			T CLEARLY. USE BLU SULAT. GUMAMIT NG			
DOLE-SENA Form No. 2         Republic           (Request for Assistance Form for Overseas Filipino Worker)         NATIONAL CONCILIATION		c of the Philippines f Labor and Employme TION AND MEDIAT NTRAL OFFICE	nt FION BOARD	Date Filed:		
			TRY APPROA ent Order No. 151, Ser	. ,		
REFERENCE NO. : SEAD	··	2021				
	Please check	one: Requesting party	is Individual OFW Group of OFWs			
Name of Requesting Party (Pang	galan) :		Name of Philippine Recruitment Agency (Pangalan ng Agency sa Pilipinas)			
Address (Tirahan) :			Address (Opisina):			
Telephone/Cellphone/Fax/eMail	Address:		Contact Person (Taong Kakausapin):			
Please Deployed Not Deployed			Position (Katungkulan):			
check: Male		Telephone/Cellphone/Fax/eMail Address:				
Nature of Work:         Household Service       Seafarer         Medical Professional       Offshore worker         Engineering Professional       Construction Laborer         Caregiver       Plumber/Fitter         Manufacturing Laborer       Welder/Cutter         Hotel Staff       Cleaner/Helper         Entertainer       Others, specify:		Name of Principal (Foreign Placement Agency or Foreign Service Contractor or Employer) (Pangalan ng Agency sa Abroad)				
Jobsite/Country of Deployment:			Address (Opisina)			
Contract Duration://	to	I <u> </u>				
Length of Contract Served:						
Position: Monthly Salary:			Contact Person (Taong Kakausapin)			
ACTIONS TAKEN AT THE EMPL			Position (Katungkula	Position (Katungkulan):		
	- (-)	<b>.</b>	Telephone/Cellphone/Fax/eMail Address:			
			Nature of Business :			
ACTIONS TAKEN AT THE POLO	LEVEL (Aksiyon na g	jinawa sa POLO)	COMPLAINTS FILED AT OTHER OFFICE/AGENCY (Reklamo na dinala sa ibang opisina)           Date         Office         Nature of Case			
				Onice	Nature of Case	
				•		
CLAIMS/ISSUES (Mga Karaingan				RELIEF PRAYED FOR (Nina	nais na solusyon sa problema)	
1) Contract Violations Non-payment/underpaym	2) Other Mo	-		Payment of Money Claims		
		for end service benefits d of airfaire/transportation/re	atriation ticket Release of original passport/travel documents			
Overtime Pay     Payment of unexpired portion of co						
Rest Day/Day-off Excessive/illegally collected fees				Correction of time of payment		
Sick Leave Payment of disability benefits				Others (Please Specify)		
Vacation Leave	2) Dolovod i	n Payment/ Time of Pay	mont (ana sifu)			
Holiday Pay	5) Delayed I	a aymente inne of Pay	(specily)			
Non-provision of transport						
Non-provision of food,	•	etary Issues			AKEN (To be filled-out by SEnA Desk Officer)	
accommodation or its monetary Withholding of original passport/trai equivalent Withholding of other documents, (s						
Others, please specify						
Illegal termination of contract				Referred to		
E) Other leaves (are - 4.4				Others, <i>please specify</i>		
5) Other Issues (specify)						
	(PANGAL	E <b>AND SIGNATURE</b> AN AT LAGDA)		INTERVIE	NER (Name and Signature)	
Others, if more than one Requesti		0	Euro - II A -I -I		Date Interviewed	
Name	Signature	Contact No.	Email Address	4		
				]		
				SEnA DESK C	<b>OFFICER</b> (Name and Signature)	