



SPES Form 1

**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 RA 9547)**

Name of Establishment: _____
Address: _____
Business Activity: _____

Contact Person: _____
Tel. No.: _____
Total No. of Workforce of the Establishment: (Excluding SPES): _____

EMPLOYER'S PLEDGE OF COMMITMENT

Recognizing the need to help poor but deserving students pursue their education by encouraging employment of those in the secondary level during summer and/or Christmas vacations and those in the tertiary, technical or vocational education levels any time of the year, WE, the officers of _____
_____ commit the following:

Position	Number	MINIMUM REQUIREMENTS									Employment Period		Minimum Wage Rate
		Sex			Age Preference	Educational Attainment					Date of Start	Total No. of Days	
		M	F	*NP	(15-25)	Elem.	H.S.	College	Vocational	*NP			

*NP – No Preference

Further, WE agree to abide by the rules and regulations implementing RA 7323, as amended by RA 9547, otherwise known as the Special Program for the Employment of Students (SPES).

This commitment in favor of SPES was made on _____ at _____.

I hereby certify that funds are available for the payment of 60% share of the salaries of the students who will be covered by the program.

Budget Officer of Employer

Name and Signature of Employer's Authorized Officer

Witness

Position/Designation

Note: This form shall be accomplished by the Employer and to be submitted to the Public Employment Service Office (PESO). The PESO shall forward this to the Field Office (FO) for consolidation and submission to the Regional Office (RO).



SPES Form 2

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 RA 9547)

Control No. _____

SURNAME FIRST NAME, MIDDLE NAME			GENDER	CIVIL STATUS	Passport Size Picture (3.5cm x 4.5 cm)
			<input type="radio"/> Male	<input type="radio"/> Single	
			<input type="radio"/> Female	<input type="radio"/> Married	
			<input type="radio"/> Student	<input type="radio"/> Widower	
			<input type="radio"/> OSY	<input type="radio"/> Separated	
Date of Birth: (mm/dd/yyyy)		Place of Birth:		Citizenship:	
Address:				Contact No.:	
Name of Father:			Mother's Maiden Name		
Occupation:			Occupation		
EDUCATION	NAME OF SCHOOL	DEGREE EARNED/COURSE	YEAR/LEVEL	INCLUSIVE DATE OF ATTENDANCE	
Secondary					
Tertiary					
Technical/ Vocational					
Documentary Requirements: (Original and other documents, when applicable, should be presented for validation)					
<input type="checkbox"/> 1. Copy of Birth Certificate or any document that shows his/her date of birth <input type="checkbox"/> 2. Certification by the School Registrar as to: <input type="checkbox"/> a) his/her last enrollment; and <input type="checkbox"/> b) his/her average passing grade or a copy of the original class card or Form 138 <input type="checkbox"/> 3. Copy of the latest Income Tax Return (ITR) of his/her parents or certification issued by BIR that the parents are exempted from payment of tax or Certificate of Indigency issued by the Barangay where the SPES applicant resides; and <input type="checkbox"/> 4. For Out of School Youth (OSY), certificate of good moral character issued by DSWD or the authorized Barangay Official where the OSY resides.					
SPECIAL SKILLS:					
HISTORY of SPES Availment (if applicable)		YEAR		SPES ID NO. (if applicable)	
<input type="checkbox"/> 1 st Availment					
<input type="checkbox"/> 2 nd Availment					
<input type="checkbox"/> 3 rd Availment					
<input type="checkbox"/> 4 th Availment					
Other related information/ requests/ interventions from DOLE:					
<p><i>I hereby attest that the information above are true and correct to the best of my knowledge, including the attached documents/requirements which I also attest as to their veracity. I agree that any false statement would cause the automatic disqualification/cancellation of the service/ contract/ grant and I shall refund amount received and/or pay damages to DOLE or comply with other sanctions in accordance with law. Any material change in my financial status may affect my eligibility to continue the program.</i></p>					
_____ Signature of Applicant					



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____
PUBLIC EMPLOYMENT SERVICE OFFICE



SPES Form 3

City/Municipality/Province
SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)
(RA 7323, as amended by RA 9547)

SUMMARY REPORT OF PARTICIPATING ESTABLISHMENTS

Industry Code (see PSIC)	Name of Establishment	(Please check appropriate column)						(Specify Number)	
		Government			Private			No. of Vacancies	
		LGU	NGA	EI	NGO	PE	EI	Pledge	Filled
							TOTAL		

Note: This form shall be accomplished by the Public Employment Service Office to be submitted to the Field Office on or before the 5th day after the pledging session. The Field Office shall then forward to the Regional Office for consolidation and submission to the Bureau of Local Employment.

- Legend:*
- LGU – Local Government Unit
 - NGA – National Government Agencies
 - EI – Educational Institutions
 - PE – Private Establishments
 - NGO – Non-Government Organization

Prepared by:

Name, Designation and Signature

Submitted by:

PESO MANAGER

Date Prepared



SPES Form 4

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 RA 9547)

PLACEMENT REPORT AND PAYROLL CUM GSIS INSURANCE COVERAGE

Name of Establishment/Employer: _____
 Address: _____
 Business Activity: _____ Industry Code: _____

Number of Vacancies: _____
 Contact Person: _____
 Tel. No. _____

*Name of Student / ID No.	Age	Gender	Address	Contact No.	Beneficiary	Student or OSY	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

Note: This form shall be accomplished by the Public Employment Service Office to be submitted to the DOLE Regional Office not later than (five) 5 days immediately after the date of placement.

