

	Subsidiaries and Affiliates		
	<input type="checkbox"/> WGI <input type="checkbox"/> WHI - HO <input type="checkbox"/> WLI <input type="checkbox"/> PRI	<input type="checkbox"/> WHI Carmona <input type="checkbox"/> CCC <input type="checkbox"/> MRDC <input type="checkbox"/> SPAI	<input type="checkbox"/> FMPI/FMTCC <input type="checkbox"/> PBI <input type="checkbox"/> Others: _____
Title: JOB OFFER			

Date :
 To :
 Re. : **Job Offer**

Dear **Mr. / Ms.** _____,

We are pleased to offer you employment with our company. We trust that your knowledge, skills and experience will help us contribute to the attainment of our corporate goals. Below are the essential points of your employment details. Should you find this acceptable, please affix your signature on the space provided.

I. Designation	
II. Department	
III. Place of work	
IV. Employment status	
V. Immediate head	
VI. Work hours and schedule	
VII. Compensation	
VIII. Upon regularization* <i>*regularization on 6th month, depending on performance evaluation results</i>	Vacation leave (_____), Sick leave (_____), Salary Loan, Semi-Annual Performance Bonus, Educational Assistance, Wedding Gift, Bereavement Assistance, Health Insurance (HMO), Life Insurance
IX. Start date	
X. Others	

Also, please note that this formal job offer is contingent / conditional based on your result on the following:

1. Background check.
2. Presumption that all information you provided during the recruitment process are valid and true.
3. Pre-employment medical exam.
4. Adherence to the company's confidentiality and non-disclosure policies.

A probationary employment contract will follow right after this signing. Looking forward to your positive response. Together, let us make a difference!

Very truly yours,

Noted by:

HR DEPARTMENT HEAD
 (Signature over Printed Name/Date)

DEPARTMENT HEAD
 (Signature over Printed Name/Date)

Prepared by:	Approved by:	Employee's Signature
_____ HR Assistant (Signature over Printed Name/ Date)	_____ Top Management (Signature over Printed Name/ Date)	_____ Employee (Signature over Printed Name/Date)