**Appendix I**

*(Attached to Decree No. 145/2020/ND-CP)*

*(Decree 14, 2020 of the Government)*

|  |  |
| --- | --- |
| Form No. 01/PLI | Labor utilization report (prepared by the employer) |
| Form No. 02/PLI | Report on labor usage situation (prepared by the Department of Labor - Invalids and Social Affairs) |

**Form No. 01/PL I**

|  |  |
| --- | --- |
| **NAME OF ENTERPRISE, AGENCY, ORGANIZATION -------** | **SOCIALIST REPUBLIC OF VIETNAM Independence - Freedom - Happiness ---------------** |
| Number: …/…. | *……, date … month … year …* |

**REPORT**

**LABOR USE SITUATION**

Dear (1) : …………………………………………………

1. General information about the enterprise, agency, organization: Name of the enterprise, agency, organization; address, phone, fax, email, website, business registration certificate code; field of operation , main business lines.

2. Information on the unit's labor situation:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STT** | **Full name** | **Social Security Number** | **Day** **month** **year** **born** | **Gender** **calculate** | **Number** **CCCD/ ID card/ Passport** | **Rank,** **position, job title , workplace** | **Job position (2)** | **Salary** | **Heavy, hazardous industry/profession** | **Type and validity of labor contract** | **Time when the unit starts paying social insurance** | **Time when the unit finishes paying social insurance** | **Take note** **uncle** |
| **Manager** | **High level technical expertise** | **Mid-level technical expertise** | **Other** | **Coefficient/Salary** | **Allowance** | **Start date of indefinite term employment contract** | Validity of fixed-term labor contract | **Other labor contract validity (less than 1 month, probationary)** |
| **Position** | **Seniority (%)** | **Seniority (%)** | **Salary allowance** | **Additional items** | **Start date** | **End date** | **Start date** | **End date** | **Start date** | **End date** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| … |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | **Total** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |
| --- | --- |
|   | **REPRESENTATIVE OF ENTERPRISE, AGENCY, ORGANIZATION** *(Signature, seal)* |

***Note:***

(1) Department of Labor - Invalids and Social Affairs; social insurance agency at district level where the headquarters *,* branches and representative offices are located

(2) Job positions are classified according to:

- Column (8) Managers: This group includes leaders and managers working in sectors, levels and in agencies, organizations and enterprises holding positions, having the right to manage, command and operate from the central to the communal level;

- Column (9) High-level technical expertise: This group includes occupations that require specialized knowledge , expertise and experience at a high level (university degree or higher) in the fields of science and technology, health, education, business and management, information technology and communications, law, culture and society;

- Column (10) Intermediate technical expertise: This group includes occupations that require intermediate level knowledge and experience (college, intermediate) in the fields of science and technology, health, business and management, law, culture, society, information and communication, teachers, education, information technology.

**Form No. 02/PL I**

|  |  |
| --- | --- |
| PEOPLE'S COMMITTEE OF PROVINCE/CITY... **DEPARTMENT OF LABOR - WAR INVALIDS AND SOCIAL AFFAIRS... -------** | **SOCIALIST REPUBLIC OF VIETNAM Independence - Freedom - Happiness ---------------** |
| Number: …./…. | *…, date … month … year ….* |

**REPORT**

**LABOR USE SITUATION**

Dear (1) : …………………………………..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STT** | **Employers** | **Total number of employees** | **Job position (2)** | **Type and validity of employment contract** | **Note** |
| **Total** | **Female workers** | **Workers over 35 years old** | **Number of employees participating in compulsory social insurance** | **Manager** | **High level technical expertise** | **Mid-level technical expertise** | **Other** | **Number of employees participating in indefinite -term labor contracts** | **Number of employees participating in fixed-term labor contracts** | **Number of employees participating in other labor contracts (less than 1 month, probationary period)** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 1 | Business |   |   |   |   |   |   |   |   |   |   |   |   |
| 2 | Cooperative |   |   |   |   |   |   |   |   |   |   |   |   |
| 3 | Agency, organization |   |   |   |   |   |   |   |   |   |   |   |   |
|   | **Total** |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |
| --- | --- |
|   | **DIRECTOR** *(Signature, seal)* |

***Note:***

(1) Ministry of Labor, War Invalids and Social Affairs.

