**UPLB FOUNDATION, INC.**

A.P. Aglibut Ave., College, Laguna 4031

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E-mail: uplbfoundation@uplbfi.org

Tel./ Fax No.: (049) 536-3688/6265

**=====================================================================================**

**JOB CONTRACT FORM**

To:

Address:

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT:

 You are hereby ordered to undertake the job specified below within a period of \_\_\_ working days starting from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ you will be paid the amount of P \_\_\_\_\_\_\_\_\_\_\_\_\_\_ after the completion on the work.

Specification:

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

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Source of Fund: \_\_\_\_\_\_\_\_\_\_\_\_

Conforme:

Date

RECOMMENDING APPROVAL:

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

 PROJECT LEADER UNIT DIRECTOR

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

COLLEGE DEAN

 APPROVED:

 **DR. ENRICO P. SUPANGCO**

 Executive Director

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REQUIREMENTS FOR SSS/BIR REDUCTIONS

For New Project Staff

Employed at UPLB \_\_\_ Yes \_\_ No

Unit Base : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIN : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note:

*Please submit this form before the working period*

*Attached accomplishment report for payment of Job Contract*