with inputs coming from the different process owners;
- b. evaluation of the capabilities and constraints on existing internal and external resources;
- c. monitored statutory and regulatory requirements of interested parties; and
- d. requirements and expectations of the customers.

7.1. 2 People

SLSU ascertains that it provides sufficient human resources necessary to consistently meet customer, applicable statutory and regulatory requirements for the effective operation of the QMS as well as its identified processes.

Likewise, the SLSU ensures a timely process of identifying the manpower needs of the university, attracting applicants and choosing the most suitable candidates who are competent to fill the vacant post and can deliver valuable contributions to the organization. The recruitment and selection criteria are in accordance with the Civil Service Commission rules and regulation.

The University undertakes faculty and staff development program to enhance necessary competencies and evaluate their effectiveness. Faculty and staff development programs include support for personnel continuing professional development, mentoring and coaching, or re-assignment of currently employed personnel, development of instructional materials, support for the conduct, implementation, presentation and publication of high impact researches, development projects and extension activities, and others.

7.1.3 Infrastructure

Guided by its vision and mission, SLSU determines, provides and maintains the necessary and functional infrastructure. This infrastructure project must contribute to the attainment of the goals, objectives and expected outcomes of the programs the university offer. This must also support in the realization of the university's vision of becoming a High Quality Corporate University of Science and Technology and Innovations, which is internationally accorded as provider of quality human resource,

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relevant innovations and high-impact technologies transferred to the beneficiaries in the country and in the ASEAN region.

The different infrastructure projects provided by SLSU includes:

7.1.3.1 academic and administration buildings, quality assurance center, classrooms, multi-purpose court, conference rooms, plenary hall, libraries, science and research laboratories, stockrooms, computer laboratories, offices, workrooms, hotels, health center, dormitories, training centers, food court, indoor and outdoor facilities, motor pool area, experimental test sites, business affairs office, garment, automotive, electronics, electrical, and drafting shops, food and technology laboratory, multimedia center, computer laboratories, engineering laboratories, maintenance shops, storage areas, and others.

7.1.3.2 equipment, hardware and software for libraries, research office, centers, laboratories and vital relevant offices of the university.

7.1.3.3 support services such as Information and Communication Technology (ICT) Infrastructures and system (telephone lines, internet connections) and access control system which includes vehicles, people and others.

Procurement of the newly established infrastructure projects are documented according to RA 9184. Their necessity was determined based on documents as required by the standard e.g. *University Strategic plans, Annual Procurement Plan, Building Plans, Development Plans among others.* Thus, in order to maintain and sustain the good working conditions of the equipment and mentioned infrastructures, SLSU has adopted a programmatic approach to quality in the workplace vis-à-vis maintenance documented procedures in place.

7.1.4 Environment for the Operation of Processes

SLSU identifies, provides, maintains and monitors necessary working and learning environment for the operation of processes to achieve targets of producing conforming products and providing quality service. This environment includes classrooms, laboratories, learning management systems and other facilities conducive for learning and well-lighted and well-ventilated offices with enough space and functional modern equipment needed in the delivery of services.

Further, SLSU ensures that work environment in the university is suitable to achieve conforming products and services and that adequate human, social (non-discriminatory, calm, and on-confrontational), psychological (stress-reducing, burn-out prevention, and emotionally protective), physical and safety factors are maintained.

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Safety aspects include the use of safety equipment, personnel protective equipment in laboratories and workstations, emergency drills and evacuation plans.

7.1.5 Monitoring and Measuring Resources

7.1.5.1 General

The university determines and provides the resources needed for monitoring or evaluation to ensure valid and reliable results and verify conformity of products and services being offered by the University. The tools being used are suitable to the specific type of monitoring and measurement activities and are maintained to ensure their continuing fitness for their purpose.

7.1.5.2 Measurement and Traceability

The university considered measurement and measurement standards very necessary for product conformity. Calibration instruments and calibration providers are considered as the case may be. The measurement tools include calibration instruments, testing and monitoring software, and monitoring systems. In cases wherein calibration instruments are not available in the university, a third party provider is resorted to in order to ensure that all laboratory equipment are in good functional conditions. The reference of calibration are the international standards to ensure that product and services provided to customers are compliant to both local and international applicable requirements. Moreover, records of calibration/maintenance are retained as documented information to serve as evidences of fitness for purpose.

7.1.6 Organizational Knowledge

SLSU gives premium on updated, relevant and substantial knowledge necessary for the operation of its processes and to achieve conformity of products and services per customer and legal requirements. The university has adopted a documented information procedure for effective planning, implementation, control, monitoring and evaluation of faculty and staff hiring and development and the other various QMS processes.

The perspective on the cycle of operation in terms of organizational knowledge in the university is anchored on the internal and external sources. The **Internal sources** are composed of the university administrative practices, management of learning records, student records, lessons learned from successes and failures in instruction, research and innovations and extensions, feedback from subject matter experts, and knowledge gained from experiences. These also include the internally developed and approved policies and guidelines for an improved operation of the university. Meanwhile, the **External sources**

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include the standards as indicated in statutory and regulatory issuance from the Department of Budget and Management (DBM), Civil Service Commission (CSC), Philippine Association of State Universities and Colleges (PASUC), Commission on Higher Education (CHED), Department of Education (DepEd), Technical Education and Skills Development Authority (TESDA), Professional Regulation Commission (PRC), Department of Health (DOH), professional organizations, conferences, or any information gathered from customers or other interested parties. This knowledge is maintained and made available should they be considered necessary.

