

**CS Form No. 33-A**  
**Revised 2025**



(Stamp of Date of Receipt)

Republic of the Philippines  
Province of Batangas

## MUNICIPALITY OF SAN NICOLAS

**Mr./Mrs./ Ms.:** **FULL NAME**

You are hereby appointed as \_\_\_\_\_ **POSITION** \_\_\_\_\_ (SG/JG/PG **1**)  
(Position Title)

under PERMANENT status at the OFFICE NAME with a  
(Permanent, Temporary, etc.) (Office/Department/Unit)

compensation rate of \_\_\_\_\_ **COMPENSATION RATE IN PESOS** \_\_\_\_\_ **(Php00,000.00)** pesos per month.

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

who                     N/A                     with Plantilla Item No.           1           Page           1          .  
(Transferred, Retired, etc.)

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

Very truly yours,

**LESTER D. DE SAGUN**  
Municipal Mayor

**Appointing Officer/Authority**

DATE \_\_\_\_\_

**Date of Signing**

**\*\*\*Subject for six (6) – months probationary period\*\*\***

**CSC ACTION:**



Date \_\_\_\_\_

(Stamp of Date of Release)

Certification

This is to certify that all requirements and supporting papers pursuant to the **2025 Omnibus Rules on Appointments and Other Human Resource Actions**, have been complied with, reviewed, and found to be in order.

The position was published at CSC JOB PORTAL from POSTING DATE to CLOSING DATE, 2026 and posted in three (3) conspicuous places from POSTING DATE to CLOSING DATE, 2026 in consonance with Republic Act No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on ASSESSMENT DATE, 2026.

CHRISTOPHER A. BARRION  
MGDH I - HRMO

Certification

This is to certify that the appointee has been screened and found qualified by at least the majority of the HRMPSB/Placement Committee during the deliberation held on PSB DATE.

LESTER D. DE SAGUN  
Municipal Mayor  
Chairperson, HRMPSB/Placement Committee

CSC Notation

ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY THE COMMISSION.

Acknowledgement

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

Received original/photocopy of appointment on \_\_\_\_\_.

Appointee