



MEMORANDUM CIRCULAR No. 24
Series of 2026

TO : THE SENIOR DEPUTY ADMINISTRATOR, DEPUTY ADMINISTRATORS, DEPARTMENT / REGIONAL / PROJECT MANAGERS, DIVISION MANAGERS AND ALL OTHER CONCERNED

SUBJECT : IMPLEMENTATION OF THE REVISED DOCUMENT CHANGE NOTICE FORM

I. PURPOSE

This memorandum establishes the guidelines for implementing the revised Document Change Notice (DCN) form, which shall serve as the official mechanism for initiating, reviewing, approving, and recording changes to all controlled documents within NIA. The DCN ensures that every modification is properly documented, communicated, and traceable in accordance with the requirements of our Quality Management System. Additionally, the use of the revised DCN form addresses internal audit findings by providing formal evidence that all document changes undergo a structured review and approval process.

II. SCOPE

The DCN form shall apply to all controlled documents, including but not limited to:

- Quality Documents (policies, procedures, manuals)
- Quality Forms (templates, checklists, records)

This implementation covers **new documents, revisions (minor/major), and obsolescence** of existing documents.

III. GUIDELINES FOR COMPLETING THE DCN FORM

Personnel responsible for initiating changes must ensure the following fields are properly filled out:

1. General Guidelines

- Ensure all entries are **accurate and consistent** with the document being changed.
- Use **black or blue ink** if handwritten, or ensure proper formatting if typed.
- Double-check dates, codes, and revision numbers before submission.
- Obtain all required **signatures** in sequence (Prepared → Reviewed → Approved → Received).



- The DCN form is available for download from the **Online Document Masterlist** (<https://masterlist.nia.gov.ph>). A printed copy is also attached to this memorandum for reference.

2. Header Information

- **DCN No.:** Assign the unique sequential control number (e.g., DCN-2026-001).
- **Date Issued:** Write the date the DCN is formally released.
- Date format: mm/dd/yyyy).

3. Effectivity Date

- **FROM:** Write the date when the current version of the document took effect.
- **TO:** Specify the exact date when the change becomes effective. This should align with training schedules or publication requirements.
- Date format: mm/dd/yyyy.

4. Document Code/Number

- **FROM:** Write the existing document code or number (e.g., NIA-IMS-2022-0001).
- **TO:** Write the new code/number if it is being changed (e.g., NIA-IMS-2022-0002). If the code remains the same, indicate "No Change".

5. Revision Number

- **FROM:** Write the current revision number of the document. New enrolled documents start at Revision 0 (e.g., Rev.00).
- **TO:** Indicate the next sequential revision number once the change is approved.
 - For a **major revision**, the revision number increases by one whole number (e.g., Rev.02 → Rev.03).
 - For a **minor revision**, the revision number is extended with a decimal to reflect the incremental change (e.g., Rev.01 → Rev.01.1).
 - For new enrolled documents, indicate "No Change".

***Note:** For controlled manuals such as Desk Manuals and Operations Manuals, revision numbers are applied at the document level. Any change—whether to a page, section, or topic—requires reissuing the entire manual under a new revision number to ensure consistency and maintain document integrity.*

6. Document Title

- **FROM:** Write the full current title of the document.
- **TO:** Write the **updated title** if it is being changed. If unchanged, write "No Change".

7. Type of Change

Select one of the following:

- **Original:** For newly created documents.
- **Minor Revision:** Minor updates (typo corrections, formatting, non-substantive clarifications).
- **Major Revision:** Substantial changes (process updates, new requirements, structural changes).

- **Obsolete:** Document is withdrawn and no longer in use.

8. **Type of Document**

Select the appropriate category:

- **Quality Document:** Policies, procedures, manuals.
- **Quality Form:** Templates, checklists, records.
- **Agency-wide Office Document:** Applies across the entire agency.
- **Office Document:** Limited to a specific office/department.

