

DOLE-SENA FORM No. 5 (Quitclaim & Release)	Republic of the Philippines Department of Labor and Employment <hr/> (Name of Office)	Date Filed
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SINGLE - ENTRY APPROACH (SENA)

(Per Department Order No. 107, Series of 2010, dated 5 October 2010)

IN THE MATTER OF REQUESTS FOR ASSISTANCE
OF:

Reference No. _____

**QUITCLAIM AND RELEASE
(PAGTALIKOD AT PAGPAPAWALANG-SAYSAY)**

I _____ of legal age residing at _____
(Ako) (nasa hustong gulang at nakatira sa)
 _____ for and in consideration of the amount of _____
(bilang konsiderasyon sa halagang)
 _____ (Php _____) do hereby release and discharge
(ay aking pinawawalang-saysay at tinatalikdan)

aforesaid company/corporation and its officer/s, person/s from any money claims by way of unpaid wages, separation pay, overtime pay or otherwise, as may due to me in connection with my past employment with the aforementioned company/corporation, its officers/persons.

(ang nabanggit na kumpanya/korporasyon at ang mga tauhan nitomula sa anumang paghahabol na nauukol sa pananalapi sa pamamagitan ng di nababayaranang sahod, o anupaman na karapat dapat para sa akin na may kaugnayan sa aking huling pinapasukang kumpanya o korporasyon at sa mga opisyales o tauhan nito).

I am executing this Quitclaim and Release, freely and voluntarily before this Office without any force or duress

(Isinasagawa ko ang Pagtalikod at Pagpapawalang-saysay na ito na may kalayaan at kusang-loob sa harapan ng tanggapang ito ng walang pamimilit o pamumuwersa)

and as part of the settlement agreement reached during the conciliation-mediation process conducted in the _____

(at bilang bahagi ng napagkasunduan buhat sa proseso ng conciliation-mediation dito sa).

IN VIEW WHEREOF, I hereto set my hand this _____ day of _____, 20 ____ in _____.
(DAHIL DITO, ako ay lumagda ngayong araw ng ___ sa ___)

Signature of the Requesting Party
(Lagda ng Partidong Humiling)

Signed in the Presence of (Nilagdaan sa Harapan ni):

 Signature over printed Name
(Pangalan at Lagda)

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20 _____,
 in _____.

SENA Desk Officer
 (Signature over Printed name)

Noted:

Head of Office/Agency or His/Her Duly Authorized Representative
 (Signature over Printed name)