

Republic of the Philippines

VISAYAS STATE UNIVERSITY

(Name of Agency)

PLANTILLA OF CASUAL APPOINTMENTS

Department/Office: Cash Division

Source of Funds: A. I. a

- INSTRUCTIONS:
- (1) Only a maximum of fifteen (15) appointees must be listed on each page of the Plantilla of Casual Appointments.
 - (2) Indicate 'NOTHING FOLLOWS' on the row following the name of the last appointee on the last page of the Plantilla.
 - (3) Provide proper pagination (Page n of n page/s)."

NAME OF APPOINTEE/S				POSITION TITLE (Do not abbreviate)	EQUIVALENT SALARY/ JOB/ PAY GRADE	DAILY WAGE	PERIOD OF EMPLOYMENT		NATURE OF APPOINTMENT	ACKNOWLEDGEMENT OF APPOINTEE/S	
	Last Name	First Name	Name Extension (Jr/III)				From (mm/dd/yyyy)	To (mm/dd/yyyy)		Signature	Date Received
1	BALBARINO	YOLANDA		URDANETA	Administrative Aide III	SG-3	541.54	1/1/2019	6/30/2019	Reappointment	<i>Yolanda Balbarino</i> 1/30/19
2	CALUNANGAN	FE		CRUZA	Administrative Aide III	SG-3	541.54	1/1/2019	6/30/2019	Reappointment	<i>Fe Calunangan</i> 1/30/19
3											
4											
5											
6											
7											
8											

The named personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any time before the expiration of the employment period when their services are no longer needed or funds are no longer available or the project has already been completed/finished or their performance are below par.

CERTIFICATION:

This is to certify that all the requirements and supporting documents pursuant to CSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found in order.

[Signature]
LOURDES B. CANO
HRMO

Date: _____

APPOINTING OFFICER / AUTHORITY:

[Signature]
EDGARDO E. TULIN
President

Date: _____

ACCREDITED PURSUANT TO:

CSC Resolution No.: _____

Date : _____

CSC/HRMO NOTATION

ACTION ON APPOINTMENTS

Recorded by

☐ Validated per RAI for the month of _____

☐ 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			