7.2 Competence

The university monitors, determines and evaluates the level of competence of its faculty and staff to ensure that each can deliver the functions and responsibilities with quality and conformity to customers' needs to ensure effectiveness of the QMS.

A career development plan for the faculty and staff is in place. It is based on the Training Needs Assessment results, Individual Development Plan (IDP) and the needs of the program, college or the industry. A periodic evaluation and monitoring is done to ensure that competence of employees fit into their current and possible future work assignments in the university. Specifically, the university develops a Faculty Development Plan (FDP) with corresponding Policies and Guidelines of its Implementation to come up with a harmonize program that provide equity in the growth of all its faculty members through availment of support for advance studies, conduct, presentation and publication of research and extension outputs, and other relevant programs. Also, the university develops a staff development program specific for administrative staffs. Both faculty and staff or the career development programs include the grant of scholarship for continuing professional development, mentoring, training, job rotations, re-assignments, and others.

7.3 Awareness

The University ensures that the persons performing the work are aware of the quality policy, relevant quality objectives, quality procedures and quality forms, their contribution to the QMS effectiveness, including improved performance to include the implications of non-compliance to the QMS requirements.

In so doing, SLSU conducts awareness seminar and training, workshop sessions, consultation meeting and follow up activities on the QMS in all levels of the University as described in the scope statement of the SLSU QMS.

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7.4 Communication

SLSU Top Management determines the internal and external communications relevant to the QMS, including the subject of the communication, when communication occurs, participant and ways of effective communication. The university employs either downward, updward, lateral or horizontal, diagonal, and external flow of communication.

Downward flow of communication is used when information comes from a higher level in the University to a lower level. Superiors use this flow of communication for the following purposes among others: (a) Providing feedback on employees' performance; (b) Giving job instructions to subordinates; (c) Communicating the university's vision and mission to all employees; and (d) Highlighting the areas of attention.

An **upward communication flow**s to a higher level in an organization. It provides feedback on how well the organization is functioning. The subordinates used upward communication for the following purposes: (a) To convey their problems and performances to their superiors; (b) To tell how well they have understood the downward communication; and (c) To share their views and ideas and to participate in the decision-making process. With upward communication, the University will allow to develop more committed and loyal workforce in an organization because the employees are given a chance to raise and speak dissatisfaction issued to the higher levels. The managers get to know about the employees' feelings towards their jobs, peers, supervisor and organization in general.

Communication that takes place at same levels of hierarchy in an organization is called **lateral communication**, i.e., communication between peers, between managers at same levels or between any horizontally equivalent organizational member. This flow of communication has the following advantages: (a) Facilitates coordination of the tasks; (b) Facilitates cooperation among team members; (c) It provides emotional and social assistance to the organizational members; (d) It is a means of information sharing; and \in It can also be used for resolving conflicts of a department with other department or conflicts within a department.

Diagonal Communication allows sharing of information between a manager and employees of other workgroups. For instance, to design a training module, a training manager interacts with an operations personnel to inquire about the way they perform their task.

External Communication takes place between a University Official and line agencies like CHED, DBM, COA, and CSC; between a University Official and partner

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agencies like DOST, DTI, DA, DA-BAR, and others; between a University Official and external groups such as suppliers, depository banks, financial institute and the like.

The documented information of communication includes Office Memorandas/Orders, Agenda and Minutes of Meetings communicating different issues/concerns/updates of the university, Action Request Form, Customer Feedback & Satisfaction Rating, Management Review Agenda (Inputs and Outputs).

Other uncontrolled communication include administrative communication systems (Internal and External) through the use of SLSU memoranda, request letters, stationaries, presentation templates, routing slips, newsletters and bulletins, board resolutions, special orders, official website, and social media platforms, emails, tarpaulins, banners, stamps and tags.

7.5 Documented Information

7.5.1 General

SLSU maintains a documented QMS as a means to ensure that products and services conform to specified requirements. This documented information include both documents and records which undergo different controls as required by the standard. These documented information can be printed or electronic copies of procedures, processes, forms, manuals, and records as evidence in the planning, implementation, monitoring, assessment and feedbacking of a certain process or procedure.

The SLSU's quality management system includes (a) Documented information required by ISO 9001:2015; and (b) Documented information determined by SLSU as being necessary for the effectiveness of the Quality Management System.

The SLSU QMS consists of the following documented information (1) Quality Manual; (2) Quality Procedures; (3) Quality Forms; (4) References such as but not limited to Manuals, issuances from/to interested parties; and (5) Retained Documented Information maintained in the different offices.

Moreover, SLSU's Quality Management System follows the following coding scheme, as follows:

Type of Document	Document Code	
Quality Manual	AAA-BB-XXxx	
	Where:	
	AAAA	- Initials of the organization
	BB	- Type of Manual

