

CS Form No. 33-B  
Revised 2017

(Stamp of Date of Receipt)

Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Baybay City, Leyte

Mr./Mrs./Ms.: JOHN PHILIP LOU M. LUMAIN

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

under Temporary status at the Vet Para Clinical Science  
(Permanent, Temporary, etc.) (Office/Department/Unit)


with a compensation rate of TWENTY TWO THOUSAND NINE HUNDRED THIRTY EIGHT  
(P22,938) pesos per month.

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

, who with plantilla Item No. VISCAB-INST1-76-2016 Page 33 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

8/1/2019  
Date of Signing

Until 7/31/2020

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 \_\_\_\_\_, 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 \_\_\_\_\_.

  
**BEATRIZ S. BELONIAS**  
Chairperson, HRMPSB/ **Placement Committee**

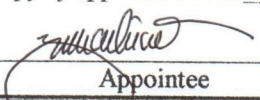
### CSC/HRMO Notation

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 9/2/19

  
Appointee