



	<h1>Salary Offer Sheet</h1> <h2>Forms and Templates</h2>		<b>Document Number:</b>  FM-SS-05.03
	<b>Department:</b> Human Resource	<b>Effective Date:</b> September 18, 2018	<b>Revision No</b> 1

 	<h1>SALARY OFFER SHEET</h1>		<b>DOCUMENT NO:</b> FM-SS-05.03 <b>EFFECTIVE DATE:</b> September 18, 2018 <b>REVISION NO:</b> 1 <b>DEPARTMENT:</b> Human Resource																				
	Name of Candidate: Position Title: Job Level: Employment Status: SBU: Department: Regular Working Days: Monday to Friday: 9:00 am to 6:00 pm; Saturday: 9:00 am to 2:00 pm Name and Position of Candidate's Immediate Leader: Date of Hire (1st or 16th of the month only):																						
	<b>SALARY (Php)</b>																						
	<table border="1"> <tr> <td>Basic Salary</td> <td></td> </tr> <tr> <td>Basic Monthly Guaranteed (BS with 13th)</td> <td>Php0.00</td> </tr> <tr> <td>Basic Annual Guaranteed</td> <td>Php0.00</td> </tr> </table>			Basic Salary		Basic Monthly Guaranteed (BS with 13th)	Php0.00	Basic Annual Guaranteed	Php0.00														
Basic Salary																							
Basic Monthly Guaranteed (BS with 13th)	Php0.00																						
Basic Annual Guaranteed	Php0.00																						
<b>BENEFITS &amp; PRIVILEGES</b>																							
<table border="1"> <tr> <td>Health Card</td> <td>Upon regularization / For employee only / Payment of health plan premium is 50-50% share of employer &amp; employee</td> </tr> <tr> <td>Annual Physical Examination (APE)</td> <td>Upon regularization / For employee only/covered by the Health Card</td> </tr> <tr> <td>Cellphone Allowance</td> <td></td> </tr> <tr> <td>Mortuary Assistance</td> <td>Upon regularization / For employee only / Cash Assistance to the legal heirs of a deceased member or to employee claimant due to death of declared dependent or to the legal heir of a deceased employee</td> </tr> </table>			Health Card	Upon regularization / For employee only / Payment of health plan premium is 50-50% share of employer & employee	Annual Physical Examination (APE)	Upon regularization / For employee only/covered by the Health Card	Cellphone Allowance		Mortuary Assistance	Upon regularization / For employee only / Cash Assistance to the legal heirs of a deceased member or to employee claimant due to death of declared dependent or to the legal heir of a deceased employee													
Health Card	Upon regularization / For employee only / Payment of health plan premium is 50-50% share of employer & employee																						
Annual Physical Examination (APE)	Upon regularization / For employee only/covered by the Health Card																						
Cellphone Allowance																							
Mortuary Assistance	Upon regularization / For employee only / Cash Assistance to the legal heirs of a deceased member or to employee claimant due to death of declared dependent or to the legal heir of a deceased employee																						
<b>PAID LEAVES</b>																							
<table border="1"> <tr> <td>Vacation Leave</td> <td>Upon regularization / 15 paid days annually/ Subject to Vacation Leave policy</td> </tr> <tr> <td>Sick Leave</td> <td>Upon regularization / 15 paid days annually/ Subject to Sick Leave policy</td> </tr> <tr> <td>Bereavement Leave</td> <td>Upon tenure of one (1) year / 3 to 5 paid days per exigency / Subject to Bereavement Leave policy</td> </tr> </table>			Vacation Leave	Upon regularization / 15 paid days annually/ Subject to Vacation Leave policy	Sick Leave	Upon regularization / 15 paid days annually/ Subject to Sick Leave policy	Bereavement Leave	Upon tenure of one (1) year / 3 to 5 paid days per exigency / Subject to Bereavement Leave policy															
Vacation Leave	Upon regularization / 15 paid days annually/ Subject to Vacation Leave policy																						
Sick Leave	Upon regularization / 15 paid days annually/ Subject to Sick Leave policy																						
Bereavement Leave	Upon tenure of one (1) year / 3 to 5 paid days per exigency / Subject to Bereavement Leave policy																						
<b>ANNUAL COMPENSATION</b>																							
<table border="1"> <tr> <td>Prepared by:</td> <td>Name / Date Signed</td> <td>Department Head</td> </tr> <tr> <td>Checked / Reviewed by:</td> <td>Name / Date Signed</td> <td>HR Partner</td> </tr> <tr> <td>Noted by:</td> <td>Name / Date Signed</td> <td>SBU Head</td> </tr> <tr> <td>Noted by:</td> <td>Name / Date Signed</td> <td>Shared Services</td> </tr> <tr> <td>Approved by:</td> <td>Name / Date Signed</td> <td>President / CEO</td> </tr> <tr> <td>Salary Offer Conducted by:</td> <td>Name / Date Signed</td> <td>Requestor (Immediate Leader of Candidate)</td> </tr> <tr> <td>Salary Offer Accepted by:</td> <td>Name / Date Signed</td> <td>New Employee</td> </tr> </table>			Prepared by:	Name / Date Signed	Department Head	Checked / Reviewed by:	Name / Date Signed	HR Partner	Noted by:	Name / Date Signed	SBU Head	Noted by:	Name / Date Signed	Shared Services	Approved by:	Name / Date Signed	President / CEO	Salary Offer Conducted by:	Name / Date Signed	Requestor (Immediate Leader of Candidate)	Salary Offer Accepted by:	Name / Date Signed	New Employee
Prepared by:	Name / Date Signed	Department Head																					
Checked / Reviewed by:	Name / Date Signed	HR Partner																					
Noted by:	Name / Date Signed	SBU Head																					
Noted by:	Name / Date Signed	Shared Services																					
Approved by:	Name / Date Signed	President / CEO																					
Salary Offer Conducted by:	Name / Date Signed	Requestor (Immediate Leader of Candidate)																					
Salary Offer Accepted by:	Name / Date Signed	New Employee																					

**DDC: This Document is already Approved and Posted on Intranet.**

*Please refer to printed files for signatures of approvers.*

**Any printed and saved copy of this document is considered uncontrolled**