



Research and Grants Management Office
3/F Henry Sy, Sr. Hall *Local 164

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

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

Notes: (a) This form must be submitted to EGMO 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

Personal Information

Name: _____
First name Middle name Last name
 Degree/Education: _____ 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) _____

*To the best of your knowledge, do you have any relatives, by blood or marriage, within the 4th civil degree who were hired or engaged in the past and present by the university in whatever capacity? _____ If yes, Name: _____
 Department/Office _____ Relationship: _____

Relatives up to the 4th degree of affinity (in-laws) or consanguinity (blood relatives) in the same project are not allowed.

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

 Date

Approved by:

 Faculty Proponent Date Research Center Director Date

 Ms. Ma. Inores C. Palmes Date
 Director, EGMO