

## EMPLOYEE ACKNOWLEDGMENT AND UNDERTAKING

I JAYVIE BATOCTOY, an employee of PCN PROMO PRO INC., occupying the position of MERCHANDISER,  
(Employee's Full Name) (Office/Branch)

hereby unilaterally state and formally inform the Company of my intention to report to work after the lifting of the Enhanced Community Quarantine (ECQ) in relation to COVID-2019.

In this connection, I hereby acknowledge and declare:

1. That I am fully aware of the following:
  - a. The COVID-19 pandemic caused and resulted in the stoppage of work operations upon declaration of the National Governments ECQ covering the entire island of Luzon together and other cities.
  - b. Upon lifting of the ECQ on May , 2020, a General Community Quarantine (GCQ) has been implemented which resulted to a mandatory operation.
  - c. If the Company at half-capacity, thus, may only allow a limited number of employees at a time to ensure physical distancing in the workplace.
  - d. All employees with pre-existing illness, at-risk health condition or vulnerable status (i.e. pregnant, immuno-compromised, among others) shall not be allowed to report back to work for their own protection from infection. Thus, it is my obligation to inform the Company if there is any indication of these conditions that may prohibit me from doing work during the said GCQ.
  - e. There could be other subsequent government issuances, regulations and laws that may be passed, of which I may be compelled to comply. As such, I hereby undertake to comply with the policies to be set by the government and the Company, as it may deem proper, in order to help limit the spread of the said virus.
2. In the performance of my duties, I declare and undertake to comply with the following policies, rules and regulations relative to Health and Safety Protocols issued by the Company together with those issued by the Department of Health and other national and local government units which, among others, are listed below:
  - a. Personal Hygiene: Employees with fever and other symptoms must not come to work and advised immediate superior/HR through phone call. Prior to entering the workplace, an employee must pass through the Sanitation Area, wash his/her hands with alcohol, have his/her temperature taken.
  - b. Workplace sanitation and cleanliness: The employee must ensure that his/her desk, etc. are wiped clean. Upon closing time, the entire workplace will be sanitized.
  - c. Social distancing: Employees working area will maintain a distance of at least one (1) meter apart, meals must be taken separately from each other and there must be no groupings in the workplace for conversations, etc.
  - d. Protection gear and tools: All employees must, at all times and until further notice, must wear face masks going to and from work and while at the workplace.
3. That on my own volition, I hereby declare, acknowledge and consent that:
  - a. I am personally and solely accountable for my personal health and well-being and I will voluntarily report any symptoms or conditions to my superior and the Human Resources Department, including exposure to COVID-19 "positives", "suspects" and "probables" in the workplace, residence or in transit;
  - b. I am fully aware that if I report to work one of the possible consequences is exposure during transit to and from work and during my work shift although I am equipped with standard protection materials and information on how to avoid infection;
  - c. I accept the right of the Company to immediately send me home should I manifest any of the symptoms of COVID-19 or any undiagnosed illness;
  - d. In the event of the immediately preceding paragraphs, I undertake to voluntarily submit myself to the necessary quarantine for the standard period of fourteen (14) days;
4. In the event that I contract any disease, I understand and acknowledge that I can resort to availment of any or both of the following:  
(a) Health insurance, subject to previously agreed qualifications and terms and conditions; and, (b) Philhealth benefits. I am aware that the Company's only obligation is to facilitate my application for processing, and that the Company has no control regarding my eligibility or whatsoever.

I hereby declare that I have read the entirety of this acknowledgement and manifest my express consent as shown by my signature below. Breach of any of my undertakings contained herein, any false information or omission of material information as affliction, or risks of affliction of COVID-19 on my part or that of any person or family member I have been in contact with or any of the Health and Safety Protocols shall constitute just and valid cause for imposition of the appropriate sanction/s.

JAYVIE BATOCTOY / OCTOBER 13, 2023

Employee Name & Signature; Date  
Mayondon Los Baños laguna  
Complete Address/Name of Barangay