

UPLB FOUNDATION, INC.

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

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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:

Source of Fund: _____

Conforme: _____
Date _____

RECOMMENDING APPROVAL:

PROJECT LEADER

UNIT DIRECTOR

COLLEGE DEAN

APPROVED:

DR. ENRICO P. SUPANGCO
Executive Director

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