

(Stamp of Date of Receipt)

Republic of the Philippines

VISAYAS STATE UNIVERSITY

(Name of Agency)

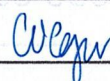
**PLANTILLA OF CASUAL APPOINTMENTS
(REAPPOINTMENT-RENEWAL)**

Department/Office: UNIVERSITY SERVICES FOR HEALTH, EMERGENCY & RESCUE

Source of Funds: A.II. A

INSTRUCTIONS:

- (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 (Do not abbreviate)	EQUIVALENT SALARY/ JOB/ PAY GRADE	DAILY WAGE	PERIOD OF EMPLOYMENT		ACKNOWLEDGEMENT OF APPOINTEE	
Last Name	First Name	Name Extension (Jr/III)	Middle Name	From (mm/dd/yyyy)				To (mm/dd/yyyy)	Signature	Date Received	
1	CAPUNO	CHRISTELLE VENUS	N/A	FELICILDA	Medical Officer III	SG-21	2,908.95	07/01/2024	12/31/2024		7/2/24
	****NOTHING FOLLOWS****										

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

CSC NOTATION

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 in order.


HONEY SOFIA V. COLIS

HRMO

Date: 07/01/2024


PROSE IVY G. YEPES

President

Date: 07/01/2024

CSC Official

Date: _____

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		