



Republic of the Philippines  
**Department of Education**  
Region X- Northern Mindanao  
**DIVISION OF MALAYBALAY CITY**

DM22-01-014  
JAN 10 2020 10:00

---

**DIVISION MEMORANDUM**

No. 014, s. 2020

**TO:** Assistant Schools Division Superintendent  
Chief Education Supervisors, CID and SGOD  
School Heads (Elementary and Secondary)  
All Others Concerned

**FROM:** VICTORIA V. GAZO, PhD, CESO V  
Schools Division Superintendent

**DATE:** January 8, 2020

**RE:** SUBMISSION OF UPDATED PERSONAL DATA SHEET (PDS)

- 
1. Pursuant to Civil Service Commission (CSC) Memorandum Circular No. 11, s. 2017, this Office hereby directs all employees to submit updated Personal Data Sheet (PDS) (CSC Form No. 212, s. 2017) (Enclosure 1) in two (2) hard copies on **January 31, 2020** to the Personnel Unit.
  2. Further, Chief Education Supervisors, School Heads and Service Heads are advised to accomplish two (2) copies of the PDS Transmittal Form (Enclosure 2) which shall be submitted together with the individual PDS of employee under your supervision.
  3. Queries relative to this can be channeled to Guia Ma. G. Villahermosa at 0917-706-7745 or Jocardo B. Desalan at 0975-974-8066 of the Personnel.

**Encl.:**  
As stated

**Copy furnished:**  
Records Unit  
AO V File  
Personnel Unit

**TO BE POSTED IN THE WEBSITE**

[Skip to main content \(#content\)](#)

# **CIVIL SERVICE GUIDE: A Compilation of Issuances on Philippine Civil Service** (<https://www.csguide.org>)

Go to...

## **CSC MC 11, s. 2017: Personal Data Sheet (CS Form No. 212, Revised 2017)**



MC No. **11**, s. 2017

### MEMORANDUM CIRCULAR

**TO :** ALL HEADS OF CONSTITUTIONAL BODIES; DEPARTMENTS, BUREAUS AND AGENCIES OF THE NATIONAL GOVERNMENT; LOCAL GOVERNMENT UNITS; GOVERNMENT-OWNED OR CONTROLLED CORPORATIONS WITH ORIGINAL CHARTERS; AND STATE UNIVERSITIES AND COLLEGES

**SUBJECT :** Personal Data Sheet (CS Form No. 212, Revised 2017)

Pursuant to CSC Resolution No. 1700656 promulgated on March 21, 2017, the Commission approved the adoption of the Personal Data Sheet (PDS) (CS Form No. 212, Revised 2017), together with the Work Experience Sheet.

The Personal Data Sheet (CS Form No. 212, Revised 2017) is supported by the Guide to Filling Out the PDS to guide employees and applicants in the accomplishment of the fields introduced in the said PDS form.

Officials and employees shall submit two (2) copies of their accomplished Personal Data Sheet (CS Form No. 212, Revised 2017) to the agency HRMO not later than April 30, 2017. The agency HRMO shall submit one (1) copy of the employees' PDS to the Civil Service Commission Field Office concerned.

Any misrepresentation made in the Personal Data Sheet (CS Form No. 212, Revised 2017) and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

This Memorandum Circular shall take effect fifteen (15) days after the publication of the said CSC Resolution in a newspaper of general circulation.

**ALICIA ROSA-SALA**  
Chairperson

06 APR 2017

CSC Resolution No. 1700656 dated March 21, 2017 was published on March 23, 2017 in The Philippine Star.

