



MEMORANDUM CIRCULAR No. 31
Series of 2026

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

SUBJECT : CLARIFICATORY GUIDELINES ON NIA MEMORANDUM CIRCULAR NO. 128, SERIES OF 2025: "GUIDELINES ON THE GRANT OF PERMISSION TO ENGAGE IN LIMITED PRACTICE OF PROFESSION"

This circular is being issued to provide clarificatory/amendatory guidelines on the implementation of the grant permission to engage in limited practice of profession, pursuant to NIA MC No. 128, series of 2025.

FROM	TO
<p>IV. General Guidelines, Item 1.1 (p. 1):</p> <p>1.1 The request for permission to engage in the limited practice of profession outside office hours shall be made through a letter, addressed to the Head of Agency, duly endorsed by the concerned Department / Regional / Project Manager.</p>	<p>1.1 The request for permission to engage in the limited practice of profession outside office hours shall be made through a letter, addressed to the Deputy Administrator for Administrative and Finance Sector duly endorsed by the concerned Department / Regional / Project Manager.</p>
<p>IV. General Guidelines, Item 1.3.iii to v. (p. 2):</p> <p>iii. Offices of the Administrative Department and/or Legal Services for further review and notation;</p> <p>iv. Office of the Deputy Administrator for Administrative and Finance Sector for recommending approval; and</p> <p>v. Office of the Administrator for approval/disapproval.</p>	<p>iii. Offices of the Administrative Department and/or Legal Services for recommending approval/s;</p> <p>iv. Office of the Deputy Administrator for Administrative and Finance Sector for approval/disapproval.</p>



VI. RESPONSIBILITY First Paragraph (p.4)

(Per 2020 Manual of Delegated Authorities)

The **Head of Agency or his/her duly designated representative** shall be the approving authority on all requests for permission to engage in the limited practice of profession.

The **Deputy Administrator for Administrative and Finance Sector** shall be the approving authority on all requests for permission to engage in the limited practice of profession.

Further, a revised template of Request for Permission to Engaged in the Limited Practice of Profession (RELPP) is hereto attached as an integral part of the request.

All other provisions of NIA MC No. 128, series of 2025 shall remain.

Be guided accordingly.

ENGR. EDUARDO EDDIE G. GUILLEN
Administrator

18 MAR 2026

NIA LOGO

REQUEST FOR PERMISSION TO ENGAGE IN THE LIMITED PRACTICE OF PROFESSION (RELPP)

Period Covered: (to be filled-up by HRD-AD)

Last Name	First Name	Middle Initial
Position: _____ Office: _____		
Appointment Status : <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Others : (Please Specify) _____		

1. Profession _____ to _____ practice _____ (please specify): _____

2. Amount of time to be spent in the practice of profession:
Time schedule (eg. 5 pm to 7 pm): _____

3. Please indicate client/s and where practice of profession will be done.*

Organization/ Clients	Address	Contact No.

** Please include in your year- end report of engagement in limited practice of profession clients not covered by this application.*

4. Private practice of profession shall be performed outside of official working hours and shall ensure that:

4.1. I shall practice my profession on weekends, holidays, and outside of regular office hours and ensure that activities in relation to the private practice of profession shall neither conflict nor tend to conflict with my official functions nor be prejudicial to the best interest of the service;

4.2. I shall need to file a leave of absence in case engagement will be during weekdays and regular office hours;

4.3. I shall not involve any use of government resources such as but not limited to official service vehicle, supplies, equipment, funds, or properties in furtherance of my outside activity;

4.4. I must be physically fit as duly certified by a government physician in order not to affect the efficient performance of my duties

5. Individual Performance Rating for the last 2 semesters (adjectival rating): _____

I hereby abide by the rules and regulations approved by the Head of Agency governing limited practice of profession or involvement in outside activities. It is also understood that the time while my engagement in limited practice of profession will further enhance and enrich my profession in NIA, such engagement will not in any way adversely affect my main duties as an employee of the Agency.

Signature Over Printed Name of Applicant

REVIEWED BY:

Division Manager concerned
Date: _____

ENDORSED BY:

Department/Regional /Project Manager
Date: _____

RECOMMENDING APPROVAL:

Manager, Administrative Department / Manager, Legal Department (*for Legal Personnel*)
Date: _____ Date: _____

APPROVED / DISAPPROVED:

Deputy Administrator
for Administrative and Finance

Date: _____