CS Form No. 34-B Revised 2018

Date: 7/1/2019

Republic of the Philippines

For Accredited/Deregulated
National Government Agencies/ Government-Owned or Controlled

Corporations/ State Universities and Colleges

(Stamp of Date of Receipt)

Page 1 of 2

VISAYAS STATE UNIVERSITY

(Name of Agency)

PLANTILLA OF CASUAL APPOINTMENTS

Dep	partment/Office:	OVPRE							5	ource of Funds:	Salt Basinsvill	
(1)		FOLLOWS' on	the row follo	wing the name of	ch page of the Plantilla of the last appointee on							
NAME OF APPOINTEE/S					POSITION TITLE	EQUIVALENT		PERIOD OF EMPLOYMENT		NATURE OF APPOINTMENT	I ACKNOWN FUGEWENT OF APPOIN	
	Last Name	First Name	Name Extension (Jr/III)	Middle Name	(Do not abbreviate)	SALARY/ JOB/ PAY GRADE	DAILY WAGE	From (mm/dd/yyyy)	To (mm/dd/yyyy)	(Original/ Reappointment/ Reemployment)	Signature	Date Received
1	NAYRE	SHIRLEY		TANO	Administrative Aide III	SG-3	566.64	7/1/2019	12/31/2019	Reappointment	Hong	7-24,2019
2	X-X-X-X-X-X										1 0	
3										1		
4										1		
5												
6												-
The abore	povenamed personnel are the expiration of the empl	hereby hired/appointe loyment period when t	ed as casuals at their services are	the rate of compensation no longer needed or f	on stated opposite their names unds are no longer available or	for the period indicated the project has already	d. It is understood that y been completed/finis	such employment will on their performance	pease automatically at the are below par.	the end of the period stated	d unless renewed. Any or all of the	em may be laid-off any time
CERTIFICATION:					APPOINTING OFFICER / AUTHORITY: ACCREDITED PURS				DITED PURSUA	ANT TO:		
This is to certify that all the requirements and supporting documents pursuant to CSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found in order. LOURDES B. CANO HRMO					EDGARDO E. TULIN			CSC	CSC Resolution No.: 1400350 , s. 2014 Date : 3/3/2014			

7/1/2019

Date:

CSC/HRMO NOTATION ACTION ON APPOINTMENTS Recorded by Validated per RAI for the month of _____ Invalidated per CSCRO/FO letter dated _____ DATE FILED **STATUS** Appeal ☐ CSCRO/ CSC-Commission Petition for Review ☐ CSC-Commission ☐ Court of Appeals □ Supreme Court