*PLBi Form No. 1 (Revised 2021)*

**PAMANANG LINGKOD BAYANI**

Nomination Form

**Nominee Photo 1 ½ x 2**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Position : \_\_\_\_\_ 1st level \_\_\_\_\_ 2nd level

 \_\_\_\_\_ 2nd level (Executive Managerial) \_\_\_\_\_ 3rd level

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_

Agency Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax/Mobile Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Legal/Qualified Beneficiary**  (Use separate sheet if necessary)

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with Nominee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel/Fax/Mobile Nos.: \_\_\_\_\_\_\_\_\_\_\_\_

**Narration of the Incident Surrounding the Death of Nominee**

(Use separate sheet if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of Agency/Regional Office**

I hereby certify that the above information are true and correct.

Name and Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel/Fax/Mobile Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Grounds for Disqualification of Nominations**

(a) Incomplete nomination requirements;

(b) Submission beyond six (6) months from the date of death of nominee as indicated in the Death Certificate;

(c) Insufficient evidence that the nominee died or was killed in the actual performance of

 his/her duties and function; or

(d) Any violation of the provisions of the PLBi Guidelines.

**PAMANANG LINGKOD BAYANI**

Checklist of Required Nomination Documents (check box)

***From the Nominee’s Agency/Regional Head***

**☐ PLBi prescribed Nomination Form with the following information**

* nominee’s personal circumstances
* details of beneficiary/qualified/legal beneficiary
	+ Name
	+ Relationship with nominee
	+ Contact information
* narration of the incident surrounding the death of the nominee
* signature of the Agency/Regional Office Head

**☐ Certification from the Agency or Regional Office Head stating that the nominee was killed in line of duty or died while in the performance of his/her duties and functions, and that the nominee is not covered by death benefits for similar cases under existing laws**

**☐ Name of beneficiary/ies (subject to the Law on Succession), contact information, relationship to the nominee certified correct by the agency or regional office head**

**☐ Copy of latest Personal Data Sheet**

**☐ Service Record certified by the agency Human Resource Management Officer**

**☐ Medical/Police Report**

**☐ Death Certificate**

***From the CSC Regional Office***

**☐ CSCRO validation report on the nominee’s death incident**

Note:

Grounds for Disqualifications of Nominations

a. Incomplete nomination requirements;

b. Submission of nomination beyond six (6) months from the date of death of nominee as indicated in the Death Certificate;

c. Insufficient evidence that the nominee died or was killed in the actual performance of his/her official duties and function; or

d. Any violation of the provisions of PLBi Guildelines.