***CS Form No. 4***

*Revised 2025*

 

Republic of the Philippines

(Name of Agency)

**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

Attested by:

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

 HRMO

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

*201 file*

*Admin*

*COA*

*CSC*