Republic of the Philippines
DEPARTMENT OF BUDGET AND MANAGEMENT
Malacañang, Manila

CIRCULAR LETTER

TO: Heads of Departments/Agencies/State Universities and Colleges and other Offices of the National Government, Government Owned and/or Controlled Corporations, Government Financial Institutions, Government Servicing Banks, Members of the Congress of the Philippines and all Others Concerned

SUBJECT: ISSUANCE OF 2012 ID CARDS TO AGENCY LIAISON OFFICERS AND REPRESENTATIVES OF MEMBERS OF THE CONGRESS OF THE PHILIPPINES

1.0 In accordance with DBM Circular Letter No. 2011-3 issued last January 12, 2011, all government agencies are continuously enjoined to observe the guidelines provided thereof when transacting business with the DBM.

2.0 All existing ID cards issued to liaison officers last year will be valid only up to February 29, 2012.

3.0 Agency heads and members of the Congress of the Philippines are requested to provide DBM with the updated names and positions of their liaison officers and representatives for the issuance of new ID cards. All ID cards shall be revalidated every year.

4.0 Designated agency liaison officers and representatives of the members of the Congress of the Philippines are required to accomplish and submit the information sheet (attached as Annexes A and B) to the Human Resource Development Division, Administrative Service, at the Ground Floor, Mabini Hall, Malacañang, Manila, not later than February 10, 2012.

5.0 ID cards for the designated agency liaison officers of the DBM Regional Offices agency coverages shall be issued by the respective DBM ROs.

2.0 Please be guided accordingly.

FLORENCIO B. ABAD
Secretary

Attachment: as stated
INFORMATION SHEET FOR AUTHORIZED REPRESENTATIVES
OF MEMBERS OF THE CONGRESS OF THE PHILIPPINES

NAME:________________________________________SEX:______STATUS:_____
BIRTH DATE:_________________________________AGE:_____

POSITION TITLE:____________________________________

OFFICE: □ SENEATE □ HOUSE OF REPRESENTATIVES

NAME OF SENATOR/MEMBER OF THE HOUSE OF REPRESENTATIVES REPRESENTED:
________________________________________________________________________

ADDRESS:______________________________________________________________

______________________________

TELEPHONE NO.:_________________ FAX NO.:_________________
MOBILE NO.:_________________ EMAIL ADDRESS:_________________

NAME AND POSITION OF IMMEDIATE SUPERVISOR:
______________________________

SPECIMEN SIGNATURES
1.________________________________________

2.________________________________________

3.________________________________________

I.D. Number Issued _________________
Date Issued _________________

Attach recent passport size photo (white background)

Please submit one (1) additional identical photo for your ID card and print your name at the back of the photo.
INFORMATION SHEET FOR AGENCY LIAISON OFFICERS

NAME: ___________________________  SEX: _______  STATUS: _______
BIRTHDATE: ___________________________  AGE: _______

POSITION TITLE: ___________________________

DEPARTMENT/AGENCY: ___________________________

ADDRESS: __________________________________________

TELEPHONE NO.: __________________  FAX NO.:  
MOBILE NO.: __________________  EMAIL ADDRESS: __________________

NAME AND POSITION OF IMMEDIATE SUPERVISOR:

______________________________

SPECIMEN SIGNATURES

1. ____________________________

2. ____________________________

3. ____________________________

I.D. Number Issued _________________

Date Issued ______________________

Please submit one (1) additional identical photo for your ID card and print your name at the back of the photo.

Attach recent passport size photo (white background)