

CS Form No. 34-B Revised 2018

For Accredited/Deregulated National Government Agencies/ Government-Owned or Controlled Corporations/ State Universities and Colleges

(Stamp of Date of Receipt)

Republic of the Philippines			
VISAYAS	STATE UNIVERSITY		
	(Name of Agency)		

		PLANTILLA OF	CASUAL AF	POINTME	NTS		
Indicate 'NOTHING FO	Office of the University Secretary een (15) appointees must be listed on each page of the LLOWS' on the row following the name of the last appoint (Page n of n page/s)."	Plantilla of Casual Appoir ntee on the last page of t	ntments. he Plantilla.		Source	of Funds:	A. I. A
	NAME OF APPOINTEE/S		EQUIVALENT.		PERIOD OF EMPLOYMENT	NATURE OF	ACKNOWLEDGEMENT OF

NAME OF APPOINTEE/S		POSITION TITLE	EQUIVALENT		PERIOD OF EMPLOYMENT		NATURE OF APPOINTMENT	ACKNOWLEDGEMENT OF APPOINTEE/S				
	Last Name	First Name	Name Extension (Jr/III)	Middle Name	(Do not abbreviate)	SALARY/ JOB/ PAY GRADE		From (mm/dd/yyyy)	To (mm/dd/yyyy)	(Original/ Reappointment/ Reemployment)	Signature	Date Received
1 ISRA	AEL	ANTONIETA		DIAZ	Administrative Aide III	SG-3	541.54	1/1/2019	6/30/2019		ale	01-30-19
2											The same of the sa	01 50 19
1												
5												
6												

The abovenamed personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any time before the expiration of the employment period when their services are no longer needed or funds are no longer available or the project has already been completed/finished or their performance are below par.

CERTIFICATION:	APPOINTING OFFICER / AUTHORITY:	ACCREDITED PURSUANT TO:	
inis is to certify that all the requirements and supporting			
documents pursuant to CSC MC No. 24, s. 2017, as			
amended, have been complied with, reviewed and found			
in order.	1.10	CSC Resolution No.:	
yw.	Myne		
LOURDES B. CANO	EDGARDO E. TULIN	Date :	
HRMO	President		
Date:	Date:		

CSC/HRMO NOTATION				
ACT	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				