#### **VISAYAS STATE UNIVERSITY**

Visca, Baybay, Leyte

### JOB ORDER

| NAME                        | DESIGNATION | RATE/QUESTIONNAIRE                        | PERIOD OF EMPLOYMENT |                      | FUNDING         | OFFICE<br>ASSIGNMENT | ACKNOWLEDGEMENT |  |
|-----------------------------|-------------|---|----------------------|----------------------|-----------------|----------------------|-----------------|--|
|                             |             |   | FROM                 | то                   |                 | 7.0010111112111      |                 |  |
| 1. Leah Mae M.     Pagaling | Enumerator  | P 205/respondent (target: 75 respondents) | November 3,<br>2023  | November 17,<br>2023 | EXT70-ISRDS-BDC | ISRDS                | Jane            |  |
| 2. Rammel Sacobos           | Enumerator  | P 205/respondent (target: 75 respondents) | November 3,<br>2023  | November 17,<br>2023 | EXT70-ISRDS-BDC | ISRDS                |                 |  |

### JOB DESCRIPTION:

- 1. To gather data through the conduct of surveys with respondents.
- 2. Undergo training in using a digital survey tool and orientation of the questionnnaires.
- 3. Review and verify completeness of data and submit filled-up questionnaires, duly certified by the designated research assistant to the Project Leader.
- 4. To do another task that the project leader may assign.

Certified that appointment is in order and proper:

Enumerators shall be entitled to payment of travel expenses, accommodation and meals when travelling on official business within the country subject to the existing government accounting rules and regulations and to pertinent VSU policies and rules government official travel.

This said job order shall automatically cease upon expiration as stipulated above, unless renewed. However, services of any or all the above named can be terminated prior to the expiration of this Job Order for lack of funds or when their services are no longer needed. Furthermore, the services rendered hereunder is not considered or will never be accredited as government services.

Prepared by:

Certified as the existence of Appropriation/Obligation

Requested by:

GINA A. DELIMA Project Leader

ALICIA M. FLORES Head, Budget Office GINA A. DELIMA Project Leader

1

Recommending Approval:

Approved by:

