

## OFFICE OF THE VICE PRESIDENT FOR STUDENT AFFAIRS AND SERVICES

Visca, Baybay City, Leyte, PHILIPPINES Trunkline: (63) (53) 565 0600 local 1064

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## CHECKLIST OF REQUIREMENTS FOR ISSUANCE OF APPOINTMENT

| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7.11 12 VII. W. Ale Ma + 1.17 14 1 |           |               |
| ☐ New Appointment  ☐ Renewal  ☐ Promotion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | □ Others                           |           |               |
| Name of Appointee: VILLAS, NORBERT JOHN ORTEGA Office/Unit/Department: OVISAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |           |               |
| I. Government forms for completion:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    | REMARKS   | DATE RECEIVED |
| Personal Data Sheet -PDS CSC Form 212 (Revised 2017) w/ 2 ID pictorial Note: If this PDS form is generated in ecopy, it must be in the long in 4 pages with 2 sheets (attach work experience sheet) in 2 Position Description Form (PDF) in 2 copies  Note: Must be signed by the head of office  3 Oath of Office in 2 copies  Note: Signed by the Head of Agency  4 Certificate of Nepotism in 2 copies  Only applicable to administrative position                                                                                                                                                                                                                                                                                                                          | size bond paper,                   |           |               |
| 5 Certificate of Assumption to Duty in 2 copies  Note: Must be signed by the immediate supervisor or head of office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |           |               |
| 6Statement of Assets & Liabilities (SALN) in 2 copies  Note: Must be notarized and latest SALN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |           |               |
| II Additional documents for submission:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |           |               |
| Approved recommendation NBI Clearance Medical Certificate (blood test, urinalysis, chest x-ray, drug test) Clearance (for transferee) Performance Rating (IPCR) for promotion (2 rating periods) for transferee (latest rating period)  Approved transfer (for transferee) Certification of leave credit balance (for transferee) Service Record (for transferee) NEURO EXAM (for Sec. Guards & new hired only) TOR and DIPLOMA with original or authenticated copy from school in 2 CSC Eligibility—(2 copies of original or authenticated copy from CSC) License authenticated from PRC (for Security Guards, Drivers, & etc.) in Marriage Certificate (if applicable) Birth Certificate (PSA) Phil. Health No. TIN No. PAG-IBIG ID No. Application Letter (Vacant position) |                                    |           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | SIGNATURE | _             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |           |               |
| Verified by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    | 1         |               |
| ODHRM Staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |           |               |

Vision: Mission: