

ONBOARDING CHECKLIST

NAME: _____

START DATE: _____

CONTACT NUMBER: _____

ACCOUNT/DEPARTMENT: _____

| | | | |
|--|--|--|--|
| <p>► Accomplish this form by filling out the required information. Remember to indicate "NA" for requirements that are not applicable to your case ► Type A requirements are needed before the official start date.</p> | | <p>Onboarding POC Name: Effie Joville Contact No: effiephilline.joville@concentrix.com</p> | |
| <p>Concentrix Employment and Forms <input type="checkbox"/> 1902 form for TIN Enrollment (if NO TIN) Note: 2316 Waiver, Undertaking Agreement, Commitment Letter acknowledged in Workday <input type="checkbox"/> Account Specific Forms (If Applicable) <input type="checkbox"/> Background Investigation Form</p> | | | |
| TYPE A REQUIREMENTS | | ACCEPTABLE DOCUMENTS | |
| <p>PRE-EMPLOYMENT MEDICAL EXAM Completed Medical Slip</p> | | <p>Pre-Employment Medical Examination should be completed at Concentrix accredited clinics. • PEME may take 2 to 4 hours and procedures are not intended for pregnancy testing. • Reminder to complete the PEME package and send completion confirmation to Onboarding POC. For any PEME findings – Fit to Work Clearance will be required.</p> | |
| <p>SSS</p> | | <p>Submit a copy of any of the following documents: • SSS Form E-1 SSS Form E-6 SSS Form E-4 (Forms should be stamped by SSS) • Old SSS ID Loan Voucher (with SSS #) SSS Verification Slip SSS Online Validation • Online Printout of Static Information (Employment History Contribution Verification) • UMID with SSS Number, Company ID or Payslip with SSS Number,</p> | |
| <p>TIN</p> | | <p>Submit a copy of any of the following documents: • BIR Documents/ Forms (1905, 1904, 2307, TIN Verification Slip, TIN ID, 2316/ ITR, Company Payslip, Company ID with TIN, E-TIN Registration)</p> | |
| <p>PAG-IBIG</p> | | <p>Submit a copy of any of the following documents: • Member's Data Form printed online or from Pag-IBIG offices. • Pag-IBIG loyalty ID or HDMF Transaction ID , Company ID or Payslip with Pagibig Number • Pag-IBIG Online Verification Printout Pag-IBIG Online Validation,</p> | |
| <p>PHILHEALTH</p> | | <p>Submit a copy of any of the following documents: • Member's Data Record printed online or from Philhealth offices. • Newest PhilHealth ID (w/ Complete Details), Company ID or Payslip with PhilHealth Number • PhilHealth Online Verification Printout Philhealth Online Validation</p> | |
| <p>CERTIFICATE OF IDENTITY (Photocopy) <input type="checkbox"/> Personal Birth Certificate -NSO/PSA <input type="checkbox"/> Marriage Certificate NSO/PSA <input type="checkbox"/> Dependent's Birth Certificates <input type="checkbox"/> Passport ID for Foreign Nationals</p> | | <p>• Certified True Copy of Civil Registration Certificate is acceptable within 8 months upon registration. • Certificates must be readable, and the details must be correct. If there are discrepancies, documents mentioned should be provided with the following (which is applicable): - Affidavit for Name Discrepancy - Affidavit for Unreadable Entry - Annotation for Birth Certificate or Marriage Certificate</p> | |
| <p>CRIMINAL BACKGROUND CHECK NBI Clearance/ Criminal Check</p> | | <p>• NBI should be valid least 3 months from start date • NBI Official Receipt w/ stamp of release date (NBI Clearance to be submitted w/in 15 Days) • Green Criminal Check Results (Follow Program Requirements and Timelines)</p> | |
| TYPE B REQUIREMENTS | | ACCEPTABLE DOCUMENTS | |
| <p>PROOF OF EDUCATION <input type="checkbox"/> College Graduate <input type="checkbox"/> College Undergraduate (Completed 2 Years) <input type="checkbox"/> Diploma, Associate, Vocational Course <input type="checkbox"/> High School Graduate <input type="checkbox"/> Senior High School Graduate</p> | | <p>• Diploma; Transcript of Records; Certificate of Graduation; Copy of Grades; Statement of Account; Certificate of Registration; Study Load with Registrars' signature/seal; College/ University ID as long as meeting Program Hiring Requirements; Copy of School's Online Portal showing Proof of Enrollment, Registration, Class Schedule; or a Green BI Result.</p> | |
| <p>PROOF OF EMPLOYMENT</p> | | <p>• Certificate of Employment (indicating employment period); Completed & Signed Clearance Form Letter; Resignation Letter signed by previous Supervisor or HR Officer; Full contract from previous company with Employer and Employee signature; Acceptance Letter or Quitclaim Form; SSS Employment History printout; Entry/Exit Visa (For Employment Overseas); SEC Certification; BIR 2316 (Income Tax Return); Notarized Letter of Attestation with attachment of SSS Employment History/ ITR; Pagibig Employment History; Company ID; Company Payslip; PhilHealth MDR Form; Full and Final Pay Document; or a Green BI Result <i>Note: Proof of Employment should reflect most recent employer</i></p> | |
| <p>BIR Form 2316 (ITR) - Current Calendar Year</p> | | <p>• 2316 with Printed Information</p> | |
| <p>Documents Validated By:</p> | | <p>Employee ID Onboarding POC Name and Signature Date</p> | |

