

For
National Government Agencies/ Government-Owned or Controlled
Corporations/State Universities and Colleges

(Stamp of Date of Receipt)

Republic of the Philippines
VISAYAS STATE UNIVERSITY
(Name of Agency)

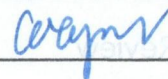
PLANTILLA OF CASUAL APPOINTMENTS
(REAPPOINTMENT-RENEWAL)

Department/Office: UNIVERSITY SERVICES FOR HEALTH, EMERGENCY & RESCUE

Source of Funds: A.II. A

INSTRUCTIONS:

- (1) Only a maximum of fifteen (15) appointees must be listed on each page of the Plantilla of Casual Appointments.
- (2) Indicate 'NOTHING FOLLOWS' on the row following the name of the last appointee on the last page of the Plantilla.
- (3) Provide proper pagination (Page n of n page/s)."

NAME OF APPOINTEE/S					POSITION TITLE (Do not abbreviate)	EQUIVALENT SALARY/ JOB/ PAY GRADE	DAILY WAGE	PERIOD OF EMPLOYMENT		ACKNOWLEDGEMENT OF APPOINTEE	
Last Name	First Name	Name Extension (Jr/III)	Middle Name					From (mm/dd/yyyy)	To (mm/dd/yyyy)	Signature	Date Received
1	CAPUNO	CHRISTELLE VENUS	N/A	FELICILDA	Medical Officer III	SG-21	2,908.95	7/1/2023	12/31/2023		9/1/2023
	****NOTHING FOLLOWS****										

The abovenamed personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any time before the expiration of the employment period when their services are no longer needed or funds are no longer available or the project has already been completed/finished or their performance are below par.

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 in order.


HONEY SOFIA V. COLIS
HRMO

Date: 7/1/2023

APPOINTING OFFICER / AUTHORITY


EDGARDO E. TULIN
President

Date: 7/1/2023

CSC NOTATION

CSC Official

Date: _____

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			