CIRCULAR LETTER

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

Subject: ISSUANCE OF 2015 IDENTIFICATION CARDS TO AUTHORIZED AGENCY LIAISON OFFICERS AND REPRESENTATIVES OF MEMBERS OF THE CONGRESS OF THE PHILIPPINES

1.0 In relation to Circular Letter No. 2011-3 issued dated January 12, 2013 by the Department of Budget and Management (DBM), all government agencies are continually enjoined to observe the guidelines provided thereof when transacting business with the DBM.

2.0 All identification (ID) cards issued in CY 2014 to liaison officers of agencies and their attached offices will be valid only up to December 31, 2014, and will be surrendered to this Office when applying for renewal. Lost IDs must be supported by Affidavit of Loss.

3.0 Agency heads are requested to formally endorse in writing the names and positions of their duly designated liaison officers to the Administrative Service-Human Resource Development Division (AS-HRDD), not later than November 28, 2014. Endorsements should include the following attachments:

3.1 Information sheets using the attached form (Annex "A"); and
3.2 Photocopies of the valid office ID cards of both the Endorsing Officer and the designated agency liaison officer/s bearing their names, photographs, and signatures.

4.0 The DBM will issue the new ID cards to a maximum of two (2) authorized liaison officers per agency/attached office.
5.0  All designated agency liaison officers are required to personally apply for and claim their ID cards at the AS-HRDD from December 1, 2014 to December 19, 2014.

6.0  ID cards for the authorized agency liaison officers of the DBM Regional Offices’ (ROs’) agency coverages shall be issued by the respective DBM ROs using the standard ID cards prepared by the AS-HRDD.

7.0  Please be guided accordingly.

FLORENcio B. ABAD
INFORMATION SHEET FOR AUTHORIZED AGENCY LIAISON OFFICERS

Please fill all fields
Name: ___________________________ Sex: __________
Birthday: ________________________ Age: _______ Civil Status: __________
Position Title: ____________________

Please check the appropriate category of your office:
☐ NGA ☐ SUC ☐ GOCC ☐ Attached Agency ☐ Others ________________

Complete Name of the Department/Agency/Office (please do not use acronyms):
__________________________________________________________

If attached agency, complete name of the Central Department/Agency/Office attached to:
__________________________________________________________

Immediate Supervisor: __________________________
Office/Division/Section: __________________ Position Title: __________
Office Address: _________________________________
Telephone No.: __________________ Fax No.: __________
Mobile No.: ____________________ Email Address: ________________

Specimen Signatures:
1. _______________________________________________________
2. _______________________________________________________
   Endorsing Officer: _______________________________________
   Signature above printed name
3. _______________________________________________________
   Position Title: _________________________________________