

# University Research Coordination Office

3/F Henry Sy, Sr. Hall \*Locals 164/257

## FORM FOR APPOINTMENT OF RESEARCH ASSISTANT (under URCO/RESEARCH CENTERS/ Office of Admissions and Scholarships START Program)

Pls submit  
two  
2 x 2 picture  
bw / colored

Name of Research Assistant: \_\_\_\_\_  
First name Middle name Last name

College/Department: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address : \_\_\_\_\_

Email Address : \_\_\_\_\_ Contact Numbers : \_\_\_\_\_

Tax Identification Number (TIN) : \_\_\_\_\_ Student ID no. ☐ DLSU ☐ Other Institution \_\_\_\_\_

SSS Number: \_\_\_\_\_ Pag IBIG number: \_\_\_\_\_ PhilHealth number: \_\_\_\_\_

Period/Dates covering the duration of the previous contract: \_\_\_\_\_

Position and Rate/fee/salary according to the most recent contract: \_\_\_\_\_

Personnel status pursuant to the most previous contract: \_\_\_\_\_ Project employee \_\_\_\_\_ Independent contractor

Proposed Position: \_\_\_\_\_

Proposed personnel Status: \_\_\_\_\_ Project employee \_\_\_\_\_ Independent contractor

Job Description : \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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

\_\_\_\_\_  
Faculty Proponent

\_\_\_\_\_  
Director, URCO

\_\_\_\_\_  
Vice Chancellor for Research and Innovation

\_\_\_\_\_  
\*Director, Office of Admissions and Scholarships (OAS)

\_\_\_\_\_  
\*\*Chancellor

\* Only for research assistant under the OAS START Program

\*\* Only for funds directly monitored by the Chancellor's Office

\*\*\* One copy of this form will be forwarded to the Office of Personnel Management (OPM)