



NOTICE OF EMPLOYMENT OF SPOT EXTRAS

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

Address: _____ Email: _____

Business Permit or Mayor's Permit No.: _____ Place Issued: _____ Valid until: _____

Data on Employer:

- Producer Advertiser Ad Agency Talent Caster Talent Agent
 Talent Manager Others (please specify): _____

Title of Project/Activity: _____

Approximate number of children to be employed as spot extras: _____

Date	Location (Specify exact details)	Duration of Work (Time Start/End)

I certify that the employment of children indicated herein will be undertaken within the purview of Republic Act No. 9231 and Department Order No. 65-04 and that all the information herein are true and correct to the best of my knowledge.

Printed Name and Signature of Employer

Designation/Position

This form shall be submitted at least two (2) days prior to the shooting/taping/event to the DOLE Regional/Provincial/Field Office having jurisdiction over the workplace of the working child.

ACTION OF DOLE REGIONAL/PROVINCIAL/FIELD OFFICE

Date Received: _____

Remarks: _____

Printed Name and Signature of Focal Person

Date: _____