



Republic of the Philippines
Department of Education
REGION IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE



DEPED - QUEZON
ICT UNIT

UPLOADED

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26 August 2022

DIVISION MEMORANDUM

DM No. 704, s. 2022

**TRAINING WORKSHOP ON GSIS ALTERNATE AGENCY OFFICER FUNCTION FOR
DEPED QUEZON SUB-OFFICES**

**To: Assistant Schools Division Superintendent,
Administrative Officer V,
HRMO,
Administrative Officer II from DepEd Sub-Offices,
All Others Concerned**

1. Pursuant to Memorandum Circular No. 027 Series of 2021 of the Government Service Insurance System (GSIS), DepEd Quezon seeks to distribute the function of Alternate AAO to the three sub-offices namely in Real, Catanauan, and Gumaca. By so, in improving the GSIS records updating function of DepEd Quezon and to ensure seamless remittance and claim processes, SDO Quezon will add new Alternate AAOs from each of the three sub-offices.
2. As such, SDO Quezon is choosing two (2) representatives from the three sub-offices that will undergo the training workshop in order to function as an Alternate AAO. The chosen representatives will be required to comply and fill-up the Alternate AAO Forms namely Agency Information Sheet and Commitment Form. Also, they will provide a justification letter for AAO salary grade concern. With regards to the forms and justification letter, please coordinate with DepEd Quezon's Administrative Officer V and Agency Authorized Officer, Ma'am Maria Dolores. D. Atienza for further inquiries. Deadline of submission is on **September 01, 2022**.
3. In ensuring skills-based application of the Alternate AAO function, the two representatives will attend the Alternate AAO training hosted by SDO Quezon - Administrative Section on **September 16, 2022** at SDO Quezon Training Center.

DEPEDQUEZON-TM-SDS-04-009-003



"Creating Possibilities, Inspiring Innovations"

Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
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Email Address: quezon@deped.gov.ph
Website: www.depedquezon.com.ph



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4. The participants are expected to be at the venue before **8:00 AM**. Chosen should bring learning aids such as notes and laptops for hands-on training. Travel expenses of the participants shall be charged against the MOOE/Local funds subject to the usual accounting and auditing rules and procedures.
5. To ensure the implementation of health safety protocol amidst this COVID-19 pandemic, the conduct of this activity shall comply with the existing Inter-Agency Task Force Emerging Infectious Diseases (IATF-EID) Guidelines and Policies. The participants are requested to bring their own face mask and other paraphernalia in observing IATF safety protocols.
6. Attached herewith is the list of representatives per sub-offices and Alternate AAO forms for submission.
7. Immediate dissemination of this Memorandum is earnestly desired.

ELIAS A. ALICAYA JR. EdD
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Admvd08/22/2022

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GUMACA SUB-OFFICE

NO.	NAME OF PARTICIPANT	POSITION
1	IRISH B. CUETO	ADMINISTRATIVE OFFICER II
2	PAUL HARVEY M. MARTINEZ	ADMINISTRATIVE OFFICER II

CATANAUAN SUB-OFFICE

NO.	NAME OF PARTICIPANT	POSITION
1	CHRISTINE R. CABANGON	ADMINISTRATIVE OFFICER II
2	IRISH Q. PEREZ	ADMINISTRATIVE OFFICER II

REAL SUB-OFFICE

NO.	NAME OF PARTICIPANT	POSITION
1	RUEL A. SUNGDUAN	ADMINISTRATIVE OFFICER II
2	SUZETTE C. AVELLANEDA	ADMINISTRATIVE OFFICER II

ALTERNATE AUTHORIZED AGENCY OFFICER FORMS

LIST OF FORMS FOR SUBMISSION	TO BE FILLED-UP BY:
1. AAO ENROLLMENT FORM (write the Salary Grade in upper left corner or in the lower part of designation/signature)	(PRINCIPAL AAO AND ALTERNATE AAO)
2. AAO COMMITMENT FORM	(PRINCIPAL AAO AND ALTERNATE AAO)
3. Agency Information Sheet Form	
4. EBCS Enrollment Form (AAO Access; only one AAO per agency)	(PRINCIPAL AAO or ALTERNATE AAO)
5. Justification Letter for below SG 12	
6. Justification Letter for Non-Permanent Employees to be designated as AAO.	
Letter addressed to: ANA MARIA S. CASTILLO Manager, Membership Luzon	
Letter may answer the ff: <ul style="list-style-type: none">- How many plantilla positions do you have?- What unit is the prospective AAO belong to (finance/ records / HR)- What is the highest SG in the unit and in the agency- Why was he/she designated as AAO if there may be available SG 12 and above?	

