CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned. READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. Print legibly. Tick appropriate boxes (🗍) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No. (Do not fill up. For CSC use only) 2. SURNAME Calungsod NAME EXTENSION (JR., SR) N/A FIRST NAME Phoebe Lynn MIDDLE NAME Bolfango DATE OF BIRTH 16. CITIZENSHIP (mm/dd/yyyy) 04/05/1976 ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH Baybay City, Leyte If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX Male ✓ Female **Philippines** ✓ Single Married 17. RESIDENTIAL ADDRESS Unit 13 6. CIVIL STATUS First street extension Widowed Separated House/Block/Lot No Street Farmer's village Pangasungan Other/s: Subdivision/Village Barangay BAYBAY LEYTE 7. HEIGHT (m) 1.63 City/Municipality 8. WEIGHT (kg) 85.00 ZIP CODE 6521 18. PERMANENT ADDRESS 9. BLOOD TYPE 0+ House/Block/Lot No. Street Maitum 2003494757 N/A 10. GSIS ID NO Subdivision/Village Barangay BAYBAY 1700-0032-449A LEYTE 11. PAG-IBIG ID NO. City/Municipality Province 120503175814NA 12. PHILHEALTH NO. ZIP CODE 6521 13. SSS NO. 19. TELEPHONE NO. (053) 563 9909 14. TIN NO. 204-679-770N/A 20. MOBILE NO. 9171870088 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) V00134 phoebelynn.calungsod@vsu.edu.ph 22. SPOUSE\'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME N/A N/A N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A TELEPHONE NO N/A 4. FATHERI'S SURNAME N/A NAME EXTENSION (JR., SR) FIRST NAME N/A MIDDLE NAME N/A 5. MOTHER\'S MAIDEN NAME N/A SURNAME N/A FIRST NAME N/A MIDDLE NAME N/A (Continue on separate sheet if necessary) HIGHEST SCHOLARSHIP 26. NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS LEVEL/UNITS YFAR LEVEL (Write in full) EARNED GRADUATED (Write in full) From То (if not graduated) RECEIVED ELEMENTARY Baybay North/Dulag SPED Center Elementary 1989 1983 1989 N/A HA High School SECONDARY Baybay National High School 1989 1993 HA 1993 N/A VOCATIONAL/ TRADE COURSE N/A COLLEGE University of Cebu Bachelor of Science in Nursing 1993 1997 N/A GRADUATE STUDIES Southwestern University Master of Arts in Nursing 2007 2010 2010 N/A PLEASE SEE ATTACHMENT A (Continue on separate sheet if necessary) SIGNATURE DATE 02/10/2025

CS FORM 212 (Revised 2017), Page 1 of 4

Attachment A

LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS	YEAR	SCHOLARSHIP ACADEMIC
LEVEL		(Write in full)	From	То	EARNED (if not graduated)	GRADUATED	HONORS RECEIVED
GRADUATE STUDIES	University of the Philippines	Doctor of Philosophy in Nursing	2013			25-10-25-15-16	
			- Landar				
		(Continue on separate sheet if necessary)				1	

