



VISAYAS
STATE UNIVERSITY

**OFFICE OF THE DIRECTOR FOR
ADMINISTRATION AND HUMAN
RESOURCE DEVELOPMENT**

G/F Administration Building
Visca, Baybay City, Leyte, 6521-A PHILIPPINES
Telefax: +63 53 563 7643; Local 1060
Email: odahrd@vsu.edu.ph
Website: www.vsu.edu.ph

CHECKLIST OF REQUIREMENTS

Appointment Checklist: ODA Form No. 01 _____
Date Released: _____
Date Received: _____

Fill up the required listed forms & gather your documents in order of the checklist & submit to our office on or before _____.
Please submit the checked items. ☐

Type of Appointment:

☐ New Appointment ☒ Renewal ☐ Promotion ☐ Others

Name: LORETO RUFFY ANDREW G.
Address: APT 84 KILBOURNE ST., VSU, BAYBAY CITY, LEYTE

FORM LIST: The following government forms must be completed, signed and dated.

- | | REMARKS | DATE RECEIVED |
|--|---------|---------------|
| 1 <input checked="" type="checkbox"/> Personal Data Sheet -PDS CSC Form 212 (Revised 2017) w/ 2 ID picture (latest)
Note: If this PDS form is generated in e copy, it must be in the long size bond paper, in 4 pages with 2 sheets. Attach work experience sheet. (2 copies) | | |
| 2 <input checked="" type="checkbox"/> Position Description Form (PDF)
Note: Must be signed by the head of office in 2 copies | | |
| 3 <input checked="" type="checkbox"/> Oath of Office
Note: Signed by the Head of Agency (2 copies) | | |
| 4 <input type="checkbox"/> Certificate of Nepotism (2 copies)
Only applicable to administrative position | | |
| 5 <input checked="" type="checkbox"/> Certificate of Assumption to Duty
Note: Must be signed by the immediate supervisor or head of office , 2 copies | | |
| 6 <input checked="" type="checkbox"/> Statement of Assets & Liabilities (SALN)
Note: Must be notarized and latest SALN, 2 copies | | |

DOCUMENT LIST

- | | | |
|---|--|--|
| 1 <input checked="" type="checkbox"/> Approved recommendation | | |
| 2 <input type="checkbox"/> NBI Clearance | | |
| 3 <input checked="" type="checkbox"/> Medical Certificate (blood test, urinalysis, chest x-ray, drug test) | | |
| 4 <input type="checkbox"/> Clearance (for transferee) | | |
| 5 <input type="checkbox"/> Performance Rating (IPCR)
<input type="checkbox"/> for promotion (2 rating period)
<input type="checkbox"/> for transferee (1 last rating period) | | |
| 6 <input type="checkbox"/> Approved transfer (for transferee) | | |
| 7 <input type="checkbox"/> Certification of leave credit balance (for transferee) | | |
| 8 <input type="checkbox"/> Service Record (for transferee) | | |
| 9 <input type="checkbox"/> NEURO EXAM (for Sec. Guards & new hire only) | | |
| 10 <input type="checkbox"/> TOR and DIPLOMA with original or authenticated copy (2 Copies) | | |
| 11 <input type="checkbox"/> CSC Eligibility- (original or authenticated copy) (2 copies) | | |
| 12 <input type="checkbox"/> License (for Security Guards, Drivers, Medical, Librarian, Guidance Councilor, Engineers) | | |
| 13 <input type="checkbox"/> Marriage Certificate | | |
| 14 <input type="checkbox"/> Birth Certificate (NSO) | | |
| 15 <input type="checkbox"/> Phil. Health No. | | |
| 16 <input type="checkbox"/> TIN No. | | |
| 17 <input type="checkbox"/> PAG-IBIG ID No. | | |
| 18 <input type="checkbox"/> Application Letter (Vacant position) | | |

Document Controller

Recommendation: _____

LORETO R.A.G.
SIGNATURE OVER PRINTED NAME

Vision:

Mission:

A globally competitive university for science, technology, and environmental conservation.
Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

