

REPORT ON APPOINTMENTS ISSUED (RAI)
For the month of January 2025

Date received by CSC FO: _____

AGENCY: Department of Social Welfare and Development- Field Office III

CSC Resolution No: 2100166

CSC FO In-charge: Sample Sig

- INSTRUCTIONS:
- (1) Fill-out the data needed in the form completely and accurately.
 - (2) Do not abbreviate entries in the form.
 - (3) Accomplish the Checklist of Common Requirements and sign the certification.
 - (4) Submit the duly accomplished form in electronic and printed copy (2 copies) to the CSC Field Office-in-Charge together with the original CSC copy of appointments and supporting documents within the 30th day of the succeeding month.

Pertinent data on appointment issued

	Date Issued/ Effectivity (mm/dd/yyyy)	NAME OF APPOINTEE/S				POSITION TITLE (Indicate parenthetical title if applicable)	ITEM NO.	SALARY/ JOB/ PAY GRADE	SALARY RATE (Monthly)	EMPLOYMENT STATUS	PERIOD OF EMPLOYMENT (for Temporary, Casual/ Contractual Appointments) (mm/dd/yyyy to mm/dd/yyyy)	NATURE OF APPOINTMENT	PUBLICATION		CSC ACTION			Agency Receiving Officer
		Last Name	First Name	Name Extension (Jr./III)	Middle Name								DATE indicate period of publication (mm/dd/yyyy to mm/dd/yyyy)	MODE (CSC Bulletin of Vacant Positions, Agency Website, Newspaper, etc)	V-Validated INV- Invalidated N-Noted	Date of Action (mm/dd/yyyy)	Date of Release (mm/dd/yyyy)	
	(1)	(2)				(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	01/01/2025	DELA CRUZ	JUAN		GABUYA	SOCIAL WELFARE OFFICER II	N/A	15	40,208	CONTRACTUAL	01/01/2025 TO 12/31/2025	REAPPOINTMENT	N/A	N/A				
2																		
3																		
4																		
5																		
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7																		
8																		
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14																		
15																		

CERTIFICATION: CERTIFICATION: Post-Audited by:

This is to certify that the information contained in this report are true, correct and complete based on the Plantilla of Personnel and appointment/s issued.

JENNIFER C. MORALES
Planning Officer IV
HRMO

This is to certify that the appointment/s issued is/are in accordance with existing Civil Service Law, rules and regulations.

VENUS F. REBULDELA
Regional Director
Agency Head or Authorized Official

Post-Audited by:

CSC Official

For CSC Use Only:

REMARKS/COMMENTS/RECOMMENDATIONS (e.g. Reasons for Invalidation):

CHECKLIST OF COMMON REQUIREMENTS		HRMO	CSC FO
Instructions: Put a check if the requirements are complete. If incomplete, use the space provided to indicate the name of appointee and the lacking requirement/s.			
1	APPOINTMENT FORMS (CS Form No. 33-B, Revised 2017) - Original CSC copy of appointment form	√	
2	PLANTILLA OF CASUAL APPOINTMENT (CSC Form No. 34-B, D, E or F) - Original CSC copy	N/A	
3	PERSONAL DATA SHEET (CS Form No. 212, Revised 2017)	X	
4	ORIGINAL COPY OF AUTHENTICATED CERTIFICATE OF ELIGIBILITY/ RATING/ LICENSE - Except if the eligibility has been previously authenticated in 2004 or onward and recorded by the CSC	√	
5	POSITION DESCRIPTION FORM (DBM-CSC Form No. 1, Revised 2017)	√	
6	OATH OF OFFICE (CS Form No. 32, Revised 2017)	√	
7	CERTIFICATE OF ASSUMPTION TO DUTY (CS Form No. 4)	√	
		<p>This is to certify that I have checked the veracity, authenticity and completeness of all the requirements in support of the appointments attached herein.</p> <p style="text-align: center;">JENNIFER C. MORALES Planning Officer IV _____ HRMO</p>	<p>This is to certify that I have checked all the requirements in support of the appointments attached herein and found these to be [] complete / [] lacking.</p> <p style="text-align: center;">_____ CSC FO Receiving Officer</p>