

CS Form No. 33-B
Revised 2018

Republic of the Philippines
VISAYAS STATE UNIVERSITY
Baybay City, Leyte

Mr./Mrs./Ms.: NELITA C. BORNIA

You are hereby appointed as Science Research Assistant (SG 9, Step 1)
(Position Title)

under Contractual status at the Department of Horticulture
(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 _____ 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

DRY SEAL

CIVIL SERVICE COMMISSION
WESTERN LEYTE SATELLITE OFFICE
ORMOC CITY

RECEIVED: _____
DATE/TIME

RECEIVING OFFICER: _____

CIVIL SERVICE COMMISSION
WESTERN LEYTE SATELLITE OFFICE
ORMOC CITY

RECEIVED: _____
DATE/TIME

RECEIVING OFFICER: _____

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 7-30-2020

Appointee