

**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF LABOR AND EMPLOYMENT**

**REGIONAL OFFICE NO. \_\_\_\_\_\_\_\_**

**PUBLIC EMPLOYMENT SERVICE OFFICE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Municipality/Province**

**SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)**

**(RA 7323, as amended by RAs 9547 and 10917)**

**SPES Form 5**

**PLACEMENT REPORT CUM GSIS INSURANCE COVERAGE**

**Name of Establishment/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Vacancies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Industry Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **\*Name of Student****/ ID No.** | **Age** | **Sex**  | **Address** | **Contact No.** | **GSIS Beneficiary** | **Student/ OSY/ Dependent of Displaced Worker** | **Educational Level** | **New or SPES Baby** | **Occupational** **Code& Position** | **Wage Rate per Day** | **Employment Period** | **Total Amount to be earned by Student** | **Amount to be Received for Other Benefits** | **Amount to be Received for Wages** | **GSIS Insurance/ Policy** |
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**Note**: This form shall be accomplished by the Public Employment Service Office to be submitted to the DOLE Regional Office at least ten (10) days prior to the date of employment.

 *(\*****LAST NAME, FIRST NAME, MIDDLE INITIAL)***

**Prepared by:**  **Submitted by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name, Designation and Signature**  **Name and Signature of PESO Manager**

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 **Date Date**