

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.: BEATRIZ S. BELONIAS

You are hereby appointed as **Professor IV (SG 27, Step 1) (Botany)**
(Position Title)

under **Permanent** status at the **DBS**
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of **ONE HUNDRED TWENTY ONE THOUSAND FOUR HUNDRED ELEVEN**
(P121411) pesos per month.


The nature of this appointment is upgrading of position pursuant to NBC 461 7th cycle vice
(Original, Promotion, etc.)

who, with plantilla Item No. VISCAB- PROF4-12-2019 Page nosca dtd 11/20/2019 of pages
Transferred, Retired, etc.)

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

Very truly yours,

This appointment shall take effect on the
date of signing by the appointing
officer/authority. * Effective not earlier than
July 1, 2019 pursuant to the Special
Provision on Miscellaneous Personnel
Benefits Fund in R.A. No.10924.


EDGARDO E. TULIN
Appointing Officer/Authority

10/4/2019

Date of Signing

Accredited/Deregulated Pursuant to
CSC Resolution No. 1400350, s. 2014
dated 3/3/2014

DRY SEAL

(Stamp of Date of Release)

Certification

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

The position was published at _____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_____.


LOURDES B. CANO
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
_____.


OTHELLO B. CAPUNO
Vice 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 _____ _____ Appointee
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