Name: _____
Account: _____

Hire Date: _____
Batch/Wave: _____

COMMITMENT LETTER FOR PRE-EMPLOYMENT REQUIREMENTS

I am made aware that these requirements are needed for my employment in Concentrix. I fully understand that in case I fail to submit the requirements enumerated below, it will have implications on my employment status, monetary contributions – SSS, BIR and Philhealth Benefits, as well as my pay release. I am not holding the Company liable for any future consequences that may arise.

| PRE-EMPLOYMENT REQUIREMENTS | DUE DATE | DATE SUBMITTED | EMPLOYEE'S SIGNATURE | OBT'S SIGNATURE | HRIS/DFC's SIGNATURE |
|--|---|----------------|----------------------|-----------------|----------------------|
| Background Investigation Form (BI) | Today | ✓ | ✓ | | |
| CONCENTRIX EMPLOYMENT AND GOVERNMENT FORMS | | | | | |
| Life Insurance Form (Optional) | Today | ✓ | ✓ | | |
| Philhealth Forms (PMRF/ER2) (2 copies) (Optional) | Today | ✓ | ✓ | | |
| Waiver for BIR Form 2316 | Today | ✓ | ✓ | | |
| BIR Forms 1902 (without TIN) (2 copies) | Today | ✓ | ✓ | | |
| TYPE A REQUIREMENTS | | | | | |
| Medical Completion Slip | Today | ✓ | ✓ | | |
| SSS Document (2 Photocopies) | Today | ✓ | ✓ | | |
| BIR / TIN Document (2 Photocopies) | Today | ✓ | ✓ | | |
| Pag-IBIG Document (2 Photocopies) | Today | ✓ | ✓ | | |
| Philhealth Document (2 Photocopies) | Today | ✓ | ✓ | | |
| Personal Birth Certificate (NSO/PSA Copy) (2 Photocopies) | Today | ✓ | ✓ | | |
| Dependent's Birth Certificate (NSO/PSA/CTC) (2 Photocopies) | Today | ✓ | ✓ | | |
| Marriage Certificate (NSO/PSA Copy) (2 Photocopies) | Today | ✓ | ✓ | | |
| NBI Clearance (original copy) (Half) (valid at least 3 months before expiration) | Within 15 days from Hire Date. | ✓ | ✓ | | |
| TYPE B REQUIREMENTS | | | | | |
| Proof of Employment (2 Photocopies) | Within 15 days from Hire Date. | ✓ | ✓ | | |
| Proof of School Achievement (2 Photocopies) | Within 15 days from Hire Date. | ✓ | ✓ | | |
| OTHER DOCUMENTS | | | | | |
| ID Picture (1x1 and 2x2) (1 copy each) | Today | ✓ | ✓ | | |
| BIR Form 2316 (ITR) <i>If you were previously employed within the current calendar year</i> | Before Payroll cut-off for ITR Consolidation. | ✓ | ✓ | | |
| AFFIDAVIT (for Name Discrepancy/Unreadable Entry) | Today | ✓ | ✓ | | |
| ANNOTATION (for Birth Certificate/Marriage Certificate) | Today | ✓ | ✓ | | |



Employee Signature over Printed Name

OBT Signature over Printed Name

HRIS/DFC Signature over Printed Name



Name: _____
Account: _____

Hire Date: _____
Batch/Wave: _____

COMMITMENT LETTER FOR PRE-EMPLOYMENT REQUIREMENTS

I am made aware that these requirements are needed for my employment in Concentrix. I fully understand that in case I fail to submit the requirements enumerated below, it will have implications on my employment status, monetary contributions – SSS, BIR and Philhealth Benefits, as well as my pay release. I am not holding the Company liable for any future consequences that may arise.