. CARE		0 (BOARD/BAR) UNDER	RATING	DATE OF EXAMINATION /	DI ACE OE EVANIMA	TION / CONEED	MENT	LICENSE (if ap	oplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)		(If Applicable)	CONFERMENT PLACE OF EXAMINA		ATION / CONFERMENT		NUMBER	Date o Validit	
N/A N/A		N/A	N/A			N/A	N/A		
								7	
wasy		_	7)47	(Continue on separate shee	et if necessary)			F2 77 (2.1. a)	
	EXPERIENC rate employment		t work) Descripti	on of duties should b	e indicated in the attached	Work Exper	ience sheet.		
	SIVE DATES n/dd/yyyy)	POSITION TIT (Write in full/Do not al			NCY / OFFICE / COMPANY	MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV' SERVI
From	То	(white in tumbo not a	objeviate)	(Write in full/Do not abbreviate)		SALARY	(Format"00-0")/ INCREMENT	APPOINTMENT	(Y/ N
11/01/2025	PRESENT	Assistant Profes	sor IV	Visayas S	State University	51,304.00	18-1	Permanent	Y
14/22/2024		Assistant Profes	sor IV	Visayas S	State University	49,015.00	18-1	Permanent	Y
4/22/2024		Assistant Profes	sistant Professor IV Visayas State University		State University	49,015.00	18-1	Permanent	Υ
1/01/2024	04/21/2024	Assistant Profes	sor II	Visayas State University		41,616.00	16-1	Permanent	Y
1/01/2023		Assistant Profes	ssor II	Visayas State University		39,672.00	16-1	Permanent	Y
9/15/2022		Assistant Profes	ssor II	Visayas State University		38,150.00	16-1	Permanent	Y
7/01/2022		Assistant Profes	ssor I	Visayas State University		35,475.00	15-2	Permanent	Υ
1/01/2022		Assistant Professor I		Visayas S	35,097.00	15-1	Permanent	Υ	
1/01/2021		Assistant Profes	ssor I	Visayas State University		33,575.00	15-1	Permanent	Y
1/01/2020		Assistant Profes	ssor I	Visayas S	32,053.00	15-1	Permanent	Υ	
7/01/2019	12/31/2019	Assistant Profes	ssor I	Visayas State University		30,531.00	15-1	Permanent	Υ
1/01/2019	12/31/2019	Instructor I		Visayas State University		25,232.00	13-1	Permanent	Υ
1/01/2018	12/31/2018	Instructor I		Visayas S	State University	24,224.00	13-1	Permanent	Υ
1/01/2017	12/31/2017	Instructor I		Visayas State University		23,257.00	13-1	Permanent	Υ
8/01/2016	12/31/2016	Instructor I	Instructor II		Visayas State University			Permanent	Υ
1/01/2016	07/31/2016	Instructor I		VISAY	22,328.00	13-1	Temporary	Υ	
1/01/2015	12/31/2015	Instructor I		VISAYAS STATE UNIVERSITY		21,436.00	13-1	Temporary	Υ
1/01/2015	10/31/2015	Instructor I		VISAYAS STATE UNIVERSITY		21,436.00	13-1	Temporary	Υ
6/01/2012	12/31/2014	Instructor I		VISAYAS STATE UNIVERSITY		19,940.00	13-1	Temporary	Y
6/01/2011	05/31/2012	Instructor I		VISAYAS STATE UNIVERSITY		18,333.00	13-1	Temporary	Y
1/01/2010	05/31/2011	Instructor I		VISAYAS STATE WHIVERSITY		16,726.00	13-1	Temporary	Υ
6/24/2010	10/31/2010	Instructor I		VISAYAS STATE WHIVEKSTY		16,726.00	11-1	Contractual	Υ
7/01/2009	06/23/2010	Instructor I		VISAYAS STATE UNIVERSITY		15,119.00	11-1	Contractual	Υ
7/01/2008	06/30/2009	Instructor I		VISAYAS STATE WHIVERSTY		13,512.00	11-1	Contractual	Y
6/02/2008	06/30/2008	Instructor I			State University	12,284.00	11-1	Contractual	Υ
				(Continue on separate shee					
SIGNATURE		\ Xu	rela		DATE		02/10/	2025	

