***For Regulated Agencies***

***CS Form No. 33~~-A~~***

***Revised 2017***

*(Stamp of Date of Receipt)*

### **Republic of the Philippines**

\_\_\_\_(Name of Agency)\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mr./Mrs./ Ms.:**

**You are hereby appointed as (** SG/JG/PG **)**

**(Position Title)**

**(Permanent, Temporary, etc.) (Office/Department/Unit)**

**with a compensation rate of (P )**

**pesos per month.**

under status at the

**The nature of this appointment is vice**

**(Original, Promotion, etc.)**

**, who with Plantilla Item No.**

**(Transferred, Retired, etc.)**

**Page .**

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

**Very truly yours,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appointing Officer/Authority**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Signing**

*DRY SEAL*

**CSC ACTION:**

*DRY SEAL*

*DRY SEAL*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Official**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**  *(Stamp of Date of Release)*

*DRY SEAL*

*DRY SEAL*

**Certification**

This is to certify that all requirements and supporting papers pursuant to CSC MC No. \_\_\_\_\_\_\_\_

have been complied with, reviewed and found to be in order.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Ranking HRMO

The position was published at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_,

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

**Certification**

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB during the deliberation held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson, HRMPSB

**CSC Notation**

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**Acknowledgement**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointee

Original Copy - for the Appointee

Original Copy - for the Civil Service Commission

Original Copy - for the Agency

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