*FAMILY NAME, FIRST NAME, MIDDLE INITIAL

Prepared by:

Submitted by:

 Name, Designation and Signature

 Signature of PESO Manager

 Date Prepared



SPES Form 5

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 RA 9547)

EMPLOYMENT CONTRACT

This Employment Contract is executed and entered into by and between:

Name of Employer: _____

Address: _____

and

Name of Student : _____

Civil Status : _____

Date of Birth: _____

Address: _____

Name of School : _____

who voluntarily bind themselves to the following terms and conditions:

1. The Employer, in accordance with RA 7323, as amended by RA 9547, hereby hires and employs the student as _____ for a period of _____ days starting on _____ until _____;
2. The Employer shall pay the student in cash the equivalent of 60 percent of the applicable minimum wage in the area or sector and 40 percent shall be paid by DOLE;
3. The employer shall observe its obligations, duties and responsibilities to the student as stipulated in the implementing Rules and Regulations of RA 7323, as amended by RA 9547; and
4. The student, in consideration of the above conditions of employment, hereby binds himself to perform the tasks/duties assigned to him/her and strictly adhere and observe the rules and regulations prescribed by the Employer.

IN WITNESS WHEREOF, the parties, having read the provisions of this contract, hereby affix their signatures this _____ day of _____ at _____, Philippines.

Student-Employee
(Signature over Printed Name)

Employer
(Signature over Printed Name)

Witness
(Signature over Printed Name)

Witness
(Signature over Printed Name)



SPES Form 6

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____



SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)
(RA 7323, as amended by RA 9547)

SPES EVALUATION SHEET AND PAYMENT INFORMATION
[To be accomplished by the DOLE Regional/Field Office]

Name of Student: _____ ID/Control No.: _____
Address _____
Contact No.: _____ Gender: _____ Age: _____
Position: _____ Occupational Code: _____
Name/Address of Employer: _____
Employment Period: _____
Wage Rate per Day: _____ GSIS Insurance Coverage _____
Beneficiary: _____ Relationship: _____

I. Checklist of Requirements:

(Original and other documents, when applicable, should be presented for validation.)

Documents Submitted:

- 1. Duly accomplished SPES Application Form;
- 2. Copy of Birth Certificate or any document that shows his/her date of birth;
- 3. Certification by the School Registrar as to:
 - a) his/her last enrollment;
 - b) his/her average passing grade or a photocopy of the class cards or Form 138
- 4. Copy of the latest Income Tax Return (ITR) of his/her parents or certification issued by BIR that the parents are exempted from payment of tax or Certificate of Indigency issued by the Barangay where the SPES applicant resides; and
- 5. For Out of School Youth (OSY), certificate of good moral character issued by DSWD office or the authorized Barangay Official where the OSY resides.

II. Evaluation and Action Taken:

Received by:	Reviewed by:
Name, position and signature	Name, position and signature
Recommending Approval:	Approved by:
Name, position and signature	Name, position and signature
Date:	Date:
III. Salaries and Wages	
Voucher No:	Check No:
Amount:	Amount:
Date:	Date:



SPES Form 7

DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. ____
PUBLIC EMPLOYMENT SERVICE OFFICE

SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)
(RA 7323, as amended by RA 9547)



TERMINAL REPORT

Name of Employer: _____
Address: _____
Main Business Activity: _____
Industry Code: _____

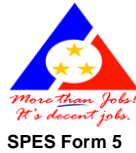
Total No. of Vacancies: _____
Contact Person: _____
Contact Number: _____
Date Prepared: _____

NAME OF STUDENT	POSITION	WAGE RATE PER DAY	NO. OF DAYS EMPLOYED	AMOUNT PAID FOR WAGES	AMOUNT PAID FOR OTHER BENEFITS	TOTAL AMOUNT EARNED BY STUDENT	SIGNATURE

Prepared by: _____
Name, Designation & Signature

Approved by: _____
Name and Signature of Employer

Date



REPUBLIC OF THE PHILIPPINES
 DEPARTMENT OF LABOR AND EMPLOYMENT
 Regional Office No. ____
 SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)
 (RA 7323, as amended by RA 9547)



QUARTERLY PLACEMENT REPORT
 As of _____

No.	Name			SPES ID/ Control No.	Residential Address				Gender	Age	Student or OSY?	Educational Level	Office/Place of Assignment (Government, LGU, or Private)	Occupational Code & Position	Remarks (New or "SPES baby")
	Last	Given	MI		No.	Barangay	Municipality/ City	Province							

Note: This form shall be accomplished by the Regional Office in Excel Format and shall be submitted to the Bureau of Local Employment via email at spes.dole.ble@gmail.com and od_ble@yahoo.com on or before 10th of the month after the reference quarter.



SPES Form 8

DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. _____
PUBLIC EMPLOYMENT SERVICE OFFICE

SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)
(RA 7323, as amended by RA 9547)



QUARTERLY WORK AND FINANCIAL REPORT

Number of Beneficiaries			BUDGET				Amount and Source/s of Funds			Status of 40% Payment of Salary & Amount		Remarks
(1)			(2)				(3)			(4)		(5)
Target	Accomplishment	Accomplishment Rate	Allocated	Utilized	Utilization Rate	Balance	GAA	BUB	Other Sources	Claimed	Unclaimed	(Kindly indicate if portion of SPES Budget is being realigned and the purpose for realignment)

- Notes:**
1. This form shall be accomplished by the Regional Office in Excel Format and shall be submitted to the Bureau of Local Employment via email at SPES.BLE.DOLE@gmail.com and od_ble@yahoo.com on or before 10th of the month after the reference quarter.
 2. Separate the number of beneficiaries per fund source.
 3. In column 4, state the status of payment of the 40% salary whether claimed or unclaimed and indicate the amount involved.

Prepared by:

Name, Designation & Signature

Date

Approved by:

Regional Director