



CONTRACT OF SERVICE FOR INDIVIDUAL JOB ORDER WORKER

KNOW ALL MEN BY THESE PRESENTS:

This Agreement entered into by and between:

The **VISAYAS STATE UNIVERSITY**, an institution of higher learning established under Presidential Decree No. 470 as amended by Presidential Decree No. 700 and converted into a state university by virtue of Republic Act No. 9158 and renamed as Visayas State University by virtue of Republic Act No. 9347, with principal office at Baybay City, Leyte, duly represented by its President, **DR. EDGARDO E. TULIN**, hereinafter referred to as the **FIRST PARTY**;

-and-

JONALYN A. BULAWAN of legal age, female, Filipino and residing at Brgy. Patag, Baybay City, Leyte hereinafter referred to as the **SECOND PARTY**;

WITNESSETH:

WHEREAS, the **FIRST PARTY** is in need of person/s who can provide administrative support services which cannot be performed by the existing regular manpower/employees of the specific units/departments/centers within the university;

WHEREAS, the **SECOND PARTY**, possesses the required qualification and expertise needed by the hiring department/center/unit/office and is willing to provide the services needed;

NOW, THEREFORE, premises considered, the parties hereto hereby agree as they have agreed under the terms and conditions, as follows;

The **FIRST PARTY** hereby contracts the services of the **SECOND PARTY** as Admin Aide to perform the functions and deliver the following outputs as follows:

1. Coordinates office and administrative activities particularly storing, retrieving and integrating information and maintain proper recording/filing of records;
2. Prepares and processes reimbursement of Laboratory supplies, Office Expenses and scholarship Tuition Fees;
3. Performs messengerial work in the absence of regular admin aide;
4. Maintain cleanliness and orderliness of the office and reception areas;
5. Perform other functions assigned by the department.

THAT, when the work demand for travel, the **SECOND PARTY** shall be entitled to payment of travel expenses (per diem and fare) when travelling on official business within the country subject to existing government accounting rules and regulations and to the pertinent VSU policies and rules governing official travel;

THAT, the **SECOND PARTY** shall abide the rules and regulations of the **FIRST PARTY** and the terms and conditions as provided for in this service contract and performs the above-listed functions for a total of Eighteen (18) days per month at not less than 8 hours per day based on the work schedule as prescribed by the hiring department/office/center/units;

THAT for, and consideration of the foregoing service, the **FIRST PARTY** binds itself to pay the **SECOND PARTY** in the amount of Five Hundred Fifty Three Pesos and Forty Centavos (Php553.40) per day inclusive of ten percent (10%) premium;

THAT, **SECOND PARTY** will be paid twice a month (per quincena) upon presentation of a certification of accomplishments and rendition of actual services issued by

Edgardo E. Tulin
Jonallyn A. Bulawan

of services rendered and quantity of the outputs delivered by the Job Order for the period were under contract of service by the university;

THAT, the effectivity of this contract of services shall be subject to availability of funds and shall be deemed automatically terminated should the source of funds where this contract is charged is already depleted;

Confidentiality Clause: The **SECOND PARTY** is required to turn-over the data materials, equipment and other things that come into hi/her possession because of his/her job, and preserve the confidentiality of any information regarding the University, faculty staff, and students. Any disclosure and divulgement of confidential information (including personal information kept on computer or other media, research, technologies and manuals) made unlawfully outside the proper course of duty will be grounds for dismissal without prejudice to filing appropriate case in Court. The confidentiality clause will still apply even if the **SECOND PARTY** is no longer connected with VSU unless the University gives its express consent;

This contract of service may also be terminated by the First Party before the end of the stipulated term when the services is no longer needed or whenever the Second Party violates rules and regulations of the University or for unsatisfactory performance of the task assigned;

IN WITNESS THEREOF, the parties have hereto set their hands this ____ day of _____ at Baybay City, Leyte , Philippines.