| PRE-EMPLOYMENT REQUIREMENTS | DUE DATE | DATE SUBMITTED | EMPLOYEE'S SIGNATURE | OBT'S SIGNATURE | HRIS/DFC's SIGNATURE |
|--|---|----------------|----------------------|-----------------|----------------------|
| Background Investigation Form (BI) | Today | | | | |
| CONCENTRIX EMPLOYMENT AND GOVERNMENT FORMS | | | | | |
| Life Insurance Form (Optional) | Today | | | | |
| Philhealth Forms (PMRF/ER2) (2 copies) (Optional) | Today | | | | |
| Waiver for BIR Form 2316 | Today | | | | |
| BIR Forms 1902 (without TIN) (2 copies) | Today | | | | |
| TYPE A REQUIREMENTS | | | | | |
| Medical Completion Slip | Today | | | | |
| SSS Document (2 Photocopies) | Today | | | | |
| BIR / TIN Document (2 Photocopies) | Today | | | | |
| Pag-IBIG Document (2 Photocopies) | Today | | | | |
| Philhealth Document (2 Photocopies) | Today | | | | |
| Personal Birth Certificate (NSO/PSA Copy) (2 Photocopies) | Today | | | | |
| Dependent's Birth Certificate (NSO/PSA/CTC) (2 Photocopies) | Today | | | | |
| Marriage Certificate (NSO/PSA Copy) (2 Photocopies) | Today | | | | |
| NBI Clearance (original copy) (Half) (valid at least 3 months before expiration) | Within 15 days from Hire Date. | | | | |
| TYPE B REQUIREMENTS | | | | | |
| Proof of Employment (2 Photocopies) | Within 15 days from Hire Date. | | | | |
| Proof of School Achievement (2 Photocopies) | Within 15 days from Hire Date. | | | | |
| OTHER DOCUMENTS | | | | | |
| ID Picture (1x1 and 2x2) (1 copy each) | Today | | | | |
| BIR Form 2316 (ITR) <i>If you were previously employed within the current calendar year</i> | Before Payroll cut-off for ITR Consolidation. | | | | |
| AFFIDAVIT (for Name Discrepancy/Unreadable Entry) | Today | | | | |
| ANNOTATION (for Birth Certificate/Marriage Certificate) | Today | | | | |



Employee Signature over Printed Name

OBT Signature over Printed Name

HRIS/DFC Signature over Printed Name

UNDERTAKING FOR LACKING PRE-EMPLOYMENT REQUIREMENT/S FOR NEW HIRES

✓ I, _____ do hereby agree that my employment with Concentrix (the “Company”) is subject to my passing the pre-employment medical exam given by the Company’s Medical Retainer as well as being cleared with the criminal check and background verification conducted by the Company’s background investigation vendor. Furthermore, I undertake to submit/complete the following documents (checked items) to the Recruitment Department.

• **Employment Forms**

- ☐ Waiver for BIR Form 2316
- ☐ BIR Form 1902 with attachments
- ☐ ITR 2316 (If employed within the same year)
- ☐ Philhealth (PMRF/ER2) (Optional)
- ☐ BI Form (For accounts with BGV only)
- ☐ Life Insurance Form (Optional)

• **Type A Requirements**

- ☐ Medical: _____
- ☐ SSS Document (2 copies)
- ☐ TIN/BIR Document (3 copies)
 - TIN (BIR) Verification Slip (for Local Employment)
 - Stamped 1904 (for Business Owner/Sole Proprietor)
- ☐ Pag-Ibig (HDMF) Document (2 copies)
- ☐ Philhealth (PHIC) Document (2 copies)
- ☐ Personal Birth Certificate NSO/PSA (2 copies)
- ☐ Dependents’ Birth Certificate (2 copies)
- ☐ Marriage Certificate NSO/PSA (2 copies)

- ☐ Photocopy of 1 Government issued ID

- ✓ ☒ Original Copy of NBI Clearance (valid at least 3 months before expiry)

• **Type B Requirements**

- ☐ 2x2 & 1x1 picture (1 copy each)
- ✓ ☒ COE from last employer/ Signed Clearance Form/ Resignation Letter from your latest employer
- ✓ ☒ Transcript of Records (TOR)/ Diploma/ Certificate of Graduation (For accounts with BGV only)

• **Other Documents (if applicable)**

- ☐ Affidavit for Name discrepancy
- ☐ Affidavit for Unreadable Entry
- ☐ Annotation on Birth Certificate
- ☐ Annotation on Marriage Certificate

I do hereby acknowledge that failure on my part to comply with the above requirement/s within a period of 15 working days after receipt of this letter on _____ will result to my non-regularization from the company as provided for in the Employee Regularization Policy and that non-compliance of the same will have implications on my monetary contributions – SSS, BIR and Philhealth benefits, as well as my pay release.

Further, I hereby discharge the company from any liability that may arise from this undertaking.

That in the event however, that I am allowed to commence with my employment with the company, without first having to comply with the foregoing requirements. THAT THE SAME SHALL NOT BE DEEMED A WAIVER ON THE PART OF THE COMPANY. I LIKEWISE undertake to comply therewith within the deadline provided above, otherwise my failure to comply shall constitute a just cause for the termination of my employment for failure to meet minimum company standards.

**Kindly submit your lacking requirement/s to _____ every _____.

✓ _____
Signature over Printed Name
(____/____/____)

Received by: _____

Date: _____

WAIVER

I certify that as withholding agent, SYNnex - Concentrix Corporation required me to submit BIR Form 2316 from my previous employer which will be used to compute for my Consolidated Income Tax Return for the year. I understand that failure to submit such will result to the computation of my Annual Income Tax based on the salary I received from SYNnex - Concentrix Corporation only.

Further, I certify that upon my failure to submit BIR Form 2316 from my previous employer to SYNnex – Concentrix Corporation, I will be responsible for filing my Consolidated Income Tax return for the year to BIR. Any insufficient tax resulting from non-consolidation of my annual earnings will be under my personal accountability, and I hold the company free from any liability or any further obligation.



Signature over Printed Name/Date