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**Republic of the Philippines**

NATIONAL ELECTRIFICATION ADMINISTRATION

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has assumed

*(Name of Appointee)*

the duties and responsibilities as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

*(Position Title)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Name of Office/Department/Unit) (Date of Assumption)*

This certification is issued in connection with the issuance of the appointment

of Ms./Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Appointee’s Surname) (Position Title)*

Done this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Location)*

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

Head of Office/Department/Unit

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

*(Date of Assumption)*

Attested by:

**ANASTACIA B. SUASI**

Division Manager

Human Resources Management

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*201 file*

*Admin*

***For submission to CSC FO***

***within 30 days from the***

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

*COA*

*CSC*