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Subject: DOCUMENTED IN	URMATION		
		QM for Quality Manual	
	XX	- Code of Quality Assurance	
	XX	- Manual version number	
	1111	Fiditual Verbion number	
	Example:	SLSU-QM-QA01	
	SLSU	- Southern Leyte State University	
	QM	- Quality Manual	
	QA QA	- Code of Quality Assurance	
	01	- Manual version number	
Quality Procedures	AAAA-BB-XXxx		
Quality 1 rocedures	THUIT-DD-MAX		
	Where:		
	AAAA	- Initials of the organization	
	BB	- Type of Manual	
	DD	QP for Quality Procedure	
	XX	- Process Code	
	XX	- Series Number	
	AA	Series Humber	
	Example:	SLSU-QP-AC01	
	SLSU		
	QP	- Quality Procedure	
	AC	- Academic Process	
	01	- Process series number	
Quality Forms	AAAA-BB-XXxx		
Quality Forms	Where:		
	Where.		
	AAAA	- Initials of the organization	
	BB	- Type of Manual	
		QF for Quality Forms	
	XX	- Unit/Office Code	
	XX	- Series Number	
	1111	beries italiaber	
	Example:	SLSU-QF-IN01	
	SLSU	- Southern Leyte State University	
	QF	- Quality Forms	
	IN	- Instruction Unit	
	01	- Form series number for Instruction	
		Unit	
References	• These	are composed of Manuals, Internal Policies,	
Tester effects		ines, and others.	
Retained Documented		not exclusive to the following:	
Information	_	eted/Filled-out forms	
maintained in the	Reports		
different offices	Checklists		
differ effe offices			
	Minutes Communications (both incoming and outgoins)		
	Communications (both incoming and outgoing)		
	Other outputs that shows the implementation of the		
		ets and services of the University whether	
	externa	ally acquired or internally generated.	

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7.5.2 Creating and Updating

When creating and updating documented information, SLSU ensures appropriate:

- a) Identification and description (e.g. title, date, author, and reference number);
- b) Format (e.g. language, software version, graphics) and media (e.g. paper, electronic); and
- c) Review and approval for suitability and adequacy.

The Quality Manual, Quality Procedures and Quality Forms are updated and revised as needed to reflect the current management system or changes in process or methodologies of each office/division/college.

7.5.3 Control of Documented Information

- **7.5.3.1** Documented information required by the quality management system and by ISO 9001:2015 are controlled to ensure:
 - a) Availability and suitable for use, where and when it is needed; and
 - b) It is adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity).
- **7.5.3.2** For the control of documented information, SLSU has addressed the following activities, as applicable.
 - a) Distribution, access, retrieval and use;
 - b) Storage and preservation, including preservation of legibility;
 - c) Control of changes (e.g. version control); and
 - d) Retention and disposition.

The guidelines under 7.5.3.2 define the controls to ensure that all personnel have access to the latest approved information and to restrict the use of obsolete information.

Documented information of external origin determined by SLSU to be necessary for the planning and operation of the quality management system is identified as appropriate and controlled. It will be the responsibility of each office/division/college to implement proper control on the external documented information collected in the course of their implementation of their function.

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Documented information retained as evidence of conformity are protected from unintended alterations. Moreover, it is the responsibility of each process owner to ensure that the required quality documents and records are created, maintained and retained in accordance with stated requirements.

Clause 8: Operation

8.1 Operational Planning and Control

The university has adopted quality planning mechanisms to meet the requirements of the standards and outcomes of its QMS using Balanced Scorecard Approach (BSC) and Risk Management as Framework.

Balanced Score Card (BSC) – a measurement based strategic management system that provides the method of aligning institutional activities of its QMS to strategy, monitoring strategic performance goals over time. During its strategic review, management will look at every initiative linked to the strategy maps and determine whether or not each is achieving its desired strategic outcome and the cause-and-effect relationships.

This tool will primarily take into consideration the direction of the university as laid out in the Seven-Year Development Plan and the attainment of the VMGO, strategic actions and targets stipulated therein. While the formulation of the Vision of the university is aligned and influenced by the 2015 ASEAN Integration and Higher Education Rationalization of HEIs and Programs which is a component of the strategic plan of the Commission on Higher Education (CHED), the current thrusts of the government as stipulated in the 2017-2022 Philippine and Regional Development Plans have to be considered. Also, the university has to align its objectives, actions and targets to sustain its relevance and contribute to the overall societal goal in attaining inclusive growth and sustainable development.

In addition, Risk Management, as a quality control process, does not only decrease the probability and impact of events adverse to the attainment of SLSU's VMGO but also exploits opportunities that could have a positive impact beneficial to the university. It is an ongoing process which includes processes for risk management planning, identification, analysis, monitoring and control. Many of these processes are updated as new risks can be identified at any time. All documented information derived from risk management process is adequately reported and is used as basis for strategic decision making and corresponding actions. This will be sustainably done within the context of the organization which takes into consideration the internal and external factors to guaranty customer satisfaction.

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Quality planning considers the information related to the context of the University, its strength, opportunities and tangible outcomes and measures in order to realize the goals and aspirations of the university.

It includes determining the quality objectives and requirements of the clients which includes the following:

Quality and Relevant Instruction Services:

- 1. To increase the number of undergraduate and graduate curricular programs that highlight STI;
- 2. To transform all existing curriculum to be aligned with Science, Technlogy and Innovations;
- 3. To submit all circular programs to national and international accrediting agencies.

Research and Innovations Services:

- **1.** To produce novel multi-disciplinary technologies (techniques, skills, methods, processes) frameworks and models that are responsive to the present needs of the society and contributes to the attainment of the sustainable development goals.
- **2.** To increase technical, financial and infrastructure support to university researchers to achieve the level of demonstration in the production of patents, inventions, utility models, industrial designs and other scientific knowledge that are relevant for community development.
- **3.** To strengthen implementation of policies that regulate and ensure consistent production of research and innovation.
- **4.** To increase the number of faculty, staff and students' engagements in research and innovation activities

Extension Services:

- 1. To increase the number of faculty and staff engagements in research-based extension programs/projects/activities (PPAs)
- 2. Increase the number of industry collaboration in the implementation of extension PPAs
- 3. Improve the adoption rate of packaged technologies
- 4. Improve impact of extension PPAs based on social, economic, environmental, and political parameters
- 5. Achieve high levels of satisfaction in the implementation of relevant interventions for sustainable development

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General Administration and Support Services:

- 1. Provide venues for faculty, staff and students to hone their business acumen (YES, BEE HIVE);
- 2. Increase viable business and economic enterprises (BEEs);
- 3. Maximize the utilization of the university's human and physical assets with resource generation potential (service facilities, specialist-based operations);
- 4. Promote commercialization of developed technologies;
- 5. Engage into venture capital through Public-Private Partnership (PPP); and
- 6. Revitalize other doable resource generation activities in partnership with Alumni Affairs and Industrial Relations Office (grants, sponsorships, donations & fundraising).

