

NAME: _____

OFFICE: _____

CHECKLIST OF REQUIREMENTS FOR STAFF MEMBERS (Part I)**FOR PROCESSING OF APPOINTMENT PAPERS (Please accomplish the following) :**

- () 1. KSS Porma Blg. 33 (entries must be typewritten, should be printed back to back); * 3 copies
 () 2. CS-BC Form No. 1 (Position Description Form); * and 2 copies
 () 3. CS 212 (Personal Data Sheet) * with two (2) colored 4.5 cm X 3.4 cm 2 copies
 (Passport size) ID pictures with white background wearing appropriate office attire

[NOTE: When accomplishing the forms/documents, the data should be consistent with the information in your birth certificate (i.e. name, birthdate)/ Service Record (if applicable)]

IMPORTANT: Pursuant to Sec. 1 Rule VI of Civil Service Commission Memorandum Circular No. 40 s. 1998, the effectivity date of an appointment cannot be made earlier than thirty (30) calendar days from the date of its submission to the Civil Service Commission.

Ex. If effectivity date is 01 July 2010, the appointment paper must be submitted to the Civil Service Field Office on or before 30 July 2010, otherwise said appointment paper will be considered lapsed.

(Please give the Human Resource Management Service at least one week to process the appointment papers prior submission to the Civil Service Field Office)

FOR ISSUANCE OF ID:

- () 4. Duly accomplished Identification Information Sheet * 1 copy
 a. With two (2) colored 1.5 X 1.5 pictures with white background wearing appropriate office attire

Date Submitted : _____

Received By : _____

CHECKLIST OF REQUIREMENTS FOR STAFF MEMBERS (Part II)**FOR PROCESSING OF INITIAL SALARY:****A. FOR NEW EMPLOYEE (ORIGINAL APPOINTMENT):**

- () 5. Certificate of Assumption to Duty; * 2 copies
 () 6. Oath of Office; * 2 copies
 () 7. Sworn Statements of Assets, Liabilities and Networth Disclosure; * 2 copies
 () 8. Payroll Certification; * and 2 copies
 () 9. Photocopy of BIR Form 1902 1 copy
 a. Single - Reproduced copy of employee's birth certificate
 b. Head of the Family - Reproduced copy of employee's birth certificate and each of his qualified dependent children or father or mother or brothers or sisters (up to 21 years old only) or senior citizen's Identification Card
 c. Married - Reproduced copy of employee's birth certificate
 - Marriage Contract and
 - Reproduced copy of each qualified dependent children's birth certificate

OTHER REQUIREMENTS AS APPLICABLE ONLY

- a. Waiver from if the wife, with employed husband, is the one claiming the children as additional exemption;
 b. Court decision for legally adopted minor children;
 c. If husband is working abroad, attach his certificate of employment or contract of service;
 d. Medical certificate for physically or mentally incapacitated children, or brother or sister, if already above 21 years old;
 e. For those with registered business submit BIR Form 1901 with stamped received of Revenue District Office (RDO)
 f. For those employees who are new to the government service but with previous employer and with different RDO submit BIR Forms 1905 and 2305

B. FOR REAPPOINTMENT/REEMPLOYMENT (In addition to item Nos. 1-8)

- () 10. Service Record (original copy and one (1) photocopy of the original);
 () 11. Certificate of Last Salary Received (certified true copy and one (1) photocopy of the original);
 () 12. Duly Approved Accountability Clearance (certified true copy and one (1) photocopy of the original);

C. FOR TRANSFEREE (In addition to item Nos. 1-12), If applicable.

- () 13. Certificate of Earned Leave Credits (Original copy), if any
 () 14. BIR Form 2316 from previous employer 1 copy

Date Submitted : _____

Received By : _____

CHECKLIST OF REQUIREMENTS FOR STAFF MEMBERS (Part III)**FOR PROCESSING OF GSIS, PHILHEALTH & PAG-IBIG MEMBERSHIP**

- | | ID Numbers | |
|--|------------|----------|
| () 15. GSIS Membership Form (MIS 05-02) * | _____ | 2 copies |
| a. With latest 1X1 photo | | |
| b. Service Record | | |
| c. Certified true copy of the approved appointment paper | | |
| () 16. PHILHEALTH Membership Form (Mla) * | _____ | 3 copies |
| a. Certificate of Employment | | |
| () 17. PAG-IBIG Fund Member's Data (FPF 090) * | _____ | 1 copy |
| a. With latest 1X1 photo | | |

Date Submitted : _____

Received By : _____