***CS Form No. 4***

***Revised 2018***

Click here to enter text.

**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*

***For submission to CSCFO***

***within 30 days from the***

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

*Admin*

*COA*

*CSC*