



Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

July 23, 2025

REGIONAL MEMORANDUM

No. **863** s. 2025

SUBMISSION OF AGENCY INFORMATION SHEET (AIS)

To: Schools Division Superintendents
Human Resource Management Officers
All Others Concerned

1. In preparation for the deconcentration of the processing of application for retirement and other mode of separation benefits, the Schools Division Superintendents are directed to submit an updated Agency Information Sheet (AIS) with the Specimen Signatures of the authorized signatories for Government Service Insurance System (GSIS) transactions using the attached template on or before **July 28, 2025**.
2. The accomplished template shall be submitted through email address **personnel.region8@deped.gov.ph** copy furnished **eva.rosales002@deped.gov.ph**. The original copy shall be submitted through the Records Section of this Office.
3. Immediate dissemination of and strict compliance with this Memorandum are desired.


EVELYN R. FETALVERO, CESO III
Regional Director

Enclosure: As stated

Reference: As stated

To be indicated in the Perpetual Index under the following subjects:

BENEFITS

INFORMATION

SIGNATORIES

AD-PS-EDR



Address: Government Center, Candahug, Palo, Leyte
Telephone No.: (053) 832-5738
Email Address: region8@deped.gov.ph
Website: region8.deped.gov.ph





Republic of the Philippines
Department of Education
REGIONAL OFFICE VIII (EASTERN VISAYAS)
Government Center, Candahug, Palo, Leyte

Date: _____

AGENCY INFORMATION SHEET (AIS)

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

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	
Specimen Initial	

Agency Remittance Advice

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

Service Record

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

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

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

Liason Officer 1

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	

Service Record

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

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

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

Liason 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	

Employee Responsible for Electronic Billing File

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

Alternate Employee Responsible for Electronic Billing File

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

Employee Responsible for Electronic Remittance File

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

Alternate Employee Responsible for Electronic Remittance File

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

Employee Responsible for Reconciliation Billing Issues

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

Alternate Employee Responsible for Reconciliation Billing Issues

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

Certified Correct:

Agency Head