JENNIFER E. ANDO Head, RSPPRO MARIA JULIET C. CENIZA

Vice President for Research, Extension and Innovation

DANIEL LESLIE TAN
OIC University President

## VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET

For Job Order Workers

| Print legibly. Mark ap   | propriate boxes   | with " ☑ " and  | d use separate shee               | et if necessar                                   | у.  |  |   |                             |  |  |
|--|---|---|-----------------------------------|--|---|--|---|-----------------------------|--|--|
| 1. SURNAME   | P   A   G   A   | L   I   N   G   |                                   |  |   |  |   |                             |  |  |
| FIRST NAME   | LIEIAIH   | M  A   E  |                                   |  |   |  |   |                             |  |  |
|  |   | 10  |                                   | 1 1  | 2. NAME EXTENSION (e.g. Jr., Sr.)                               |  |   |                             |  |  |
| MIDDLE NAME  3. DATE OF BIRTH (mm/dd/yyy)  |   | 11/12/92  | 11. PRESENT ADDRE                 | SS   |   |  |   |                             |  |  |
| 4. PLACE OF BIRTH  | BAYBAY CITY LEYTE   | 737777777   |                                   |  | BRGY.MARCOS BAYBA   | Y CITY LEYTE                               |   |                             |  |  |
| 5. SEX   | ☐ Male ☐ Female   |   |                                   |  |   |  |   |                             |  |  |
| 6. CIVIL STATUS  |   |   |                                   |  | 6521  |  |   |                             |  |  |
|  | Married □ Separated     □ Annulled □ Others, specify  |   | Colombia construction             | 13. TEL NO/CEL NO.                               |   | 09855144909                                |   |                             |  |  |
|  |   |   | 14. PHILHEALTH NO.                |  |   |  |   |                             |  |  |
|  | EII IBING   | WEIGHT (kg) 15. TIN   |                                   |  | 13-253343120-1  |  |   |                             |  |  |
| 7. CITIZENSHIP   | FILIPINO  |   |                                   | 362-111-112-000                                  |   |  |   |                             |  |  |
| 8. HEIGHT (m)  |   | 10. BLOOD TYPE  | 16. PAG-IBIG ID NO.               |  | DATE OF DIRECT  |  |   |                             |  |  |
| . SPOUSE'S SURNAME   | Pagaling  |   |                                   | 18. NAME OF CHILD (Write full name and list all) |   |  | DATE OF BIRTH (mm/dd/yyyy)                            |                             |  |  |
| FIRST NAME   | Jestryl   |   |                                   | P  | RINCE JHEYLEM M. PAGA   | ALING                                      | 01/17/2012  |                             |  |  |
| MIDDLE NAME  | Atup  |   |                                   |  |   |  |   |                             |  |  |
| 9. HIGHEST EDUCATIONA  | AL ATTAINMENT   | [ ] Elementary (Grade _   | / Graduated)                      |  |   |  |   |                             |  |  |
| (Please check and und  | erline the specific)  | [ ] High School (1st, 2nd, 3rd)  [ ] College (1st, 2nd, 3rd)  Degree: |                                   |  |   |  |   |                             |  |  |
| O. CAREER SERVICE ELIC   | GIBILITY  | □ Professional □  | Sub-Profession                    | al   | □ Others, S   | pecify:                                    |   |                             |  |  |
| A THE PARTY OF THE | WORK EXPERIENCE<br>INCLUSIVE DATES (mm/dd/yyyy)   |   | POSITION TITLE<br>(Write in full) |  | DEPARTMENT / AGENCY / OFFICE / COMPANY /PROJECT (Write in full) |  | STATUS OF<br>APPOINTMENT<br>(Perm/Temp/<br>Job Order) | GOV'T SERVICE<br>(Yes / No) |  |  |
| From   | To  |   |                                   |  |   |  |   |                             |  |  |
| SEPT.28, 2018  | March 3, 2023   | Bdc secretary   |                                   | BAYBAY DAIRY COOPERATIVE 6000                    |   |  | permanent   | no                          |  |  |
| Mrch 4, 2023   | July 31, 2023   | Bdc to  | Bdc treasurer                     |  | BAYBAY DAIRY COOPERATIVE 6000                                   |  | permanent   | no                          |  |  |
| 2.   |   |   |                                   |  |   |  |   |                             |  |  |
|  | LSKILLS   |   | Proficier                         | ncy (Please                                      | check)  |  |   |                             |  |  |
|  | (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.) |   | Highly Skilled Aver               |  | rage Fair   |  | REMARKS   |                             |  |  |
| omputer skills   |   |   |                                   |  |   |  | -   |                             |  |  |
|  |   |   |                                   |  |   |  |   |                             |  |  |
|  |   |   | -                                 |  |   |  |   |                             |  |  |
|  |   |   |                                   |  |   |  |   |                             |  |  |
| 23.  | A OSTANIA DA MADRICO MAD  | INCLUSIVE DATE  | S OF ATTENDANCE                   |  |   |  |   |                             |  |  |
| RELEVANT TRAININGS SEMINAR/WORKSHOP<br>ATTENDED<br>(Write in full)   |   | (mm/dd/yyyy)  |                                   | NUMBER OF HOURS                                  |   | CONDUCTED/ SPONSORED BY<br>(Write in full) |   |                             |  |  |
| (Wine  |   | From  | То                                |  | - I - 01  |  |   |                             |  |  |
|  |   | 1 1   | 1 1                               | -  |   |  |   |                             |  |  |
|  |   | 1 1   | 1 1                               |  |   |  |   |                             |  |  |
|  |   | 1 1   | I = I                             |  |   |  |   |                             |  |  |
|  |   | 1 1   | F 7                               |  |   |  |   |                             |  |  |
| I hereby declare that this and regulations of the Re   |   |   | ed by me, and is a tru            | e, correct and                                   | complete statement pur  | rsuant to the pro                          | ovisions of pe  | rtinent laws, rul           |  |  |
| 24. COMMUNITY TAX CERTIFICAT   |   | DATE ACCOMPLISHED: (mm  |                                   |  | oq/oc/03  |  |   |                             |  |  |
| IGNATURE :   |   | DATE ACCOMPLISHED: (mn  | nadi/yyyy) 117 0 /                | 4-00   | _   |  |   |                             |  |  |

