Form No. PESO - 028
Oct-14

Rev	Ω1

## Na

MASTERLIST OF EMPLOYEES
MONTHLY REPORT FY
For the Month of







Nev. 01	IVIASTENLIS
Name of Employer/ Establishment :	MONTHLY F
Address :	For the Mo
Main Rusiness Activity:	

	NAME	ADDRESS			s	EX	CIVIL	EDUCATION	DUCATIONAL ATTAINMENT				1	TOTAL NO. OF MONTHS/
No.		MUNICIPALITY, PROVINCE	BIRTHDAY	AGE	MALE	FEMALE	STATUS	ELEMENTARY	HIGH SCHOOL	COLLEGE	CONTACT NO.	OCCUPATION/ POSITION	DATE STARTED	YEARS (WORK EXPERIENCE)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
Number of Contractual Employees, if there's any? EMPLOYMENT STATUS:														

Number of Contractual Employees, if there sally :		1/103.	_
			REGULAR
Name of Service Provider, if non-direct :			CONTRACTUAL
			JOB ORDER
PESO Contact # : 09954930633/09215997771 (Sir Marvin)			

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