

	EMPLOYEE VERIFICATION FORM	Page No.	Page 1 of 1
		Form No.	GLDD-888
		Revision No.	1
		Effectivity	July 12, 2023

Use this form to request for verification of personnel employed by PAGCOR or any gaming licensees in the Philippines. Only requests complete information will be processed. Failure to provide correct and complete information may result in rejection of processing of i

USE BLOCK LETTERS

Name: _____		_____		_____	
		<i>Surname</i>		<i>First</i>	
Birthdate: _____		_____		Sex: ☐ Male ☐ Female	
		<i>mm/dd/yyyy</i>			
Verification of employee playing at:					
☐ Casino Filipino/PAGCOR-operated casino		☐ e-Bingo			
☐ PAGCOR-operated arcade		☐ e-Games Station			
☐ Licensed casino		☐ Instawin outlet			
☐ Poker Club		☐ MSW outlet			
☐ Traditional Bingo					
Requested by: _____			Date: _____		
			<i>(Signature over Printed Name)</i>		
Position: _____			GEL No. _____		
Licensee: _____			_____		

Licensee request is:	
☐ REJECTED for the following reasons:	
☐ Incomplete information	
☐ Others _____	
Employee verification request yields:	
☐ No presence in GEL database	
☐ Positive presence in GEL database	
Current employer: _____	
<i>(Licensee / Gaming Establishment)</i>	
with GEL No. _____	
RECEIVED AND PROCESSE _____	
<i>(Signature over Printed Name)</i>	

<i>(Position Title)</i>	
CERTIFIED BY: _____	
<i>GLDD Department Head</i>	

Remarks: Verification is based on name and birthdate submitted to PAGCOR GLDD. Wrong or incomplete name and birthdate may result in mismatch with database information.

	DESIGNATED AUTHORIZED SIGNATORIES	Page No.	Page 1 of 1
		Form No.	GLDD-899
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM A

Company Letter Head:

I am submitting herewith the following information on the designated authorized signatories of our company with their contact details:

	AUTHORIZED SIGNATORY	LIAISON OFFICER	ALTERNATE LIAISON OFFICER
NAME <i>(Last, First Middle)</i>			
E-MAIL			
OFFICE NO.			
MOBILE NO.			
SIGNATURE <i>(SPECIMEN 01)</i>			
SIGNATURE <i>(SPECIMEN 02)</i>			
SIGNATURE <i>(SPECIMEN 03)</i>			

APPROVED BY:

SIGNATURE OVER PRINTED NAME
(PROPRIETOR / LICENSEE)

DATE

----- FOR PAGCOR USE ONLY -----

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

	USER ACCESS CONTROL FORM	Page No.	Page 1 of 1
		Form No.	GLDD-900
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM B

LICENSEE : _____

ACCESS :

 New
Delete

REMARKS:
(for PAGCOR use)

NAME : _____

FIRST NAME

M.I.

LAST NAME

EMAIL ADDRESS : _____

1. Access account must not be revealed to others or allowed to be used by others.
2. Passwords must not be inserted into small messages or other forms of electronic communication.
3. Any user found to have violated these policies may be subjected to disciplinary action.

USER:

AUTHORIZED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

----- FOR PAGCOR USE ONLY -----

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

APPROVED BY:

ENCODED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

	MASTERLIST OF POSITIONS	Page No.	Page 1 of 1
		Form No.	GLDD-901
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM C

Company Letter Head:

Submitting herewith the list of positions with classification of our company:

POSITION TITLE	CLASSIFICATION

APPROVED BY:

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

----- FOR PAGCOR USE ONLY -----

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

	ELIGIBILITY FORM	Page No.	Page 1 of 1
		Form No.	GLDD-902
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM D

LICENSEE : _____

NAME : _____

FIRST NAME M.I. LAST NAME

ELIGIBILITY :

1. To the best of my knowledge, I am not banned from entering any gaming establishment in the Philippines.
2. I have not been terminated by any employer for any of the following reasons:
 - 2.1. Game Cheating
 - 2.2. Fraud and/or Estafa
 - 2.3. Theft
 - 2.4. Forgery or Counterfeiting
 - 2.5. Unlawful interference with a gaming equipment
 - 2.6. Conviction of a crime involving moral turpitude
 - 2.7. Use of camera or any electronic device to assist in projecting the outcome of the game
 - 2.8. Acts of dishonesty amounting to grave or serious offenses
 - 2.9. Violation of employment contract provision/policy on prohibition from playing in a gaming establishment

I understand that deliberately omitting information required in this form may result in the revocation of my Gaming Employment License (GEL).