*In a R. I. C. S. to Serve: Responsive, Accessible, Costless and Efficient Public Service*

1st CSC Bldg., SPK Road, Diliman, Quezon City • 931-7155 (21-2122) • 9300 • [cs@csguide.org](mailto:cs@csguide.org) • [www.csguide.org](http://www.csguide.org)

<https://www.csguide.org/files/original/a67c7a0be66a8d037db212b0057c80b8.pdf>

Date

## GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS)

### **Warning:**

***Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.***

***Please fill out each of the fields in the PDS when applicable.***

### **Note:**

- The PDS may be accomplished using the MS Word format or MS Excel format.
- In the MS Excel format, all the tick boxes will automatically be marked once clicked.
- The PDS must bear the signature of the employee and date of accomplishment at the bottom of every page.
- Entries in the PDS may be filled out through handwriting or via typewriter/computer. If handwritten, entries should be in block capital (e.g. PRINT) format using a pen.
- All information should be provided accurately.
- Do not leave blank entries. Put N/A if not applicable.
- For purposes of application to a vacant position, the additional sheet for work experience should be accomplished. For the purpose of updating personnel information in the PDS, the Work Experience sheet is not required.

### **I. Personal Information**

- Employee's name is to be filled out in the following format: surname, first name, name extension (if any), middle name.
- Dates are in numeric format: mm/dd/yyyy
- Specifics should be given to "Others" response in the civil status field.
- Agency employee number refers to employee ID number in the current agency.
- For holders of foreign/dual citizenship, please select from the dropdown list the foreign country where you were born/naturalized or type/write the same in the space provided therein.

## II. Family Background

- Names of spouse and parents are to be filled out the following format: surname, first name, name extension (if any), middle name.
- Mother's name is her maiden name, or name when she was single or before marriage.
- List full names (first name and surname) of ALL your children.
- Date of birth is in numeric format: mm/dd/yyyy

## III. Educational Background

- Indicate FULL name of schools. DO NOT ABBREVIATE.
- For Elementary Level, indicate ELEMENTARY if graduated.
- For Secondary Level, indicate HIGH SCHOOL if graduated under the old curriculum; or JUNIOR HIGH SCHOOL or SENIOR HIGH SCHOOL if graduated under the K-12 curriculum.
- Indicate in FULL all courses taken in college (e.g. ASSOCIATE IN ARTS, AB ECONOMICS, BS PSYCHOLOGY).
- Indicate all masters or doctorate degrees taken.
- If graduated for every level, indicate year of graduation.
- If not graduated in any level, indicate the highest grade, level or units earned.
- Period of attendance are stated in school years (e.g. 1992-1996)
- Indicate any scholarship and/or academic honors received in each level.

## IV. Civil Service Eligibility

- Indicate all civil service eligibilities earned with corresponding rating, date and place of examination/conferment.

Example:

|  |                                       |
|--|---------------------------------------|
| Career Service Sub-Professional                  | EO132/790 – Veteran Preference Rating |
| Career Service Professional                      | PD 907 – Honor Graduate               |
| Career Service Executive                         | RA 7883 – Barangay Health Worker      |
| Stenographer                                     | Barangay Official                     |
| PD 997 – Scientific and Technological Specialist |                                       |

- If earned eligibility entails a license (RA 1080), indicate the license number and its date of validity.

## **V. Work Experience**

- Indicate all positions held both in the public and private employment starting from current work.
- Inclusive dates are indicated in numeric format: mm/dd/yyyy.
- Indicate FULL position titles and COMPLETE NAME of department/agency/office/company. DO NOT ABBREVIATE.
- Indicate monthly salary in figures (e.g. P21,877).
- Salary grade and salary step, if applicable, should be stated in the format "00-0" (e.g. 24-2, 24 for salary grade, 2 for salary step)
- Indicate status of employment (e.g. permanent, temporary, casual, contractual)
- Indicate "yes" under government service if position held is in the public or government employment or "no" if held in the private employment.
- Additional sheet for work experience should be accomplished and submitted together with the PDS in case of application to a vacant position. This should be accomplished only for work experience relevant to the position being applied to.

## **VI. Voluntary Work or Involvement in Civic/Non-Government/People/Voluntary Organizations**

- Indicate the FULL name and address of the organization where involved as voluntary worker.
- Inclusive dates, start (from) and end (to) should be in numeric format: mm/dd/yyyy.
- Indicate the number of hours of voluntary work rendered.
- Indicate the position/nature of voluntary work rendered.

