



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. 9437, with principal office at Baybay City, Leyte, duly represented by its President **DR. PROSE IVY G. YEPES**, hereinafter referred to as the **FIRST PARTY**;

-and-

JULITO B. CABANTUG, of legal age, Married, Filipino and with residence and postal address at Baybay City, Leyte hereinafter referred to as the **SECOND PARTY**;

WITNESSETH:

WHEREAS, the FIRST PARTY is in need of persons 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 contract the services of the SECOND PARTY as **Laborer** to perform the functions and deliver the following outputs as follows:

1. Maintain the experimental set-up,
2. Assist the SRA in data gathering, and
3. Perform other tasks as assigned by the study leader.

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

THAT the SECOND PARTY shall abide by 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 14 days per month at not less than 8 hours per day based on the work schedule as prescribed by the hiring department/office/center/unit;

THAT for and in consideration of the foregoing service, the FIRST PARTY binds itself to pay the SECOND PARTY in the amount of **FIVE HUNDRED SIXTY-ONE PESOS AND EIGHTY CENTAVOS (P561.80)** each per day. The SECOND Party will be paid twice a month (per *quincena*) upon presentation of a certification of accomplishments and rendition of actual services issued by the FIRST PARTY or its duly authorized representative. The above payments will be charged to **CC23.EFS.1720**;

THAT this contract shall take effect July 1, 2024 until September 30, 2024 and may be renewed only upon recommendation of the head of the unit/department/office, duly supported with a copy of an evaluation report as to the quality of services rendered and quantity of the outputs delivered by the Job Order Worker for the period they were under contract of service by the university.

Confidentiality Clause: The SECOND PARTY is required to turn-over the data materials, equipment, and other things that come into his/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 of 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.

THAT 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.

THAT this agreement will not in any manner result to any employer-employee relationship between the parties.

IN WITNESS THEREOF, the parties have hereto set their hands this ____ day of _____, 2024 at Baybay City, Leyte, Philippines.

VISAYAS STATE UNIVERSITY
Baybay City

By:

PROSE IVY G. YEPES
President
(First Party)


JULITO B. CABANTUG
Second Party

Signed in the presence of:

1. **JEROME O. ARRIBADO**
Office Head

2. **ALICIA M. FLORES**
Head, Budget Office (for GAA & STF)

3. **JENNIFER E. ANDO**
Head, RSPPRO

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

BEFORE ME, a Notary Public for and in the City of Baybay, Leyte, Philippines, this ____ day of _____, 2024, personally appeared Dr. Prose Ivy G. Yepes with VSU ID No. V002163 and Julito B. Cabantug with valid ID No. 482-675-652, known to me to be the same persons who executed the foregoing instrument and they acknowledged to me that the same is their voluntary act and deed, as well as the parties hereto.

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

Notary Public

Doc. No. _____
Page no. _____
Book No. _____
Series of _____



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH BLDG., P. BURGOS ST., TACLOBAN CITY 6500
(053) 321 8164 (053) 321 1327 to 28 (053) 325 3563 (Fax)
www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 132012780404
Member Category : INDIGENT
Sub-Category : NHTS-PR
NHTS Coverage :
Effectivity Period : 01/01/2024 - 12/31/2024

CABANTUC, JULITO BALLEBAS
ZN 6 (FCB), BAYBAY, LEYTE 6521

Foreign Address : N/A
Sex : Male
Date of Birth : 03/26/1971
Place of Birth : BAYBAY, LEYTE
Contact No. (Foreign) : N/A
Contact No. (Local) :
Civil Status : MARRIED
Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

PhilHealth Number (PEN/POCN) : 400240000010
Name of Employer/Organized Group : DEPARTMENT OF BUDGET AND MANAGEMENT
Business Address : BONCODIN HALL GENERAL SOLANO STREET, BOY 648, SAN MIGUEL, NCR, CITY OF MANILA, FIRST DISTRICT
Telephone Number : 86573300 2621
Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Sumame	Given Name	Middle Name	Sex	Relation	Date of Birth
012529164473	CABANTUC	RYZABEL	MAGNO	Female	Daughter	09/20/2011
012529164481	CABANTUC	JOHN RENIER	MAGNO	Male	Son	01/01/2005
012529164503	CABANTUC	CERVIN ROY	MAGNO	Male	Son	02/04/2008
132029799109	CABANTUC	RUBYLITA	MAGNO	Female	Wife	05/29/1983

*** NOTHING FOLLOWS ***

RONALD S. JABAY
REGIONAL VICE PRESIDENT
PRO - VIII Tacloban City

1. "Ako ay miyembro ng PhilHealth na may benepisyo ng pang-alok ng pag-aaralan."
2. "Saka po ng ating benepisyo ang ating asawa, mga anak na may edad 20 taon patuloy at magulang na may edad 50 taon patuloy."
3. "Wala kami big babayaran sa mga pangangailang operasyon at karamdaman kung magpapag-confer kami sa ward ng mga pangangailang ospital."
4. "Saka po ng PhilHealth ang konsultasyon, laboratory at ilan pang serbisyo ng ating pamilya mula sa ating health center."
5. "Kailangan ko lamang ipakita ang ating Health Insurance Card o Member Data Record kapag gagamit ng benepisyo."

