

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 status at the DPM
(Permanent, Temporary, etc.) (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 vice
(Original, Promotion, etc.)

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**

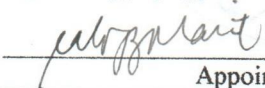
CSC/HRMO Notation

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