

**Department of Labor and Employment
OVERSEAS WORKERS WELFARE ADMINISTRATION
Region: _____
WORKERS ASSISTANCE**

Welfare Case Number _____

Date _____

Nature of Case/ Request:

- | | | |
|---|---|--|
| <input type="checkbox"/> Death Benefits | <input type="checkbox"/> Non – remittance | <input type="checkbox"/> Insurance Claims |
| <input type="checkbox"/> Imprisonment | <input type="checkbox"/> Unpaid Salaries | <input type="checkbox"/> Others (Please Specify) |
| <input type="checkbox"/> Whereabouts | <input type="checkbox"/> Delayed Remittance | _____ |

Case Referred/Indorsed by: _____
 Request Party: _____ Relationship to OFW _____
 Address: _____ Tel. Number _____

OFW 's EMPLOYMENT BACKGROUND

- Name of Overseas Workers: _____
 Passport No: _____ Sex _____ Civil Status _____ Birth date _____
(Last) (First) (Middle)
- Nature of Work: _____
- Name of Company/Employer: _____
 Address: _____
 Tel No. _____ Telex No. _____ Fax No. _____
- Name of Foreign Agency: _____
 Address and Tel No. _____
- Name of Local Agency: _____
 Address and Tel No. _____
 Length of Contract duration: _____ Date & Cause of Termination of Contract: _____
- Date of Departure from Manila: _____
 Date of Arrival in Manila: _____
- Beneficiary (ies); _____ Relationship to OFW: _____
 Address: _____ Tel. No. _____

FACTS OF THE CASE:

ASSESSMENT AND ACTION PLAN:

Officer on Case: _____

Referred/Endorsed by: _____

Date: _____