

Republic of the Philippines Region III Schools Division Office of <u>Bulacan</u>

TRANSACTION SLIP



Transaction No: Date : Time: Type of Document for Transaction: APPOINTMENT Requirements: RIGHT SIDE OF THE FOLDER (3 copies each) 1. Copy of Appointment (Civil Service Form 33, with conforme of appointee) 4 COPIES 2. Oath of Office (do not put the date) 3. Certificate of Availability of Funds (Do not put the date) 4. Assignment Order(for Secondary only) 5. Assumption of the Duty 6. Position Description Form (duly signed by Appointee and Immediate Supervisor, do not put date) 7. Personal Data Sheet (Civil Service Form 212, filled-up with complete details, handwritten) 8. *Photocopy of Eligibility/License (If license is on process for renewal, attach photocopy of Claim stub from PRC) 9. *PRC Rating 10. NBI Clearance (if on process for renewal, attach Claim stub from NBI office) 11. SALN 12. Medical Certificate (Civil Service Form 211, with complete medical results for original appointments) 13. *Transcript of Records 14. *Diploma (for original appointment only) 15. *Birth Certificate (for original appointment only) 16. *Marriage Certificate (for original appointment only) 17. IPCRF or RPMS (for Promotion and Reclassification appointments only) LEFT SIDE OF THE FOLDER (1 copy only)		
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2. NOSCA(reclassification and newly created positions)		
3. Clearance CSC Form(for transfer and Reemployment only)		
4. Special Order(if vice is resigned or transferred to other division)		
5. Endorsement Letter(if vice is transferred)		
6. Application for Retirement/Voucher(if voce is retired)		
7. PRC Online Verification(for original appointment only)		
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9. Form 6(for substitute only)		
10. Civil Service Checklist		
11. Publication (except reclassification and substitute)		
12. Plantilla		
Note: All photocopied documents should be certified as TRUE COPY by the Principal/ District Supervisor.		
- All numbers with asterisk(*) should be AUTHENTICATED by the issuing agency (2 copies of		
original authenticated are needed)		
ACKNOWLEDGEMENT SLIP		
Date : Time:		
Received from of of of		
Name of Clerk/SSP/OIC School/Office		
the requirements for and were found COMPLETE , INCOMPLETE .		
Return documents to concerned employee for compliance of deficiencies		
Accepted complete documents. Follow up status on		
Date		
Processed by: Signature Over Printed Name of Staff In-Charge		



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Name of Clerk/SSP/OIC	School/Office	
	d COMPLETE, INCOMPLETE.	
Return documents to concerned employee for compliance of deficiencies		
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