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNM	ENT / PEOPL	E / VOLUN	TARY ORGANIZ	ATION/S	
29. NAME & ADDRESS OF ORG (Write in full)	ANIZATION	INCLUSIVI (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
				Y.		
					un ipen men	
	(Continue on separate	sheet if necessar	y)		
VII. LEARNING AND DEVELOPMENT (L&D)						
(Start from the most recent L&D/training program and include	only the relevant L&D/training taken for	the last five (5) yes	CONTRACTOR OF STATES	Chief/Executive/Mana		
30. TITLE OF LEARNING AND DEVELOPMENT INTERV (Write in full)	/ENTIONS/TRAINING PROGRAMS	ATTEND (mm/dd	ANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		Technical/etc)	- Section of the Control of the Cont
N/A		.N/A	N/A	N/A	N/A	N/A
	Loren Cambridge	5 15 6				
	•		11-			
		- Here and a second	100			
		245,250				
6 a 80 a 8					an agranda 100 ta	es' 12000
		ing and gree			The standard of the	
	E Late a Reserve	Control Proye	es ²	1	1 - 20,5 - 1 2	
					A 72.07.0	
					- AF - F - F	
	SALUT BUILDING		iv.		- Little	Territ Pytonia Espatiation
		ing secret, top-			1,000	
Y and several contracts					y palean	The second of the second
A part of the second		1.000 0.0				
		a contract				
F. M.	VB SWitting	-				
		(Continue on separate	sheet if necessa	n)		
VIII. OTHER INFORMATION					T	
31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DIST (Wi	INCTIONS / REitite in full)	COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	一一一约30世界	N/A	Make			N/A
the following of party	TOTAL	NA A	Hay		i karawa	- Free Assets and Indian Soul
A 1	and Marin	4.00 点	230			
	sin er Valeur	28 T 2	Prov			
		to ^{ch} data agus	.,			April 10 Page
			va managara			
	5/	(Continue on separate	sheet if necessa	ry)		
SIGNATURE	() success	(n)		DA	TE	02/10/2025
	THE					CS FORM 212 (Revised 2017), Page 3 of 4

4. Are you related by consanguinity or affinity to the ap					
Office, Bureau or Department where you will be app	. (2015) : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
a. within the third degree?	YES	NO			
b. within the fourth degree (for Local Government U	If YES, give details:	✓NO			
5. a. Have you ever been found guilty of any administration	YES If YES, give details:	√NO			
b. Have you been criminally charged before any cou	TYES If YES, give details: Date Filed: Status of Case/s:	✓NO			
Have you ever been convicted of any crime or violated regulation by any court or tribunal?	YES If YES, give details:	✓NO			
'- Have you ever been separated from the service in a retirement, dropped from the rolls, dismissal, termin phased out (abolition) in the public or private sector	☐YES ☑NO If YES, give details:				
a. Have you ever been a candidate in a national or l (except Barangay election)?	TYES If YES, give details	√ no ::			
b. Have you resigned from the government service a last election to promote/actively campaign for a national service.	YES If YES, give details	√ no ::			
Have you acquired the status of an immigrant or per	YES If YES, give details (c	country):			
Pursuant to: (a) Indigenous People\'s Act (RA 8371) 7277); and (c) Solo Parents Welfare Act of 2000 (RA Are you a member of any indigenous group? Are you a person with disability?	☐YES ✓NO If YES, please specify: ☐YES ✓NO				
c. Are you a solo parent?	If YES, please specify ID No If YES, please specify ID No Single mother and not married				
11. REFERENCES (Person not related by consanguinity or affinity to	o applicant /appointee)				
NAME	ADDRESS	TEL. NO.			
ELVIRA O. ENTERO	KIUBOURNE ST. VSU	09546530192	36		
JOEL KEY 4. ACOB	ALBUERA, LEYTE	545-0400 10h			
FRANCE ALLAN M. CAVITE	HINDANG, LEYTE	09334454397			
2. I declare under oath that I have personally accomp complete statement pursuant to the provisions of p Philippines. I authorize the agency head/authorized agree that any misrepresentation made in this administrative/criminal case/s against me.	pertinent laws, rules and regulations of the representative to verify/validate the contents	Republic of the	PHOEBE LYNN B. CALUNGSON		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Drivert's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: N/A	Received				
ID/License/Passport No.: N/A 0312132	Signature (Sign inside the b	iov)			
/1.	02/10/2025	UA)	Right Thumbmark		
Date/Place of Issuance: N/A 7 22 1997	Date Accomplished		raght mumbhark		
Date/Place of Issuance: N/A 7 22 1997 SUBSCRIBED AND SWORN to before me this	4.0.1111.000	niting his/her validly issue			
	4.0.1111.000	niting his/her validly issue	d government ID as indicated above.		

