(9) 20 OP# 3711 8/27.

*For Accredited/Deregulated Agencies*

***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.: PAULO G. BATIDOR**

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

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

**with a compensation rate of TWENTY TWO THOUSAND NINE HUNDRED THIRTY EIGHT**

**(P22,938) pesos per month.**

**The nature of this appointment is reappointment (Original, Promotion, etc.) vice _____**

**, who _____ (Transferred, Retired, etc.) with plantilla Item No. VISCAB-INST1-72-2016** **Page 33 of 37 pages**

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

**Very truly yours,**

**EDGARDO E. TULIN**
**Appointing Officer/Authority**

**8/1/2019**
**Date of Signing**

**Until 7/31/2020**

**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 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_____.

**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** |
|---|---|---|---|
| ☐ **Validated per RAI for the month of** _____ | | | |
| ☐**Invalidated per CSCRO/FO letter dated** _____ | | | |
| ☐ **Appeal** | **DATE FILED** | **STATUS** | |
| ☐CSCRO/ CSC-Commission | | | |
| ☐ **Petition for Review** | | | |
| ☐CSC-Commission | | | |
| ☐Court of Appeals | | | |
| ☐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