

**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.: ISABELLE MAE J. AMORA**

You are hereby appointed as Instructor I (SG 12, Step 1) (Development Journalism)  
(Position Title)  
under Temporary status at the DDC  
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of TWENTY FOUR THOUSAND FOUR HUNDRED NINETY FIVE  
(P 24, 495.00) pesos per month.

The nature of this appointment is original vice RM Reoma  
(Original, Promotion, etc.)  
, who end of term with plantilla Item No. VISCAB- INST1-3-2017 Page 20 of 37 pages  
(Transferred, Retired, etc.)

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

Very truly yours,

  
**EDGARDO E. TULIN**  
Appointing Officer/Authority

August 14, 2020

Date of Signing

Until July 31, 2021

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

DRY SEAL

6/20/14/p

### 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 \_\_\_\_\_.

  
**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 \_\_\_\_\_.

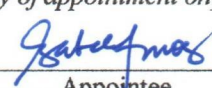
  
**BEATRIZ S. BELONIAS**  
Chairperson, APB

### 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 9/7/2020  
  
Appointee