

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.: JOY A. BELLEN

You are hereby appointed as Assistant Professor III (SG 17, Step 1) (Education - Biology)
(Position Title)

under Permanent status at the Department of Teacher Education
(Permanent, Temporary, etc.) (Office/Department/Unit)

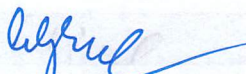
with a compensation rate of FORTY-ONE THOUSAND FIVE HUNDRED EIGHT (P 41, 508.00) pesos
per month.

The nature of this appointment is RECLASSIFICATION vice N/A
(Original, Promotion, etc.)

, who N/A with plantilla Item No. VISCAB-AP3-19-2022 Page nosca dtd 9/20/2022 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

September 15, 2022
Date of Signing

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 _____ from _____ to _____,
20____ in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on _____, 20____.

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 _____.

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			

Original Copy - for the Appointee
Original Copy- for the Civil Service Commission
Original Copy- for the Agency

Acknowledgement

Received original/photocopy of appointment on _____

JOY A. BELLEN
Appointee