

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.: JOAN MARIE Y. CORMANES

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

under Temporary status at the Vet Medicine  
(Permanent, Temporary, etc.) (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 vice NA  
(Original, Promotion, etc.)

, who NA with plantilla Item No. VISCAB-INST1-54-2016 Page 31 of 37 pages  
(Transferred, Retired, etc.)

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
<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 Sept. 11, 2019

  
Appointee