(2) Job positions are classified according to:

- Column (7) Managers: This group includes leaders and managers working in sectors, levels and in agencies, organizations and enterprises holding positions, having the right to manage, command and operate from the central to the communal level;

- Column (8) High-level technical expertise: This group includes occupations that require specialized knowledge, expertise and experience at a high level (university degree or higher) in the fields of science and technology, health, education, business and management, information technology and communications, law, culture and society;

- Column (9) Intermediate technical expertise: This group includes occupations requiring intermediate level knowledge and experience (college, intermediate) in the fields of science and technology, health, business and management, law, culture, society, information and communication, teachers, education, information technology.

**Appendix II**

**LIST OF WORK PERFORMED
BY LABOR OUTSOURCING**

*(Attached to Decree No. 145/2020/ND-CP)*

*(Decree 14, 2020 of the Government)*

|  |  |
| --- | --- |
| **STT** | **Job** |
| 1 | Interpretation/Translation/Shorthandwriting |
| 2 | Secretary/Administrative Assistant |
| 3 | Receptionist |
| 4 | Travel Guide |
| 5 | Sales Support |
| 6 | Project Support |
| 7 | Programming of production machine systems |
| 8 | Manufacture and installation of television and telecommunications equipment |
| 9 | Operation/inspection/repair of construction machinery, production electrical systems |
| 10 | Cleaning buildings and factories |
| 11 | Document editing |
| 12 | Bodyguard/Security Guard |
| 13 | Marketing/Customer Service by Phone |
| 14 | Handling financial and tax issues |
| 15 | Car Repair/Operation Check |
| 16 | Scan, industrial engineering drawing/Interior decoration |
| 17 | Drive |
| 18 | Management, operation, maintenance and service on board ships |
| 19 | Management, supervision, operation, repair, maintenance and service on oil and gas rigs |
| 20 | Piloting, serving on aircraft/Maintenance and repair of aircraft and aircraft equipment/Flight dispatch and operation/Flight supervision |

**Appendix III**

*(Attached to Decree No. 145/2020/ND-CP)*

*(Decree 14, 2020 of the Government)*

|  |  |
| --- | --- |
| Form No. 01/PLIII | Certificate of deposit for labor leasing activities |
| Form No. 02/PLIII | Deposit Withdrawal Document |
| Form No. 03/PLIII | Decision on deducting deposit for labor leasing business |
| Form No. 04/PLIII | Labor leasing license |
| Form No. 05/PLIII | Application for granting (renewal, re-granting) of labor leasing license |
| Form No. 06/PLIII | Application for revocation of labor leasing license |
| Form No. 07/PLIII | Autobiography |
| Form No. 08/PLIII | Decision to revoke labor leasing license |
| Form No. 09/PLIII | Report on labor leasing activities |
| Form No. 10/PLIII | Summary report on labor leasing activities |
| Form No. 11/PLIII | Report on the status of receiving deposits for labor leasing business activities |
| Form No. 12/PLIII | List of province and city codes under central government |

**Form No. 01/ PLIII**

|  |  |
| --- | --- |
| **BANK NAME**Number:............ | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***..........., date..... month..... year.....* |

**CERTIFICATE OF DEPOSIT**

**LABOR OUTSOURCING ACTIVITIES**

Pursuant to Decree No....../...../ND-CP dated....month....year....of the Government..... ( *write according to the name of the Government's Decree detailing and guiding the implementation of the content of labor re-leasing according to Clause 2, Article 54 of the Labor Code* ).

Bank:............................................................................................................

Address:..................................................................................................................

Contact phone number:..........................................................................................................

**CERTIFICATION**

Business name:..........................................................................................................

Head office address:..........................................................................................................

Business registration number:..........................................................................................................

Account holder:............................................... (1)...........................................................

Title of account holder:................................ (2)......................................

Deposit for labor leasing activities has been paid as follows:

Deposit amount:..........................................................................................................

Amount in words:..........................................................................................................

Deposit account number:..........................................................................................................

At the bank:..........................................................................................................

Deposit date:..........................................................................................................................

Deposit contract number:..................................................date................................................

Interest rate:..........................................................................................................

|  |  |
| --- | --- |
|   | **BANK REPRESENTATIVE***(Signature, seal)***Full name** |

***Note:***

(1) The deposit account holder is the legal representative of the enterprise according to the business registration certificate.

(2) Title of the legal representative of the enterprise according to the business registration certificate.

**Form No. 02/ PLIII**

|  |  |
| --- | --- |
| **PEOPLE'S COMMITTEE...** (1)No:.../UBND-... (2)Notice of consent to withdraw deposit for labor leasing activities | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***..........., date..... month..... year.....* |

Dear:............ (3)..................

............. (4)....................

