

CS Form No. 33-B
Revised 2018

(Stamp of Date of Receipt)

Republic of the Philippines
VISAYAS STATE UNIVERSITY
Baybay City, Leyte

Mr./Mrs./Ms.: ARSENIO D. RAMOS

You are hereby appointed as Associate Professor V (SG 23, Step 1) (Horticulture)
(Position Title)
under Permanent status at the DOH
(Permanent, Temporary, etc.) (Office/Department/Unit)
with a compensation rate of SEVENTY THREE THOUSAND EIGHT HUNDRED ELEVEN
(P73811) pesos per month.

The nature of this appointment is upgrading of position pursuant to NBC 461 7th cycle vice
(Original, Promotion, etc.)
who, with plantilla Item No. VISCAB- APRO5-16-2019 Page nosca dtd 11/20/2019 of pages
Transferred, Retired, etc.)

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

Very truly yours,

This appointment shall take effect on the date of signing by the appointing officer/authority. * Effective not earlier than July 1, 2019 pursuant to the Special Provision on Miscellaneous Personnel Benefits Fund in R.A. No.10924.


EDGARDO E. TULIN
Appointing Officer/Authority

10/4/2019
Date of Signing

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 toCSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found to be in order.

The position was published at _____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

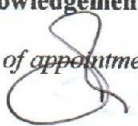
This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/Placement Committee during the deliberation held on _____.


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 _____

Appointee