

Republic of the Philippines

(Stamp of Date of Receipt)

VISAYAS STATE UNIVERSITY  
(Name of Agency)

PLANTILLA OF CASUAL APPOINTMENTS

Department/Office: Accounting Office

Source of Funds: A.I.a

INSTRUCTIONS:  
(1) Only a maximum of ten (10) appointees must be listed on each page of the Plantilla of Casual Appointments.  
(2) Indicate 'NOTHING FOLLOWS' on the row following the name of the last appointee on the last page of the Plantilla.  
(3) Provide proper pagination (Page n of n).  
(4) For LGUs, (a) Certification issued by the Provincial/City/Municipal Accountant that funds are available for the subject appointment/s; and (b) Certification issued by the appointing officer/authority that the appointments issued are in accordance with the limitations provided under Sec. 325 of Republic Act No. 7160 (CS Form No. 13, s. 2025) shall be attached to this form.

With the limitations provided under Sec. 326 of Republic Act No. 554 (SSA) and No. 4519 (SSA) and

The abovenamed personnel are hereby hired/appointed as casuals at the rate of compensation stated opposite their names for the period indicated. It is understood that such employment will cease automatically at the end of the period stated unless renewed. Any of all of them may be terminated anytime before the expiration of the employment period when their services are no longer needed or the project has already been completed/finished or their performance are below par.

CERTIFICATION:

APPOINTING OFFICER / AUTHORITY:

ACCREDITED PURSUANT TO:

This is to certify that all the requirements and supporting documents pursuant to the 2025 Omnibus Rules on Appointments and Other Human Resource Actions have been complied with, reviewed, and found in order.



HONEY SOFIA V. COLIS  
HRMO



PROSE IVY G. YEPES  
President

CSC Resolution No.: \_\_\_\_\_

Date : \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## 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			