ITAGO ANG ORIHINAL NA MDR. MAGBIGAY NG KOPYA SA OSPITAL O HEALTH CENTER KUNG

This is a system generated report. Signature is not required.
06/24/2024 8:38:58AM 3003208 1005104 3003208 06/24/2024 06/24/2024

VISAYAS STATE UNIVERSITY
PERSONAL DATA SHEET
For Job Order Workers



Print legibly. Mark appropriate boxes ☐ with " ☒ " and use separate sheet if necessary.

1. SURNAME		CIAIBIAINTUGI																																					
FIRST NAME		NIVILITIO																																					
MIDDLE NAME		BIALILIEBIAIS																																					
3. DATE OF BIRTH (mm/dd/yyyy)		03-26-1971																																					
4. PLACE OF BIRTH		PATAG BAYBAY CITY LEYTE																																					
5. SEX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																																					
6. CIVIL STATUS		<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____																																					
7. CITIZENSHIP		FILIPINO																																					
8. HEIGHT (m)		5'2"																																					
9. WEIGHT (kg)		100																																					
10. BLOOD TYPE		O																																					
11. PRESENT ADDRESS		ZONE-6 BRGY. PATAG BAYBAY CITY LEYTE																																					
12. ZIP CODE		6521-A PHIL																																					
13. TEL. NO./CEL. NO.		091-899-19006																																					
14. PHILHEALTH NO.																																							
15. TIN		482-675-652																																					
16. PAG-IBIG ID NO.		1060-0073-9084																																					
17. SPOUSE'S SURNAME		CABANING																																					
FIRST NAME		RUDY LITA																																					
MIDDLE NAME		MAGNO																																					
18. NAME OF CHILD (Write full name and list all)		Johnreiner M. Cabanung Gervin roy M. Cabanung Ryzabel M. Cabanung																																					
DATE OF BIRTH (mm/dd/yyyy)		Jan-01-2005 Feb-09-2008 Sept-20-2011																																					
19. HIGHEST EDUCATIONAL ATTAINMENT (Please check and underline the specific)		<input checked="" type="checkbox"/> Elementary (Grade <u>VI</u> / Graduated) <input type="checkbox"/> High School (1st, 2nd, 3rd, 4th, Graduated) <input type="checkbox"/> College (1st, 2nd, 3rd, 4th, Graduated) Degree: _____																																					
20. CAREER SERVICE ELIGIBILITY		<input type="checkbox"/> Professional <input type="checkbox"/> Sub-Professional <input type="checkbox"/> Others, Specify: _____																																					
21. WORK EXPERIENCE INCLUSIVE DATES (mm/dd/yyyy)		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>POSITION TITLE (Write in full)</th> <th>DEPARTMENT / AGENCY / OFFICE / COMPANY / PROJECT (Write in full)</th> <th>SALARY (Daily or Monthly)</th> <th>STATUS OF APPOINTMENT (Perm/Temp/ Job Order)</th> <th>GOVT SERVICE (Yes / No)</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td>/ /</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										From	To	POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY / PROJECT (Write in full)	SALARY (Daily or Monthly)	STATUS OF APPOINTMENT (Perm/Temp/ Job Order)	GOVT SERVICE (Yes / No)	/ /	/ /						/ /	/ /						/ /	/ /					
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22. SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Proficiency (Please check)</th> <th rowspan="2">REMARKS</th> </tr> <tr> <th>Highly Skilled</th> <th>Average</th> <th>Fair</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Proficiency (Please check)			REMARKS	Highly Skilled	Average	Fair																					
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Highly Skilled	Average	Fair																																					
23. RELEVANT TRAININGS SEMINAR/WORKSHOP ATTENDED (Write in full)		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)</th> <th rowspan="2">NUMBER OF HOURS</th> <th rowspan="2">CONDUCTED/ SPONSORED BY (Write in full)</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td>/ /</td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td>/ /</td> <td></td> <td></td> </tr> <tr> <td>/ /</td> <td>/ /</td> <td></td> <td></td> </tr> </tbody> </table>										INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	From	To	/ /	/ /			/ /	/ /			/ /	/ /												
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I hereby declare that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

24. COMMUNITY TAX CERTIFICATE NO. 09460188 ISSUED AT: CITY OF BAYBAY ISSUED ON (mm/dd/yyyy): 09-29-2024

SIGNATURE: [Signature] DATE ACCOMPLISHED: (mm/dd/yyyy) 06-29-2024