



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF BUDGET AND MANAGEMENT
GENERAL SOLANO STREET, SAN MIGUEL, MANILA

CIRCULAR LETTER

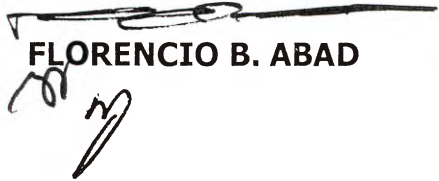
No. 2016 - 1
January 7, 2016

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 : **ANNUAL REVALIDATION OF IDENTIFICATION CARDS ISSUED TO AUTHORIZED AGENCY LIAISON OFFICERS**

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- 1.0 As prescribed by Circular Letter No. 2011-3 dated January 12, 2011 issued by the Department of Budget and Management (DBM), the Administrative Service-Human Resource Development Division (AS-HRDD) will conduct a revalidation of DBM issued identification (ID) cards to designated agency liaison officers.
 - 2.0 Please note that all liaison IDs issued in CY 2015 will be valid only up to January 29, 2016, and will be surrendered to this Department upon application for renewal. Application for renewal of lost liaison IDs must be supported by duly notarized Affidavit of Loss.
 - 3.0 Further, Agency Heads are requested to formally endorse the names and positions of their duly designated liaison officers to the AS-HRDD. 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 names, photographs, and signatures.
 - 4.0 The DBM will issue the liaison IDs 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 liaison IDs at the AS-HRDD from January 4-29, 2016.
- 6.0 Liaison IDs 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.
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Specimen Initials
1.

Endorsing Officer:

Signature above printed name

2.

Position Title:
