

**Department of Science and Technology
DOST Human Resource Development Program
Application for the Re-Entry Program**

Name: _____ Gender: _____ Civil Status: _____
Agency: _____ Date of Birth: _____ Age: _____
Recent Position: _____ Division / Office: _____
Agency: _____ Tel. No.: _____ Fax No.: _____
Division Office: _____ Contact No.: _____
Residence Address: _____ Contact No. / Email Address: _____

Brief Description of Present Duties:

Chronological List of Positions Held
Inclusive Date

Position

Agency/Office

Inclusive Date	Position	Agency/Office
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheet, if necessary)

Latest Degree Earned

Year Graduated

University

Latest Degree Earned	Year Graduated	University
_____	_____	_____

Thesis/Dissertation (Title) _____

Non-Thesis (Title of Feasibility Study / Special Project) _____

Type of Financing of Study

Fully self-financed

Partially self-financed

Scholarship grant from _____

Period Covered: _____

Thesis Grant from _____

Period Covered: _____

Action Plan: _____ Resource Requirement (Total Amount in Peso): _____

I certify that the foregoing data are correct and true. I promise to abide by the decision of the DOST Human Resource Development Committee on this application.

Date

Signature of Applicant

Note: This application form, together with the supporting documents, should be submitted within six (6) months from the date of graduation/completion of graduate degree. See attached list.

Important: Only applications with complete documents shall be processed for evaluation.

REQUIREMENTS

1. Letter of application duly endorsed by the Agency Head
2. Original copy of Service Record
3. Transcript of Records duly certified by the Agency's Chief Administrative Officer as True Copy
4. Certificate of graduation or diploma duly certified by the Agency's Chief Administrative Officer as True Copy
5. 2 Hardbound copy of doctoral dissertation or master's thesis
6. Certification of the Agency Head that the field of study undertaken by the applicant is relevant to the employee's official functions and the agency's priority programs, which includes among others its R&D agenda
7. Certification from the Agency's Human Resource Management Officer that:
 - a. The applicant has not been found guilty of any administrative charge; and
 - b. That the applicant has no pending application for retirement.
8. Certification of the applicant that he/she is willing to render the one-year service obligation at DOST if chosen as a grantee; and
9. Re-entry Plan duly approved by the immediate supervisor and endorsed by the Agency Head following the prescribed format (DOST-HRDP Form 2-A)

Important: Only applications with complete documents shall be processed for evaluation.

ACTION PLAN FORMAT

1. Action Plan Title
2. Brief Description
 - a. Rationale
 - b. Problem/s addressed by the Project
 - c. Premises
 - d. Significance of the Project
3. Objective/Purpose
4. Methodology
5. Implementation Schedule/Timetable/Work plan
6. Cooperating Units/Personnel Involved/Participants
7. Expected Output
8. Benefits to the Agency/DOST
9. Resource requirements

Submitted by:
Name of Applicant

Approved by:
Printed Name and Signature of Agency Head