

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.: ANDREW C. MERA FUENTES

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

under Temporary status at the DME  
(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 MENDOZA, Michael  
(Original, Promotion, etc.)

, who End of Term with plantilla Item No. VISCAB-INST1-46-2012 Page 30 of 37 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 11, 2020  
Date of Signing

Until 7/31/2021

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

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

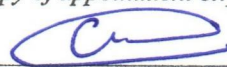
CSC/HRMO Notation

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 10/2/2020

  
Appointee