CS Form No. 33-B
Revised 2025

(Stamp of Date of Receipt)

Republic of the Philippines
VISAYAS STATE UNIVERSITY
Baybay City, Leyte

Mr./Mrs./Ms.: CHARLINDO S. TORRION

You are hereby appointed as __Assistant Professor II__ (SG 16, Step 1) **(Meteorology)**
_____(Position Title)_____

under __Permanent__ status at the **Department of Meteorology**
____(Permanent, Temporary, etc.)____ ____(Office/Department/Unit)____

with a compensation rate of __FORTY-THREE THOUSAND FIVE HUNDRED SIXTY (₱ 43,560.00)__

pesos per month.

The nature of this appointment is __Promotion__ vice __N/A__
____(Original, Promotion, etc.)____

who __N/A__ with plantilla Item No. __VISCAB-AP2-13-2022__ Page _2_ of _8_ pp.
____(Transferred, Retired, etc.)____

This appointment shall take effect on the date of signing by the appointing officer/authority.
Subject to CSC attestation of the promotional appointment of the incumbent of the previous position.

Very truly yours,

PROSE IVY G. YEPES
Appointing Officer/Authority

_____October 01, 2025_____
Date of Signing

Accredited/Deregulated Pursuant to
CSC Resolution No. __2500358__, s. __2025__
dated __04/30/2025__

DRY SEAL

(Stamp of Date of Receipt)

Certification

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

The position was published at _____ N/A _____ from _____. 20__ to _____, 20__ and posted in _____ from _____ to _____, 20__ in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on September 26, 2025.

HONEY SOFIA V. COLIS
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 September 26, 2025.

ROTACIO S. GRAVOSO
Chairperson, HRMPSB/Placement Committee

CSC/HRMO Notation

ACTION ON APPOINTMENTS			Recorded by
☐ **Validated per RAI for the month of** _____			
☐ **Invalidated per CSCRO/FO letter dated** _____			
☐ **Appeal**	**DATE FILED**	**STATUS**	
☐ CSCRO/CSC-Commission			
☐ **Petition for Review**			
☐ CSC-Commission			
☐ Court of Appeals			
☐ Supreme Court			

	Acknowledgement
Original Copy - for the Appointee Original Copy - for the Civil Service Commission Original Copy - for the Agency	*Received original/photocopy of appointment on* _____ CHARLINDO S. TORRION Oct 1, 2025 Appointee