

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.: MARIE NIÑA P. DUMAGUING

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

under Temporary status at the Faculty of Nursing  
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of THIRTY-TWO THOUSAND TWO HUNDRED FORTY-FIVE

(₱ 32,245.00) pesos per month.

The nature of this appointment is Original vice Rañon,  
(Original, Promotion, etc.)

Mildred S. who resigned with plantilla Item No. VISCAB-INST1-6-2022 Page 29 of  
(Transferred, Retired, etc.)

42 pp.

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

Very truly yours,

  
PROSE IVY G. YEPES  
Appointing Officer/Authority

February 24, 2025

Date of Signing

Until 12/31/2025

Accredited/Deregulated Pursuant to  
CSC Resolution No. 1801514, s. 2018  
dated 12/18/2018

DRY SEAL

(Stamp of Date of Receipt)



## Certification

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

The position was published at \_\_\_\_\_ N/A \_\_\_\_\_ from \_\_\_\_\_, 20\_\_ 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 February 21, 2025.

  
**HONEY SOFIA V. COLIS**  
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 February 21, 2025.

  
**ROTACIO S. GRAVOSO**

**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 3/21/25

MARIE NIÑA P. DUMAGUING  
Appointee