

original copy  
Relawed n by: MARIA 64-18  
APR 15 2018

For Accredited/Deregulated Agencies

CS Form No. 33-B  
Revised 2017

(Stamp of Date of Receipt)

Republic of the Philippines  
VISAYAS STATE UNIVERSITY  
Baybay City, Leyte

Mr./Mrs./Ms.: JESUSA M. MAGNO

You are hereby appointed as Instructor I (SG 12, Step 1)  
(Position Title)

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

with a compensation rate of TWENTY ONE THOUSAND THREE HUNDRED EIGHTY SEVEN  
(P 21,387.00) pesos per month.

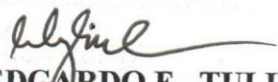
The nature of this appointment is reappointment vice \_\_\_\_\_  
(Original, Promotion, etc.)

, who with plantilla Item No. VISCAB-INST1-54-2012 Page 31 of 37 pages  
Transferred, Retired, etc.)

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

Very truly yours,

Appointing Officer/Authority

  
EDGARDO E. TULIN

01/01/2018

Date of Signing

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

DRY SEAL

Until 12/31/18


(Stamp of Date of Release)



### Certification


This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24, s. 2017 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 \_\_\_\_\_.

  
**LOURDES B. CANO**  
 Highest Ranking HRMO

### Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB during the deliberation held on 01/12/2018.

  
**BEATRIZ S. BELONIAS**  
 Chairperson, HRMPSB

### 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