



Philippine Embassy
PHILIPPINE OVERSEAS LABOR OFFICE
Baabda, Lebanon

**DOCUMENTARY REQUIREMENTS FOR THE VERIFICATION OF EMPLOYMENT
DOCUMENTS TO BE SUBMITTED TO THE PHILIPPINE OVERSEAS LABOR
OFFICE**

BALIK MANGGAGAWA : PROFESSIONALS / SKILLED WORKERS

Amount of Verification Fee to be paid to POLO - \$10.00

- a. Completely filled – up Balik Manggagawa Information Sheet;
- b. Original notarized employment contract to be stamped/chopped of the company seal/logo and have Apostille stamped from the Governor's Office;
- c. Copy of worker's passport, valid at least six (6) months from the date of intended departure;
- d. Copy of worker's previous and valid/existing work permits;
- e. Certificate of employment with salary;
- f. Contingency plan;
- g. Copy of employer's passport or ID with signature; and
- h. Copy of the employer's airway bill shipment receipt for the documents to be sent back to Turkey.

Please note that:

- Items **a, b, e, f** and **g** are downloadable;
- Items **b, e, f** and **g** should be in the letter head of the company;
- Item **h** (if ID is submitted) should be translated in English; and
- Items **b** to **h** should be submitted in three (3) sets – one (1) original and two (2) xerox/duplicate copies requirements to POLO for verification of their employment documents.

Employment contracts of Overseas Filipino Workers who are going back to the same legal employers and have served a portion of their contracts are qualified as Balik Manggagawa, as evidenced by item **d** above.

For those OFWs who have already registered with the POEA and have secured their OECs, and will be going back to the Philippines and will be returning to the same legal employers and have to log in first to www.bmonline.ph to know if they are OEC exempted.

If not exempted, the workers have to submit again the above-mentioned documents.

USE BLACK OR BLUE PEN ONLY

DATE: _____

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: _____ <i>DD / MM / YYYY</i>		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: _____		Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated / Annulled	
Home Address in the Philippines:			
	<i>Lot No. Block No. Phase No.</i>	<i>House No.</i>	<i>Street Name</i>
	<i>Municipality/City</i>	<i>Province</i>	<i>Subdivision</i>
			<i>ZIP Code</i>

SSS No.:

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 Pag-IBIG RTN/MID: _____

Telephone/Cellphone No. _____ Email Address: _____

Mother's Full Maiden Name: _____

Name of Spouse (if married): _____

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: _____

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 : _____, Turkey.
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 Turkey's Labor Law
 - b. For work on designated rest day and holidays: per Turkey's Labor Law
7. Leave with Full Pay:
 - a. Vacation Leave : per Turkey's Labor Law
 - b. Sick Leave : per Turkey'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 majeure; 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.
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.

Signature of Worker

Signature of Employer

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.
15. 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.
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 Turkey.

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

Signature of Worker

Signature of Employer

(COMPANY LETTER HEAD)

Date _____

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

SUBJECT: CONTINGENCY PLAN

Dear Sir:

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,

EMPLOYER'S NAME and SIGNATURE