Republic of the Philippines

**CENTRAL MINDANAO UNIVERSITY**

UNIVERISTY TOWN, MUSUAN, 8710 BUKIDNON

**HUMAN RESOURCE MANAGEMENT OFFICE**

**Checklist of Requirements for Promotion Appointment**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**◯ Original ◯ Promotion ◯ Transferee**

**◯ Change of Status ◯ Job Order**

**First Day of Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**** - required - optional

**Use Black Ink Ballpen in Filling of Forms**

|  |  |
| --- | --- |
| **FORMS** | **DOCUMENTS** |
| **◯** CS FORM #1 – Position Description FORM (PDF) | **◯** Barangay Clearance |
| **◯** CS Form 32 – Oath of Office | **◯** Police Clearance |
| **◯** CS Form #211 – Medical Certificate | **◯** NBI Clearance |
| **◯** CS Form #212 – Personal Data Sheet (PDS) | **◯** Authenticated by CSC/PRC Photocopy of Eligibility / License & Board Ratings (2 Copies) |
| **◯** State of Assets, Liabilities & Net Worth (SALN) | **Checkmark◯** Authenticated Photocopy of Transcript of Records (2 Copies) |
| **◯** Handwriting & Signature Specimen Form | **◯** Certification of Assumption to Office (1st Day of Service) |
| **◯** PHILHEALTH Member Registration Form (PMRF) | **◯** Previous Appointment |
| **◯** Birth Certificate (PSA) 2 Copies | **◯** Clearance to Transfer |
| **◯** Marriage Contract / Certificate (PSA) 2 Copies | **◯** Approval Request for Transfer (Original Copy) |
| **◯** Folder Long White | **◯** Individual Performance Commitment Review 2 Rating Period (IPCR) – Two (2) Rating Periods |

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| **TIN NUMBER:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PAG-IBIG NUMBER:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PHILHEALTH NUMBER:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Landbank Account Number:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Deadline:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date Submitted:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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