

(Stamp of Date of Receipt)

Republic of the Philippines  
**VISAYAS STATE UNIVERSITY**  
(Name of Agency)

**PLANTILLA OF CASUAL APPOINTMENTS**  
(REAPPOINTMENT-RENEWAL)

Department/Office: DCST

Source of Funds: A.III.b.1

**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<br>(Do not abbreviate) | EQUIVALENT<br>SALARY/ JOB/<br>PAY GRADE | DAILY<br>WAGE | PERIOD OF EMPLOYMENT |                    | ACKNOWLEDGEMENT OF APPOINTEE |               |
|---------------------|-------------------------|------------|-------------------------------|-------------|---------------------------------------|-----------------------------------------|---------------|----------------------|--------------------|------------------------------|---------------|
|                     | Last Name               | First Name | Name<br>Extension<br>(Jr/III) | Middle Name |                                       |                                         |               | From<br>(mm/dd/yyyy) | To<br>(mm/dd/yyyy) | Signature                    | Date Received |
| 1                   | ESTUPA                  | DIONESIO   |                               | INTINO      | Laboratory Technician 1               | SG-6                                    | 705.64        | 1/1/2021             | 6/30/2021          |                              | 2/9/21        |
| 2                   | ****NOTHING FOLLOWS**** |            |                               |             |                                       |                                         |               |                      |                    |                              |               |
| 3                   |                         |            |                               |             |                                       |                                         |               |                      |                    |                              |               |
| 4                   |                         |            |                               |             |                                       |                                         |               |                      |                    |                              |               |
| 5                   |                         |            |                               |             |                                       |                                         |               |                      |                    |                              |               |

The abovenamed 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**

I his 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 in order.

**LOURDES B. CANO**  
HRMO

Date: 1/1/2021

**APPOINTING OFFICER / AUTHORITY**

**EDGARDO E. TULIN**  
President

Date: 1/1/2021

**CSC NOTATION**

CSC Official

Date: \_\_\_\_\_

## 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                               |            |        |             |