



Republic of the Philippines
National Police Commission
NATIONAL HEADQUARTERS, PHILIPPINE NATIONAL POLICE
Camp Crame, Quezon City

DPRM Form RSD-02-A

APPLICATION FORM
(REASSIGNMENT OF PERSONNEL)

FOR: _____
(Chief of Office)

(Date)

Request that I be allowed to transfer from my present unit _____ to
(Present Unit)
_____ with projected position as _____. With this, I certify that:
(Projected Unit) (Title of Position)

1. I have no money and property accountability with my present unit;
2. I have no pending administrative and criminal case up to this date;
3. I am not a witness to drug related case in relation to R.A. No. 9165 and DDB Regulation No. 6 Series of 2008;
4. I have no malice and bad intention in requesting for this transfer;
5. I will not seek reassignment/detail to other offices/units six months after the issuance of my promotion and reassignment order;
6. I am fully aware of my liability and responsibility in the foregoing declaration under the law and regulation of the PNP and NAPOLCOM;
7. I am attesting to the truthfulness of the foregoing declaration and the information in my attached PDS;
8. I shall be held administratively liable for "**DISHONESTY**" for any acts of perjury, misrepresentation, distortion and omission made in this application.

That I attest to the truthfulness of the foregoing declaration and submit myself to the legal consequences thereof, if ever the statements above are wanting in truth and in substance.

Rank/Name/Signature of Applicant

SUBSCRIBED AND SWORN to before me this _____ day
of _____, 2014 at _____, Philippines.

NOTARY PUBLIC/ADMINISTERING OFFICER

Note: This application shall be acted within **fifteen (15) working days** upon its receipt/filing as provided under Rule VI, Section 1 of R.A. 6713 (Rules Implementing the Code of Conduct and Ethical Standards for Public Officials and Employees)

(to be accomplished in three (3) original copies)

(to be filled up by Losing Unit)

AVAILABILITY FOR REASSIGNMENT

(Date)

FOR: _____
(Gaining Unit)

Availability for transfer is hereby granted to _____, with Badge Number _____ for his/her reassignment/detail to _____ to any positions that he/she is qualified.

Based on the evaluation conducted by this office, we certify that subject PCO/PNCO is cleared of money and property accountabilities, no pending administrative/criminal case and is not a witness to any drug related case in relation to RA 9165 and DDB Regulation No.6, Series of 2008.

Processed by:

C, RPHRDD/Admin Officer

Cleared by:

No Property Accountability:

C, RLD (or Supply Officer)

No Money Accountability:

C, RCD (or Finance Officer)

No Pending Admin and Criminal case
and not a witness to drug related case:

C, RIDMD (or Investigation Officer)

Recommended/Not recommended

Chairman, Placement Board

Reason for disapproval

Approved/Disapproved

Unit Director

(to be filled up by Gaining Unit)

ACCOMODATION

(Date)

FOR: _____
(Unit/Office Issuing Order)

THIS IS TO CERTIFY that _____ of _____ is accommodated to this unit/office where he/she is projected to be designated as _____.

This certification is issued to subject PCO/PNCO to facilitate the issuance of order for his/her transfer of assignment.

Processed by:

C, RPHRDD/Admin Officer

Recommended/Not recommended

Chairman, Placement Committee

Reason for disapproval

Approved/Disapproved

Unit Director