

LETTER HEAD OF OFFICE

(NAME OF OFFICE)

(Date)

DIRECTOR JOCELYN PATRICE L. DECO

DIRECTOR II

Civil Service Commission Field Office

Room 107 NEC Building

University of the Philippines

Diliman, Quezon City

Dear Director Deco:

Respectfully submitted for appropriate action is the Report on Appointment Issued (RAI) for the month of _____ which includes the appointments of _____ and _____ others.

STATUS	NATURE	SG 1-25	SG 26 & above	TOTAL
Permanent/ Regular Permanent	Original			
	Promotion			
	Reemployment/Reinstatement/Transfer			
	Reappointment/Demotion			
	Upgrading/Reclassification			
Temporary	Original			
	Promotion			
	Reemployment/Transfer			
	Reappointment/Demotion			
	Renewal			
Casual	Original			
	Promotion			
	Reemployment/Transfer			
	Reappointment/Demotion			
	Renewal			
Contractual/ Coterminous/ Substitute	Original			
	Promotion			
	Reemployment/Transfer			
	Reappointment/Demotion			
	Renewal			
TOTAL				

Submitted by:

(Head of Unit)

REPORT ON APPOINTMENTS ISSUED

Part I

REPORT ON APPOINTMENTS ISSUED (RAI)

For the month of _____

Agency: University of the Philippines Los Baños

Address: College, Laguna

Sector: NCR

CSCFO In-Charge _____

Part I - Pertinent data on appointments issued

Important - Please accomplish this form correctly

Date Issued (1)	Date of Effectivity (2)	NAME OF APPOINTEE (3)	POSITION TITLE for temp/cas/cont appts. indicate inclusive period (4)	ITEM NO. (5)	SALARY & GRADE (6)	STATUS (7)	NATURE (8)	PUBLICATION			CSCFO ACTION (12)
								EFFECTIVITY (9)	DATE (10)	PLACE (11)	

REMARKS/COMMENTS/RECOMMENDATIONS:

Prepared by:

Reviewed/Submitted by:

HRMO/HRMO-designate

AHRMP/Head HRMO

Note: Columns 1 to 11 must be filled by the HRMO of accredited agency. Column 12 CSCFO's action is either I.O. - in order or IN. - invalidated

Part 2

REPORT ON APPOINTMENTS ISSUED (RAI)

For the month of _____

Agency: University of the Philippines Los Baños

Address: College, Laguna

Sector: NCR

CSCFO In-Charge _____

Part II - Pertinent data on appointees

Important - Please accomplish this form correctly

NAME OF APPOINTEE (1)	POSITION TITLE (2)	EDUCATION (3)	RELEVANT EXPERIENCE (4)	ELIGIBILITY					DATE OF BIRTH (10)	PLACE OF BIRTH (11)
				RELEVANT TRAINING (5)	TITLE (6)	DATE (7)	PLACE (8)	RATING (9)		

REMARKS/COMMENTS/RECOMMENDATIONS:

Prepared by:

Reviewed/Submitted by:

Checked/Verified by:

HRMO/HRMO-designate

AHRMPO/Head HRMO

Note: Columns 1 to 11 must be filled by the HRMO of accredited agency

Column 12 CSCFO's action is either IO - in order or IN - invalidated