Date received by CSC FO:

CSC FO In-charge:

REPORT ON APPOINTMENTS ISSUED (RAI)

CSC Resolution No:

For the month of

2000878 s. 2020

AGENCY:

Department of Education - Division of Cavite Province 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

			NAME OF APPO	INTEE/S									PUBLICAT	ION		CSC ACTION		
	Date Issued/ Effectivity (mm/dd/yyyy)	Last Name	First Name	Name Extension (Jr./III)	Middle Name	(Indicate	parenthetical title if	itle if ITEM NO. JOB/ PAY /	JLARY/ JOB/ PAY PAY RADE (Monthly)	CTATUS	PERIOD OF EMPLOYMENT (for Temporary, Casual/ Contractual Appointments) (mm/dd/yyyy to mm/dd/yyyy)	NATURE OF	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	of	Date of Release (mm/dd/yyyy)	Agency Receiving Officer
	(1)		(2)			(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1																		
2																		
3																		
4																		
			1	1	1	1	1	1	1	1	1	1	1	1	1	1 '		1

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

VERNA C. CABAYA

Administrative Officer V

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

CERTIFICATION:

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OSEMARIE D. TORRES, CESO V	
Schools Division Superintendent	CSC Official

Post-Audited by:

For CSC Use On	ıly
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CERTIFICATION:

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

Page 1 of 2

	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	1	1						
2	PLANTILLA OF CASUAL APPOINTMENT (CSC Form No. 34-B, D, E or F) - Original CSC copy	N/A	N/A						
3	PERSONAL DATA SHEET (CS Form No. 212, Revised 2017)	1	1						
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		1						
5	POSITION DESCRIPTION FORM (DBM-CSC Form No. 1, Revised 2017)	1	1						
6	OATH OF OFFICE (CS Form No. 32, Revised 2017)	1	1						
7	CERTIFICATE OF ASSUMPTION TO DUTY (CS Form No. 4)	1	1						
		·	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.						
		VERNA C. CABAYA Administrative Officer V	CSC FO Receiving Officer						