CS Form No. 34-B Revised 2018 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

Department/Office:	University Computer Center	Source of Funds:	A. III.b.1	
NSTRUCTIONS:				resinat.
Only a maximum of fift	een (15) appointees must be listed on each page of the Plantilla of Casual Appointments.			
Indicate 'NOTHING FO	LLOWS' on the row following the name of the last appointee on the last page of the Plantilla.			

NAME OF APPOINTEE/S			POSITION TITLE EQUIVALENT		PERIOD OF EMPLOYMENT		NATURE OF APPOINTMENT	ACKNOWLEDGEMENT OF APPOINTEE/S				
	Last Name	First Name	Name Extension (Jr/III)	Middle Name	(Do not abbreviate) SALARY/ JOB/ PAY GRADE	DAILY WAGE	From (mm/dd/yyyy)	To (mm/dd/yyyy)	(Original/ Reappointment/ Reemployment)	Signature	Date Received	
1	VILLAS	NORMAN		OMEGA	Computer Programmer 1	SG-11	917.22	1/1/2019	6/30/2019	Reappointment	20	2-4-2019
2	GODOY	JEROME		GALVEZ	Administrative Aide VI	SG-6	651.81	1/1/2019	6/30/2019	Reappointment	2	2-4-2619
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The abovenamed personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any or all of them may be laid-off any time before the expiration of the employment period when their services are no longer needed or funds are no longer available or the project has already been completed/finished or their performance are below par.

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CERTIFICATION:

(3) Provide proper pagination (Page n of n page/s)."

LOURDES	В.	CANO	
HRI	ON		

Date:	

APPOINTING	OFFICER	/ AUTHORITY:
APPOINTING	OFFICER	AUTHURITY:

Date:

ACCREDITED PURSUANT TO:

	CSC Resolution No.:	
EDGANDO E. TULIN	Date :	
President		

-		
		Page 1 of 2

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