

CS Form No. 33-B  
Revised 2018

(Stamp of Date of Receipt)

Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Baybay City, Leyte

Mr./Mrs./Ms.: JOAN MARIE Y. CORMANES

You are hereby appointed as Instructor I (SG 12, Step 1) (Vet Medicine)  
(Position Title)

under Temporary status at the CVM  
(Permanent, Temporary, etc.) (Office/Department/Unit)


with a compensation rate of TWENTY FOUR THOUSAND FOUR HUNDRED NINETY FIVE  
(P 24, 495.00) pesos per month.

The nature of this appointment is reappointment vice \_\_\_\_\_  
(Original, Promotion, etc.)

, who \_\_\_\_\_ with plantilla Item No. VISCAB-INST1-54-2016 Page 31 of 37 pages  
(Transferred, Retired, etc.)

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

  
EDGARDO E. TULIN  
Appointing Officer/Authority

7/30/2020  
Date of Signing

Until 7/31/2021

Accredited/Deregulated Pursuant to  
CSC Resolution No. 1400350, s. 2014  
dated 3/3/2014

DRY SEAL

(Stamp of Date of Release)



### Certification


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

The position was published at N/A from \_\_\_\_\_ to \_\_\_\_\_,  
20\_\_\_\_ and posted in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_,  
20\_\_\_\_ in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and  
Selection Board (HRMPSB) started on \_\_\_\_\_, 20\_\_\_\_.

  
**LOURDES B. CANO**  
Highest Ranking HRMO

### Certification

This is to certify that the appointee has been screened and found  
qualified by the majority of the HRMPSB during the deliberation held on \_\_\_\_\_.

  
**BEATRIZ S. BELONIAS**  
Chairperson, HRMPSB

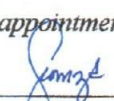
### CSC/HRMO Notation

ACTION ON APPOINTMENTS			Recorded by
<input type="checkbox"/> Validated per RAI for the month of _____			
<input type="checkbox"/> Invalidated per CSCRO/FO letter dated _____			
<input type="checkbox"/> Appeal	DATE FILED	STATUS	
<input type="checkbox"/> CSCRO/ CSC-Commission			
<input type="checkbox"/> Petition for Review			
<input type="checkbox"/> CSC-Commission			
<input type="checkbox"/> Court of Appeals			
<input type="checkbox"/> Supreme Court			

Original Copy - for the Appointee  
Original Copy- for the Civil Service Commission  
Original Copy- for the Agency

#### Acknowledgement

Received original/photocopy of appointment on \_\_\_\_\_

  
Appointee