CS Form No. 34-B Revised 2018

Department/Office: DCST

Republic of the	Philip	pines
-----------------	--------	-------

VISAYAS STATE UNIVERSITY

(Name of Agency)

PLANTILLA OF CASUAL APPOINTMENTS

	representation and control to the co	
STRUCTIONS:		
Only a maximum of fifteen (15) appointees must be listed on each page of the Plantilla of Casual Appointments	6.	-909
Indicate 'NOTHING FOLLOWS' on the row following the name of the last appointee on the last page of the Plan	ntilla.	As - and
Provide proper pagination (Page n of n page/s)."		

	NAME OF APPOINTEE/S				POSITION TITLE	EQUIVALENT		PERIOD OF EMPLOYMENT		NATURE OF APPOINTMENT	ACKNOWLEDGEMENT OF APPOINTEE/S	
	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)	(Original/ Reappointment/ Reemployment)	Signature	Date Received
1	ESTUPA	DIONESIO		INTINO	Laboratory Technician 1	SG-6	674.86	7/1/2019	12/31/2019	Reappointment	DEL	7/25/19
7	X-X-X-X-X											
												

abovenamed personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any before the expiration of the employment period when their services are no longer needed or funds are no longer available or the project has already been completed/finished or their performance are below par.

CERTIFICATION:

This is to certify that all the requirements and supporting documents pursuant to CSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found in order.

HRMO

APPOINTING OFFICER / AUTHORITY:

ACCREDITED PURSUANT TO:

CSC Resolution No.: 1400350, s. 2014

3/3/2014 Date:

Source of Funds: A III b 1

For Accredited/Deregulated

National Government Agencies/ Government-Owned or

Controlled Corporations/ State Universities and Colleges

(Stamp of Date of Receipt)

LOURDES B. CANO

7/1/2019

EDGARDO E. TULIN President

Date:

7/1/2019

CSC/HRMO NOTATION **ACTION ON APPOINTMENTS** Recorded by Validated per RAI for the month of _____ Invalidated per CSCRO/FO letter dated ___ Appeal DATE FILED **STATUS** ☐ CSCRO/ CSC-Commission Petition for Review ☐ CSC-Commission ☐ Court of Appeals □ Supreme Court