

Checklist of Requirements for Returning Skilled or Professional (Balik-Manggagawa) from Lebanon

Documentary Requirements	Instructions (to be arranged accordingly in 2 sets)
1. Balik-Manggagawa Information Sheet	The worker should properly fill-up the BM information sheet.
2. Notarized Employment Contract (NEC), with Contingency Plan (CP)	Employment Contract should be written in the company stationary with logo/stamp signed by the employer/ authorized company personnel and worker in all pages and notarized. CP to be signed by the Employer
3. Worker's Passport	Must be valid at least six (6) months from the date of intended departure to Lebanon.
4. Certificate of Employment	Must be written in the company stationary with logo/stamp signed by the authorize company personnel.
5. Worker's Work Permit (with English translation if it is in Arabic)	Must be valid until the worker returns to Lebanon and the translation should be done by any sworn translator
6. Worker's Residence Permit (with English translation if it is in Arabic)	Must be valid until the worker returns to Lebanon and the translation should be done by any sworn translator
7. Any copy of Employer's ID/ passport	ID/passport should have the signature of the employer same with the employment contract. If the employer submits his/her Lebanese ID, it should be translated to English

1. Upon completion of all the requirements, scan and send to pololebanoneval@gmail.com for review and request for the schedule of appointment for processing and verification of employment contract.

2. For further inquiries, please call POLO hotline at **71 418 657**(watsapp)

PAYMENT SCHEDULE

1. Contract Verification Fee, POLO	= \$ 10.00
2. Membership, OWWA	= 25.00

TOTAL **\$ 35.00**

USE BLACK OR BLUE PEN ONLY

TIME RECEIVED	TIME RELEASED
BM EVALUATOR: _____	
BM ASSESSOR/CASHIER: _____	



BALIK-MANGGAGAWA INFORMATION SHEET

DO NOT WRITE ON THIS SPACE
(For POEA, OWWA, Philhealth, Pag-Ibig Only)

CG No.: _____
 RFP nO.: _____
 Assessment No.: _____
 Assessed Amount:
 POEA: _____
 OWWA: _____
 PHILHEALTH: _____
 PAG-IBIG: _____

PERSONAL DATA

Last Name	First Name	Name Ext. (e.g. Jr.,III)	Middle Name										
Passport No.: _____													
Birthdate: _____ <small>DD / MM / YYYY</small>		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female											
		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated / Annulled											
Place of Birth: _____													
Home Address in the Philippines: _____													
	<small>Lot No. Block No. Phase No.</small>	<small>House No.</small>	<small>Street Name</small>										
	<small>Subdivision</small>												
	<small>Municipality/City</small>	<small>Province</small>	<small>ZIP Code</small>										
SSS No.: <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												Pag-IBIG RTN/MID: _____	
Telephone/Cellphone No. _____		Email Address: _____											
Mother's Full Maiden Name: _____	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>										
Name of Spouse (if married): _____	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>										

CONTRACT PARTICULARS OF OFW

Name of Company/Employer: _____

Address of Employer: _____

Tel. No./Fax No./E-Mail Address: _____ Salary / Currency: _____

Position: _____ Contract Duration: _____

Date of last deployment from the Philippines: _____ Date of recent return/arrival to the Philippines: _____

LEGAL BENEFICIARIES / QUALIFIED DEPENDENTS

Children (20 years old and below) - Registered Birth Certificate; Non-Member Spouse - Registered Marriage Certificate; Parents (60 years old and above) - Senior Citizens Card and Registered Birth Certificate of Member (OFW)

Complete Name	Sex	Relationship of OFW to Dependent/s	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the above statements are true and correct and that the above-named dependents have not been declared by my spouse / brother/sister.

Worker's Signature Over Printed Name

FOR BM GROUP/AGENCY

Name of Agency: _____

Approval of Authorized Agency Representative

Company Letter Head

EMPLOYMENT CONTRACT FOR VARIOUS SKILLS

This Employment Contract executed and entered into by and between:

A. Employer : _____
Address : _____
Telephone Number: _____ Fax Number: _____
Email Address : _____

and

B. Name of Worker/Employee: _____
Address in the Philippines: _____
Civil Status: _____ Passport No.: _____
Date Issued: _____ Place Issued: _____

Voluntarily binding themselves to the following terms and conditions:

1. Employment Site : _____, Lebanon.
2. Contract Duration: _____commencing of employee's departure from point of origin
3. Worker's Position: _____
4. Basic Monthly Salary: USD _____
5. Regular Working Hours: maximum of 8 hours per day, six days per week with minimum of eight (8) paid holidays per year.
6. Overtime Pay:
 - a. For work over regular working hours : per Lebanon's Labor Law
 - b. For work on designated rest day and holidays: per Lebanon's Labor Law
7. Leave with Full Pay:
 - a. Vacation Leave : per Lebanon's Labor Law
 - b. Sick Leave : per Lebanon's Labor Law
8. Free transportation to the site of employment and in the following cases: a) free return transportation to the point of origin; b) expiration of the contract; c) termination of the contract by the employer without just cause; d) if the employee is unable to continue work due to connection or work aggravated injury or illness; e) force majuer; and f) in such cases when contract of employment is terminated through no fault of the employee.
9. Free food and/or compensatory allowance of USD\$ _____ and free suitable housing/accommodation.
10. Free health/medical and dental services including medicines.

