



REPORT ON EMPLOYMENT OF SPOT EXTRAS

Name of Company: _____ Tel. No.: _____ Fax No.: _____

Address: _____ Email: _____

Title of Project/Activity: _____

Date of Actual Work: _____ Location: _____

Nature of Work:

- Cinema Commercial Others (please specify): _____
 Television Public relations activities/campaigns

List of children engaged as spot extras (please use extra sheet if necessary):

NAME OF CHILD	COMPLETE ADDRESS	DATE OF BIRTH	AGE	DURATION OF WORK (TIME START/END)	NO. OF HOURS WORKED	REMUNERATION

I certify that the employment of children indicated herein were undertaken within the purview of Republic Act No. 9231 and that all the information herein are true and correct to the best of my knowledge.

Printed Name and Signature of Employer

Designation/Position

Date Received by DOLE: _____

This form shall be submitted to the DOLE Regional/Provincial/Field Office immediately after the shooting/taping/event.