



MEMORANDUM

FOR/TO: ALL DENR OFFICIALS AND EMPLOYEES

FROM: THE UNDERSECRETARY

Organizational Transformation and Human Resources

SUBJECT: ADOPTION OF DENR ASSUMPTION TO DUTY FORMS

AND A MONITORING SHEET FOR SPECIAL ORDERS ON

PERSONNEL MOVEMENTS

DATE : 18 January 2024

In the interest of the service, officials/employees may be reassigned to another office or designated to perform other/additional functions through a DENR/Regional/Bureau Special Order. Compliance with such Special Orders must be reported to the approving authority (signatory of the Special Order) through the Personnel Division/Section/Unit of the issuing office for updating of records. compliance must be reported within 30 days from the date of assumption to duty.

Further, officials and employees must notify the Personnel Division/Section Unit of their return from study leave, rehabilitation leave and maternity leave.

For the above-mentioned purposes, compliance/return-to-work must be reported within 30 days from the date of assumption/reporting back to duty using the following DENR Certification of Assumption to Duty Forms:

Form	Personnel Action/Purpose
Form A	Reassignment/recall
Form B	Designation
Form C	Affirmation
Form D	Return from leave

The date of assumption to duty must be certified by the immediate supervisor. For officials/employees assigned/designated to Division Chief/CENRO or higher level positions through a Special Order from the DENR Central Office, compliance must also be noted by the Supervising Undersecretary.

To ensure monitoring of personnel movement, dates of assumption to duty for Forms A, B and C shall be recorded in a monitoring sheet shared with designated focal persons for personnel records (list attached). Recording shall be accomplished by the

Region/Bureau/Attached Agency where the official/employee reported. Focal persons may access the forms through this QR code/link:

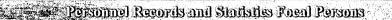


http://tinyurl.com/3rx7m75s

Copies of the forms are attached. Editable forms shall also be uploaded to the *Downloadable Forms* section of the DENR Website for easy access.

For your guidance and compliance.

AUGUSTØ D. DELA PEÑA



Region/Bureau/ Attached Agency	PRS Focal Person	Email Address/es (DENR/gmail account)
DENR Regional Off	ices	
NCR	Rowena C. Medalla	denrncr.manpowerreport@gmail.com
CAR	Narda A. Garcia	denrcarhrms@gmail.com
I	Ma. Rowena E. Verde	denrladpersonnel2@gmail.com
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ERDB	Marilou C. Arcillas	erdb.hrds@gmail.com
ВМВ	Randy C. Mabana	ranmab64@gmail.com
ЕМВ	Karen Grace Y. Sanchez	hrstatistics2020@gmail.com
мдв	Clarice T. Abad	lms.mgbco@gmail.com
		mgbhrms@gmail.com
Attached Agencies		
PCSD	Diana Rose Sangalang	pcsds.hr@gmail.com
NAMRIA	Dominga P. Venerable	hrms@namria.gov.ph
NRDC	Hazel B. Gellamucho	personnel.nrdc@gmail.com; hgellamucho.nrdc@gmail.com
	Gina V. Varilla	giemvi.nrdc@gmail.com
LLDA	Eugene F. Miranda	ogm@llda.gov.ph
NWRB	Imelda V. Vergara	imelda.vergara@nwrb.gov.ph

^{*} Please coordinate changes in focal persons/email addresses to Ms. Michelle Regalado through VOIP Tel. No. 1005 or email at prsspd@denr.gov.ph





CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that I, [Name], [Position], have reported for duty in/at the [Office] on [Date of assumption to duty] pursuant to **DENR Special Order No.** [SO No.] dated [Date of Special Order].

Done this [Date] of [Month and Year] in [Place of execution].

(Signature over Full Name)

Noted by:

(Signature over Full Name and Designation of immediate supervisor)

(Signature over Full Name and Designation of Supervising Undersecretary)

Notes:

- Submit this form to your Personnel Division/Section/Unit
- Notation of the Supervising Undersecretary is only required if assigned/designated to Division Chief/ CENRO or higher level position through a Special Order issued at the DENR Central Office





CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that I, [Name], [Position], have assumed the duties and responsibilities as [Assignment/designation], [Office] on [Date of assumption to duty] pursuant to **DENR Special**Order No. [SO No.] dated [Date of Special Order].

Done this [Date] of [Month and Year] in [Place of execution].

(Signature over Full Name)

Noted by:

(Signature over Full Name and Designation of immediate supervisor)

(Signature over Full Name and Designation of Supervising Undersecretary)

Notes:

- Submit this form to your Personnel Division/Section/Unit
- Notation of the Supervising Undersecretary is only required if assigned/designated to Division Chief/ CENRO or higher level position through a Special Order issued at the DENR Central Office





CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that I, [Name], [Position], have assumed the duties and responsibilities as [Assignment/designation] in/at the [Office] effective [Date of assumption to duty] pursuant to **DENR Special Order No.** [SO No.] dated [Date of Special Order], which was affirmed through **DENR Special Order No.** [SO No.] dated [Date of Special Order].

Done this [Date] of [Month and Year] in [Place of execution].

(Signature over Full Name)

Noted by:

(Signature over Full Name and Designation of immediate supervisor)

(Signature over Full Name and Designation of Supervising Undersecretary)

Notes:

- Submit this form to your Personnel Division/Section/Unit
- Notation of the Supervising Undersecretary is only required if assigned/designated to Division Chief/ CENRO or higher level position through a Special Order issued at the DENR Central Office





CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that I, [Name], [Position], have reported back for duty in/at the [Office] on [Date of assumption to duty] following my [choose type of leave] which started on [Start date of leave] until [End date of leave].

Done this [Date] of [Month and Year] in [Place of execution].

(Signature over Full Name)

Noted by:

(Signature over Full Name and Designation of immediate supervisor)

Note: Submit this form to your Personnel Division/Section/Unit