## **VII. Learning and Development Interventions**

- Indicate FULL titles of learning and development (L&D) interventions attended during employment. Indicate list from the most recent L&D.
- Inclusive dates of attendance, start (from) and end (to) should be in numeric format: mm/dd/yyyy.
- Indicate the number of hours attended for program.
- Indicate the type of L&D intervention (i.e. Managerial, Supervisory, Technical or Foundation). For managerial and supervisory L&D interventions, reference should be made to CSC MC No. 13, s. 2011 while technical L&D interventions are defined in Item b, Section 7 of the Omnibus Rules Implementing Book V of Executive Order No. 292. Other L&D interventions such as the Induction Program, Orientation Program or Values Development Program fall under the Foundation type.
- Indicate the FULL name of institution/agency that conducted or sponsored the program. DO NOT ABBREVIATE. (e.g. CSC should be Civil Service Commission).

### **VIII. Other Information**

- Indicate special skills /hobbies.
- Indicate in FULL non-academic distinctions/recognition (awards received)
- Indicate membership in any professional association/organization by writing in FULL said association/organization.

#### **# 34-40**

- Indicate response to questions 34 to 40 on the right side of the sheet.
- Provide details or specifications for any yes response.

#### **# 41**

- Indicate the FULL name of references with the format FIRST NAME, MI, SURNAME, their addresses and respective telephone numbers.

#### **# 42**

- As agreement to and for completion of the PDS, the employee's signature and right thumb mark should be affixed in the boxes provided. Indicate also the government ID number and date of issuance in the boxes provided. Lastly, attach a RECENT PASSPORT SIZE (4.5 cm. x 3.5 cm.) picture. Picture must be taken within the last six (6) months. Computer generated or photocopied picture is not acceptable.
- The PDS should be subscribed and sworn to before the highest-ranking Human Resource Management Officer (HRMO) of the agency, any authorized official/officer in the agency, any officer authorized to administer oath or a notary public. Heads of agencies may delegate such authority through an Office Order.

Enclosure 1

# PERSONAL DATA SHEET

**WARNING:** Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases against the person concerned.

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

|                               |  |   |   |
|-------------------------------|--|---|---|
| 2. SURNAME                    |  |   |   |
| FIRST NAME                    |  | NAME EXTENSION (JR., SR)                                    |   |
| MIDDLE NAME                   |  |   |   |
| 3. DATE OF BIRTH (mm/dd/yyyy) |  | 16. CITIZENSHIP   | <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country. |
| 4. PLACE OF BIRTH             |  | If holder of dual citizenship, please indicate the details. |   |
| 5. SEX                        | <input type="checkbox"/> Male <input type="checkbox"/> Female  |   |   |
| 6. CIVIL STATUS               | <input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                     | House/Block/Lot No. Street<br>Subdivision/Village Barangay<br>City/Municipality Province  |
| 7. HEIGHT (m)                 |  | ZIP CODE  |   |
| 8. WEIGHT (kg)                |  |   |   |
| 9. BLOOD TYPE                 |  | 18. PERMANENT ADDRESS                                       | House/Block/Lot No. Street<br>Subdivision/Village Barangay<br>City/Municipality Province  |
| 10. GSSIS ID NO.              |  | ZIP CODE  |   |
| 11. PAG-IBIG ID NO.           |  |   |   |
| 12. PHILHEALTH NO.            |  |   |   |
| 13. SSS NO.                   |  | 19. TELEPHONE NO.   |   |
| 14. TIN NO.                   |  | 20. MOBILE NO.  |   |
| 15. AGENCY EMPLOYEE NO.       |  | 21. E-MAIL ADDRESS (if any)                                 |   |

