

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.: FABIENNE ANN V. SUGANOB

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

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


with a compensation rate of TWENTY TWO THOUSAND NINE HUNDRED THIRTY EIGHT
(P22938) pesos per month.

The nature of this appointment is original vice POLIKUIT, Caressa Marielle D.
(Original, Promotion, etc.)

who, end of term with plantilla Item No. VISCAB-INST1-23-2016 Page 23 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

August 1, 2019
Date of Signing

Until 12/31/2019

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


DRY SEAL

(Stamp of Date of Release)

Certification

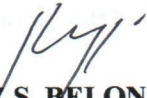
This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24, s. 2017 as amended, have been complied with, reviewed and found to be in order.

The position was published at _____ 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 7/31/2019, 20 _____.


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
7/31/2019.


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			

Acknowledgement

Original Copy - for the Appointee
Original Copy- for the Civil Service Commission
Original Copy- for the Agency

Received original/photocopy of appointment on _____

Appointee