9. **Publication Requirement**

Choose based on how the change must be communicated:

- **Website Posting:** For documents requiring public visibility.
- **General Circulation Notice:** For internal employee awareness.
- **Upload in Masterlist of Documents:** For controlled internal reference.
- **Not Required:** If no publication is necessary.

Published within 2-3 working days upon DC's receipt of notice and complete documents.

10. **Reason/Description of Change**

- Provide a **clear explanation** of why the change is needed.
Examples: "Updated procedure to align with ISO 9001:2015 requirements" or "Corrected typographical errors in paragraph 2."

11. **Training Requirement**

Select one of the following:

- **No training required:** For minor revisions or administrative updates.
- **Training required:** For major revisions or new documents affecting individual responsibilities.

12. **Originator of DCN Request**

- State the **responsible office/department** initiating the change.
- This office will oversee implementation.

13. **Signatories**

Indicate the full name, affix the signature, and specify the designation/position and date signed for each of the following:

- **Prepared by:** Individual responsible for drafting the DCN.
- **Reviewed by:** Reviewer who verifies accuracy and compliance.
- **Approved by:** Authorized approver (e.g., Department Manager, Quality Management Representative).
- **Received by Document Controller:** Document Controller confirming receipt of the DCN.

14. **Supporting Documents**

Ensure that the updated form or document reflecting the approved changes is attached to the DCN as a supporting reference (e.g., revised Application for Leave form).

IV. RESPONSIBILITIES

1. **Originating Office:** Drafts and submits the DCN form with supporting documents and ensure circulation notices are issued.
2. **Document Controller (DC):** Assigns DCN number, verifies completeness, and ensures timely publication.
3. **Reviewing Authority:** Confirms accuracy, compliance, and necessity of changes.
4. **Approving Authority:** Grants final approval for implementation.
5. **All Departments:** Ensure dissemination and compliance with updated documents.

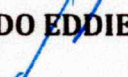
V. PUBLICATION & TRAINING

- **Publication:**
 - DC shall ensure posting on the official website, and updating of the Masterlist of Documents within prescribed timelines.
 - The Records Section shall distribute the circulation notices through email or courier, as applicable.
- **Training:** If required, the originating office shall coordinate with HRD/Training Section to conduct sessions prior to effectivity.

VI. EFFECTIVITY

This memorandum takes effect immediately, superseding all prior memoranda, circulars, and any provisions inconsistent with it, and shall remain in force until expressly revoked.

For strict compliance.


ENGR. EDUARDO EDDIE G. GUILLEN
Administrator

Date 05 MAR 2026



National Irrigation Administration DOCUMENT CHANGE NOTICE

DCN Number:		Date Issued:	
FROM		TO	
Effectivity Date:			
Document Code/Number:			
Revision Number:			
Document Title:			
Type of Change:	<input type="checkbox"/> Original <input type="checkbox"/> Minor Revision	<input type="checkbox"/> Obsolete <input type="checkbox"/> Major Revision	
Type of Document:	<input type="checkbox"/> Quality Document <input type="checkbox"/> Quality Form	<input type="checkbox"/> Agency-wide Office Document <input type="checkbox"/> Office Document	
*Publication Requirement:	<input type="checkbox"/> Website Posting <input type="checkbox"/> General Circulation Notice <input type="checkbox"/> Upload in the Masterlist of Documents <input type="checkbox"/> Not Required Published within 2-3 working days upon DC's receipt of notice and complete documents.		
Reason/Description of Change:			
Training Requirement:	<input type="checkbox"/> No training required	<input type="checkbox"/> Training required	
Originator of DCN Request: (Responsible Office for Implementation)			
Prepared by:	Reviewed by:	Approved by:	
Name and Signature Designation/Date	Name and Signature Designation/Date	Name and Signature Designation/Date	
Received by Document Controller:			
Name and Signature/Date			

*- corresponds to Forms