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FM-HRD-02

v1 06-25-2020

No. CET.CE CR24-00

CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	Loreto		
FIRST NAME	Raffy Andrew	NAME EXTENSION (JR, SR) NONE	
MIDDLE NAME	Garcia		
3. DATE OF BIRTH (mm/dd/yyyy)	12/11/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	Philippines
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Apt. 89 House/Block/lot No. Street Village Barangay City/Municipality Province	Kilbourne St. Street Visca Barangay Leyte Province
7. HEIGHT (m)	1.68	ZIP CODE	6521
8. WEIGHT (kg)	103	18. PERMANENT ADDRESS	Apt. 89 House/Block/lot No. Street Village Barangay City/Municipality Province
9. BLOOD TYPE	Type O+	ZIP CODE	6521
10. GSS ID NO.	2004558999	19. TELEPHONE NO.	053 563 1227
11. PAG-IBIG ID NO.	121088336270	20. MOBILE NO.	+63 917 863 4451 / +63 923 377 0105
12. PHILHEALTH NO.	1210512105349	21. E-MAIL ADDRESS (if any)	ragloredo_1112@yahoo.com
13. SSS NO.	063363988-0		
14. TIN NO.	301-526-424-000		
15. AGENCY EMPLOYEE NO.	V00847		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR, SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Loreto			
FIRST NAME	Manolo	NAME EXTENSION (JR, SR)		17/05/1958
MIDDLE NAME	Bacuso			
25. MOTHER'S MAIDEN NAME				
SURNAME	Garcia			
FIRST NAME	Epifania			06/01/1960
MIDDLE NAME	Buenaventura			

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	1997	2003		2003	
SECONDARY	LSU LABORATORY HIGH SCHOOL	HIGH SCHOOL GRADUATE	2003	2007		2007	
VOCATIONAL/ TRADE COURSE	N/A	N/A	N/A	N/A		N/A	
COLLEGE	UNIVERSITY OF SAN CARLOS	BS IN ARCHITECTURE	2007	2012		2012	
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES - DILIMAN	MASTERS OF ARCHITECTURE	2016		36		
SIGNATURE			DATE		December 15, 2021		

concerned.

DO NOT PRINT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

06, 2011

DORC

70/DORC

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FM
v1.0
No DCE-COP-3

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

December 15, 2021

201 DORC

Page 1 of 2
FM-QAC-22
v1 05-13-2020
DCECOF-21-01

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,
a. within the third degree?
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES ☒ NO
☐ YES ☒ NO
If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?
b. Have you been criminally charged before any court?

☐ YES ☒ NO
If YES, give details:
Date Filed: _____
Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ NO
If YES, give details:

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

☐ YES ☒ NO
If YES, give details:

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

☐ YES ☒ NO
If YES, give details:
☐ YES ☒ NO
If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO
If YES, give details (country):

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:
a. Are you a member of any indigenous group?
b. Are you a person with disability?
c. Are you a solo parent?

☐ YES ☒ NO
If YES, please specify: _____
☐ YES ☒ NO
If YES, please specify ID No: _____
☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)

NAME	ADDRESS	TEL. NO.
Ar. Danilo V. Ravina	USC, Cebu City	+639465963774

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (e.g. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government issued ID: PRC ID for Architects
ID/License/Passport No.: 33096
Date/Place of Issuance: 6/30/2014

Signature (Sign inside the box)
Date Accomplished: December 15, 2021

PHOTO
RAFFY EDREW G. LORETO
PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

WARNING: Any misrepresentation
concerned.

READ THE ATTACHED
Print legibly. Tick appropriate

Attachment to CS Form No. 212

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: Jan 03, 2019 – Present (Continuation)
- Position: Instructor I
- Name of Office/Unit: Department of Civil Engineering
- Immediate Supervisor: Prof. Epifania G. Loreto
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- Summary of Actual Duties
 - Responsible for instruction of classes related to drafting and building construction.
 - Responsible for formulation of department forms.
 - Responsible for continuation of monitoring and advising academic advisees.

- Duration: Jun 2014 – Aug 2016
- Position: Instructor I
- Name of Office/Unit: Department of Civil Engineering
- Immediate Supervisor: Prof. Epifania G. Loreto
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- Summary of Actual Duties
 - Responsible for instruction of classes related to drafting and building construction.
 - Responsible for formulation of department forms.
 - Responsible for continuation of monitoring and advising academic advisees.

- Duration: Sept 2012 – Jan 2014
- Position: Junior Designer
- Name of Office/Unit: EDSA Architects
- Immediate Supervisor: Ar. Edmund Samson
- Name of Agency/Organization and Location: F. Cabahug St., Manolo, Cebu City
- Summary of Actual Duties
 - Responsible for designing, preparation of working drawings, and monitoring progress of construction projects as assigned.
- Duration: Dec 2010 – Mar 2011; Apr 2012 – Sept 2012
- Position: Apprentice
- Name of Office/Unit: Architecture Computer Center
- Immediate Supervisor: Ar. Sergio Raagas
- Name of Agency/Organization and Location: University of San Carlos – Technological Center, Talamban, Cebu City
- Summary of Actual Duties
 - Responsible for preparation of working drawings as assigned.

