

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.: RAZA CRECIA L. MENESES

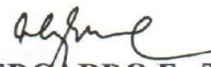
You are hereby appointed as Assistant Professor I (SG 15, Step 1) (Nursing)
(Position Title)
under Permanent status at the CON
(Permanent, Temporary, etc.) (Office/Department/Unit)
with a compensation rate of THIRTY THOUSAND FIVE HUNDRED THIRTY ONE
(P30531) pesos per month.

The nature of this appointment is upgrading of position pursuant to NBC 461 7th cycle vice
(Original, Promotion, etc.)
who, with plantilla Item No. VISCAB- AP1-21-2019 Page NOSCA dtd 11/20/2019 of
pages
(Transferred, Retired, etc.)

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

Very truly yours,

This appointment shall take effect on the
date of signing by the appointing
officer/authority. * Effective not earlier than
July 1, 2019 pursuant to the Special
provision on Miscellaneous Personnel
Benefits Fund in R.A. No.10924.


EDGARDO E. TULIN
Appointing Officer/Authority

November 4, 2019

Date of Signing

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, as amended, have been complied with, reviewed and found to be in order.

The position was published at _____ 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
HRMO

Certification

This is to certify that the appointee has been screened and found
qualified by the majority of the HRMPSB/Placement Committee during the deliberation held on
_____.



BEATRIZ S. BELONIAS
Chairperson, HRMPSB/Placement Committee

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 12/9/19

Appointee