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SDO QUEZON - ADMINISTRATIVE SECTION TECHNICAL WORKING GROUP

ROLE	NAME	POSITION
CHAIR PERSON	VINCE ANGELO L. DEDACE	ADMINISTRATIVE OFFICER II
MEMBER	NORVIC C. VILLANIA	ADMINISTRATIVE OFFICER II
MEMBER	SHIELA MARIE S. MENDOZA	ADMINISTRATIVE OFFICER II
MEMBER	ELEANOR V. ROMULO	ADMINISTRATIVE ASSISTANT III
MEMBER	YANA DENESE G. ABCEDE	ADMINISTRATIVE ASSISTANT II

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PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN
(GOVERNMENT SERVICE INSURANCE SYSTEM)
 Financial Center, Pasay City, Metro Manila 1308

AAO ELECTRONIC ONLINE SYSTEM FORM

Agency Authorized Officer Data Sheet		<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Termination
Office Name				
Agency BP No				
Office Address				
GSIS Old ID No./BP No.				
Last Name				
First Name				
Middle Name				
Agency Authorized Officer Contact Details				
Cell Phone Number:				
Office Telfax1 Number with Area Code				
Office Telfax2 Number with Area Code				
Email Address				
Agency Authorized Officer Mother's Maiden Name Information				
Mother's Maiden Last Name				
Mother's Maiden First Name				
Mother's Maiden Middle Name				
<i>I hereby confirm that I have read and understand fully the Privacy Policy of the GSIS pursuant to the requirements of Republic Act No. 10173, otherwise known as the Data Privacy Act, and thereby give my consent to the manner of collection, use, access, disclosure and processing of my sensitive personal information by the GSIS.</i>				
Signatures of Requesting Agency Officers				
Agency Authorized Officer:			() Principal () Alternate	
Signature over Printed Name	Designation/Position	Date Accomplished		
Indorsing Officer:				
Signature over Printed Name	Designation/Position	Date Accomplished		
<i>We understand that by affixing our signatures on the above, authorization when granted, is specific to the office specified in this application form. Moreover, it will be disabled after GSIS received request for termination.</i>				
Please Do Not Fill-Out. For GSIS Use Only				
Reviewed by GSIS Accounts Management Staff				
Approved by GSIS Department Manager			Date Accomplished	
Action Taken			Initial & Date	
<input type="checkbox"/> Authorization Enabled <input type="checkbox"/> Authorization Disabled				
Notes:				
1. All boxes MUST be filled out (Type or Print) except signature/designation portion of AAOs for TERMINATION				
2. Authorizations are valid until request for termination is received by the GSIS.				



GSIS Government Service Insurance System
Financial Center, Pasay City, Metro Manila 1308

**Principal Agency Authorized Officer (AAO)
Commitment Form**

I, _____ (Name of AAO), _____
(Position Title) of _____ (Name of Agency) have been designated as
Principal Agency Authorized Officer of the _____ (Name of
Agency), and in so doing, I commit to act responsibly and prudently in performing my
functions.

I am aware of my responsibilities as a Principal AAO and commit to perform the
following diligently to the best of my ability:

1. Certify the loan applications of members in our agency as to the following:
 - a. That the net take home pay of the member is sufficient to cover the regular monthly amortization of the loan applied for and is within the minimum net take home pay required by the General Appropriations Act after all monthly obligations have been deducted;
 - b. That the loan borrower is in active service in our agency and not on leave of absence without pay;
 - c. That the loan borrower has no pending administrative and/or criminal charge against him or her (for applicable loan windows of the GSIS in accordance with existing policies).
2. Undertake the following actions:
 - a. That the loan monthly amortization shall be deducted from the borrower's monthly salary;
 - b. That in case the loan borrower is subsequently separated from the service, our agency shall make the final payment to him or her only after clearance is obtained from the GSIS; and
 - c. That the information supplied by the loan borrower is true and correct based on the records of our agency.
3. Coordinate with the Electronic Remittance File (ERF) Handlers on the following:
 - a. Timely deduction of the monthly amortization due on the loans certified or approved;
 - b. Changes in the membership records submitted to GSIS are duly reflected in the next generated remittance file; and
 - c. Exception reports generated through the Electronic Billing and Collection System (eBCS) are addressed and the appropriate membership updating forms are prepared and transmitted to GSIS before the following month's remittance.
4. Promptly transmit electronically to the GSIS all membership updating request-forms (Membership Updating Forms A, B, C, D and E) prepared by our Human Resource personnel. The Membership Forms must be transmitted to the GSIS within the month the information (i.e., newly hired employee, new salary, updated personal information, change in mobile number and email address, etc.) becomes available.



