

ADDENDUM TO THE EMPLOYMENT/CONTRACT

For	on-site	emp	lovme	nt	verification
LUI	on Site	CILIP	IU y III C	HL	Vermeation

Name of Employee/s Name of Employee/s Date	:		
	M AMENDS THE CO	ONTRACT BETWEEN	N THE ABOVE:
1.Transportation cost from the at the expense of the EMPLO Philippines and will be trans	e country of work back to OYER except for 2(a) a	to the Philippines, at the and 2(b) and if employe	end of the contract, shall be
2. Just causes of termination a. Termination by the employ serious misconduct, willful absenteeism, insubordination traditions and laws of host conexpenses.	er: The employer may t disobedience of emplo , revealing secrets of	oyer's lawful orders, h establishment, when er	abitual neglect of duties nployee violates customs
b. Termination by employee: (1) month in advance notice to return transportation.	The employee may term the Employer. Without	inate this contract without such notice, the Emplo	nt just cause by serving one yee shall shoulder his/hen
c. The employee may also tern following just causes: when the employer violates the terms and acts: deliberate nonpayment of repatriation expenses.	e Employee is maltreate d conditions of the contra	d by the Employer or any act, when the employer co	y of his superiors, when the ommits any of the following
d. Termination due to illness: I injury by the Employee. The F	Either party may termina E mployer shall shoulde	ate the contract on the gr	ounds of illness, disease or n
3.In the event of death of the and personal belongings sha UNDER ANY CIRCUMST repatriation of remains shall	all be repatriated to t SANCES AND COST	he Philippines at the of. Deficiencies in the	expense of the employer.
4.Manner of Settlement of disput shall be settled in accordance with decision of the employer, the manuthorized representative of the Planost country or in the Philippines	n the company policies, rul atter shall be settled amica hilippine Embassy/Consula	es and regulations. In the cably with the participation are nearest competent or appropriate the capacity of t	ase the employee contests the of the labor Attache or any propriate government body in
Signature of Employer:		Employee	
	Please type Name	Pleas	se type Name