



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

CIRCULAR LETTER

No. 2019-2
January 4, 2019

TO : All Heads of Departments, Bureaus, and Agencies of the National Government, Including State Universities and Colleges (SUCs), and Government-Owned or -Controlled Corporations (GOCCs); Local Water Districts (LWDs), Local Government Units (LGUs); and All Others Concerned

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

- 1.0 As prescribed under the Department of Budget and Management (DBM) Circular Letter No. 2016-6 dated July 7, 2016, the Administrative Service-Human Resource Management Division (AS-HRMD) 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 2018 shall be valid only up to January 31, 2019, and should 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 In connection herewith, Agency Heads are requested to formally endorse the names and positions of their duly designated liaison officers to the AS-HRMD. 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 department/agency.
- 5.0 All designated agency liaison officers are required to personally apply for and claim their liaison IDs at the AS-HRMD from January 2-31, 2019.

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 format prepared by the AS-HRMD.

7.0 Please be guided accordingly.

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BENJAMIN E. DIOKNO





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INFORMATION SHEET FOR AUTHORIZED AGENCY LIAISON OFFICERS

Please fill all fields

Name: _____ Gender: _____

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.	2.
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Endorsing Officer:

<i>Signature over printed name</i> 	Position Title
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