



ADVANCED RESEARCH AND INNOVATION CENTER

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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. | | | | | | |
|---|---------|---------------------------------------|---------------|----------|--|--|
| Torre of American | 4 . | | | | | |
| Type of Appointm ☐ New Appointm | | □ Renewal | □ Promotion | ☐ Others | te. | |
| □ New Appoints | HOM | L Kellewai | Li Tolliodoli | L Others | | |
| Name of Appointee: Sa Office/Unit/Department: | | C. Sugano ced Research and Innovat | tion Center | | | |
| I. Government forms for completion: | | | | | REMARKS | DATE RECEIVE |
| 1 Personal Data Sheet -PDS CSC Form 212 (Revised 2017) w/ 2 ID picture (latest) | | | | | | |
| Note: If this PDS form is generated in ecopy, it must be in the long size bond paper, | | | | | | |
| in 4 pages with 2 sheets (attach work experience sheet) in 2 copies Position Description Form (PDF) in 2 copies | | | | | | |
| Note: Must be signed by the head of office | | | | | | The second of the hard-control of the second |
| 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 | | | | | | |
| 5 Certificate of Assumption to Duty in 2 copies | | | | | | |
| Note: Must be signed by the immediate supervisor or head of office | | | | | | |
| Statement of Assets & Liabilities (SALN) in 2 copies Note: Must be notarized and latest SALN | | | | | | |
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| Il Additional docu | ments f | or submission: | | | | |
| 1 Approved recommendation | | | | | AND AND A STATE OF THE PARTY OF | OMESH ENTER-THE SHOCK ANNAOCISTICITY OF OCCUPANT |
| 2 NBI Clearance | | | | | | |
| Medical Certificate (blood test, urinalysis, chest x-ray, drug test) Clearance (for transferee) | | | | | | |
| 5 Performance Rating (IPCR) | | | | | | |
| for promotion (2 rating periods) | | | | | *************************************** | |
| | | est rating period) | | | | |
| Approved transfer (for transferee) Certification of leave credit balance (for transferee) | | | | | | |
| 8 Service Record (for transferee) | | | | | | |
| 9 NEURO EXAM (for Sec. Guards & new hired only) | | | | | | |
| 10 TOR and DIPLOMA with original or authenticated copy from school in 2 copies | | | | | | *************************************** |
| 11 CSC Eligibility— (2 copies of original or authenticated copy from CSC) 12 License authenticated from PRC (for Security Guards, Drivers, & etc.) in 2 copies | | | | | | |
| 13 Marriage Certificate (if applicable) | | | | | | |
| 14 Birth Certificate (PSA) | | | | | | |
| 15 Phil. Health No. | | | | | | - |
| 16 TIN No. 17 PAG-IBIG ID No. | | | | | | |
| 17 PAG-IBIG ID N 18 Application Let | | ant position) | | | | |
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| | | | | | SIGNATURE | |
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| Verified by: | | | | | | |
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Vision: Mission: