**UPLB FOUNDATION, INC.**

A. Aglibut Ave., College, Laguna 4031

Web: www.uplbfi.org

E-mail: uplbfoundation@uplbfi.org

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

#### PROJECT APPOINTMENT

**NAME**:  UPLB UNIT BASE

HIGHEST EDUCATIONAL DEGREE/FIELD OF SPECIALIZATION (Attach Bio-Data)

PROJECT TITLE:

PROJECT CODE:

POSITION TITLE:

**Remuneration:** **Entitlements:**

Basic P 13th Month Pay P

PERA P SSS P

A.C. P PhilHealth P

Honoraria/Prof. Fee P HDMF P

Wages P Payment Terms :

Contract Duration:

*Conditions: Resignation should be submitted at least 90days prior to effectivity.*

*I hereby agree to the terms and conditions of this project appointment. I understand that failure on my part to fulfill my responsibilities and obligations can subject me to the penalties provided by the law.*

SignatureDate

Employee ID No: TIN No : :

Landbank ATM :  SSS No. : :

Contact Person. :  PhilHealth No:

Contact No. and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_ HDMF No. **:**

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**RECOMMENDED BY**

**Project Leader**

**Unit Director**

**College Dean**

**APPROVED BY:**

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**DR. ENRICO P. SUPANGCO**

**Executive Director**