## II. FAMILY BACKGROUND

|                          |                          |   |                            |
|--------------------------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME     |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME              |                          |   |                            |
| OCCUPATION               |                          |   |                            |
| EMPLOYER/BUSINESS NAME   |                          |   |                            |
| BUSINESS ADDRESS         |                          |   |                            |
| TELEPHONE NO.            |                          |   |                            |
| 24. FATHER'S SURNAME     |                          |   |                            |
| FIRST NAME               | NAME EXTENSION (JR., SR) |   |                            |
| MIDDLE NAME              |                          |   |                            |
| 25. MOTHER'S MAIDEN NAME |                          |   |                            |
| SURNAME                  |                          |   |                            |
| FIRST NAME               |                          |   |                            |
| MIDDLE NAME              |                          |   |                            |

(Continue on separate sheet if necessary)

## III. EDUCATIONAL BACKGROUND

| 26. LEVEL                 | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | PERIOD OF ATTENDANCE |    | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|--------------------------------|---|----------------------|----|--|----------------|---------------------------------------|
|                           |                                |   | From                 | To |  |                |                                       |
| ELEMENTARY                |                                |   |                      |    |  |                |                                       |
| SECONDARY                 |                                |   |                      |    |  |                |                                       |
| VOCATIONAL / TRADE COURSE |                                |   |                      |    |  |                |                                       |
| COLLEGE                   |                                |   |                      |    |  |                |                                       |
| GRADUATE STUDIES          |                                |   |                      |    |  |                |                                       |

(Continue on separate sheet if necessary)

|           |  |      |  |
|-----------|--|------|--|
| SIGNATURE |  | DATE |  |
|-----------|--|------|--|

**IV. CIVIL SERVICE ELIGIBILITY**

| 27. | CAREER SERVICE/ RA 1080 (BOARD/ BAR) COUNCIL OR<br>SPECIAL LAWS/ CES/ CSEE<br>BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING<br>(If Applicable) | DATE OF<br>EXAMINATION /<br>CONFIRMATION | PLACE OF EXAMINATION / CONFIRMATION | LICENSE (if applicable) |                     |
|-----|---|---------------------------|--|-------------------------------------|-------------------------|---------------------|
|     |   |                           |  |                                     | NUMBER                  | Date of<br>Validity |
|     |   |                           |  |                                     |                         |                     |
|     |   |                           |  |                                     |                         |                     |
|     |   |                           |  |                                     |                         |                     |
|     |   |                           |  |                                     |                         |                     |
|     |   |                           |  |                                     |                         |                     |
|     |   |                           |  |                                     |                         |                     |
|     |   |                           |  |                                     |                         |                     |

*(Continue on separate sheet if necessary)*

**V. WORK EXPERIENCE**

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

| 28. | INCLUSIVE DATES<br>(mm/dd/yyyy) |    | POSITION TITLE<br>(Write in full/Do not abbreviate) | DEPARTMENT / AGENCY / OFFICE / COMPANY<br>(Write in full/Do not abbreviate) | MONTHLY<br>SALARY | SALARY/JOB PAY<br>GRADE or<br>STEP<br>(From \$00.00)<br>INCREMENT | STATUS OF<br>APPOINTMENT | GOVT<br>SERVICE<br>(Y/N) |
|-----|---------------------------------|----|---|---|-------------------|---|--------------------------|--------------------------|
|     | From                            | To |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |
|     |                                 |    |   |   |                   |   |                          |                          |

*(Continue on separate sheet if necessary)*

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>SIGNATURE</b> |  | <b>DATE</b> |  |
|------------------|--|-------------|--|



**VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS**

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full) | INCLUSIVE DATES<br>(mm/dd/yyyy) |    | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|----|-----------------|---------------------------|
|     |   | From                            | To |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |
|     |   |                                 |    |                 |                           |

(Continue on separate sheet if necessary)

**VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED**

*(Start from the most recent L&D training program and include only the relevant L&D training taken for the last five (5) years for Division Chief/Executive/Managerial positions.)*

| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS<br>(Write in full) | INCLUSIVE DATES OF ATTENDANCE<br>(mm/dd/yyyy) |    | NUMBER OF HOURS | Type of LD<br>(Managerial/ Supervisory/ Technical) | CONDUCTED/ SPONSORED BY<br>(Write in full) |
|-----|--|---|----|-----------------|--|--|
|     |  | From  | To |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |
|     |  |   |    |                 |  |  |

(Continue on separate sheet if necessary)

**VIII. OTHER INFORMATION**

| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full) |
|--------------------------------|--|---|
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |

(Continue on separate sheet if necessary)

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>SIGNATURE</b> |  | <b>DATE</b> |  |
|------------------|--|-------------|--|

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

YES  NO  
 YES  NO  
 If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?