8. 2 Requirements Related to Products and Services

SLSU ensures that the requirements for the offering of curricular programs are defined including any applicable statutory and regulatory requirements and those considered necessary by the University. The statutory requirements are based on the policies, standards and guidelines issued by the Commission on Higher Education (CHED), and other regulatory requirements as stated in the university mandates and considering also industry needs, customer feedback, and input from other stakeholders and interested parties.

8.2.1 Customer Communication

The university provides mechanisms to ensure effective communication with the customer and other relevant interested parties. These mechanisms include among others, website, information brochure, telephone and email facility, bulletin boards, posters, social media, facebook page, conduct of meetings, and distribution of notifications and other pertinent documents. The communication documentation with the client and other relevant interested parties include:

- Provision of information related to the delivery of instruction;
- Handling of inquiries pertaining to curricular offerings and course requirements;
- Bulletins related to the delivery of research and development activities;
- Announcements related to the delivery of technology transfer;
- · Obtaining customer feedback including complaints;
- · Handling customer property; and
- Establishing specific requirements for contingency actions, when relevant.

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The aforementioned communication documents are either posted on bulletin boards or in the university website to expand access and reach of the customers.

8.2.2. Determination of Requirements related to Products and Services

SLSU has created all its curricular programs based on the statutory requirements of CHED as reflected in Policies, Standards and Guidelines (PSGs) issued by CHED through a Memorandum Order per program. Likewise, the university also considers the industry needs as inputs to the curriculum development or revision. This is evident in the invitation and participation of industry representative during curriculum development or revision. In as much as the university is mandated to deliver research and innovations, and extension services, crafting of RDE agenda, thrusts and priorities is in consonance with the institutional, regional priorities such as the Department of Science and Technology (DOST), CHED, National Higher Education Research Agenda (NHERA), and other legal requirements. The other stakeholders and interested parties' requirements and needs are considered as inputs together with the inclusion of desired attributes that the university wanted develop from and practice by its products being guided by the university's strategic directions reiterated through its vision, mission, goals and objectives and quality policy.

8.2.3 Review of Requirements Related to Products and Services

SLSU ensures that it has the ability to meet the requirements for products and services offered to the customers. The Top Management conducts product review before committing to supply products and services to a customer. The review includes periodic curriculum review and development, or as statutory and regulatory standards require. Likewise, review of research and innovations, and extension agenda are done to align and fit into the customer and interested party requirements, vis-a-vis university mandates as reflected in the VMGO of SLSU.

Hence, SLSU safeguards curricular offerings, research and innovations, and extension services delivered to the customers. In addition, contracts, purchase orders or other requirements delivered by an external provider are reviewed and evaluated to ensure conformance with the general requirements for quality products and services. Finally, SLSU retains applicable documented information of the initial review and on any new/revised customer or applicable external party requirements for the products and services provided.

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8.2.4 Changes to Requirements for Products and Services

The university guarantees that relevant documented information is amended, and that relevant persons are made aware of the changed requirements, when the requirements for products and services are changed.

8.3 Design and Development of Products and Services

8.3.1 General

In terms of new designs and for significant design changes of products and services such as curricular programs, course syllabi, instructional materials, training designs, research and innovations, and extension proposals, SLSU ensures the compliance of mandatory legal requirements and the translation of student and community needs and requirements into detailed design outputs. These address performance, validity, reliability, sustainability and testability issues including regulatory and statutory concerns. Approved curriculum development manual and quality procedures, research and innovations, and extension manuals, risk assessment guidelines and other references are observed in the revisions/changes and development of the designs of products and services of the university.

The design and development process ensures that design planning is conducted; design input requirements are captured; and design outputs are created under controlled conditions; design reviews, verification and validation are conducted; and design changes are made in a controlled manner.

8.3.2 Design and development planning

For curriculum design and development, the proponent Department (college/campus dean or university official or faculty) initiates in the preparation of documents related to curriculum development/revision. Concerned faculty and staff at the department level may be designated by the college/campus dean/department head in the packaging and preparation of the necessary documents of the proposal for curriculum development/revision taking into consideration the recent issuances, implementing guidelines related to curriculum, industry and community needs, and other customer-related requirements. Also, the capabilities in research and extension are developed based on the planned Research and innovations Agenda and Extension and Community Services Agenda of the university. These are likewise aligned to the thrust and priorities of the program in particular and of the university's strategic directions in general and other interested party requirements. Planning for a revision to improve a

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curriculum or any RDE projects and programs is based on the needs of the statutory, regulatory, industry, client, and in compliance with the interested parties' requirements.

8.3.3 Design and development inputs

The proponent department considers the basic requirements for curriculum development/revision and ensures that the proposal is: 1) compliant to the standard format of curricular revision or offering of new degree program, 2) based on fields of study appropriate to higher education, 3) aligned with the university's vision, mission, goals and objectives, policies and guidelines 4) consistent with institutional standards of quality, 5) compliant with accreditation policies and standards set by Accrediting Agency for Chartered Colleges and Universities in the Philippines (AACCUP), 6) compliant with policies and standard requirements of the Commission on Higher Education (CHED), and 7) in consonance with the industry, community and other stakeholders' needs.

