Department of Labor and Employment

SPES Form No. 02

SOLICITATION/PLEDGE OF COMMITMENT FOR THE YEAR _____

Subject: SPECIAL PROGRAM FOR EMPLOYMENT OF STUDENTS (SPES)

Office : DOLE Regional Office No. 12, Koronadal City

Name of Employer : _____

Name of Establishment : _____

Address : _____
No. Street City Bgy/Mun/District Province

Main Business Activity:
( ) Local Government Unit (LGU)
( ) National Government Agency (NGA)
( ) Educational Institution (Public)
( ) Private Establishment (PE)
( ) Educational Institution (Private)
( ) Non-Government Organization (NGO)

Contact Person: _____

Telephone/Fax No. _____

Dear _____:

In the pursuit of helping poor BUT deserving students to continue their education through gainful employment pursuant to RA 7323, may we seek for your support in employing 15-25 years . old students during Summer and Christmas vacation. Thank you.

_____
(Signature over Printed Name of the Regional Director or his duly authorized representative)

To: DOLE Regional Office No. XII

Item No.	QTY	Position/Job Description *(Please fill up specific requirements)*	Minimum Qualification Standards *Indicate appropriate column specific requirement needed, if any*												EMPLOYMENT TERM						SALARY	
			Age				Sex			Educ. Requirement					SUMMER			CHRISTMAS			Pls. fill up using PHP	
			15-17	18-22	22-25	NP	M	F	NP	Elem	HS	Coll	Voc	NP	Duration Start/End	No. of Days	Hrs. per Day	Duration Start/End	No. of Days	Hrs per Day	Actual 100% Actual Rate per day	Actual 60% Actual Rate per day
Total No. of Pledges:																						

I/We further agree to abide with the rules and regulations implementing RA 7323 to pay for the 60% share of the salaries of these students, GSIS Insurance premiums and compliance to all other pertinent labor laws.

Certified funds available for the purpose amounting to Php _____ (pls. Indicate total amount)

_____
Signature over Printed Name of Employer's Accountant/Budget Officer

Date Certified: _____

_____
Signature over Printed Name of the Employer

Date of Commitment: _____

Note: For additional requirement/s , please attach separate sheet (I.e., as to skills, etc.) **Legend**: NP - no preference

FOR DOLE only

Recommending Approval:

_____
Printed Name & Signature

Date: _____

No.of beneficiaries : _____
No.of working days: _____

40% DOLE Counterpart

PHP _____

( ) **DISAPPROVED**

( ) **APPROVED**

_____
PEO Head
Authorized Representative