

CS Form No. 33-B
Revised 2018

Republic of the Philippines
VISAYAS STATE UNIVERSITY
Baybay City, Leyte

Mr./Mrs./Ms.: MA. SHERLITA S. ROSAL

CIVIL SERVICE COMMISSION
WESTERN LEYTE SATELLITE OFFICE
ORMOC CITY

RECEIVED: _____
DATE/TIME _____

RECEIVING OFFICER: _____

for ACTION OFFICER

Date and Time Received

Date and Time Attested

ACTION OFFICER:


You are hereby appointed as Instructor I (SG 12, Step 1) (Biology)
(Position Title)
under Temporary status at the Dept of Biological Sciences
(Permanent, Temporary, etc.) (Office/Department/Unit)
with a compensation rate of TWENTY FOUR THOUSAND FOUR HUNDRED NINETY FIVE
(P24,495.00) pesos per month.

The nature of this appointment is REEMPLOYMENT vice
(Original, Promotion, etc.)

who, with plantilla Item No. VISCAB-INST1-38-2020 Page NOSCA dtd 3/16/20 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 3, 2020

Date of Signing**Until July 31, 2021**

**Accredited/Deregulated Pursuant to
CSC Resolution No. 1801514, s. 2018
dated 12/18/2018**

DRY SEAL

CIVIL SERVICE COMMISSION
WESTERN LEYTE SATELLITE OFFICE
ORMOC CITY
RELEASED:

DATE/TIME

RELEASING OFFICER: _____

RECEIVED BY: _____

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

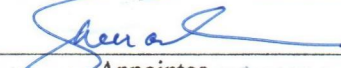
CSC/HRMO Notation

| 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 9-4-2020


Appointee