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.: ROMMEL M. GARRIDO JR.

|         | You are hereby appointed as <u>Instructor I (SG 12, Step 1) (Agriculture-Plant Breeding)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | (Position Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| under   | Permanent status at the Dept. of Plant Breeding & Genetics (Office/Department/Unit)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | compensation rate of TWENTY- SEVEN THOUSAND SIX HUNDRED EIGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (PZ/, C | (08.00) pesos per month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | The nature of this appointment is reappointment vice N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | (Original, Promotion, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| who,    | N/A with plantilla Item No. VISCAB-INST1-19-2014 Page 24 of 38 page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Tı      | ransferred, Retired, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | This appointment shall take effect on the date of signing by the appointing officer/authority.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|         | The appointment than the cross of the appoint appoint grant and the cross of the appointment of the cross o |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | Very truly yours,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | lityril                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|         | EDGARDO E. TULIN Appointing Officer/Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|         | Appointing Officer/Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | March 1, 2022  Date of Signing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|         | Date of Signing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

DRY SEAL

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

## Certification

| as amended, have been complied with, reviewe                                                                                                                    |                                    | nt to CSC MC <u>No</u><br>ler. | o. 24, s. 2017        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|-----------------------|--|
| The position was published at                                                                                                                                   |                                    |                                | to ,                  |  |
| 20 and posted in                                                                                                                                                | f                                  | rom                            | to ,                  |  |
| 20 in consonance with RA No. 7041. Th                                                                                                                           | e assessment by the Hun            | nan Resource Me                | rit Promotion an      |  |
| Selection Board (HRMPSB) started on                                                                                                                             |                                    | *                              |                       |  |
|                                                                                                                                                                 |                                    |                                |                       |  |
|                                                                                                                                                                 | HONEY                              | SOFIA V. COLI                  | S                     |  |
|                                                                                                                                                                 |                                    | C, HRMO                        | .5                    |  |
|                                                                                                                                                                 |                                    |                                |                       |  |
| $\mathbf{C}$                                                                                                                                                    | ertification                       |                                |                       |  |
| 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                                                                     |                                    |                                |                       |  |
|                                                                                                                                                                 |                                    |                                |                       |  |
|                                                                                                                                                                 |                                    |                                |                       |  |
|                                                                                                                                                                 |                                    | 14/                            |                       |  |
|                                                                                                                                                                 |                                    | Z S. BELONIAS<br>HRMPSB/ Place | ment Committe         |  |
|                                                                                                                                                                 | Champerson, 1                      | IKIVII SD/ Tiacci              | пен сопппе            |  |
|                                                                                                                                                                 |                                    |                                |                       |  |
| CSCI                                                                                                                                                            | HRMO Notation                      |                                | i ang pananang at the |  |
| ACTION ON APPOINTMENTS                                                                                                                                          |                                    |                                | Recorded by           |  |
| ☐ Validated per RAI for the month of                                                                                                                            | Validated per RAI for the month of |                                |                       |  |
| ☐Invalidated per CSCRO/FO letter dated _                                                                                                                        |                                    |                                |                       |  |
| ☐ Appeal                                                                                                                                                        | DATE FILED                         | STATUS                         |                       |  |
| □CSCRO/ CSC-Commission                                                                                                                                          |                                    |                                |                       |  |
|                                                                                                                                                                 |                                    |                                |                       |  |
| ☐ Petition for Review                                                                                                                                           |                                    |                                |                       |  |
|                                                                                                                                                                 |                                    |                                |                       |  |
| ☐ Petition for Review                                                                                                                                           |                                    |                                |                       |  |
| ☐ Petition for Review ☐ CSC-Commission                                                                                                                          |                                    |                                |                       |  |
| ☐ Petition for Review ☐ CSC-Commission ☐ Court of Appeals                                                                                                       |                                    |                                |                       |  |
| ☐ Petition for Review ☐ CSC-Commission ☐ Court of Appeals                                                                                                       |                                    |                                |                       |  |
| □ Petition for Review □ CSC-Commission □ Court of Appeals □ Supreme Court                                                                                       |                                    | Acknowledgemer                 | ıt                    |  |
| ☐ Petition for Review  ☐ CSC-Commission  ☐ Court of Appeals ☐ Supreme Court  Original Copy - for the Appointee Original Copy - for the Civil Service Commission | Received original/pho              |                                |                       |  |
| ☐ Petition for Review ☐ CSC-Commission ☐ Court of Appeals ☐ Supreme Court  Original Copy - for the Appointee                                                    | Received original/pho              |                                | GARPIDO JR.           |  |