***CS Form No. 4***

***Series of 2017***

**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

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

Attested by:

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

 Highest Ranking HRMO

*201 file*

*Admin*

***For submission to CSCFO***

***within 30 days from the***

***date of assumption of the appointee***

*COA*

*CSC*