Signature of Worker

Signature of Employer

11. Personal life and accident insurance in accordance with host government and/or Philippine government laws without cost to the worker. In addition, for areas declared by the Philippine government as war risk areas, a war risk insurance of not less than P100,000.00 shall be provided by the employer at no cost to the worker.
12. The employer shall assist the employee in remitting a percentage of his salary through the proper banking channel or other means authorized by law.
13. The employee shall observe employer's company rules and abide by the pertinent laws of host country and respect its customs and traditions.
14. Termination – neither party may unilaterally cancel the contract except for legal, just and valid cause(s):
 - a. Termination by the First Party. The First Party may terminate this contract on ground of closure or cessation of the establishment/company or due to retrenchment or to prevent losses, by serving a written notice to the Second Party at least one (1) month before the intended date thereof or payment of separation/termination pay equivalent to one (1) month salary. The First Party shall bear the repatriation expenses of the Second Party. The First Party may also terminate this contract on the following causes: serious misconduct, willful disobedience of First Party's lawful order, habitual neglect of duties, absenteeism, insubordination, revealing of establishments/company's secrets and when Second Party violates the customs of Lebanon and / or terms of this agreement. The Second Party shall shoulder the repatriation expenses.
 - b. Termination by the Second Party. The Second Party may terminate this contract by serving one (1) month advance written notice to First Party. If notice is served, the Second Party shall shoulder all expenses relative to his expatriation back to his point of origin. The Second Party may also terminate this contract without serving any notice to the First Party for any of the following just causes:
 - Serious insult by the First Party or his representative.
 - Inhuman and unbearable treatment accorded the First Party or his representative.
 - Commission of crime/offense by the First Party or his representative and violation of terms conditions of the employment or his representative. The First Party shall pay the repatriation expenses back to the Philippines.
 - c. Termination due to illness. Either party may terminate the contract on the ground of illness, disease or injury suffered by the Second Party. The First Party shall shoulder the cost of repatriation.
14. Settlement of Disputes: All claims and complaints relative to the employment contract of the employee shall be settled in accordance with Company policies, rules and regulations. In case the employee contests the decision of the employer, the matter shall be settled amicably with the participation of the Labor Attaché or any authorized representative of the Philippine Embassy which shall endeavor to settle the issue amicably to the best interest of both parties. If dispute remains unresolved with POLO/Philippine Embassy, the same shall be referred by any of the parties to the nearest or appropriate government body of the host country for settlement.

Signature of Worker

Signature of Employer

16. The employee shall observe employer's company rules and regulations and abide by the pertinent laws of the host country and respect its customs and traditions.
17. In event of death of the employee during the terms of this agreement, his remains and personal belongings shall be repatriated to the Philippines at the expense of the employer. In case the repatriation of remains is not possible, the same may be disposed of upon prior approval of the employee's next of kin and/or by the Philippine Embassy.
18. Applicable Law: Other terms and conditions of employment which are consistent with the above provisions shall be governed by pertinent laws of the Republic of Lebanon.

In witness thereof, we hereby sign this contract this _____ day of _____, 20____ at _____, Lebanon.

Signature of Worker

Signature of Employer



CERTIFICATE OF EMPLOYMENT

This is to certify that _____ (*name of worker*) started to work in _____ (*company name*) on _____ (*date*) as _____ (*position / work*) with a basic salary of _____ (*in USD*) per month.

He / She is still working in our company and is going home to the Philippines to take his/her vacation on _____ (*date*) and will be coming back on _____ (*date*).

This Certificate of Employment is issued as an integral part of employment contract submitted for verification to the Philippine Overseas Labor Office (POLO) so he/she can secure an Overseas Employment Certificate (OEC).

Issued this _____ day of _____ 20__ at _____.

Name of Employer
(*Signature over printed name*)

(COMPANY LETTER HEAD)

Date

Administrator BERNARD P. OLALIA
Philippine Overseas Employment Administration
EDSA corner Ortigas Avenue
Mandaluyong City, Philippines

SUBJECT: CONTINGENCY PLAN

Dear Administrator Olalia:

The undersigned wish to convey that the Company has an existing contingency plan related to the employment of Filipino workers whenever natural calamity, man-made disaster and war occur.

In the course of any impending contingency, the Company shall strive its best to repatriate the workers to their point of origin the soonest time possible via safe course travel.

If repatriation measure is not possible as prompted by prevailing circumstances, I shall provide continuous support to them in terms of food, medicines, and shelter and they shall constantly communicate with their families.

AND BY VIRTUE OF THIS LETTER, I pledge to give the workers reasonable and justified treatment for their well being.

Very truly yours,

Name & Signature of Employer