

**AMMENDMENT TO THE EMPLOYMENT  
CONTRACT ACCEPTANCE OVERTIME POLICY OF  
TCS SOLUTION CENTER SUCURSAL COLOMBIA**

I, \_\_\_\_\_, of age and  
identified with Colombian Foreigner ID card number  
\_\_\_\_\_ issued in \_\_\_\_\_,  
recognizes that the Overtime Policy is an integral part  
of my labor contract signed with **TCS SOLUTION  
CENTER SUCURSAL COLOMBIA**, in the applicable  
terms and has been published and released on 1<sup>st</sup> July  
of 2018 in link:

[https://knowmax3.ultimatix.net/sites/myhr1-  
cop/lag/Colombia-  
Locals/CountryDLLocalsWorking%20HoursExtended  
%20Working%20Hours/TCS%20Colombia%20Policy  
%20-%20Overtime%20and%20Surcharges.pdf](https://knowmax3.ultimatix.net/sites/myhr1-cop/lag/Colombia-Locals/CountryDLLocalsWorking%20HoursExtended%20Working%20Hours/TCS%20Colombia%20Policy%20-%20Overtime%20and%20Surcharges.pdf)

As an evidence of mutual agreement, as employee  
signs it.

Name, signature and citizenship document number of  
the data employee.

\_\_\_\_\_  
**EMPLOYEE'S NAME AND SURNAME**

\_\_\_\_\_  
**SIGNATURE AND DOCUMENT NUMBER**

\_\_\_\_\_  
**EMPLOYEE NUMBER**

**ANEXO AL CONTRATO DE TRABAJO  
ACEPTACIÓN POLÍTICA DE HORAS EXTRAS Y  
RECARGOS TCS SOLUTION CENTER  
SUCURSAL COLOMBIA**

Yo, \_\_\_\_\_, mayor  
de edad e identificado con la cédula de **ciudadanía**  
número \_\_\_\_\_ expedida en  
\_\_\_\_\_, reconozco que la Política de horas  
extras y recargos, es una parte integral de mi  
contrato laboral firmado con **TCS SOLUTION  
CENTER SUCURSAL COLOMBIA**, en los términos  
aplicables y se publicó y entró en vigencia a partir  
del 1 de julio de 2018 en el enlace:

[https://knowmax3.ultimatix.net/sites/myhr1-  
cop/lag/Colombia-  
Locals/CountryDLLocalsWorking%20HoursExtended  
d%20Working%20Hours/TCS%20Colombia%20Pol  
icy%20-%20Overtime%20and%20Surcharges.pdf](https://knowmax3.ultimatix.net/sites/myhr1-cop/lag/Colombia-Locals/CountryDLLocalsWorking%20HoursExtended%20Working%20Hours/TCS%20Colombia%20Policy%20-%20Overtime%20and%20Surcharges.pdf)

Como constancia de mutuo acuerdo, lo firmo como  
empleado.

Nombre, firma y cédula de ciudadanía del titular del  
empleado.

\_\_\_\_\_  
**NOMBRE Y APELLIDOS DEL TRABAJADOR**

\_\_\_\_\_  
**FIRMA Y NÚMERO DE DOCUMENTO**

\_\_\_\_\_  
**NÚMERO DE EMPLEADO**