

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.: ROCHELLE C. OLANA

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

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

with a compensation rate of TWENTY- NINE THOUSAND ONE HUNDRED SIXTY-FIVE  
(P 29, 165.00) pesos per month.

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

, who N/A with plantilla Item No. VISCAB-INST1-43-2015 Page 33 of 42 pages  
Transferred, Retired, etc.)

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

Very truly yours,



DANIEL LESLIE S. TAN  
Appointing Officer/Authority

November 1, 2023  
Date of Signing

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

DRY SEAL

SUBJECT TO SIX (6) MONTHS PROBATIONARY PERIOD  
per 2018 approved VSU MSP



### 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 \_\_\_\_\_.

  
**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  
\_\_\_\_\_.

  
**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 \_\_\_\_\_  
  
Appointee