**EMPLOYMENT CONTRACT**

This *Employment Contract* made and executed between:

**PCN PROMOPRO, INC.**, a corporation duly organized andexisting under Philippine laws, having its registered office at **27 CRESTA STREET, BARANGAY MALAMIG, MANDALUYONG CITY and 30 ARAYAT STREET, BARANGAY MALAMIG, MANDALUYONG CITY,** and hereinrepresented by its Pres., Rey Ferdinand S. Binuya referred to as the **“Employer”**

-and-

**Lastname, Firstname Middle name,** with residence and postal address at **Employee Address**, referred to as **“Employee”**

Voluntary binding themselves to the following terms and conditions:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** The Employer will provide services for a specific job or undertaking farmed out by **Project Title,** under a Service Agreement.

**2.** The Employee shall be assigned at **,** with registered office at **Client Address**

**3.** **JOB TITLE AND DESCRIPTION.** As **Job Position,** the Employee is required to perform the following duties and undertake the following responsibilities:

1. Proper Installation & Documentation of merchandising materials.
2. To take picture of each banner poster and backboard when placed far from one another (but only one if collectively).
3. Saturation of given itinerary / area to be covered.
4. Securing of merchandising materials to be installed.
5. Maintain good grooming, wear proper uniforms and PCN ID during booth set-up
6. Immediately report to PCN via phone call/text any concern/problems she may encounter
7. Report to PCN office during agreed time and date or as per instruction of Project and or Account Supervisor.
8. Each merchandiser must reach **\_\_\_\_\_** productive calls per day.

**4.** **EMPLOYMENT STATUS**

**Employement Status**

**5. DURATION OF EMPLOYMENT.** Employee will commence to perform the services in favor on **Date From** until **Date to.**

You shall be receiving PHP **rate\_day** per day payable on weekly basis of the current month to cover up services rendered and, may be adjusted according to the provision of the Labor Code of the Philippines depending on the tripartite wage rate of the region.

**6**. **PLACE OF WORK**. The Employee shall perform the services farmed out by **Date From,** in which products are being displayed and sold **Outlet.**

**7. WORKING HOURS.** The Employee will render work for eight (8) hours a day for **no of days** days a week in accordance with the working hours to which he may be assigned.

**8.** The Employer shall be responsible for the payment of all compensation and other benefits to the Employee. Nothing herein shall make the latter an employee of Principal.

**9**. **SOLIDARY LIABILITY.** There exists a solidary liability on the part of the Employer and **Project Title,** in the event of violation of any provision of the Labor Code including the failure to pay wages.

**10**. **TERMINATION.**

10.1 Termination by Employer: The employer may terminate this Contract on the following just causes: serious misconduct, wilful disobedience of employer’s lawful orders, habitual neglect of duties, failure to meet prescribed KPI’s stated below, absenteeism, insubordination revealing secrets of establishment, when employee violates the terms of this Contract.

10.2 The employee may terminate this Contract for any of the just causes provided for by law by serving one (1) month in advance notice to the employer.

10.3 Termination due to Illness: Either party may terminate the contract on the ground of illness, disease or injury by the employee.

Issued this Day day of Month, Year.

**Prepared by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deployed by**

Deployer Designation

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

**HR Representative**

Rep Designation

**Endorsed by:**

**Project Supervisor**

PS Designation

Approved by:

**Head**

Head Designation

**Conforme:**

**Lastname, Firstname Middle name**

Name and Signature

## SSS#: SSS Number

## PHILHEALTH#: Philhealth number

## PAG-IBIG#: Pag-ibig Number

TIN#: **TIN Number**

**DATE:** Month Day, Year

ID#:

Contact no.: Contact Number

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**1 Section 9 of Department Order No. 174**