

2019-10-009

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF CUSTOMS

JTC

## MEMORANDUM



BOC-03-03191

**FOR** : **ALL DEPUTY COMMISSIONERS  
ALL DISTRICT COLLECTORS**

**FROM** : **ATTY. KRIDEN F. BALGOMERA**  
Chief, Human Resource Management Division

**SUBJECT** : **SUBMISSION OF PERSONNEL COMPLEMENT REPORT**

**DATE** : 07 October 2019

- 1.0 In line with continuous effort to monitor personnel movement and maintain an accurate personnel records/database, you are hereby directed to submit the personnel complement of your respective groups and port as of **30 SEPTEMBER 2019**.
- 2.0 Please note that the said document shall be consolidated by district collection to include personnel assigned at the sub-ports. Further, all groups/ports must comply with the prescribed format that will be sent by the Human Resource Management Division (HRMD) through e-mail to the Administrative Division of the respective groups/port.
- 3.0 Kindly submit the e-copy of the said document in MS Excel format through [hrmd@customs.gov.ph](mailto:hrmd@customs.gov.ph), and the printed copy to the HRMD ten (10) days upon receipt hereof.
- 4.0 For strict compliance.

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ACTUAL REPORT ON PERSONNEL COMPLEMENT  
As of 30 September 2019

GROUP/DISTRICT \_\_\_\_\_

- A. PERMANENT
- B. DETAILED/ SECONDED
- C. CASUAL
- D. DETAILED FROM OTHER AGENCY
- E. PERSONNEL UNDER CONTRACT OF SERVICE
- GRAND TOTAL

NO. OF PERSONNEL  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
0

**A. DIVISION/ SUBPORT**

NO.	NAME OF EMPLOYEE			ITEM NUMBER	PLANTILLA POSITION TITLE	MOTHER UNIT (PORT-SUBPORT/GRUP-DIVISION)	ACTUAL DESIGNATIONS & CPO NO.
	Surname	Given Name	Middle Name				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
SUB-TOTAL							

**B. DIVISION/ SUBPORT**

NO.	NAME OF EMPLOYEE			ITEM NUMBER	PLANTILLA POSITION TITLE	MOTHER UNIT (PORT-SUBPORT/GRUP-DIVISION)	ACTUAL DESIGNATIONS & CPO NO.
	Surname	Given Name	Middle Name				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
SUB-TOTAL							

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C. CASUAL EMPLOYEES

NO.	NAME OF EMPLOYEE Surname Given Name Middle Name	ITEM NUMBER	PLANTILLA POSITION TITLE	ACTUAL DESIGNATION/S
1				
2				
3				
SUB-TOTAL				

D. DETAILED / SECONDED FROM OTHER GOVERNMENT AGENCY (i.e., ORAM)

NO.	NAME OF EMPLOYEE Surname Given Name Middle Name	PLANTILLA POSITION TITLE	MOTHER AGENCY	PORT-SUPPORT/ROUP-DIVISION	ACTUAL DESIGNATION/S
1					
2					
3					
SUB-TOTAL					

E. PERSONNEL UNDER CONTRACT OF SERVICE

NO.	NAME OF EMPLOYEE Surname Given Name Middle Name	POSITION	PLACE OF ASSIGNMENT (PORT-SUPPORT/ROUP-DIVISION)	CONTRACT DURATION
1				
2				
3				
SUB-TOTAL				