

## **APPENDIX B**

### **Administration and Human Resources**

- I. Personal Information Sheet II (PIS-1page) -----
- II. Initial Supplies Checklist (ISC-1page) -----

## Personal Information Sheet II

Last Name : \_\_\_\_\_ Job Title : \_\_\_\_\_  
 First Name : \_\_\_\_\_ Department : \_\_\_\_\_  
 Middle Name : \_\_\_\_\_

Birth Date (mm/dd/yyyy) Sex Civil Status Citizenship Blood Type

Permanent Address (Street Address, City/State/Zip, Country) Contact Nos.

Passport No. / Community Tax Certificate Place of Issue Date of Issue

Social Security No. Taxpayer ID No. (TIN) PhilHealth No. Pag-IBIG (HDMF) No.

Contact Person In Case of Emergency  
 Name Relationship  
 Address Contact Nos.

Dependents (Tax Exemption)  
 Name Relationship Birth Date

Dependents for Kainos Health Management, Inc. (Health Insurance Provider)  
*For single employees, eligible dependents are parents and siblings. For married employees, eligible dependents are spouse, children, parents and siblings. You can enroll a maximum of 3 dependents, wherein one dependent shall be shouldered by the company and the rest (if there are any) shall be at your own expense, salary deductible.*

Name Relationship Birth Date Accommodation

Signature

« Please fit your signature inside the box. Date Accomplished

(To be filled out by the Human Resources and Administration Department)

Date Hired: \_\_\_\_\_ Rate: \_\_\_\_\_ Department: \_\_\_\_\_  
 Status: \_\_\_\_\_ ID No.: \_\_\_\_\_  
 Probationary Key Card No.: \_\_\_\_\_  
 Regular Health Insurance:  Yes  No  
 Contractual / Project-Based From: \_\_\_\_\_ To: \_\_\_\_\_ Dependent:  Yes  No  
 OJT From: \_\_\_\_\_ To: \_\_\_\_\_ Accommodation: \_\_\_\_\_  
 Bigfoot Entertainment  Bigfoot Properties  IAFT

Prepared by: \_\_\_\_\_ Approved and Noted by: \_\_\_\_\_  
 HR Assistant HR and Administration Director



# Initial Supplies Checklist

Date Requested \_\_\_\_\_

Name: \_\_\_\_\_

Date Needed \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

1. Fill out the Initial Supplies Checklist by marking an 'X' inside the box beside the item to be supplied to the new employee, consultant, intern or on-the-job trainee.
2. Submit filled out checklist to HR/Admin.
3. Concerned departments shall prepare the requests to be provided during starting date.

### TECHNICAL (WORKSTATION):

DESCRIPTION	GIVEN
<input type="checkbox"/> Table & Chair	_____
<input type="checkbox"/> Mobile Cabinet	_____
<input type="checkbox"/> Desktop Computer	_____
<input type="checkbox"/> Laptop Computer	_____
<input type="checkbox"/> Desk Phone	_____
<input type="checkbox"/> Others: _____	_____

### HR AND ADMINISTRATION:

DESCRIPTION	GIVEN
<input type="checkbox"/> ID Card	_____
<input type="checkbox"/> Proximity Card	_____
<input type="checkbox"/> Cellphone Kit:	_____
<input type="checkbox"/> Prepaid Card:	_____
<input type="checkbox"/> PHP Business Card:	_____ pcs

### TECHNICAL (NETWORK RESOURCES):

DESCRIPTION	GIVEN
<input type="checkbox"/> Network Account	_____
<input checked="" type="checkbox"/> Email Account: _____	_____
<input type="checkbox"/> Group Email	_____
<input checked="" type="checkbox"/> bf-estaff@bf-e.com	_____
<input type="checkbox"/> cebustaff@bf-e.com	_____
<input type="checkbox"/> consultants@bf-e.com	_____
<input type="checkbox"/> mancom@bf-e.com	_____
<input type="checkbox"/> Department: _____	_____
<input type="checkbox"/> Others: _____	_____

### FINANCE:

DESCRIPTION	GIVEN
<input type="checkbox"/> Notebook	_____
<input type="checkbox"/> 3 My-Gel Pens	_____
<input type="checkbox"/> Correction Tape	_____
<input type="checkbox"/> Ruler	_____
<input type="checkbox"/> Scissors	_____
<input type="checkbox"/> Stapler	_____
<input type="checkbox"/> Others: _____	_____

### TECHNICAL (SOFTWARE PACKAGES):

DESCRIPTION	GIVEN
<input type="checkbox"/> Graphic Suites	_____
<input type="checkbox"/> Programming Tools	_____
<input type="checkbox"/> Web Design Tools	_____
<input type="checkbox"/> Video Editing Suites	_____
<input type="checkbox"/> 3D Modeling Software	_____
<input type="checkbox"/> Accounting Suites	_____
<input type="checkbox"/> Messaging Software (Efax, Skype)	_____
<input type="checkbox"/> Statistics Software	_____

Requested by: \_\_\_\_\_

Approved and Noted by: \_\_\_\_\_

Date Received: \_\_\_\_\_

MARIE STEPHANIE MANUEL

Date E-mailed: \_\_\_\_\_

Department Head/In-charge

HR/Admin Director

Cc: 201 File

Finance – Asset Accounting  
Technical