GSIS Government Service Insurance System
Financial Center, Pasay City, Metro Manila 1308

**Alternate Agency Authorized Officer (AAO)
Commitment Form**

I, _____ (Name of Alternate AAO),
_____ (Position Title) of _____ (Name of Agency)
have been designated as **Alternate Agency Authorized Officer** of the
_____ (Name of Agency), and in so doing, I commit to act
responsibly and prudently in performing my functions.

I am aware of my responsibilities as an Alternate AAO and commit to perform the following diligently to the best of my ability in the absence of the Principal AAO and/or whenever my assistance is required:

1. Promptly transmit electronically to the GSIS all membership updating request-forms (Membership Updating Forms A, B, C, D and E) prepared by our agency's authorized Human Resource personnel.

The Membership Forms must be transmitted to the GSIS within the month the information (i.e., newly hired employee, new salary, updated personal information, change in mobile number and email address, etc.) becomes available;

2. Endorse to the Membership Department changes in the designated beneficiaries of members;
3. Check uploaded request for correction of returned Agency Remittance Advice Forms and transmit corrected forms electronically within two (2) working days from receipt of notice of deficiency.
4. Monitor feedback from the GSIS Membership Coordinator and submit any additional requirements within two (2) working days from notice of deficiency;
5. Transmit to the officer or employee concerned of our agency the circulars and/or information dissemination materials, and requests for data or information forwarded by the GSIS through the AAO module or my email address;
6. Employ, at all times, the safety measures in the use, access, disclosure and processing of the personal and sensitive personal information of employees under my jurisdiction and control, in accordance with the Data Privacy Law;
7. Attend trainings and re-trainings for AAOs, including orientations on data privacy and protection, conducted by the GSIS;
8. Certify the loan application of the Principal AAO when he or she applies for a loan;

9. As Alternate AAO, I undertake to ensure that I shall exert all efforts to immediately inform or communicate to the GSIS circumstances of suspension, severance from service, or any administrative sanctions that the employee of our agency is serving; and

10. Assume the other responsibilities of the Principal AAO when the latter is on leave or unavailable or when the latter is separated, retired, has transferred to another agency, suspended or dismissed from service or whose designation as Principal AAO was changed due to an adverse finding and the agency has not yet assigned a replacement.

I hereby confirm that I have read and understand fully the Privacy Policy of the GSIS pursuant to the requirements of Republic Act No. 10173, otherwise known as the Data Privacy Act, and hereby give/grant my consent to the safety measures to be observed in the use, access, disclosure and processing of the personal and sensitive personal information of employees under my jurisdiction and control.

By signing this Commitment Form, I signify that I have read, understood, and accepted my duties and responsibilities as Alternate AAO and I am fully aware that it is a legal and binding document containing my duties and obligations, a breach of which may give rise to accountabilities, liabilities and sanctions under applicable laws.

Signed:

Date:

Name and Signature, Alternate AAO

Endorsed by:

Date:

Name and Signature, Head of Agency

Note: All pages must be signed.

The Alternate AAO should sign two copies of this Commitment Form, return one (1) copy to the GSIS and keep the other for reference.

AGENCY LETTER HEAD

DATE _____

AGENCY INFORMATION SHEET

NAME OF AGENCY : _____
ADDRESS : _____
AGENCY BUSINESS PARTNER NUMBER : _____
E-mail Address : _____
Contact Numbers : _____

Specimen Signatures:

Head of Agency

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Assistant to the Head of Agency (if applicable)

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Agency Remittance Advice

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	

Agency Remittance Advice

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	

Service Record

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	

Service Record

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	

Remittance Lists/Secondary Evidence (Payroll, Payslip, Subsidiary Ledger and Others)

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Liaison Officer 1

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Liaison Officer 2

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Agency Authorized Officer

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Alternate Authorized Officer

Person in-charge	
Position Title	
Telephone Number	
Fax Number	
E-Mail Address	
Specimen Signature	
Specimen Initial	

Employee Responsible for Electronic Billing File

Person in-charge	
Position Title	
Department	
Telephone Number	
E-Mail Address	

Alternate Employee Responsible for Electronic Billing File

Person in-charge	
Position Title	
Department	
Telephone Number	
E-Mail Address	

Employee Responsible for Electronic Remittance File

Person in-charge	
Position Title	
Department	
Telephone Number	
E-Mail Address	

Alternate Employee Responsible for Electronic Remittance File

Person in-charge	
Position Title	
Department	
Telephone Number	
E-Mail Address	

Employee Responsible for Reconciliation Billing Issues

Person in-charge	
Position Title	
Department	
Telephone Number	
E-Mail Address	

Alternate Employee Responsible for Reconciliation Billing Issues

Person in-charge	
Position Title	
Department	
Telephone Number	
E-Mail Address	