PHILHEALTH REPORT OF EMPLOYEE-MEMBERS		(CHECK APPLICABLE BOXES) INITIAL LIST(Attach to philhealth form 1) SUBSEQUENT LIST				Er2		
	ITY OF THE PHILIPPINES LOS BAÑOS				EMPLOYER NO.:			
DDRESS: COLLEGE, LAGUNA			E-MAIL ADDRI	SS: hrdo.uplb@u	p.edu.ph			
PHILHEALTH/SSS/GSIS NUMBER	NAME OF EMPLOYEE	POSITION	SALARY/A (PhP.)	DATE OF EMPLOYMENT	EFF. DATE OF	PREVIOUS EMPLOYER (IF ANY)		
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Supervising Administrative Officer