

**HEADQUARTERS
PHILIPPINE ARMY
OFFICE OF THE ASSISTANT CHIEF OF STAFF FOR PERSONNEL, G1
Fort Andres Bonifacio, Metro Manila**

**PERSONNEL INFORMATION SYSTEM (PIS) ACCESS
APPLICATION FORM**

PART I (To be filled-up by Unit/Office IS Officer)

Date: _____

(Please check) New Application Renewal

A. Details of Office User Account being requested for access:

1. Office/Unit Name: _____ (ex. Office of the AC of S for Personnel, G1)

2. Office User Account: _____ (ex. og1@army.mil.ph)

3. Designated administrator of Office User Account:

a. Rank/Name/Serial Nr: _____

b. Designation: _____ c. Security clearance classification: _____

c. Workstation(s) to log-on to: _____

B. Justification for the request: (Use separate sheet if necessary)

Prepared By:

Noted By:

(Unit/Office ISO)

(Unit Commander/Chief of Office)

PART II (Processing Action by OG1)

TO: AC of S for Personnel, G1, PA Post Date: _____

TO: CO, Net Center Post Date: _____

Access Privilege of User Account Applicant: (please check)

- View only (no "save")
- View, Print and Save only
- View, Edit, Delete and Print (for IMO / PDS users only)

Recommend Approval/Disapproval.

Approved/Disapproved.

JOHN RAYMOND A INGUILLO
CAPTAIN, (INF) PA
Asst Chief, PRB, OG1, PA

ALLAN D HAMBALA
Colonel, MNSA (INF) PA
AC of S for Personnel, G1

PART III (To be filled-up by Systems Administrator – Net Center)

- 1. Office User Account Name: _____
- 2. Initial Log-on Password: *password* (lower case)
- 3. User must change password during next log-on: Yes ___ No ___
- 4. User cannot change password: Yes ___ No ___
- 5. Group Membership: _____

- 6. Account expires on: _____ Never
- 7. Password expires on: _____ Never
- 8. Email Address: _____ @army.mil.ph

Note: New password should be at least eight (8) characters long and without embedded space.

Prepared By:

Recommend Approval:

APPROVED/DISAPPROVED

Systems Administrator

Systems Management Officer

CO, Net Center

*Note: The following documents are required with this application (pls attach):

- a. G2 Clearance of the designated administrator
- b. Office/Unit Orders of current designation
- c. Certification of User Account Applicant

Date

Subject: Certification of PIS Proper Usage

To: Commanding General, PA
Fort Andres Bonifacio, Metro Manila
(Attn: AC of S for Personnel, G1)

1. This is to certify that I, _____
(Name of User Account Applicant)

has fully understood the policies and regulations pertaining to the use and access to the Philippine Army Personnel Information System (PIS).

2. Hence, I acknowledge that I am responsible for the security and protection of the User Account Password issued to me and for all the proper usage of the data viewed and printed under the said account.

3. I further certify that I MUST not share or divulge to anybody the password issued to me, and that I understand that any violation thereof means automatic revocation/cancellation of my access to the PIS and/or to face possible sanction provided under existing AFP regulations.

Signature of user name applicant over printed name

SUBSCRIBED AND SWORN to before me this ____ day of _____ 200__ at _____, Philippines.

Signature over printed name of Administering Officer

(Note: User accounts and passwords are valid only for six (6) months. This certification must be renewed and submitted to OG1, PA (Attn: Plans and Research Branch) one (1) week before its expiration to enjoy uninterrupted access. In case of security compromise, please notify the aforesaid office immediately.)