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

_____
Date

Approved by:

_____
Name and Signature of Employer

BLE Revision as of November 13, 2014 - Version 2