CS Form No. 34-B Revised 2018

Date: 7/1/2019

For Accredited/Deregulated National Government Agencies/ Government-Owned or Controlled Corporations/ State Universities and Colleges

(Stamp of Date of Receipt)

Republic of the Philippines

VISAYAS STATE UNIVERSITY (Name of Agency)

PLANTILLA OF CASUAL APPOINTMENTS

D	Department/Office: UNIVERSITY REGISTRAR										Source of Funds: A. I. a		
(1) (2)	Only a maximum of Indicate 'NOTHING Provide proper pa	G FOLLOWS' or	the row fol	lowing the name o	ch page of the Plantilla of f the last appointee on the	Casual Appointme	ents. Plantilla.	GLES SI.					
NAME OF APPOINTEE/S						EQUIVALENT		PERIOD OF EMPLOYMENT		NATURE OF APPOINTMENT	ACKNOWLEDGEMENT OF APPOINTEE/S		
	Last Name	First Name	Name Extension (Jr/III)	Middle Name	POSITION TITLE (Do not abbreviate)	SALARY/ JOB/ PAY GRADE	DAILY WAGE	From (mm/dd/yyyy)	To (mm/dd/yyyy)	(Original/ Reappointment/ Reemployment)	Signature	Date Received	
	1 BARTOLINI	MANUEL		CUARENTA	Administrative Aide III	SG-3	566.64	7/1/2019	12/31/2019	Reappointment	XIII	1/24/2019	
1	2 TAN	ANICETO		DUMANDAN	Administrative Aide III	SG-3	566.64	7/1/2019	12/31/2019	Reappointment		1/24/2019	
exp	ovenamed personnel ar iration of the employment p	re hereby hired/appoin eriod when their servi	ted as casuals a	at the rate of compensation	on stated opposite their names for	the period indicated. It is already been complete	s understood t	that such employment v	vill cease automatically a velow par.	t the end of the period stated unle	ess renewed. Any or all of them may be	laid-off any time before the	
	CERTIFICATIO This is to certify the supporting documents of the supporting documents of the supporting documents of the supporting documents of the support	hat all the requirements pursuant, as amended,	rements and to CSC MC have been	I :	APPOINTING OFFIC			ACCRE	EDITED PURSU	ANT TO: 1400350, s. 2014			
		LOURDES	Apparent of the Parish of the		EDGARDO E.				Date	:3/3/2014		-	

7/1/2019

Date:

CSC/HRMO NOTATION **ACTION ON APPOINTMENTS** Recorded by Validated per RAI for the month of _____ Invalidated per CSCRO/FO letter dated _____ DATE FILED **STATUS** Appeal ☐ CSCRO/ CSC-Commission Petition for Review ☐ CSC-Commission ☐ Court of Appeals □ Supreme Court