



CHECKLIST OF REQUIREMENTS FOR ISSUANCE OF APPOINTMENT

| Fill up the required listed forms & gather your documents in order of the checklist & submit to Please submit the checked / items. | our office on or before | |
|--|-------------------------|---|
| | | |
| Type of Appointment: | | |
| □ New Appointment ☑ Renewal □ Promotion □ Other | \$ | |
| Z New Appearation Z New York Z Ne | • | |
| Name of Appointee: 0t/IANME JAME E. 0AIZ Office/Unit/Department: Nursing | | |
| I. Government forms for completion: | REMARKS | DATE RECEIVED |
| 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 | Γ, | |
| 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 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 | | |
| 6Statement of Assets & Liabilities (SALN) in 2 copies Note: Must be notarized and latest SALN | | |
| Note. Must be notarized and latest OALN | | |
| Il Additional documents for submission: | | |
| 1 Approved recommendation | | |
| 2 NBI Clearance | | |
| Medical Certificate (blood test, urinalysis, chest x-ray, drug test) | <u></u> | |
| Clearance (for transferee) Performance Rating (IPCR) | | • |
| for promotion (2 rating periods) | | |
| for transferee (latest rating period) | | |
| 6 Approved transfer (for transferee) | | |
| 7 Certification of leave credit balance (for transferee) | | |
| Service Record (for transferee) 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. | | *************************************** |
| 17 PAG-IBIG ID No. | 3 | |
| 18 Application Letter (Vacant position) | | |
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| | Janal. | |
| _ | SIGNATURE | - |
| | 100 | |
| Verified by: | | |
| | | |
| ODHRM Staff | | |

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