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.**: **JANE P. DAUTIL**

You are hereby appointed as **Instructor I (SG 12, Step 2) (Veterinary Medicine)**
                                    (Position Title)
under _____**Permanent**_____ status at the_____**Department of Veterinary Medicine**_____
        (Permanent, Temporary, etc.)   (Office/Department/Unit)

with a compensation rate of___**TWENTY NINE THOUSAND FOUR HUNDRED FORTY-NINE**___
(**P 29, 449.00**) pesos per month.

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

___**N/A**___ with plantilla Item No. **VISCAB-INST1-55-2016**   Page **36** of **42** pages
who
    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

_____**June 5, 2023**_____
Date of Signing

Accredited/Deregulated Pursuant to
CSC Resolution No. 1801514, s. 2018
dated 12/18/2018

DRY SEAL

SUBJECT TO SIX (6) MONTHS PROBATIONARY PERIOD
per 2018 approved VSU MSP

(Stamp of Date of Release)

Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC <u>No. 24, s. 2017</u> **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_____.

HONEY SOFIA V. COLIS
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			

	Acknowledgement
Original Copy - for the Appointee Original Copy- for the Civil Service Commission Original Copy- for the Agency	*Received original/photocopy of appointment on* July 13, 2023 _____JANE P. DANTIL_____ Appointee