

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.: RAZA CRECIA L. MENESES

You are hereby appointed as Assistant Professor II (SG 16, Step 1) (Nursing)  
(Position Title)

under Permanent status at the College of Nursing  
(Permanent, Temporary, etc.) (Office/Department/Unit)

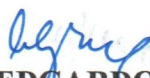
with a compensation rate of THIRTY-EIGHT THOUSAND ONE HUNDRED FIFTY (P 38, 150.00)  
pesos per month.

The nature of this appointment is RECLASSIFICATION vice N/A  
(Original, Promotion, etc.)

, who N/A with plantilla Item No. VISCAB-AP2-30-2022 Page nosca dtd 9/20/2022 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

September 15, 2022  
Date of Signing

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

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 \_\_\_\_\_ N/A \_\_\_\_\_ 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 \_\_\_\_\_.

  
HONEY SOFIA V. COLIS  
OIC HRMO

Certification

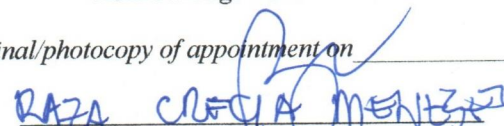
This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/Placement Committee during the deliberation held on \_\_\_\_\_.

  
BEATRIZ S. BELONIAS  
Chairperson, HRMPSB/ Placement Committee

CSC/HRMO Notation

| ACTION ON APPOINTMENTS                                               |            |        | Recorded by |
|----------------------------------------------------------------------|------------|--------|-------------|
| <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 \_\_\_\_\_  
  
Appointee