

CS Form No. 33-B  
Revised 2017

(Stamp of Date of Receipt)

Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Baybay City, Leyte

Mr./Mrs./ Ms.: JOVELYN G. JACOB

You are hereby appointed as Science Research Assistant (SG/JG/PG 9)  
(Position Title)

under Contractual status at OVPRE-ATR  
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of SEVENTEEN THOUSAND FOUR HUNDRED SEVENTY THREE PESOS (P 17,473.00)  
pesos per month.

The nature of this appointment is Reappointment vice  
(Original, Promotion, etc.)

, who with Plantilla Item No. LS  
(Transferred, Retired, etc.)

Page .

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

EDGARDO E. TULIN  
Appointing Officer/Authority

07/01/2018

Date of Signing

Until 12/31/2018

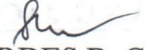
Accredited/Deregulated Pursuant to  
CSC Resolution No. 1400350, s. 2014  
dated 3/3/2014

DRY SEAL

### Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24. 2017 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**  
 Highest Ranking HRMO

### Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB during the deliberation held on \_\_\_\_\_.

\_\_\_\_\_  
 Chairperson, HRMPSB

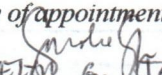
### CSC/HRMO Notation

| 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 \_\_\_\_\_

  
**JOVELYN G. TALORBE** 7/16/18  
 Appointee