VISAYAS STATE UNIVERSITY
Baybay City

By:

DR. EDGARDO E. TULIN
(First Party)

dyon
JONALYN A. BULAWAN
(Second Party)

Signed in the presence of:

[Signature]
ELIZABETH S. QUEVEDO
Head, DoPAC

ALICIA M. FLORES
OIC Head, Budget Office

MERIAM M. MORATA
OIC Head, OHRSPPR

PROVINCE OF LEYTE)
REPUBLIC OF THE PHILIPPINES) S.S.
MUNICIPALITY OF BAYBAY)

BEFORE ME, this ____ day of _____, personally appeared Dr. Edgardo E. Tulin with valid w/ valid VSU ID No. V000522 and Jonalyn A. Bulawan with Res. Cert #18939573 dtd 1/15/23 issued @ Baybay City known to me to be the same persons who executed the foregoing instrument and they acknowledged to me that the same is their free and voluntary act and deed.

This instrument consisting of two pages including this acknowledgement has been signed by the parties and their witnesses and sealed with my notarial seal.

WITNESS MY HAND AND SEAL on the date and place first above written.

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes, ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

| | | | |
|-------------------------------|--|---|--|
| 2. SURNAME | BULAWAN | | |
| FIRST NAME | JONALYN | | NAME EXTENSION (Jr., Sr.) |
| MIDDLE NAME | ALKUINO | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 08/09/1986 | 16. CITIZENSHIP | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship by birth by naturalization |
| 4. PLACE OF BIRTH | BAYBAY, LEYTE | If holder of dual citizenship, please indicate the details. | Please indicate country. |
| 5. SEX | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | | |
| 6. CIVIL STATUS | Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS | |
| 7. HEIGHT (m) | 1.55 | House/Block/Lot No. | Street |
| 8. WEIGHT (kg) | 47 | Subdivision/Village | PATAG |
| 9. BLOOD TYPE | N/A | City/Municipality | BAYBAY CITY |
| 10. GRS ID NO. | N/A | Province | LEYTE |
| 11. PAG-IBIG ID NO. | 121285042922 | 18. PERMANENT ADDRESS | |
| 12. PHILHEALTH NO. | 11-202664317-4 | House/Block/Lot No. | Street |
| 13. SSS NO. | 0625396762 | Subdivision/Village | PATAG |
| 14. TIN NO. | 417-586-588 | City/Municipality | BAYBAY CITY |
| 15. AGENCY EMPLOYEE NO. | N/A | Province | LEYTE |
| | | 19. TELEPHONE NO. | N/A |
| | | 20. MOBILE NO. | 09518232574 |
| | | 21. E-MAIL ADDRESS (if any) | jabulawan34@gmail.com |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|---------|---------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | BULAWAN | | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | LEO | NAME EXTENSION (Jr., Sr.) | N/A | N/A |
| MIDDLE NAME | GUMBA | | | |
| OCCUPATION | FARMER | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | ALKUINO | | | |
| FIRST NAME | MATIAS | NAME EXTENSION (Jr., Sr.) | SR. | |
| MIDDLE NAME | GUMBA | | | |
| 25. MOTHER'S MAIDEN NAME | PARAISO | | | |
| SURNAME | ALKUINO | | | |
| FIRST NAME | LOLITA | | | |
| MIDDLE NAME | NAVALES | | | |

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | PERIOD OF ATTENDANCE | | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|---------------------------|--------------------------------|---|----------------------|------|--|----------------|---------------------------------------|
| | | | From | To | | | |
| ELEMENTARY | KILIM ELEMENTARY SCHOOL | | 1994 | 1999 | | 1999 | KALIDIC-TORIAN |
| SECONDARY | BAYBAY NATIONAL HIGH SCHOOL | | 1999 | 2003 | | 2003 | |
| VOCATIONAL / TRADE COURSE | N/A | | | | | | |
| COLLEGE | VISAYAS STATE UNIVERSITY | BACHELOR OF SCIENCE IN AGRIBUSINESS | 2003 | 2020 | 184 units | 2020 | |
| GRADUATE STUDIES | | | | | | | |

