

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.: DELFIN E. CABARDO Jr.

You are hereby appointed as Instructor I (SG 12, Step 1) (Vet. Med)  
(Position Title)  
under Temporary status at the CVM  
(Permanent, Temporary, etc.) (Office/Department/Unit)  
with a compensation rate of TWENTY TWO THOUSAND NINE HUNDRED THIRTY EIGHT  
(P22938) pesos per month.

The nature of this appointment is promotion vice PEDRERA, Hilda A.  
(Original, Promotion, etc.)  
who, End of Term with plantilla Item No. VISCAB-INST1-64-2016 Page 32 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

August 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

(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 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 7/31/2019 , 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 7/31/2019 .

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 9/13/19  
Appointee