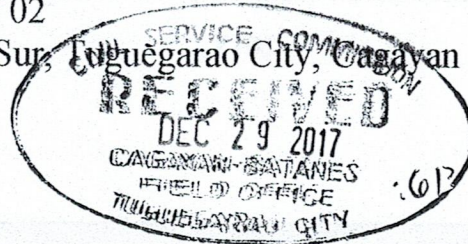


CS Form No. 33-B
Revised 2017



(Stamp of Date of Receipt)

Republic of the Philippines
DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
REGION 02
Regional Government Center, Carig Sur, Tuguegarao City, Cagayan



Mr./Mrs./ Ms.: **DAHLIA M. FLORES**

You are hereby appointed as Local Government Operations Officer VI (SG-22)

under Permanent status at the Department of the Interior and Local Government with
(Permanent, Temporary, etc) (Office/Department/Unit)

a compensation rate of Fifty-Two Thousand Seven Hundred Eighty-Three Pesos (P52,783.00)
per month.

The nature of this appointment is "Reclassification of Position" with NOSCA Serial
(Original, Promotion, etc)

No. 0002017-10-104 vice _____, who

_____ with Plantilla Item No. OSEC-DILGB-LGOO6-1086-2017
(Transferred, Retired, etc.)

Page 5 of 22.

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

Very truly yours,

JONATHAN PAUL M. LEUSEN, JR., CESO IV
Regional Director
Appointing Officer/Authority

VALIDATED

JOY M. MIGUEL
ACTING DIRECTOR

Accredited/Deregulated Pursuant to
CSC Resolution No. 031157, s. 2003
dated November 17, 2003

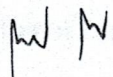
November 21, 2017
Date of Signing

(Stamp of Date of Release)

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.

The position was published at EXEMPTED from _____ to _____, 20____ and posted in _____ from _____ to _____, 20____ in consonance with RA No. 7041. Regional Personnel Selection and Promotion Board (RPSPB) started on _____, 2017.


EDNA V. MUNGCAL
Highest Ranking HRMO

Certification

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

Chairperson, RPSPB

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