	Form No. 34-E									For National Government Agencies/ Government-Owned or Controlled Corporations/State Universities and Colleges			
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		Republic of the Philippines VISAYAS STATE UNIVERSITY								-			
			-		(Name of Agency)								
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		NAME OF APPOINTEE/S			POSITION TITLE	EQUIVALENT		PERIOD OF E	MPLOYMENT	ACKNOWLEDGEMENT	OF APPOINTEE		
	Last Name	First Name	Name Extension (Jr/III)	Middle Name	(Do not abbreviate)	SALARY/ JOB/ PAY GRADE	DAILY WAGE	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Signature	Date Received		
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ne al	bovenamed personr of them may be laid-	el are hereby hired/app off any time before the	ointed as casuals expiration of the	s at the rate of compens employment period whe	eation stated opposite their names for the en their services are no longer needed or	e period indicated. funds are no longe	It is understood that er available or the p	nt such employmen project has already	t will cease autom been completed/fir	atically at the end of the period stanished or their performance are belo	ted unless renewed. Any ow par.		
	CERTIFICATION				APPOINTING OF	FICER / AUTH	ORITY			CSC NOTATION			
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CSC/HRMO NOTATION								
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□ Validated per RAI for the month of								
Invalidated per CSCRO/FO letter dated								
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