[illegible]

V. WORK EXPERIENCE

[illegible]

[illegible]

(Continue on separate sheet if necessary)

VI. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

Confine on separate sheet if necessary

VIII. OTHER INFORMATION

| 31. SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
|--------------------------------|--|---|
| PLANTING / FARMING | | |
| WRITING | | |
| READING | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Confine on separate sheet if necessary.

| | | | |
|-----------|--------------------|------|------------|
| SIGNATURE | <i>[Signature]</i> | DATE | 02/15/2025 |
|-----------|--------------------|------|------------|

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

a. within the third degree?

b. within the fourth degree (for Local Government Unit - Career Employees)?

YES ☒ NO

YES ☒ NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

YES ☒ NO

If YES, give details: _____

YES ☒ NO

If YES, give details: _____

Date Filed: _____

Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

YES ☒ NO

If YES, give details: _____

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

☒ YES ☒ NO

If YES, give details: IN PGA AS ENUMERATOR (FINISHED CONTRACT)

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

YES ☒ NO

If YES, give details: _____

YES ☒ NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

YES ☒ NO

If YES, give details (country): _____

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group?

b. Are you a person with disability?

c. Are you a solo parent?

YES ☒ NO

If YES, please specify: _____

YES ☒ NO

If YES, please specify ID No: _____

YES ☒ NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

| NAME | ADDRESS | TEL. NO. |
|----------------------|---------------------------|------------|
| PROF. NILDA AMESTOSO | BAYBAY CITY, LEYTE | 0961886011 |
| GIDEON NIEL TAN | VISCA, BAYBAY CITY, LEYTE | 0908988169 |

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.



Jonalyn A. Bulawan
JONALYN A. BULAWAN

Government Issued ID (i.e. Passport, GRS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PHIL HEALTH

ID/License/Passport No.: 11-202664317-4

Date/Place of Issuance: BAYBAY CITY, LEYTE

Jonalyn A. Bulawan

Signature (Sign inside the box)

Date Accomplished



Right Thumbprint

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.



**MEDICAL CERTIFICATE
(For Employment)**

This is to certify that I have seen and examined Mr./Ms. BULAWAN, JONALYN A.
36/Female that he/she is physically and/or medically ☒ fit or ☐ unfit to work.

Physical Fitness Class: B

Remarks: Amenorrhea

Class A: Physically fit for any work
Class B: Employable but with correctible defects
Class C: Employed but with certain limitations
and needing regular medication/check up
Class D: Unfit to work.

Name & Signature of the Physician:

CHRISTELLE VENUS F. CAPUNO, M.D.

License No.: 0156881

Date Examined: 2-20-2023



Vision:
Mission:

A globally competitive university for science, technology, and environmental conservation.
Development of a highly competitive human resource, cutting-edge scientific knowledge
and innovative technologies for sustainable communities and environment.


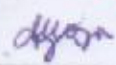
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FM-UHS-48
v0 01-29-2021

No. 23- 747

| | | | |
|--|--|--|--|
|  <p>Republic of the Philippines Philippine Health Insurance Corporation PHILHEALTH AGENTS RECEIPT (PAR)</p> | | <p>PAYOR'S COPY</p> <p>PAR NUMBER 326814549</p> | |
| <p>NAME BULAWAN, JONALYN ALKUINO</p> | | <p>DATE 02/16/2023</p> | |
| <p>AMOUNT RECEIVED 1,200.00</p> | | <p>AGENT'S SIGNATURE </p> | |
| <p>VALIDATION BOX</p> | | <p>LGU BAYBAY</p> | |
| <p>PIN 1120-2664-3174</p> | | | |
| <p>NAME BULAWAN, JONALYN ALKUINO</p> | | | |
| <p>MEMBER TYPE VOLUNTARY</p> | | | |
| <p>APPLICABLE PERIOD JANUARY 2023-MARCH 2023</p> | | | |
| <p>AMOUNT 1,200.00</p> | | | |
| <p>VALIDATION DATE 02/16/2023</p> | | | |
| <p>PAR NUMBER 326814549</p> | | | |
| <p><i>Bawat Filipino, Miyembro Bawat Miyembro, Protektado Kalusugan ng Lahat, Segurado</i></p> | | | |

