

CS Form No. 33-B  
Revised 2018

AKN BAGALIN

(Stamp of Date of Receipt)

Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Baybay City, Leyte

Mr./Mrs./Ms.: JENELYN S. VILLAFUERTE

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

under Temporary. status at the Math and Physics  
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of TWENTY TWO THOUSAND ONE HUNDRED FORTY NINE  
(P22,149) pesos per month.

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

who, with plantilla Item No. VISCAB-INST1-15-2016 Page 21 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

1/1/2019

Date of Signing

Until 12/31/2019

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

DRY SEAL

### 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 \_\_\_\_\_ 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**  
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**

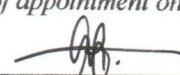
### CSC/HRMO Notation

| 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 Jan 20 2019

  
Appointee