In all cases, instruction, research and innovations, and extension services provided by the university are all anchored on aforementioned premise. The inputs for designing the quality of instruction, research and innovations, and extension services are products of a purposely designed forum with the participation of all stakeholders and relevant interested parties.

8.3.4 Design and development controls

In order to sustain the continuous improvement of the products and services of the university, development and revision of curriculum follows a standard procedure as stated in the Board of Regents' approved Manual on Curriculum Development, Review and Revision. A Department Curriculum Committee (DCC) evaluates and endorses any curriculum development/revision-related proposal emanating from the proponent-department or university officials, faculty and college deans. As mentioned in Clause 8.3.3, the proponent department is guided in the preparation of the feasibility study or proposal and ensures compliance to the basic requirements of curricular development, review or revision, accreditation policies and standards set by Accrediting Agency for Chartered Colleges and Universities in the Philippines (AACCUP), and policies and standard requirements of the Commission on Higher Education (CHED); aligned with the University mission, strategic goals, policies and guidelines; consistent with institutional standards of quality, and based on fields of study appropriate to higher education.

After the review and endorsement by the DCC, the proposal will reviewed by the Campus Academic Council (CAC) which is composed of faculty members with at least

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Assistant Professor I positions. Then the reviewed proposal will be endorsed to the University Academic Council (UAC). The UAC is the highest governing council which scrutinizes the proposal for final review and approval. If major corrections are found, then proponent will comply with the recommendations. If the proposal has funding requirements, the members of the University Academic Council endorses the proposal to the University Administrative Council. If the revision does not involve major curricular revision then it will be implemented following UAC Resolution. All documents will be submitted to CHED for issuance of Certificate of Program Compliance (COPC). If CHED cannot issue COPC, the proponent complies the requirements. Once the COPC is issued, the proposal will be forwarded to the Board of Regents (BOR) for Approval. The BOR signs a resolution for the implementation of the revision/new program. The revised/new curriculum is implemented.

In addition, the crafting and enrichment of the course syllabus. It is a must to every faculty member teaching the course to develop, refine update or change the course outline/syllabus and modules both for online and offline modalities to optimize the achievement of the learning and to make the course more relevant. As such, the following should be considered in the enrichment of the course syllabus:

- 1. The course description specified from the CMOs
- 2. The alignment of the content topic to the course objectives
- 3. Recommends the updated learning resources applicable to the course
- 4. The compliance to the benchmark set by the AACCUP

It is highly encouraged that departmental crafting will be done by the faculty members handling the same course. It is likewise encouraged to practice exchanging and sharing of the course syllabus and modules in the university.

- 1. Sends a representative during the assessment, evaluation and deliberation during the Academic Council meetings.
- 2. Ensures immediate implementation of the approved revision/ or offering of new degree and non-degree programs.

As in the case of the R&I and Extension products and services, a periodic evaluation of outputs is done through the Research and Innovation Review and the Extension Review and Evaluation and In-house Review. Comments and feedbacks are then given back to the presenters/proponents for appropriate actions.

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8.3.5 Design and development outputs

The BOR approved curriculum which was already issued with a CoPC by CHED will be the sole guide in crafting the prospectus and the a specification of the learning outcomes (LOs) of the degree program- i.e. what the student are expected to know, understand and be able to do after completing the program of studies. It shows the minimum unit requirements to attain these LOs and the minimum acceptable level of demonstrated achievement (evaluated against assessment criteria) for awarding credits.

As in the case of R&I and Extension activities, approved proposal, reviewed research outputs, publications and utilization comprise the design and development outputs.

The knowledge, skills and competence in instruction, research and development, and extension services of the university added with core values form part of the holistic attributes of the graduates (product).

8.3.6 Design and development changes

Based on a periodic review, when a current program needs revision, it shall be initiated by the Department concerned through the Department Curriculum Committee (DCC) who will initially assess the proposed curriculum revision. This revision is classified either minor or major.

Minor Curricular revisions which includes offering of prerequisite courses, change of course nomenclature and change in arrangement of program of studies shall be initiated by the Department Head/Program Chair in coordination with the DCC, assigned to review and evaluate the proposed change/s. The reviewed proposal will be submitted to the Campus Academic Council. The same proposal will be endorsed to the University Academic Council for deliberation and approval of the proposed curricular revision. A copy of the proposal with attached resolution approving the curricular minor revision will be forwarded to the college and campus deans for implementation by the respective unit/s.

On the other hand, major curricular revision which includes deletion and addition of new courses or units shall follow the same steps with the minor revisions only that additional step will be considered such as submission of all documents to CHED for issuance of Certificate of Program Compliance (COPC). In case of additional compliance is required by CHED, the proponent complies the requirements. Once the CoPC is issued, the proposed revision will be forwarded to the Board of Regents (BOR) for Approval.

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For R&I and Extension programs, projects and activities, design and development change emanates from the alignment of the R&I and Extension agenda with the thrusts and priorities of the concerned interested parties. The outputs are collaborative endeavors of all the colleges which undergo consultation, critiquing and orientation. Participation of the different stakeholders is considered important.

