

CS Form No. 33-B
Revised 2018

Republic of the Philippines
VISAYAS STATE UNIVERSITY
Baybay City, Leyte

Mr./Mrs./Ms.: WILLIAM A. CRUZ

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 PhilRootcrops
(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 Original 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: _____

DRY SEAL

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 07/24/2020

Appointee