**CERTIFICATION AND ADDENDUM**

This is to certify that the contract of employment between:

|  |  |
| --- | --- |
| 1. **Employer:**

*Datore di Lavoro* |  |
| Authorized Representative:*Titolare Firmatario* |  |
| Address:*Indirizzo* |  |
| Tax Identification Number:*CF/PI* |  | Contact No.:*Telefono* |  |
|  |
| 1. **Employee:**

Lavoratore |  |
| Civil Status:*Stato civile* |  | Passport Number:*Passaporto numero* |  | Date & Place of Issue:*Data e luogo di rilascio* |  |
| AddressIndirizzo di residenza: |  |

shall be covered by the provisions of CCNL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which contains the following:

1. Position : \_\_\_\_\_\_\_\_\_\_\_\_
2. Level : \_\_\_\_\_\_\_\_\_\_\_\_
3. Basic Monthly Salary : \_\_\_\_\_\_\_\_\_\_\_\_

in addition to 13th and 14th month accruals to be paid monthly.

1. Employment start date : \_\_\_\_\_\_\_\_\_\_\_\_
2. Duration : \_\_\_\_\_\_\_\_\_\_\_\_
3. Regular work hours : 40 hours/week
4. Overtime rates
	1. Beyond regular working hours : \_\_\_\_\_\_\_\_\_\_\_\_
	2. Rest days and holidays : \_\_\_\_\_\_\_\_\_\_\_\_
5. Vacation Leaves : 26 days
6. Other Permittable leaves :
	1. Permits for death and serious illness
	2. Leave for serious family reasons
7. Registration to the National Health Service, which include hospitalization, medication, and consultation services, among others.
8. Termination and Notice:
	1. Just Causes – no written notice required, if the cause occurs that does not allow the continuation, even provisional, of the relationship
	2. Justified Causes – written notice required, if the cause is the significant non-fulfillment of the contractual obligations of the employee

This is also to certify that pursuant to Philippine laws and regulations on hiring Filipino nationals overseas, the following terms and conditions also apply in addition to the CCNL provided:

1. The employer shall shoulder the joining ticket or airfare of the worker to the jobsite and provide the arrangements for the entry protocols/quarantine as necessary.
2. The Employer shall provide for the worker’s accommodation at no charge, and no deduction from salary with the address at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Repatriation costs
2. In the event of death of the employee during the term of this agreement, his remains and personal belongings shall be repatriated to the Philippines. The employer may enroll the worker to an insurance coverage to shoulder the cost of the repatriation. In its absence or if the insurance coverage is insufficient to bear all the costs, the Employer shall shoulder the difference.
3. If the termination is due to sickness or other health condition that disables worker to continue his employment, the Employer shall repatriate the worker to the Philippines. It can be effected through an insurance covering the medical repatriation, or in its absence, the Employer shall shoulder the costs.
4. If the repatriation is due to termination made by the Employer without just cause, the Employer shall shoulder the costs of the worker’s return to the Philippines.
5. If the repatriation is due to termination initiated by the worker due to: serious insult by the employer or his representative, inhuman and unbearable treatment accorded the employee by the employer or his representative, commission of a crime/offense by the employer or his representative. The employer shall shoulder the repatriation costs of the worker to the Philippines.
6. The worker authorizes the Philippine Government, through its authorized agents and personnel, to collect personal information, specifically latest contact numbers and addresses, directly or through the employer upon their request. It is acknowledged that the information requested will be used exclusively within the mandate of the offices and agencies as provided by Philippine laws.
7. All other provisions not mentioned herein shall refer to the CCNL.
8. This certification is issued for the purpose of the accreditation and registration of the employment with POEA, and its contents enforceable in conjunction with the CONTRACT of EMPLOYMENT to be signed by the parties before Italian authorities.

HEREBY certifying and binding himself to all of the above:

Employer Name and Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National ID (Carta D’Identita) No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AND HEREBY accepting the terms and conditions herein:

Employee Name and Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_