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- 2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: April 2008 UP TO THE PRESENT
- Position: Clinical Instructor; Academic Coordinator; RLE Coordinator; Over-all Coordinator; Class Adviser; College Personnel Committee member; Dean
- · Name of Office/Unit: College of Nursing
- Immediate Supervisor: Dr. Edgardo Tulin/Mrs Erleta S. Piñero/Mr. Elni Mari Mendoza/Dr. Janet Alexis Delos Santos/Mrs Jesusa Magno/Dr. Joel Rey Acob/Dr. Michelle A. Calda
- Name of Agency/Organization and location: Visayas State University, Baybay City, Leyte
 - List of accomplishments and Contribution:
 - a. Conducts teaching-related works which includes but not limited to student supervision in the clinical areas, classroom setting lectures.
 - b. Facilitates student's engaged activities as organization adviser
 - c. Involve in proposal preparation, research project implementation and dissemination through publication and for a presentation and community extension programs.
 - d. Served as a member of VSU Crises management Committee, TWG for Community Extension project proposal.
 - e. Served as the head of the unit for few months
 - f. Functions in various college coordinators and in university organizations.
- Duration: Year 2006 -2007
- Position: GENERAL NURSING UNIT STAFF NURSE
- Name of Office/Unit: Medical Center Manila
- Immediate Supervisor: Maila-Claire Lichauco, MAN
- Name of Agency/Organization and Location: Medical Center Manila, Manila
- · List of Accomplishments and Contributions (if any)
 - a. Performs duty as a staff nurse of the general nursing unit (total nursing care)
 - b. Act a a senior nurse of the novice nurses
 - c. Assist the physician in any medical procedures
 - d. Incorporates health teaching and education sessions based on the patient's disease condition.
 - e. Facilitates patient and family concerns relative to client care.
- Duration: Year 2003-2006
- · Position: Dental Nurse
- Name of Office/Unit: Nursing Service
- Immediate Supervisor: Dr. Abdullah Al' Mozher
- Name of Agency/Organization and Location: Dr. Abdullah Al' Mozher Dental Polyclinic, KSA
- List of Accomplishments and Contributions (if any)
 - a. Conducts staff nursing functions such as but not limited to patient assessments, medication preparation and performance of bedside care both at independent, dependent and collaborative schemes.
 - b. Assist the dentist in any dental procedures
 - c. Do oral hygiene (dental cleaning) with patients
 - Duration: Year 2001-2003
 - Position: Emergency Room Nurse
 - Name of Office/Unit: Nursing Service
 - Immediate Supervisor: Mrs. Edna Caballero
 - Name of Agency/Organization and Location: North General Hospital, Cebu City, Philippines List of Accomplishments and Contributions (if any)
 - a. Performs duty as a staff nurse of the general nursing unit (total nursing care)
 - b. Assist the physician during emergency situation.
 - c. Act a senior nurse of the novice nurses
 - d. Assist the physician in any medical procedures
 - e. Incorporates health teaching and education sessions based on the patient's disease condition.

- f. Facilitates patient and family concerns relative to client care.
- Duration: Year 1999-2001
- Position: Staff Nurse; Emergency Room Nurse and Code Nurse
- · Name of Office/Unit: Nursing Service
- Immediate Supervisor: Mrs. Edna Caballero
- Name of Agency/Organization and Location: Cebu Doctors Hospital, Cebu City, Philippines
 List of Accomplishments and Contributions (if any)
 - a. Assist the physician during emergency situation.
 - b. Response to emergency calls or code.
 - c. Assist the physician in any medical procedures
 - d. Incorporates health teaching and education sessions based on the patient's disease condition.
 - e. Facilitates patient and family concerns relative to client care.
- Duration: Year 1997-1998
- · Position: Community Health Nurse
- Name of Office/Unit: Rural Health Unit
- Immediate Supervisor: Dr. Evelyn Guinicor
- Name of Agency/Organization and Location: Baybay City, Philippines List of Accomplishments and Contributions (if any)
 - f. Assist the City health officer in taking care of clients
 - g. Help in giving immunizations in the barangay level
 - h. Incorporates health teaching and education sessions based on the patient's disease condition.
 - i. Facilitates patient and family concerns relative to client care.

PHOEBE LYNN B. CALUNGSOD

(Signature over Printed Name of Employee/Applicant)

Date: May 13, WK