BSR FORM 0015 (DECEMBER, 2014)

| | | | |
|--|---|----------------------------------|--------------------------------|
| COMMUNITY TAX CERTIFICATE | | INDIVIDUAL | CCI2021 18939573 |
| YEAR 2023 | PLACE OF ISSUE (City/Municipality) CITY OF BAYBAY CITY | DATE ISSUED 21 15 2023 | |
| NAME (SURNAME) BULAWAN, JONALYN ALKUINO (MIDDLE) | | TAXPAYER'S COPY | |
| ADDRESS PATAG, BAYBAY CITY, LEYTE | | TIN (if Any) | |
| CITIZENSHIP FILIPINO | ICR NO. (if an Alien) | PLACE OF BIRTH BAYBAY | HEIGHT (in ft.) 5'2" |
| CIVIL STATUS Single | Widow/Widower/Legally Separated Divorced | DATE OF BIRTH 08/09/86 | WEIGHT 45 KGS |
| PROFESSION / OCCUPATION / BUSINESS SALES LADY | | TAXABLE AMOUNT | COMMUNITY TAX DUE |
| A. BASIC COMMUNITY TAX (P5.00 Voluntary or Exempted (P1.00)) | | | P 5.00 |
| B. ADDITIONAL COMMUNITY TAX (tax not to exceed P5,000.00) | | | |
| 1. GROSS RECEIPTS OR EARNINGS DERIVED FROM BUSINESS DURING THE PRECEDING YEAR (P1.00 for every P1,000.00) | | | |
| 2. SALARIES OR GROSS RECEIPT OR EARNINGS DERIVED FROM EXERCISE OF PROFESSION OR PURSUIT OF ANY OCCUPATION (P1.00 for every P1,000) | | 5,000.00 | 5.00 |
| 3. INCOME FROM REAL PROPERTY (P1.00 for every P1,000) | | | |
| Right Thumb Print  | TAXPAYER'S SIGNATURE  | TOTAL | P 10.00 |
| MUNICIPAL / CITY TREASURER ALBERTA BUENA A. MANATAD | | INTEREST | |
| | | TOTAL AMOUNT PAID | P 10.00 |
| | | (in words) TEN PESOS ONLY | |

DOP: 05.14.2021

| | |
|--|--|
|  <p>REPUBLIC OF THE PHILIPPINES Philippine Health Insurance Corporation</p> |  <p>PhilHealth</p> |
| <p>11-202664317-4</p> <p>BULAWAN, JONALYN ALKUINO</p> <p>AUGUST 09, 1986 - FEMALE</p> <p>MAHALANG HINAMAYLAN, NEGROS OCCIDENTAL</p> | |
|  | |



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V08, 11/2020)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

