

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.: MICHELLE C. TOLIBAS


You are hereby appointed as Associate Professor I (SG 19, Step 1) (Nursing)  
(Position Title)  
under Permanent status at the CON  
(Permanent, Temporary, etc.) (Office/Department/Unit)  
with a compensation rate of FORTY FIVE THOUSAND TWO HUNDRED SIXTY NINE  
(P45269) 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- APRO1-13-2019 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

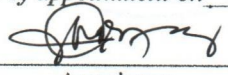
This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/**Placement Committee** during the deliberation held on \_\_\_\_\_.

  
**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