

<div>FORM FOR APPOINTMENT OF PROJECT/ RESEARCH STAFF (under RESEARCH CENTERS)</div> <div>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</div>	<div>Please submit two 2 x 2 pictures Black &amp; white / colored</div>
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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. <input type="checkbox"/> DLSU _____ <input type="checkbox"/> Other Institution _____			
SSS Number: _____ Pag IBIG number: _____ PhilHealth number: _____			

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

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	
_____		_____	
Executive Director, RGMO		Date	
_____		_____	
*Director, OAS		Date	
*Only for undergraduate research assistant			