

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.: ROCHELLE B. CAGADAS

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

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


with a compensation rate of TWENTY FOUR THOUSAND FOUR HUNDRED NINETY FIVE  
(P 24,495.00) pesos per month.

The nature of this appointment is original vice PALERMO, Lady Fatima G.  
(Original, Promotion, etc.)

, who Resigned with plantilla Item No. VISCAB-INST1-43-2015 Page 29 of 37 pp.  
Transferred, Retired, etc.)

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

Very truly yours,

  
EDGARDO E. TULINA  
Appointing Officer/Authority

September 7, 2020

Date of Signing

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

Until 7/31/2021

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 \_\_\_\_\_ 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 10-1-20  
  
Appointee