

CS Form No. 33-B  
Revised 2018

(Stamp of Date of Receipt)

**Republic of the Philippines**  
**VISAYAS STATE UNIVERSITY**  
Baybay City, Leyte

Mr./Mrs./Ms.: FELY C. FALCONE

You are hereby appointed as Instructor I (SG 12, Step 1) (Plant Pathology)  
(Position Title)  
under Temporary status at the Department of Pest Management  
(Permanent, Temporary, etc.) (Office/Department/Unit)  
with a compensation rate of TWENTY- SEVEN THOUSAND SIX HUNDRED EIGHT  
(P 27, 608.00) pesos per month.

The nature of this appointment is ORIGINAL vice Manla, Lilibeth O.  
(Original, Promotion, etc.)  
who End of Term with plantilla Item No. VISCAB-INST1-65-2016 Page 34 of 38 pages  
Transferred, Retired, etc.)

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

  
**EDGARDO E. TULIN**  
Appointing Officer/Authority

February 17, 2022  
Date of Signing

Until 12/31/2022

Accredited/Deregulated Pursuant to  
CSC Resolution No. 1801514, s. 2018  
dated 12/18/2018

DRY SEAL

(Stamp of Date of Release)

### Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24, s. 2017 **as amended**, have been complied with, reviewed and found to be in order.

The position was published at N/A from \_\_\_\_\_ to \_\_\_\_\_,  
 20\_\_\_\_ and posted in N/A from \_\_\_\_\_ to \_\_\_\_\_,  
 20\_\_\_\_ in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and  
 Selection Board (HRMPSB) started on \_\_\_\_\_, 20\_\_\_\_.

*[Signature]*  
**HONEY SOFIA V. COLIS**  
 OIC HRMO

### Certification

This is to certify that the appointee has been screened and found  
 qualified by the majority of the HRMPSB/**Placement Committee** during the deliberation held on  
 \_\_\_\_\_.

*[Signature]*  
**BEATRIZ S. BELONIAS**  
 Chairperson, HRMPSB/ **Placement Committee**

### CSC/HRMO Notation

ACTION ON APPOINTMENTS			Recorded by
<input type="checkbox"/> Validated per RAI for the month of _____			
<input type="checkbox"/> Invalidated per CSCRO/FO letter dated _____			
<input type="checkbox"/> Appeal	DATE FILED	STATUS	
<input type="checkbox"/> CSCRO/ CSC-Commission			
<input type="checkbox"/> Petition for Review			
<input type="checkbox"/> CSC-Commission			
<input type="checkbox"/> Court of Appeals			
<input type="checkbox"/> Supreme Court			