8.4 Type and Extent of Control of External Provision

The university ascertains that processes, products and services supplied by external providers do not adversely affect the ability to consistently deliver conforming products and services to the customers. Faculty members delivering instructions who demonstrate inadequate performance will be required to implement corrective actions. Those faculty members who are on a part-time basis or temporary status will no longer be hired in case of unsatisfactory performance per student, supervisor and peer evaluations. In case of supplies, materials, equipment and other products and services, the university sees to it that the lowest bidder but compliant to the end-user requirements are considered as external providers per IRR of RA 9184. Additionally, a quality procedure on purchasing/procurement of goods was established and covers from requisition, acquisition, inspection and acceptance of goods and services procured using alternative mode of procurement. Upon evaluation, poor performing suppliers will be replaced.

8.4.2 Information for External Providers

SLSU uses purchase orders to define the product or services required by the enduser that are to be purchased. Purchasing documents are reviewed for adequacy and approved by purchasing personnel prior to release, following relevant legal requirements. Purchasing documents clearly describe the product or service to be provided.

The Research and Innovations and Extension external funded projects should be properly documented for monitoring and evaluation purposes and for due recognition and appropriate actions for the members who will be involved in the project. Faculty members who cannot deliver will no longer be involved in other future projects unless otherwise the reason are valid and justifiable.

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8.5 Production and Service Provision

8.5.1 Control of Production and Service Provision

SLSU plans and implements production and service provision under controlled conditions and as required by job specific requirements. Examples of the controls include:

- a. availability of documented information that define characteristics and results to be achieved, either statutory or regulatory standard;
- b. availability of competent and effectively trained faculty and personnel, and adequate equipment;
- c. availability of infrastructure (facilities, classrooms, laboratories, etc);
- d. availability and use of suitable monitoring and measuring devices/tools and resources;
- e. evidence that all designing, developing, monitoring and evaluation operations have been completed as planned;

8.5.2 Identification and Traceability

The university controls and records the unique identification of the customers for unique traceability of each customer by contract, regulatory or other established requirements such as (1). collecting, verifying, storing and preserving of original certificates and the accomplished application form of each client in a personal file; (2). issuance of client number to students and faculty; (3). scheduling of classes and room utilization; (4). loading of faculty; (5). maintaining attendance sheets of students; (6). keeping class records; (7). required filing of accountability clearance both for students and personnel; (8). compiling the record of courses taken and grades obtained by students in the university; (9). Storing students' performance in the learning management systems, (10). uploading of grades earned in every subject to the university's developed system of record using students' account number in the SLSU portal and finally in the transcript of records. In addition, SLSU uses suitable means to identify if outputs conform with the customer and relevant interested party requirements such as conducting tracer study to determine employment rate and employability of products (graduates). This ensures continual improvement from design, development, and changes of product and services specifications and requirements.

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8.5.3 Property Belonging to Customers or External Providers

The university exercises care over client or supplier property while it is under its control or use. This is strengthened upon the implementation of Data Privacy Act and statement of confidentiality of client or supplier property. This property includes but not limited to materials, components, tools and equipment, premises, intellectual property and personal data. Upon receipt, such property is identified, verified, protected and safeguarded, if such property is lost, damaged or otherwise found to be unfit for use, it is reported to the student or supplier and is properly recorded. Client intellectual property and client furnished data are identified, maintained, and preserved to prevent accidental loss, damage or inappropriate use.

Therefore, the university takes caution with property belonging to customers or external providers while it is under the university control or/is being used. Procedures are established for the control, storage, maintenance and accounting of Customer/Government furnished instructional and other materials, tools, facilities and equipment including data used for design, production and/or inspection provided to the University for the Performance of work under a specific contract or contracts.

8.5.4 Preservation

The university preserves the conformity of parts and whole of products during internal processing and delivery to the intended destination including outside services. Procedures include instructions for identification, handling, packaging, storage and protection. The documents that are to be preserved are maintained in the different offices of the university. Preservation of outputs also includes, where applicable:

- a. cleaning;
- b. prevention, detection and removal of foreign objects;
- c. special handling for sensitive outputs;
- d. marking and labeling including safety warnings;
- e. special handling for hazardous materials;
- f. proper filing and storage of documented information.

Thus, university ensures safety and security of its customers and promotes well-being by (a). safe keeping of all documents submitted by students and faculty; (b). ensuring safety in all physical plant and facilities; (c). maintaining and sustaining 5S (sort, set in order, shine, standardize and sustain) environment in the campus such as institutionalizing policies and guidelines, imposing discipline, guidance and support; (d). providing health services; (e) offering guidance and counseling services to customers; (f)

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ensuring hygiene and sanitation in food stalls within the university; (g) safeguarding the integrity of the evaluation and assessment tools through appropriate handling by proper authority; protecting instructional materials from damage and loss; and providing proper safe keeping for client academic records.

8.5.5 Post-Delivery Activities

SLSU maintains documented information of all products and services delivered to their customers. The university conducts post-delivery activities but not limited to the following:

- 1. undertaking tracer studies to determine employability of SLSU graduates;
- 2. issuing referrals for possible job opportunities;
- 3. conducting annual Job Fair to create employment opportunities for graduates;
- 4. coordinating with DOLE and PESO offices for possible placement;
- 5. integrating of employer's feedback for mechanisms in the design and development of curriculum; and
- 6. utilizing employer's feedback for enhancement and improvement of the delivery of instruction, and conducting research and development, and extension activities.

The extent of these post-delivery activities includes consideration SLSU customer's requirements and received feedback on any or more of the following:

- 1. client requirements to include feedback;
- 2. industry requirements and feedback;
- 3. statutory and regulatory requirements; and
- 4. risks associated in the conduct of post-delivery of activities.

