

DEPARTMENT OF LABOR AND EMPLOYMENT
GOVERNMENT INTERNSHIP PROGRAM
(DOLE-GIP)

INTERNSHIP AGREEMENT

THIS AGREEMENT is made by and between the **Department of Labor and Employment** as represented by Director _____ of the DOLE Regional Office No. ____ with office address at _____.

-and-

(name of Intern) of (legal) age and with postal address at _____.

WITNESSETH:

1. This Agreement shall govern the relationship of the Intern and the Government Office where he/she will be assigned and does not create any employer-employee relationship between the DOLE and the Intern;
2. That the duration of this Agreement shall be for a period of six (6) months to be in force and effect within 2015, counting from the date that the Intern reported to his/her work assignment, as shown in the effective start date below;
3. That in cases where the Intern will not be able to finish the period of six (6) months internship program, shall inform/notify the Government Office where the internship is rendered through his/her immediate Supervisor, and report to the DOLE-RO the intention of ending this Agreement at an earlier date.
4. That the Intern shall be entitled to receive an allowance/stipend equivalent to 75% of the existing Regional minimum wage where the internship agreement shall be enforced, payable every 15th and 30th of each month based on the Intern's actual attendance, and that absences, tardiness or under time incurred shall be deducted accordingly; and
5. That the DOLE-RO shall enrol the Intern and pay the one-time GSIS premium in the amount prescribed by the GSIS for a coverage of P100,000, which shall be no **later than one (1) week** after the Intern has reported for work while this Agreement is in effect, or during the period of Internship.

Effective start date: _____ *{Insert start date}*

Effective end date: _____ *{Insert end date}*

Office and Place of Assignment: _____ *{Insert name of department/office, etc.}*

Work/Details of Assignment: _____ *{Insert details of assignment, e.g. SRS profiling}*

Work Contact Person: _____ *{Insert name of supervisor}*

Confidentiality: The Intern must maintain confidentiality, when and where appropriate, during and after the internship, of all the data and information where such information is not already within the public domain and is indicated or understood to be confidential.

IN WITNESS WHEREOF, both parties have hereunto set their hands this ____ th day of _____ 2015, at _____.

**DEPARTMENT OF LABOR AND EMPLOYMENT-
REGIONAL OFFICE No.** _____

**LOCAL GOVERNMENT UNIT OF _____
or name of ACP** _____

Signed: _____
{Insert name _____}
Regional Director
DOLE-RO ____

Signed: _____
{Insert name _____}
Mayor or Head of ACP

Signed in the Presence of:

Witness
Date: _____

Witness
Date: _____

Certified Funds Available:

Chief Accountant

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
_____) S. S.

BEFORE ME, a Notary Public for and in the above jurisdiction, personally appeared the following:

	NAME	IDENTIFICATION CARD/ NUMBER	DATE/PLACE ISSUED
1.	_____	_____	_____
2.	_____	_____	_____

known to me to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their own free will and voluntary act and deed.

This instrument consists of two (2) pages including this page wherein this Acknowledgement is written, and is signed by the parties and their instrumental witnesses on each and every page hereof.

WITNESS MY HAND AND SEAL, this ____ day of _____, 2015 at _____.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 2015