



**FORM FOR APPOINTMENT OF PROJECT/ RESEARCH STAFF
 (under RESEARCH CENTERS)**

Notes: (a) This form must be submitted to OVCRI at least two (2) weeks before the start date of service.
 (b) This form needs to be prepared in one (1) copy only wherein it covers only one (1) position/person

Please submit
 two
 2 x 2 pictures
 Black & white /
 colored

Personal Information

Name: _____
First name Middle name Last name

College/Department: _____ Date of Birth: _____ Citizenship: _____

Home Address: _____
 Email Address: _____ Contact Numbers: _____

Tax Identification Number (TIN): _____ Student ID no. DLSU _____ Other Institution _____
 SSS Number: _____ Pag IBIG number: _____ PhilHealth number: _____

Hiring Details

Classification: Project Assistant Research Assistant Encoder Transcriber Others: _____
 Type of Request: New Replacement for _____ Renewal of Contract
 Position and Rate/fee/salary according to the most recent contract: _____
 Personnel status pursuant to the most previous contract: Output-based Independent contractor Time-based Independent
 Proposed Position / Position Title: _____
 Proposed personnel Status: Output-based Independent contractor Time-based Independent
 Job Description / Duties and Responsibilities: (attach extra sheet if necessary)

 Do you have any relative, by blood or marriage within the 4th civil degree, who is already hired or engaged at present by the university in whatever capacity? _____ If yes, Name: _____ Department/Office _____
 Relationship: _____

Project Details

Appointment Starts : _____ Ends : _____
 Number of Work Hours/Day: _____ Number of Work days/Week: _____
 Fund source: _____ Rate/ Fee/Salary: _____
only but in no case more than the allocated budget for the purpose.
 Name of Proponent/s: _____
 Dept. / Office _____ Contact #: _____
 Title of Project: _____
 Project No. : _____ Project/Budget Account: _____

SIGNATURE(S) OVER PRINTED NAME

 Research Assistant Date _____

Approved by:

 Faculty Proponent Date _____ Research Center Director Date _____

 Director, URCO Date _____ Vice Chancellor for Research and Innovation Date _____

 *Director, OAS Date _____

*Only for undergraduate research assistant