

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.: DONNA C. CUYNO

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

under Temporary status at the Department of Statistics
(Permanent, Temporary, etc.) (Office/Department/Unit)


with a compensation rate of TWENTY- NINE THOUSAND ONE HUNDRED SIXTY-FIVE
(P 29, 165.00) pesos per month.

The nature of this appointment is Reappointment vice N/A
(Original, Promotion, etc.)

, who N/A with plantilla Item No. VISCAB-INST1-12-2016 Page 25 of 42 pages
(Transferred, Retired, etc.)

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

Very truly yours,


EDCARDO E. TULIN
Appointing Officer/Authority

8/1/2023
Date of Signing

Until 7/31/2024

Accredited/Deregulated Pursuant to
CSC Resolution No. 1801514, s. 2018
dated 12/18/2018



(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_____.


HONEY SOFIA V. COLIS
HRMO

Certification

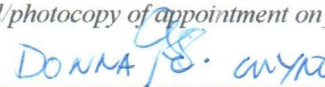
This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/**Placement Committee** during the deliberation held on _____.


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 09/07/23

Appointee