

UPLB FOUNDATION, INC.

A. Aglibut Ave., College, Laguna 4031

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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:

Basic ₱ _____
PERA ₱ _____
A.C. ₱ _____
Honoraria/Prof. Fee ₱ _____
Wages ₱ _____

Entitlements:

13th Month Pay ₱ _____
SSS ₱ _____
PhilHealth ₱ _____
HDMF ₱ _____
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.

Signature

Date

Employee ID No: _____
Landbank ATM: _____
Contact Person. : _____
Contact No. and Email: _____

TIN No : : _____
SSS No. : : _____
PhilHealth No: _____
HDMF No. : : _____

RECOMMENDED BY

Project Leader

Unit Director

College Dean

APPROVED BY:

DR. ENRICO P. SUPANGCO
Executive Director