

CIRCULAR LETTER

No. 2014-9

November 10,2014

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

Name:		Sex:
Position Title:		
Please check the appropriate category	y of your office:	
thday: Age: Civil Status: sition Title:		
Complete Name of the Departm	Sex: ay:	
If attached agency, complete na	ame of the Central Depa	artment/Agency/Office attached to:
Immediate Supervisor:		
Office Address:		
Telephone No.:	Fa	ax No.:
Mobile No :	Email Add	dress:
Specimen Signatures:		
1.		
2.	,	
	Endorsing Officer:	
	_	Signature above printed name
3.	Position Title:	

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