YES  NO  
 If YES, give details: \_\_\_\_\_

b. Have you been criminally charged before any court?

YES  NO  
 If YES, give details: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Status of Case/s: \_\_\_\_\_

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

YES  NO  
 If YES, give details: \_\_\_\_\_

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

YES  NO  
 If YES, give details: \_\_\_\_\_

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

YES  NO  
 If YES, give details: \_\_\_\_\_

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

YES  NO  
 If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

YES  NO  
 If YES, give details (country): \_\_\_\_\_

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group?

YES  NO  
 If YES, please specify: \_\_\_\_\_

b. Are you a person with disability?

YES  NO  
 If YES, please specify ID No: \_\_\_\_\_

c. Are you a solo parent?

YES  NO  
 If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person or related by consanguinity or affinity to appointing/approving)

| NAME | ADDRESS | TEL. NO. |
|------|---------|----------|
|      |         |          |
|      |         |          |
|      |         |          |

ID picture taken within the last 6 months 4.5 cm. X 3.5 cm (passport size)

Computer generated or photocopied picture is not acceptable

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
 PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: \_\_\_\_\_

ID/License/Passport No.: \_\_\_\_\_

Date/Place of Issuance: \_\_\_\_\_

Signature (Sign inside the box)

\_\_\_\_\_

Date Accomplished

\_\_\_\_\_

Right Thumbmark

\_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

\_\_\_\_\_

Person Administering Oath

## PERSONAL DATA SHEET TRANSMITTAL FORM

AGENCY: \_\_\_\_\_

REGION: \_\_\_\_\_

**INSTRUCTIONS:**

- (1) Fill-out the data needed in the PDS Transmittal form completely and accurately.
- (2) Do not abbreviate entries.
- (3) Submit the duly accomplished PDS Transmittal form to the CSC Field Office-in-Charge together with the updated Personal Data Sheets (PDS) of all officials and employees.

|  |
|--|
| Date of receipt of CSCFO:<br><br>_____ |
|--|

| No. | NAME OF EMPLOYEES |            |                                  |             | POSITION TITLE<br>(indicate parenthetical title, if applicable) | SALARY/<br>JOB/<br>PAY<br>GRADE | EMPLOYMENT<br>STATUS |
|-----|-------------------|------------|----------------------------------|-------------|---|---------------------------------|----------------------|
|     | Last Name         | First Name | Name<br>Extension<br>(Jr. / III) | Middle Name |   |                                 |                      |
| 1   |                   |            |                                  |             |   |                                 |                      |
| 2   |                   |            |                                  |             |   |                                 |                      |
| 3   |                   |            |                                  |             |   |                                 |                      |
| 4   |                   |            |                                  |             |   |                                 |                      |
| 4   |                   |            |                                  |             |   |                                 |                      |
| 5   |                   |            |                                  |             |   |                                 |                      |
| 6   |                   |            |                                  |             |   |                                 |                      |
| 7   |                   |            |                                  |             |   |                                 |                      |
| 8   |                   |            |                                  |             |   |                                 |                      |
| 9   |                   |            |                                  |             |   |                                 |                      |
| 10  |                   |            |                                  |             |   |                                 |                      |
| 11  |                   |            |                                  |             |   |                                 |                      |
| 12  |                   |            |                                  |             |   |                                 |                      |
| 13  |                   |            |                                  |             |   |                                 |                      |
| 14  |                   |            |                                  |             |   |                                 |                      |
| 15  |                   |            |                                  |             |   |                                 |                      |

**CERTIFICATION**

This is to certify that the information contained in this form are true, correct and complete

\_\_\_\_\_

Highest Ranking HRMO