

(Stamp of Date of Receipt)

Republic of the Philippines

**VISAYAS STATE UNIVERSITY**

(Name of Agency)

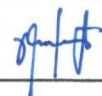
**PLANTILLA OF CASUAL APPOINTMENTS**

Department/Office: ODIE

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  (Original/ Reappointment/ Reemployment)	ACKNOWLEDGEMENT OF APPOINTEE/S	
Last Name	First Name	Name Extension (Jr/III)	Middle Name					From (mm/dd/yyyy)	To (mm/dd/yyyy)		Signature	Date Received
1	ESTRERA	AIDA	N/A	LUBAY	EDUCATION RESEARCH ASSISTANT I	SG-9	890.59	9/16/2021	12/31/2021	Original		10/4/21
	****NOTHING FOLLOWS****											

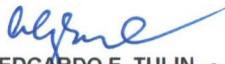
The abovenamed personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any time before 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:**

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.

  
**HONEY SOFIA V. COLIS**  
OIC HRMO

**APPOINTING OFFICER / AUTHORITY:**

  
**EDGARDO E. TULIN**  
President

**ACCREDITED PURSUANT TO:**

CSC Resolution No.: 1801514 s. 2018

Date : 18/12/2018

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			