

CS Form No. 33-B
Revised 2018



Republic of the Philippines
Department of Education
Region V – Bicol
Schools Division Office
Camarines Norte



Mr./Mrs./Ms.: **CHINKY DEBORAH E. VILLAGRACIA**

You are hereby appointed as **TEACHER III (Elementary)** (SG/JG/PG **SG-13/STEP 1**) under
(Position Title)

PERMANENT status at the **AGAPITO RACELIS ELEMENTARY SCHOOL** with a
(Permanent, Temporary, etc.) (Office/Department/Unit)

compensation rate of **THIRTY-FOUR THOUSAND FOUR HUNDRED TWENTY ONE**


(Php **34,421.00**) pesos per month.

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

N/A with Plantilla Item No. **OSEC-DECSB-TCH3** **N/A**
(Transferred, Retired, etc.) **391920-2025** Page **(NOSCA)**

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

Very truly yours,


CRESTITO M. MORCILLA, CESO V
Schools Division Superintendent
Appointing Officer/Authority

Date of Signing

Accredited/Deregulated Pursuant to
CSC Resolution No. **2200603**, s. **2022**
dated **December 6, 2022**

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

SYREL C. TALENTO
Administrative Officer IV

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
_____ N/A _____.

JOEL E. CAOLBOY

Assistant Schools Division Superintendent

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