



Republic of the Philippines
 Office of the President
PHILIPPINE DRUG ENFORCEMENT AGENCY
Human Resource Management Service
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REQUEST FOR ADMIN FILES / DOCUMENTS

REFERENCE NO. _____

DATE: _____

Service/Regional Office: _____

Last Name	Given Name	Middle Name	Suffix/Qualifier
Position	Status of Appointment	Date of Birth	Place of Birth
CERTIFICATION	FILES/DOCUMENTS	GOVERNMENT SERVICES	OTHERS
<input type="checkbox"/> Certificate of Employment <input type="checkbox"/> Service Record <input type="checkbox"/> Certificate of Leave Credits <input type="checkbox"/> Leave Credit Balance VL _____ SL _____ Total: _____	<input type="checkbox"/> CSC Attestation/Pinagtibay <input type="checkbox"/> Agency Order <input type="checkbox"/> Memorandum Circular <input type="checkbox"/> Personal Data Sheet <input type="checkbox"/> SALN <input type="checkbox"/> IPCR <input type="checkbox"/> Others: _____	<input type="checkbox"/> Philhealth No./Member's <input type="checkbox"/> Data Record (MDR) <input type="checkbox"/> GSIS Business Partner No. <input type="checkbox"/> Pag-IBIG membership ID NO. <input type="checkbox"/> Tax Identification No. <input type="checkbox"/> Others: _____	
PURPOSE OF REQUESTED DOCUMENT/S: _____			
FOR LOAN, please specify type of loan: _____			
Amount applied for: _____		Term of Loan (years): _____	
IMPORTANT: Authorized representative who will claim the requested document/s must present an AUTHORIZATION LETTER and TWO (2) VALID GOVERNMENT ISSUED IDENTIFICATION CARDS of the requesting party.			
			FM_HRMhrr_05_Request for Admin File/Documents_01_February 09, 2021