# VISAYAS STATE UNIVERSITY PERSONAL DATA SHEET

For Job Order Workers

|  |  |  | ror Job Order                               | VVOIKCIS                           |                                   |                       |                           |                     |  |
|--|--|--|---|------------------------------------|-----------------------------------|-----------------------|---------------------------|---------------------|--|
| Print legibly. Mark appro  | opriate boxes w  | πn"☑ "and use s  | eparate sheet if nece                       | essary.                            |                                   |                       | Be                        | <b>//</b> / =       |  |
| 1. SURNAME   | IVIAICIO   | 131011   |   | 1 1 1                              |                                   | 1 1 1                 |                           |                     |  |
| FIRST NAME   | PIAIMIN  |  | 1 1 1 1 1                                   | 1 1 1                              | 1 1 1 1 1                         | 1 1 1 1               |                           |                     |  |
|  |  | 101 1 1 1  | 1 1 1 1                                     |                                    | 2. NAME                           | EXTENSION (e.g. Jr.,  | Sr.)                      |                     |  |
| MIDDLE NAME  3. DATE OF BIRTH (mm/dd/yyyy  |  | ten .01,1985   |   | SS                                 |                                   |                       |                           |                     |  |
| 4. PLACE OF BIRTH  |  |  | ANY KIDNON                                  |                                    |                                   | phone, manna at       |                           |                     |  |
| 5. SEX   | Male Female  |  |   | mylei                              |                                   |                       |                           |                     |  |
| 6. CIVIL STATUS Single Widov Married Separ Annulled Other  |  | wed  | 12. ZIP CODE                                | W2                                 |                                   | 21                    |                           |                     |  |
|  |  | rated  | 13. TEL NO/CEL NO.                          |                                    | 09178411849                       |                       |                           |                     |  |
|  |  | s, specify   | 14. PHILHEALTH NO.                          |                                    |                                   |                       |                           |                     |  |
| 7. CITIZENSHIP   |  | 9. WEIGHT (kg)   | 15. TIN                                     | 238351764                          |                                   |                       |                           |                     |  |
| 8. HEIGHT (m)  |  | 10. BLOOD TYPE   |   |                                    |                                   |                       |                           |                     |  |
| 17. SPOUSE'S SURNAME   | MAIN GOUT  | STATE THE PARTY OF |   | 18. NAME OF CHI                    | LD (Write full name and list all) |                       | DATE OF                   | BIRTH (mm/dd/yyyy)  |  |
| FIRST NAME   |  |  | ***************************************     |                                    | JONHAM SACORON                    |                       |                           | H 08,2019           |  |
| MIDDLE NAME  | BATTAN   |  |   |                                    | H PACOUSON                        |                       | ten 07, 204               |                     |  |
| 19. HIGHEST EDUCATIONA   | The second secon | [ ] Elementary (Grade _  | / Graduated)                                |                                    |                                   |                       | 109 04, 2021              |                     |  |
| (Please check and unde   |  | [ ] High School (1st, 2nd  |   |                                    |                                   |                       |                           |                     |  |
| (Linux cine)Cini   | 7-5-7  | [ ] College (1st, 2nd, 3rd   | , 4th, Graduated)                           |                                    |                                   |                       |                           |                     |  |
|  |  | Degree: 14 1   |   |                                    | _                                 |                       |                           |                     |  |
| 20. CAREER SERVICE ELIC  | GIBILITY   | □ Professional □   | Sub-Professiona                             | al                                 | ☐ Others, Sp                      | ecify:                |                           |                     |  |
| work FXI   | PERIENCE   | POSITIO  | ON TITLE                                    | DEPARTMENT / AGENCY / OFFICE / COM |                                   | SALARY                | STATUS OF<br>APPOINTMENT  | GOV'T SERVICE       |  |
| 41.  | ES (mm/dd/yyyy)  | (Write in full)  |   | /PROJECT<br>(Write in full)        |                                   | (Daily or Monthly)    | (Perm/Temp/<br>Job Order) | (Yes / No)          |  |
| From   | То   |  |   |                                    |                                   |                       |                           |                     |  |