RAFFY ANDREW G. LORETO

(Signature over Printed Name
of Employee/Applicant)

Date: December 15, 2021

Republic of the Philippines POSITION DESCRIPTION FORM DBM-CSC Form No. 1 <small>(Revised Version No. 1, s. 2017)</small>		1. POSITION TITLE (as approved by authorized agency) with parenthetical title INSTRUCTOR I	
2. ITEM NUMBER VISCAB-INST1-22-2013		3. SALARY GRADE SG-12	
4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Province <input checked="" type="checkbox"/> City <input type="checkbox"/> Municipality </div> <div> <input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input type="checkbox"/> 4th Class </div> <div> <input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Special </div> </div>			
5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT VISAYAS STATE UNIVERSITY		6. BUREAU OR OFFICE DEPARTMENT OF CIVIL ENGINEERING	
7. DEPARTMENT / BRANCH / DIVISION DEPARTMENT OF CIVIL ENGINEERING		8. WORKSTATION / PLACE OF WORK VSU, BAYBAY CITY, LEYTE	
9. PRESENT APPROP ACT		10. PREVIOUS APPROP ACT	
		11. SALARY AUTHORIZED	
		12. OTHER COMPENSATION ACA/PERA P2,000.00	
13. POSITION TITLE OF IMMEDIATE SUPERVISOR DEPARTMENT HEAD		14. POSITION TITLE OF NEXT HIGHER SUPERVISOR COLLEGE DEAN	
15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED <small>(If more than seven (7) list only by their item numbers and titles)</small> <div style="display: flex; justify-content: space-between;"> <div>POSITION TITLE</div> <div>ITEM NUMBER</div> </div>			
16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK Computer, printer, laptop, LCD projector, scientific calculator, teaching guide, books, journals			
17. CONTACTS / CLIENTS / STAKEHOLDERS			
17a. Internal		17b. External	
<input checked="" type="checkbox"/> Executive / Managerial <input type="checkbox"/> Supervisors <input type="checkbox"/> Non-Supervisors <input type="checkbox"/> Staff	<input type="checkbox"/> Occasional <input type="checkbox"/> Frequent	<input type="checkbox"/> General Public <input type="checkbox"/> Other Agencies <input type="checkbox"/> Others (Please Specify):	<input type="checkbox"/> Occasional <input type="checkbox"/> Frequent
18. WORKING CONDITION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Office Work <input type="checkbox"/> Field Work </div> <div> <input type="checkbox"/> Other/s (Please Specify) </div> <div> Instruction </div> </div>			
19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION To conduct instruction, research and extension			
20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary) To conduct instruction, research and extension			
21. QUALIFICATION STANDARDS			
21a. Education Relevant masteral degree	21b. Experience None required	21c. Training None required	21d. Eligibility RA 1080

CS Form No. 211
Revised 2018MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:


- ☒ Blood Test
☒ Urinalysis
☐ Chest X-Ray
☐ Drug Test
☐ Psychological Test
☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
LORETO, RAFFY ANDREW GARCIA			DECEMB- DEPARTMENT OF CIVIL ENGINEERING
ADDRESS			
APT 89, KILBOURNE ST., USU, BAYBAY CITY, LETTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31	M	SINGLE	TEMP/REG - INSTRUCTOR

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically, ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 MERRY CHRISTL T. SUPINA-GUINOCOR, M.D. Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.			
OFFICIAL DESIGNATION	HEIGHT (M) Bare Foot 1.69	WEIGHT (KG) Stripped 78.7	BLOOD TYPE
		DATE EXAMINED 1-7-2020	

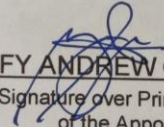
CS Form No. 32
Revised 2018

REPUBLIC OF THE PHILIPPINES
VISAYAS STATE UNIVERSITY
ViSCA, Baybay City, Leyte

OATH OF OFFICE

I, Raffy Andrew G. Loreto of Department of Civil Engineering having been appointed to the position of Instructor I hereby solemnly swear, that I will faithfully discharge to the best of my ability, the duties of my present position and of all others that I may hereafter hold under the Republic of the Philippines; that I will bear true faith and allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.


RAFFY ANDREW G. LORETO
(Signature over Printed Name
of the Appointee)

Government ID: PRC ID for Architecture
ID Number: 0033068
Date Issued: 06/30/2014

Subscribed and sworn to before me this _____ day of _____, 20____ in _____, Philippines.

EDGARDO E. TULIN
(Signature over Printed Name of
Person Administering the Oath)

CS Form No. 4
Revised 2018

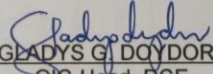
Republic of the Philippines
VISAYAS STATE UNIVERSITY
ViSCA, Baybay City, Leyte

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Mr. Raffy Andrew G. Loreto has assumed the duties and responsibilities as Instructor I of Department of Civil Engineering effective _____.

This certification is issued in connection with the issuance of the appointment of Mr. Raffy Andrew G. Loreto as Instructor I.

Done this ____ day of _____ in _____.


GLADYS G. DOYDORA
OIC-Head, DCE

Date: _____

Attested by:

HONEY SOFIA V. COLIS
OIC HRMO

201 file
Admin
COA
CSC

*For submission to CSC FO
within 30 days from the
date of assumption of the
appointee*