

| DOLE REGIONAL OFFICE ____  |  |  |
|--|--|--|
| GOVERNMENT INTERNSHIP PROGRAM (GIP) BENEFICIARIES                                |  |  |
| MONITORING FORM  |  |  |
| (1)  | (2)                                    | (3)  |
| <b>NUMBER OF BENEFICIARIES</b>   | <i>Total for the month of</i><br>_____ | <i>Sub-total for the month of/ As</i><br><i>of</i> _____ |
| 1. MALE  |  |  |
| 2. FEMALE  |  |  |
| <b>DOCUMENTS SUBMITTED:</b>  |  | (sub-total)  |
| BRGY. CERTIFICATION  |  |  |
| TRANSCRIPT OF RECORDS  |  |  |
| HIGH SCHOOL  |  |  |
| COLLEGE  |  |  |
| VOC-TECH CERTIFICATION   |  |  |
| <b>OFFICE OF ASSIGNMENT:</b>   |  | (sub-total)  |
| 1. DOLE  |  |  |
| 2. OTHER GOV'T AGENCIES (Please specify, eg. DOST, DepEd, Hospitals, SUCs, etc.) |  |  |
| DOST   |  |  |
| DEPED  |  |  |
| DAR  |  |  |
| DOH  |  |  |
| State Colleges/Universities  |  |  |
| Government Hospitals   |  |  |
| 3. LOCAL GOVERNMENT UNITS INCLUDING PESOs  |  |  |
| CITY/MUNICIPALITY/PROVINCE   |  |  |
| PESOS  |  |  |
| <b>TOTAL NUMBER OF BENEFICIARIES</b>   |  |  |

Prevailing Minimum Wage: P\_\_\_\_\_ X(.75%) = P\_\_\_\_\_/DAY

**\*TO BE SUBMITTED TO BLE - please note that this monitoring report must contain the total no. of beneficiaries for the month (col. 2), to be added to the next column as of the date the report was submitted. All reportorial requirements must be submitted every end of the month**