CS Form No. 34-E Series 2018

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

(Stamp of Date of Receipt)

Denublic	of the	Philippines	
Republic	or the	Philippines	

VISAYAS STATE UNIVERSITY

(Name of Agency)

PLANTILLA OF CASUAL APPOINTMENTS (REAPPOINTMENT-RENEWAL)

Department/Office:

OVPREI

Source of Funds: A.III.c

CSC NOTATION

INSTRUCTIONS:

Date:

- (1) Only a maximum of fifteen (15) appointees must be listed on each page of the Plantilla of Casual Appointments.
- (2) Indicate 'NOTHING FOLLOWS' on the row following the name of the last appointee on the last page of the Plantilla.
- (3) Provide proper pagination (Page n of n page/s)."

NAME OF APPOINTEE/S			POSITION TITLE EQU	EQUIVALENT	IIVALENT	PERIOD OF EMPLOYMENT		ACKNOWLEDGEMENT OF APPOINTEE		
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)	Signature	Date Received
1 STA. IGLESIA	MARILOU	N/A	LABANA	Administrative Aide III	SG-3	616.91	07/01/2021	12/31/2021	ulstight	8-4-21
2	****NOTHING FOLI	_OWS****							/	
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5										

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.

CERTIFICA	ATION	APPOINTING	OFFICER / AUTHORIT	ood no minor	
This is to co	ertify that all requirements and supporting papers				
	CSC MC No. 24, s. 2017, as amended, have been with, reviewed and found in order.				
Compiled	lessi		algune		
	HONEY SOFIA V. COLIS		EDGARDO E. TULIN		
	OIC HRMO		President		CSC Official
Date:	07/01/2021	Date:	07/01/2021	Date:	

CSC/HRMO NOTATION Recorded by **ACTION ON APPOINTMENTS** Validated per RAI for the month of _____ Invalidated per CSCRO/FO letter dated _____ **STATUS** DATE FILED □ Appeal ☐ CSCRO/ CSC-Commission Petition for Review ☐ CSC-Commission □ Court of Appeals ☐ Supreme Court