| 2004   | 2017   | ADMINISTA  | ATIVE AIDT                                  | DENTALTW                           | IENT of Acrucum                   | NE 14,000             | JO                        |                     |  |
| 4014   |  |  |   | Sell 2                             | AN DAINY WAN                      | 0.15                  | DE O AIR A                | u.r                 |  |
| 2019   | 2023   | BOC TUTT   |   | AMU MAY DAIRY CON. 9,418 A         |                                   |                       |                           |                     |  |
| 2023   |  | PAC WH   |   | HAMMAN DANN 001. 11,100.10         |                                   |                       | /CIVIDA NOTO              |                     |  |
| 22.<br>SPECIAL   | L SKILLS   |  | Proficier                                   | ncy (Please c                      | heck)                             |                       |                           |                     |  |
| (i.e. computer skills, ty  | (i.e. computer skills, typing, welding, plumbing,  |  | Augo  |                                    | Fair                              |                       | REMARKS                   |                     |  |
| carpentry, auto mechanic, driving, et. al.)  |  | Highly Skilled   | Aven  | aye                                |                                   |                       |                           |                     |  |
| COMPUTER SIE   | ius  | -  |   |                                    |                                   |                       |                           |                     |  |
| NING   |  |  |   |                                    |                                   |                       |                           |                     |  |
| DMUING   |  |  |   |                                    |                                   |                       |                           |                     |  |
| The state of the s |  |  |   |                                    |                                   |                       |                           |                     |  |
|  |  |  |   |                                    |                                   |                       |                           |                     |  |
|  |  |  |   |                                    |                                   |                       |                           |                     |  |
|  |  |  |   |                                    |                                   |                       |                           |                     |  |
| 23.<br>DELEVANT TRAININGS  | S SEMINAR/WORKSHOP   |  | S OF ATTENDANCE                             |                                    |                                   |                       |                           |                     |  |
| RELEVANT TRAININGS SEMINAR/WORKSHOP<br>ATTENDED<br>(Write in full)   |  | (mm/dd/yyyy)   |   | NUMBE                              | ER OF HOURS                       | CONDUCTED/ SP         |                           | ED BY               |  |
|  |  | From To  |   |                                    |                                   |                       |                           |                     |  |
| COMPANION OF LOW TE CHOLING TOWN (1CL)   |  | 6 6 6 2007   | 1 4 1 2007 4 191 000                        |                                    | ٤                                 | M                     |                           |                     |  |
|  |  | 1 1  | 1 1   | 1                                  |                                   |                       |                           |                     |  |
| the thing or described and the   |  | 11 1241 10K  | 11 1251 2007                                | 7 /4                               |                                   | D.A. RECION IN A OFFI |                           | A OFFICE            |  |
| M FOLMATION CYCTEM FOR   |  | 1 1  | 1 1   |                                    |                                   |                       |                           |                     |  |
| I hereby declare that this   |  | has been assemble to   | ad by mo, and is a to-                      | e correct and                      | complete statement pur            | suant to the pro      | visions of n              | ertinent laws rules |  |
| and regulations of the Re  |  |  | eu by me, and is a tru                      | e, correct and                     | complete statement pu             | Juan to the pro       | orono ur pr               | a anone iamo, ruite |  |
|  |  |  |   |                                    |                                   |                       |                           |                     |  |
| 24. COMMUNITY TAX CERTIFICAT   | TE NO. 189 4 62  | SSUED AT:  | mymmy and                                   | SSUED ON (mm/dd/                   | W: 5/11/2023                      |                       |                           |                     |  |
| 2  | 2  |  |   |                                    |                                   |                       |                           |                     |  |
| SIGNATURE :  |  | DATE ACCOMPLISHED: (mm   | n/dd/yyyy) // / / / / / / / / / / / / / / / | 207                                | _                                 |                       |                           |                     |  |