

ONBOARDING CHECKLIST

NAME: _____
CONTACT NUMBER: _____

START DATE: _____
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>	Onboarding POC Name: Effie Joville Contact No: effiephilline.joville@concentrix.com
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Concentrix Employment and Forms	
<input type="checkbox"/> 1902 form for TIN Enrollment (If NO TIN) <input type="checkbox"/> Account Specific Forms (If Applicable) <input type="checkbox"/> Background Investigation Form	Note: 2316 Waiver, Undertaking Agreement, Commitment Letter acknowledged in Workday

TYPE A REQUIREMENTS	ACCEPTABLE DOCUMENTS
PRE-EMPLOYMENT MEDICAL EXAM Completed Medical Slip	Pre-Employment Medical Examination should be completed at Concentrix accredited clinics. <ul style="list-style-type: none"> • 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.
SSS	Submit a copy of any of the following documents: <ul style="list-style-type: none"> • 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,
TIN	Submit a copy of any of the following documents: <ul style="list-style-type: none"> • BIR Documents/ Forms (1905, 1904, 2307, TIN Verification Slip, TIN ID, 2316/ ITR, Company Payslip, Company ID with TIN, E-TIN Registration)
PAG-IBIG	Submit a copy of any of the following documents: <ul style="list-style-type: none"> • 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,
PHILHEALTH	Submit a copy of any of the following documents: <ul style="list-style-type: none"> • 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
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	<ul style="list-style-type: none"> • 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): <ul style="list-style-type: none"> - Affidavit for Name Discrepancy - Affidavit for Unreadable Entry - Annotation for Birth Certificate or Marriage Certificate
CRIMINAL BACKGROUND CHECK NBI Clearance/ Criminal Check	<ul style="list-style-type: none"> • 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)
TYPE B REQUIREMENTS	ACCEPTABLE DOCUMENTS
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	<ul style="list-style-type: none"> • 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.
PROOF OF EMPLOYMENT	<ul style="list-style-type: none"> • 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 <p><i>Note: Proof of Employment should reflect most recent employer</i></p>
BIR Form 2316 (ITR) - Current Calendar Year	<ul style="list-style-type: none"> • 2316 with Printed Information
Documents Validated By:	Employee ID Onboarding POC Name and Signature Date

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: _____

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OTHER DOCUMENTS					
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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)

- 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

• **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)

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, SYNEX - 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 SYNEX - Concentrix Corporation only.

Further, I certify that upon my failure to submit BIR Form 2316 from my previous employer to SYNEX – 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