



**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 CUM G SIS 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	Addresses	Contact No.	Beneficiary	Student or OSY	Education al Level	New or SPES Baby	Occupationa l Code& Position	Wage Rate per Day	Employment Period	Amount to be earned by Student	GSIS Insuranc e/ 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