## **Research and Grants Management Office**

3/F Henry Sy, Sr. Hall \* Locals 164/257

## FORM FOR APPOINTMENT OF PROJECT/ RESEARCH STAFF (under RGMO)

Notes:

(a) This form must be submitted to RGMO 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

Name:		nal Information	
Tamo.	First name Mide	dle name Last name	
College/Department:	Date of Birth:		Citizenship:
Home Address: Contact Numbers :			
Tax Identification Number (TIN) SSS Number:	: Pag IBIG number:	Student ID no.   DLSU PhilHe	☐ Other Institutionalth number:
Hiring Details			
Classification:		ch Assistant   Encoder	Transaribar Othera
Type of Request: ☐ New Position and Rate/fee/salary according	☐ Replace Rep	ement for act:	☐ Renewal of Contract
Personnel status pursuant to the most previous contract:   Output-based Independent contractor  Proposed Position / Position Title:			
Proposed personnel Status:   Output-based Independent contractor   Time-based Independent contractor   Job Description / Duties and Responsibilities: (attach extra sheet if necessary)			
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Do you have any relative, by blood or marriage within the 4 <sup>th</sup> civil degree, who is already hired or engaged at present by the university in whatever capacity? If yes: Name: Department/Office: Relationship:			
	Pro	oject Details	
Appointment Starts:		Ends:	
Number of Work Hours/Day:	y:Number of Work days/Week:		
Fund source:	Rate/ Fee/Salary:		
Name of Proponent/s:		-	y but in no case more than the allocated budget for purpose.
Dept. / Office	Contact #:		
Title of Project:			
Project No. :		Project/Rudget Acc	ount:
		110Jeeu Budget Nee	ount.
SIGNATURE(s) OVER PRINTE	D NAME		
Research Assistant	Date		
Approved by:			
Faculty Proponent	Date		
Executive Director, RGM	IO Date	Vice President for and Inno	