

CS Form No. 33-B
Revised 2018

Republic of the Philippines
VISAYAS STATE UNIVERSITY
Baybay City, Leyte

Mr./Mrs./Ms.: JUVYLYN R. GLORY

CIVIL SERVICE COMMISSION
WESTERN LEYTE SATELLITE OFFICE
ORMOC CITY

RECEIVED: _____
DATE/TIME _____

RECEIVING OFFICER: _____


for ACTION OFFICER

Date and Time Received _____
Date and Time Attested _____
ACTION OFFICER: _____

You are hereby appointed as Science Research Assistant (SG 9, Step 1)
(Position Title)
under Contractual status at the OVPRE
(Permanent, Temporary, etc.) (Office/Department/Unit)
with a compensation rate of EIGHTEEN THOUSAND SEVEN HUNDRED EIGHTY FOUR PESOS
(P 18,784.00) pesos per month.
The nature of this appointment is Reappointment vice _____
(Original, Promotion, etc.)
who NA with plantilla Item No. _____ LS _____ Page _____ of _____ pp.
(Transferred, Retired, etc.)

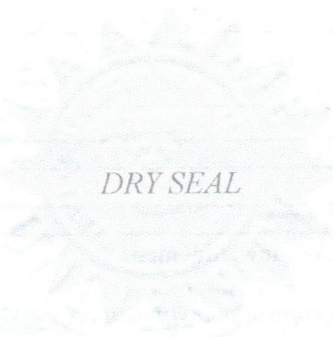
This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,


EDGARDO E. TULIN
Appointing Officer/Authority

7/1/2020
Date of Signing
Until 12/31/2020

Accredited/Deregulated Pursuant to
CSC Resolution No. 1400350, s. 2014
dated 3/3/2014



CIVIL SERVICE COMMISSION
WESTERN LEYTE SATELLITE OFFICE
ORMOC CITY

RELEASED: _____
DATE/TIME _____

RELEASING OFFICER: _____

RECEIVED BY: _____

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 _____ NA _____ from _____ to _____, 20 and posted in _____ NA _____ from _____ to _____ in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on _____.


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 _____.


REMBERTO A. PATINDOL

Chairperson, HRMPSB/ **Placement Committee**

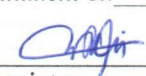
CSC/HRMO Notation

| 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 JULY 30, 2020


Appointee