



## 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: Engr. Jundy R. Castil

Address: \_\_\_\_\_

### 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 checked="" type="checkbox"/> NBI Clearance	_____	_____
3 <input checked="" type="checkbox"/> Medical Certificate ( <b>blood test, urinalysis, chest x-ray, drug test</b> )	_____	_____
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 checked="" type="checkbox"/> NEURO EXAM (for Sec. Guards & new hire only)	_____	_____
10 <input checked="" type="checkbox"/> TOR and DIPLOMA with original or authenticated copy (2 Copies)	_____	_____
11 <input checked="" type="checkbox"/> CSC Eligibility- (original or authenticated copy) (2 copies)	_____	_____
12 <input checked="" type="checkbox"/> License (for Security Guards, Drivers, Medical, Librarian, Guidance Councilor, Engineers)	_____	_____
13 <input checked="" type="checkbox"/> Marriage Certificate	_____	_____
14 <input checked="" type="checkbox"/> Birth Certificate (NSO)	_____	_____
15 <input checked="" type="checkbox"/> Phil. Health No.	_____	_____
16 <input checked="" type="checkbox"/> TIN No.	_____	_____
17 <input checked="" type="checkbox"/> PAG-IBIG ID No.	_____	_____
18 <input type="checkbox"/> Application Letter (Vacant position)	_____	_____

Document Controller

Recommendation: \_\_\_\_\_

**JUNDY R. CASTIL**  
SIGNATURE OVER PRINTED NAME