121285042922

REGISTRATION TRACKING NUMBER

921185370293

| | | | | | |
|---|----------------------|--|--|---|---|
| OCCUPATIONAL STATUS | | UNEMPLOYED/NOT YET EMPLOYED | | | |
| MEMBERSHIP CATEGORY | | | | | |
| PERSONAL DETAILS | | | | | |
| NAME | LAST NAME | FIRST NAME | NAME EXTENSION | MIDDLE NAME | NO MIDDLE NAME |
| MEMBER | BULAWAN | JONALYN | | ALKUINO | <input type="checkbox"/> |
| FATHER | ALKUINO | MATIAS | | GUMBA | <input type="checkbox"/> |
| MOTHER (Maiden Name) | NAVALES | LOLITA | | PARAISO | <input type="checkbox"/> |
| SPOUSE (if Married) | BULAWAN | LEO | | GUMBA | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | ALKUINO | JONALYN | | NAVALES | <input type="checkbox"/> |
| DATE OF BIRTH 08/09/1986 | | MARITAL STATUS MARRIED | | TAXPAYER IDENTIFICATION NUMBER (TIN) 417586588 | |
| PLACE OF BIRTH BAYBAY, LEYTE | | CITIZENSHIP FILIPINO | | SSS NUMBER 0625396762 | |
| SEX FEMALE | HEIGHT (cm.) 1.56 | WEIGHT (kg.) 48.00 | PROMINENT DISTINGUISHING FACIAL FEATURES MOLE NEAR IN MY LIPS IN LEFTSIDE | | EMPLOYEE NUMBER For AFP/PHP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code |
| COMMON REFERENCE NUMBER (CRN) | | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT | | | |
| ADDRESS AND CONTACT DETAILS | | | | | |
| PERMANENT HOME ADDRESS | | | | COUNTRY + AREA CODE + TELEPHONE NUMBER | |
| Unit/Room No., Floor | | Building Name | | Home | |
| Lot No., | Block No., | Phase No. | House No. | Cell Phone | |
| | | | Street Name | +63 (0951) 8232574 | |
| Subdivision | | Barangay PATAG | | Business (Direct Line) | |
| Municipality/City BAYBAY | | Province/State/Country LEYTE, PHILIPPINES | | Business (Trunk Line) | |
| ZIP Code 6521 | | | | Email Address jbulawan34@gmail.com | |
| PRESENT HOME ADDRESS | | | | | |
| Unit/Room No., Floor | | Building Name | | Lot no., Block no., Phase No. | |
| House No. | | Street Name | | Subdivision | |
| | | | | Barangay PATAG | |
| Municipality/City BAYBAY | | Province/State/Country LEYTE, PHILIPPINES | | ZIP Code 6521 | |
| PREFERRED MAILING ADDRESS | | PERMANENT HOME ADDRESS | | | |

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

| PRESENT EMPLOYMENT DETAILS | | | | | |
|----------------------------|-----------|-------------------|-----------|-----------------------|------------------|
| OCCUPATION | | EMPLOYMENT STATUS | | TYPE OF WORK | |
| EMPLOYER/BUSINESS NAME | | | | COUNTRY OF ASSIGNMENT | |
| EMPLOYER/BUSINESS ADDRESS | | | | MONTHLY INCOME | |
| Unit/Room No., Floor | | Building Name | | Basic | |
| Lot No. | Block No. | Phase No. | House No. | Street Name | Allowances/Other |
| Subdivision | | Barangay | | Total Mo. Income | |
| Municipality/City | | Province | | OFFICE ASSIGNMENT | |
| State/Country (if abroad) | | ZIP Code | | DATE EMPLOYED | |

| PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP | |
|---|-------------------|
| EMPLOYER/BUSINESS NAME | OFFICE ASSIGNMENT |
| EMPLOYER/BUSINESS ADDRESS | FROM TO |

| MEMBERSHIP DATA | | | | | |
|-----------------|------------|----------------|-------------|-----------------------------|---------------|
| LAST NAME | FIRST NAME | NAME EXTENSION | MIDDLE NAME | NO MIDDLE NAME RELATIONSHIP | DATE OF BIRTH |
| BULAWAN | LEO | | GIMBA | [] SPOUSE | 07/25/1983 |

| CERTIFICATION | | | |
|--|----------------------|-------------|--|
| <p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p> | | | |
| SIGNATURE OF INFORMANT | | DATE | |
| FOR Pag-IBIG FUND USE ONLY | | | |
| RECEIVED BY | DATE | | |
| Signature over Printed Name | Designation/Position | Branch/Unit | |

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.