



CHECKLIST OF REQUIREMENTS FOR ISSUANCE OF APPOINTMENT

Fill up the required listed forms & gather your documents in order of the checklist & submit to our office on or before _____. Please submit the checked items.

Type of Appointment:

- New Appointment Renewal Promotion Others

Name of Appointee: MIKKO ZILLAH D. ROSELLO

Office/Unit/Department: Horticulture

I. Government forms for completion:

- | | REMARKS | DATE RECEIVED |
|--|---------|---------------|
| 1 <input checked="" type="checkbox"/> Personal Data Sheet -PDS CSC Form 212 (Revised 2017) w/ 2 ID picture (latest)
Note: If this PDS form is generated in ecopy, it must be in the long size bond paper, in 4 pages with 2 sheets (attach work experience sheet) in 2 copies | _____ | _____ |
| 2 <input checked="" type="checkbox"/> Position Description Form (PDF) in 2 copies
Note: Must be signed by the head of office | _____ | _____ |
| 3 <input checked="" type="checkbox"/> Oath of Office in 2 copies
Note: Signed by the Head of Agency | _____ | _____ |
| 4 <input type="checkbox"/> Certificate of Nepotism in 2 copies
Only applicable to administrative position | _____ | _____ |
| 5 <input checked="" type="checkbox"/> Certificate of Assumption to Duty in 2 copies
Note: Must be signed by the immediate supervisor or head of office | _____ | _____ |
| 6 <input type="checkbox"/> Statement of Assets & Liabilities (SALN) in 2 copies
Note: Must be notarized and latest SALN | _____ | _____ |

II Additional documents for submission:

- | | | |
|---|-------|-------|
| 1 <input type="checkbox"/> Approved recommendation | _____ | _____ |
| 2 <input type="checkbox"/> NBI Clearance | _____ | _____ |
| 3 <input checked="" type="checkbox"/> Medical Certificate (blood test, urinalysis, chest x-ray, drug test) | _____ | _____ |
| 4 <input type="checkbox"/> Clearance (for transferee) | _____ | _____ |
| 5 <input type="checkbox"/> Performance Rating (IPCR) | _____ | _____ |
| <input type="checkbox"/> for promotion (2 rating periods) | | |
| <input type="checkbox"/> for transferee (latest rating period) | | |
| 6 <input type="checkbox"/> Approved transfer (for transferee) | _____ | _____ |
| 7 <input type="checkbox"/> Certification of leave credit balance (for transferee) | _____ | _____ |
| 8 <input type="checkbox"/> Service Record (for transferee) | _____ | _____ |
| 9 <input type="checkbox"/> NEURO EXAM (for Sec. Guards & new hired only) | _____ | _____ |
| 10 <input type="checkbox"/> TOR and DIPLOMA with original or authenticated copy from school in 2 copies | _____ | _____ |
| 11 <input type="checkbox"/> CSC Eligibility- (2 copies of original or authenticated copy from CSC) | _____ | _____ |
| 12 <input type="checkbox"/> License authenticated from PRC (for Security Guards, Drivers, & etc.) in 2 copies | _____ | _____ |
| 13 <input type="checkbox"/> Marriage Certificate (if applicable) | _____ | _____ |
| 14 <input type="checkbox"/> Birth Certificate (PSA) | _____ | _____ |
| 15 <input type="checkbox"/> Phil. Health No. | _____ | _____ |
| 16 <input type="checkbox"/> TIN No. | _____ | _____ |
| 17 <input type="checkbox"/> PAG-IBIG ID No. | _____ | _____ |
| 18 <input type="checkbox"/> Application Letter (Vacant position) | _____ | _____ |

SIGNATURE

Verified by:

ODHRM Staff