APPLICANT:

NOTED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

	ENDORSEMENT FORM	Page No.	Page 1 of 1
		Form No.	GLDD-903
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM E

LICENSEE : _____

LICENSE NO.	FIRST NAME	MIDDLE NAME	LAST NAME

This is to certify that the abovementioned names are:

- at least 21 years of age
- Former manager/executive applying for managerial/executive positions within one (1) year from separation for a gaming employer and certification attesting to the fact that; 1) Casino manager/executive is not bound by any restrictive covenant or contractual stipulation that would legally prevent him/her from working for another casino, or 2) It is waiving the effectivity of any such applicable restrictions
- NOT convicted by court of competent jurisdiction upon final judgement for any crime
- NOT positive for drug use or substance abuse and is physically fit to work
- NOT in the Terminated Employee Database (TED) and/or National Database for Restricted Persons (NDRP)

AUTHORIZED BY:

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

----- FOR PAGCOR USE ONLY -----

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

APPROVED BY:

ENCODED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

	NOTICE OF EMPLOYEES SEPARATED FOR JUST CAUSE	Page No.	Page 1 of 1
		Form No.	GLDD-904
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM F

LICENSEE : _____
DATE : _____

This is to certify that the employees listed below were separated from our company with due process as prescribed by the Labor Code of the Philippines for just cause/s as specified below:

LICENSE NO.	NAME	CAUSE OF SEPARATION	DATE OF SEPARATION

PAGCOR is hereby authorized to include the above information in the Terminated Employee Database (TED), which may be used as reference to disqualify an applicant from endorsement of a Gaming Employment License (GEL).

ENDORSED BY:

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

----- FOR PAGCOR USE ONLY -----

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

APPROVED BY:

ENCODED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE



**NOTICE OF EXECUTIVES/MANAGERS
SEPARATED NOT GRANTED
CLEARANCE**

Page No.	Page 1 of 1
Form No.	GLDD-905
Revision No.	2
Effectivity	July 12, 2023

GEL FORM G

LICENSEE : _____
DATE (MM/YYYY) : _____

This is to certify that the executives/managers listed below were separated from our company with a restrictive contract and will not be given clearance to work for another casino

LICENSE NO.	NAME	CAUSE OF SEPARATION	DATE OF SEPARATION

PAGCOR is hereby authorized to include the above information in the Terminated Employee Database (TED), which may be used as reference to disqualify an applicant from endorsement of a Gaming Employment License (GEL).

ENDORSED BY:

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

----- FOR PAGCOR USE ONLY -----

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

APPROVED BY:

ENCODED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

	SUSPENSION/REVOCATION FORM	Page No.	Page 1 of 1
		Form No.	GLDD-906
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM H

LICENSEE : _____

LICENSE NO.	FIRST NAME	MIDDLE NAME	LAST NAME

- GROUNDS :
 ☐ Dismissal of an employee for just causes as enumerated in Section 7.a.1 of the GEL manual
☐ Dismissal of an employee as defined in the Labor Code of the Philippines, as amended, or other relevant laws.
☐ Conviction of an employee by court of competent jurisdiction upon final judgement for any crime committed by said employee
☐ Determination that a GEL holder/employee is positive for drug use or substance abuse
☐ Determination that a GEL holder/employee is not physically fit to work
☐ Violation of Employment Contract Provision/Policy on Prohibition from Playing in a Gaming Establishment
☐ Failure to obtain certification from Employer, attesting to the fact that:
 1) executive/manager is not bounded by any restrictive covenant or contractual stipulation that would legally prevent the applicant from working for another licensee; 2) former employer is waiving the effectivity of such restriction.

ENDORSED BY:

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

----- FOR PAGCOR USE ONLY -----

- PENALTY :
 ☐ Suspension
☐ Revocation

- FINDINGS :
 ☐ Approved
☐ Denied

EFFECTIVITY DATE:

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

APPROVED BY:

ENCODED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

	PERSONNEL COUNT REPORT	Page No.	Page 1 of 1
		Form No.	GLDD-907
		Revision No.	2
		Effectivity	July 12, 2023

GEL FORM I

COVERING PERIOD: _____

LICENSEE: _____

SITE ADDRESS: _____

GEL NUMBER	NAME	DETAILS			REMARKS
		DATE HIRED	CLASSIFICATION	POSITION TITLE	

** use another sheet if needed*

PREPARED BY:

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY)

DATE

----- FOR PAGCOR USE ONLY -----

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME

DATE

SIGNATURE OVER PRINTED NAME

DATE

	TEMPORARY GAMING EMPLOYMENT LICENSE PERMIT	Page No.	Page 1 of 1
		Form No.	GLDD-908
		Revision No.	2
		Effectivity	07/12/2023

	REINSTATEMENT FORM	Page No.	Page 1 of 1
		Form No.	GLDD-909
		Revision No.	3
		Effectivity	July 12, 2023

GEL FORM K

LICENSEE : _____

LICENSE NO : _____

NAME : _____

FIRST NAME M.I. LAST NAME

REASON FOR REINSTATEMENT : _____

This is to certify that the above employee has satisfied the conditions for the reinstatement of his/her GEL.

ENDORSED BY:

SIGNATURE OVER PRINTED NAME
(AUTHORIZED SIGNATORY) DATE

----- FOR PAGCOR USE ONLY -----

FINDINGS : ☐ Approved ☐ Denied EFFECTIVITY DATE:

RECEIVED BY:

VERIFIED BY:

SIGNATURE OVER PRINTED NAME DATE SIGNATURE OVER PRINTED NAME DATE

APPROVED BY:

ENCODED BY:

SIGNATURE OVER PRINTED NAME DATE SIGNATURE OVER PRINTED NAME DATE