



## 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:

☐ New Appointment ☐ Renewal ☒ Promotion ☐ Others

Name of Appointee: BERTA C. RATILLA

Office/Unit/Department: AGRONOMY

### I. Government forms for completion:

	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 ecopy, it must be in the long size bond paper, in 4 pages with 2 sheets (attach work experience sheet) in 2 copies	<u>Complied</u>	_____
2. <input checked="" type="checkbox"/> Position Description Form (PDF) in 2 copies Note: Must be signed by the head of office	<u>Complied</u>	_____
3. <input checked="" type="checkbox"/> Oath of Office in 2 copies Note: Signed by the Head of Agency	<u>Complied</u>	_____
4. <input type="checkbox"/> Certificate of Nepotism in 2 copies Only applicable to administrative position	_____	_____
5. <input checked="" type="checkbox"/> Certificate of Assumption to Duty in 2 copies Note: Must be signed by the immediate supervisor or head of office	<u>Complied</u>	_____
6. <input type="checkbox"/> Statement of Assets & Liabilities (SALN) in 2 copies Note: Must be notarized and latest SALN	_____	_____

### II Additional documents for submission:

1. <input checked="" type="checkbox"/> Approved recommendation		
2. <input checked="" type="checkbox"/> NBI Clearance	<u>Complied</u>	_____
3. <input checked="" type="checkbox"/> Medical Certificate (blood test, urinalysis, chest x-ray, drug test)	<u>Complied</u>	_____
4. <input type="checkbox"/> Clearance (for transferee)	_____	_____
5. <input type="checkbox"/> Performance Rating (IPCR) for promotion (2 rating periods) for transferee (latest 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 hired only)	_____	_____
10. <input type="checkbox"/> TOR and DIPLOMA with original or authenticated copy from school in 2 copies	_____	_____
11. <input type="checkbox"/> CSC Eligibility- (2 copies of original or authenticated copy from CSC)	_____	_____
12. <input checked="" type="checkbox"/> License authenticated from PRC (for Security Guards, Drivers, & etc.) in 2 copies	<u>Complied</u>	_____
13. <input type="checkbox"/> Marriage Certificate (if applicable)	_____	_____
14. <input type="checkbox"/> Birth Certificate (PSA)	_____	_____
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)	_____	_____

SIGNATURE

Verified by:

ODHRM Staff