*CS Form No. 4*

*Revised 2018*



## Republic of the Philippines

## University of the Philippines Manila

## The Health Sciences Center

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Ms**.**/Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has assumed the duties and responsibilities as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This certification is issued in connection with the issuance of the appointment of Ms**.**/Mr**.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Done this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Head of Office/Department/Unit

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attested by:

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

 HRMO

*201 file*

*Admin*

*For submission to CSC FO*

*within 30 days from the*

*date of assumption of the appointee*

*COA*

*CSC*