For Accredited/Deregulated Agencies

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.: ELVIRA L. OCLARIT

You are hereby appointed as **Associate Professor II (SG 20, Step 1) (Plant Pathology)**
(Position Title)

under **Permanent** **(Permanent, Temporary, etc.)** **status at the** **DPM** **(Office/Department/Unit)**

with a compensation rate of **FIFTY ONE THOUSAND ONE HUNDRED FIFTY FIVE**

(P51155) pesos per month.

The nature of this appointment is **upgrading of position pursuant to NBC 461 7th cycle** **(Original, Promotion, etc.)** **vice**

who, **with plantilla Item No. VISCAB- APRO2-15-2019** **Page** **nosca dtd 11/20/2019** **of** **pages**
Transferred, Retired, etc.)

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

Very truly yours,

This appointment shall take effect on the date of signing by the appointing officer/authority. * *Effective not earlier than July 1, 2019 pursuant to the Special Provision on Miscellaneous Personnel Benefits Fund in R.A. No.10924.*

EDGARDO E. TULIN
Appointing Officer/Authority

10/4/2019
Date of Signing

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

DRY SEAL

(Stamp of Date of Release)

Certification

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 to be in order.

The position was published at _____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
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			

Original Copy - for the Appointee
Original Copy- for the Civil Service Commission
Original Copy- for the Agency

Acknowledgement

Received original/photocopy of appointment on _____

_____
Appointee