8.5.6 Control of Changes

SLSU reviews and controls both planned and unplanned changes in the processes to deliver products and services. These are considered in the risk assessment of both operations and strategic perspective necessary to ensure a sustained continuing conformity with all customer and legal requirements. In times of pandemic and other disasters, Business Continuity Plan shall be made to ensure that despite of changes in operations, the quality of products and services is still maintained and/or improved. Records describing the results of review, the personnel authorizing the change, and any necessary actions arising from review are maintained.

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8.6 Release of Products and Services

The university guarantees that only qualified students are admitted in the program both in the higher and advanced education programs. The admission and retention policies in every program are enforced for the client to advance to the next level. The students must meet the prescribed requirements of the curricular programs such as all academic (course) requirements, thesis and dissertation, and internship programs (on-the-job training and pre-service teaching), R&I proposals, on-going and terminal reports, and publications. Records such as certificate of completion, portfolio, narrative reports, daily time records and performance evaluation of the clients are maintained and retained.

SLSU further guarantees that the customers are equipped with advance knowledge, competent skills, desirable attitudes and values and holistic competence as shown by satisfactorily complying with all the requirements of their curricular programs with focus on instruction, research and innovations, and extension services.. Evaluation and assessment are undertaken at appropriate stages to verify that the curricular program requirements are met before the conferment of degrees. Compliance of all the necessary requirements of the degree programs as approved by the Board of Regents and upon the recommendation of the respective deans warrants the conferment of the degree to the students during graduation.

8.7 Control of Nonconforming Process Outputs, Products and Services

In order to ensure that non-conforming process outputs, products and services are controlled, the university identified possible strategic and operations risks and provide possible preventive actions. In case of non-conformance during the operation, appropriate corrective actions will be provided based on the nature of non-conformity and its effect on the products and services.

The appropriate action can be one or more of these ways, to wit: (a). correction; (b) segregation, containment, return or suspension of provision of products and services; (c). informing the client; (d). obtaining authorization for acceptance of the non-conforming output under concession.

Furthermore, the university takes action when a non-conforming output is detected after delivery of the products and services, during or after the provision of service. Record of description of non-conformity, the actions taken, any concessions obtained, and identification of the authority deciding on the action to be taken, and proof of verification of product and service conformity is maintained.

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Clause 9: Performance Evaluation

9.1 Monitoring, Measurement, Analysis and Evaluation

The objectives of monitoring, measurement, analysis and evaluation are: (1) to evaluate the process criteria and product characteristics per customer and other legal requirements; and (2) to assess the performance and effectiveness of the QMS. Results from monitoring and measurement are analyzed and interpreted to get appropriate information. The informational reports are presented to the top management for general review, basis for decision-making and taking actions on opportunities for improvement.

SLSU determines the monitoring and measurement process to be undertaken including the monitoring and measuring of facilities (resources) needed to provide proof of conformity of instruction, research and innovations, and extension services, to specified requirements. When used, the equipment, tools and instruments are:

- a. calibrated or upgraded and verified, or both, at specified intervals, or before use, against measurement standards traceable to international or national measurement standards; where no such standards exist, the basis used for calibration or upgrading and verification is recorded:
- b. adjusted or re-adjusted as necessary;
- c. distinguished in order to determine its calibration status and upgrading;
- d. safeguarded from adjustments that would invalidate the measurement result; and
- e. protected from damage and deterioration during handling, maintenance and storage.
- f. control or monitoring of human resources needed for the offering of curricular program, conduct of research and development and extension

For the R&I and extension and community services programs, projects, and activities, monitoring is done following established guidelines through the BOR approved Manuals.

9.1.2 Customer Satisfaction

SLSU monitors the product and service outcomes in terms of continual ability to fulfill customer requirements. Periodic gathering of client feedback and satisfaction rating is conducted by the concerned office through any of, but not limited to, the following mechanisms/tools, to wit: (a). client satisfaction survey; (b). faculty evaluation by students using QCE forms; (c). interview of interested parties; (d). conduct of focused

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group discussion; (d). used of evaluation forms after each activity like seminar, symposium, sports-fest, and others.

SLSU monitors information on customer's satisfaction level as one of the measurements of performance of the QMS. The Dean, through the department head or program chair, determines the methods for obtaining and using this information through:

- 1. Student/customer's satisfaction survey once every semester. This will provide opportunity for generating positive and negative feedback reports as inputs of creating intervention and strategies to enhance customer satisfaction in particular and for continual improvement in general; and
- 2. Industry's feedback is also undertaken every end of OJT period.
- 3. Conduct of periodic internal audits which aims to determine whether the university QMS conforms to the requirements of the Standard and if it is effectively implemented and maintained.

The above-mentioned activities aim to measure and monitor the performance of QMS processes in terms of meeting the client's requirements and expectations. Maintaining customer satisfaction is one of the principal objectives of the QMS. Collecting and analyzing customer feedback and complaints, and customer satisfaction is conducted during management review. Customer satisfaction data is used by the top management to identify opportunities for improvement.

9.1.3 Analysis and Evaluation

The university top management performs necessary analyses and evaluation of appropriate data and information gathered from monitoring and measurement. Then the top management will utilize the results to evaluate conformity of products and services, customer satisfaction, performance and effectiveness of the QMS, performance of external providers, and finally, identify the areas of the QMS needing improvement.

9.2 Internal Audit

SLSU plans and conducts internal audits at planned intervals. Internal audits are conducted to verify quality activities and if related results comply with planned expectations including customer requirements and other QMS requirements as deemed necessary and applicable.

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The UQMR in coordination with the Director of EOQA is responsible for organizing and coordinating the internal audit to ensure that the audit scope, the frequency and methods are defined, and the following requirements are satisfactorily achieved:

- a. definition of audit responsibilities;
- b. definition of requirements for planning and conducting the audit including taking appropriate correction and corrective actions without undue delay;
- c. assurance of auditor independence;
- d. recording of audit results;
- e. communication of audit results top management.

