

Name List of Employees (Second or More Sequence Time Application)

Name of List Prepared Unit : _____ (Please
use official unit seal/stamp)

Unit Chief : _____ (Signature /Seal)

List Prepared Date : _____ (Year) _____ (Month) _____ (Day)

S e r i a l N o .					
N a m e					
N a t i o n a l Identification No.					
B i r t h D a t e (Year/Month/Day)					
Date of Hiring R e g i s t r a t i o n					
Date Hired and Joined the Labor I n s u r a n c e					
Work Hours per W e e k					
A d d r e s s o f H o u s e h o l d Registration and T e l e p h o n e					
On the Job or not (D a t e o f S e p a r a t i o n)					
Months Applied f o r					
R e m a r k s					

Sum of the above _____ persons

Remarks : Please describe employees' status (involuntarily unemployment workers, female household bread-earners, middle and old aged, disabled, aboriginal, family under living allowances) in the column of remarks.