The Internal Quality Auditors who are tasked to perform the audit should meet these qualifications: (1) must have undergone training on auditing management system using ISO 19011 as basis; (2) must be independent in fact and in mental attitude; (3). must possess good communication skills; (4). must exercise sound professional judgment.

In the conduct of the internal quality audits, the following are necessary considerations:

- 1. Internal quality audits are planned and scheduled on the basis of the status and importance of the activity to be audited. Trained personnel independent of those having direct responsibility for the activity being audited carry out the audits, thus ensuring that auditors do not audit their own work.
- 2. The results of the internal audits are documented and brought to the attention of the process owners or personnel having responsibility for the area audited. The official or head of the concerned office being audited shall take the lead of formulating timely corrective actions on the deficiencies found during the audit without undue delay.
- 3. Follow-up activities to verify and record the implementation of the corrective action, report the verification results, and close out the audit shall be undertaken. Subsequent audits will be undertaken to verify the effectiveness of the corrective actions taken.
- 4. Summary of audit results of internal audits and the corrective action are submitted to the top management for management review.

9.3 Management Review

The SLSU Management Review Committee (MRC) reviews the QMS at planned intervals to ensure its continuing suitability, adequacy and effectiveness. The review

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evaluates the need for changes to the university's QMS, including its quality policy and quality objectives.

The MRC is constituted with the following members:

- 1. University President
- 2. Vice President for Administration and Finance
- 3. Vice President for Academic Affairs
- 4. Vice President for Students and Auxiliary Services
- 5. Vice President for Research, Innovations and Extension Services
- 6. Director, University Human Resource Management and Development
- 7. Director, University Information Systems and Analytics
- 8. Director, Quality Assurance
- 9. Director, Gender and Development
- 10. Director, Public Affairs and Strategic Communications
- 11. Director, University Planning and Development
- 12. Director, External Linkages and International Affairs
- 13. Director, Graduate School
- 14. Director, Student Affairs and Services
- 15. Director, National Service Training Program
- 16. Director, Research and Innovation
- 17. Director, Extension Services
- 18. Director, Knowledge and Technology Transfer Office
- 19. Director, Business and Resource Generation
- 20. Director, Health Services
- 21. Director, IAS
- 22. College Dean, COE
- 23. College Dean, COT
- 24. College Dean, CHTM
- 25. College Dean, CCJ
- 26. College Dean, CCSIT
- 27. Department Head (Teacher Education-Main Campus)
- 28. Chief Administrative Officer
- 29. Finance Management Officer
- 30. Documented Information Officer
- 31. Team Leader, Internal Quality Audit
- 32. Auditor, Internal Quality Audit Team
- 33. Team Leader, Risk Assessment
- 34. Campus Directors
- 35. Campus Deans
- 36. Heads, Student Affairs and Services

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- 37. Administrative Officers
- 38. Heads, Research, Innovation and Extension

The MRC meetings shall include the assessment of opportunities and identifying if there is the need for changes in the QMS, including the quality policy and objectives.

9.3.1 Management Review Input

The review is led by the University President whose inputs to management review include but are not limited to current performance and improvement opportunities related to the following:

- 1. the status of actions from previous management reviews;
- 2. changes in external and internal issues that are relevant to the QMS;
- 3. the effectiveness of actions taken to address risks and opportunities;
- 4. information on the performance of the SLSU QMS, including trends in:
 - i. customer satisfaction and feedback from relevant interested parties;
 - ii. the extent to which quality objectives have been met;
 - iii. process performance and conformity of products and services;
 - iv. non-conformities and corrective actions;
 - v. audit results; and
 - vi. performance of external providers
 - vii. adequacy of resources; and
 - viii. opportunities for improvement.
- 5. Changes that could affect the QMS;
- 6. Effectiveness and suitability of the management system including the quality policy; and
- 7. Recommendations for improvement of the system.

9.3.2 Management Review Output

The outputs of management review include decisions and actions related to opportunities for improvement, any need for changes for QMS or resource needs. Approved items for improvement are documented as action plans. Notes are taken,

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retained as minutes, and made available to the concerned process owners. Records of management review are maintained.

The outputs from the management review include but are not limited to decisions and actions related to:

- 1. Improvement of effectiveness of the QMS and its processes;
- 2. Improvement of product related to customer's requirements;
- 3. Identification of resource needs.

Clause 10: Improvement

The SLSU top management determines and selects opportunities for improvement and implements necessary actions to meet client requirements and enhance client satisfaction. These include:

- a. improving products and services to meet requirements as well as to address future needs and expectations;
- b. correcting, preventing or reducing undesired effects; and
- c. improving the performance and effectiveness of the QMS.

10.1 Nonconformity and Corrective Action

The SLSU maintains a corrective action and control of non-conforming products and services procedures to eliminate the cause of non-conformities and prevent recurrence. These mechanisms ensure that the SLSU QMS reacts to the non-conformities and takes applicable action to control and correct these or deal with the consequences.

The mentioned mandatory procedures provide a system for reviewing, analyzing, determining the causes and if similar non-conformities exist, or could potentially occur, to ensure that appropriate actions are taken. Records of the nature of the non-conformities and any subsequent action taken and results of any corrective action are maintained.

10.2 Continual Improvement

The university initiates actions to continually improve the suitability, adequacy and effectiveness of the SLSU QMS through the results of analysis and evaluation and the outputs from management reviews.