Pursuant to Decree No..../...../ND-CP dated... month... year..... of the Government... ( *write according to the name of the Government's Decree detailing and guiding the implementation of the content of labor re-leasing according to Clause 2, Article 54 of the Labor Code* );

At the request of... (3) ... requesting to withdraw the deposit for labor leasing activities and accompanying documents,... (1) ... has the following opinion:

1. Agree with the request to withdraw the deposit for labor leasing activities of... (3) ..........., business address........., business registration number:......., license number (if any):......... to implement......... (5) .........

2.... (3) ..., Bank... (4) , Department of Labor - Invalids and Social Affairs of province/city...... is responsible for properly implementing the regulations on deposits of labor leasing enterprises./.

|  |  |
| --- | --- |
| ***Recipient:***-.............;-.............. | **CHAIRMAN** (6)*(Signature, seal)***Full name** |

***Note:***

(1) Provincial People's Committee.

(2) Abbreviation of the name of the unit drafting the document.

(3) Name of the leasing company requesting to withdraw the deposit.

(4) Name of the bank receiving the deposit.

(5) Record the reason for withdrawing the deposit as prescribed in Clause 1, Article 18 of this Decree.

(6) In case the deputy is assigned to sign on behalf of the Chairman, write the abbreviation "KT." before the Chairman, and write Vice Chairman below.

**Form No. 03/ PLIII**

|  |  |
| --- | --- |
| **PEOPLE'S COMMITTEE...** (1)No:....../QD-UBND  | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***..........., date..... month..... year.....* |

**DECISION**

**Regarding the deduction of deposit for labor leasing activities**

**CHAIRMAN OF PEOPLE'S COMMITTEE** ... (1) ...

*Pursuant to the Labor Code dated November 20, 2019;*

*Pursuant to Decree No..../...../ND-CP dated... month... year..... of the Government.... (write the name of the Government's Decree detailing and guiding the implementation of the content of labor sub-leasing according to Clause 2, Article 54 of the Labor Code);*

*At the request of the Director of the Department of Labor, War Invalids and Social Affairs of the province, city.....*

**DECISION:**

**Article 1. Withdraw** money from the labor leasing operation deposit account of... (2) .., enterprise code... (3) .., head office address... (4) ... to make payments for the regime and benefits of employees according to the list attached to this Decision.

1. Deposit account number................ (5) ............... at.......................... (6) .................................

2. Amount deducted:................................. (7) ................................................................................ .

(In words:................................. (8) .............................................................................. .)

3. Bank................. (6) ..................... shall deduct the deposit and pay the allowance to the re-hired employee.

4................... (2) ........................... shall be responsible for depositing additional funds within 30 days from the date the funds are withdrawn from the deposit account.

**Article 2.** Director of the Department of Labor, War Invalids and Social Affairs of the province, city...,.. (9) ... Bank... (6) ..., Director... (2) ......... is responsible for implementing this Decision.

**Article 3.** This Decision comes into force from date... month..... year...../.

|  |  |
| --- | --- |
| ***Recipient:***-.............;-.............; | **CHAIRPERSON** (10)*(Signature, seal)***Full name** |

***Note:***

(1) The People's Committee at the provincial level has the authority to deduct the deposit.

(2) Name of the enterprise whose deposit for labor leasing activities was deducted.

(3) Business registration number according to the business registration certificate.

(4) Head office address of the enterprise whose deposit is deducted.

(5) Number of deposit accounts for labor leasing activities.

(6) Name of the bank receiving deposits for labor leasing activities.

(7) Amount withdrawn from the escrow account.

(8) Amount deducted from the deposit account in words.

(9) Title of legal representative of the depository bank.

(10) In case the deputy is assigned to sign on behalf of the Chairman, write the abbreviation "KT." before the Chairman, and write Vice Chairman below .

**Form No. 04/ PLIII**

|  |  |
| --- | --- |
| **PEOPLE'S COMMITTEE...** (1) | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness** |

**LICENSE**

**LABOR OUTSOURCING ACTIVITIES**

**License number** :... (2) ../.... (3) .../.. (4) ...

First issued: date... month... year... (5)

Change number:....., date.... month... year...

(......... (6) ........)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Business name

Business name written in Vietnamese:... (7) ...................................................................

Business name written in foreign language (if any):.............. (8) ..............................

2. Business registration number:...................... (9) ..........................................................................

3. Head office address:...................................................................................................

Phone:............................. Fax:................................ Email:......................................

4. Legal representative of the enterprise

Full name:............................ Gender:.......................... Date of birth:.....................................

Title:....................................................... (10). ............................................................

Personal identification number:..........................................................................................................

Date of issue:................................................ Place of issue:........................................................

5. License validity period

This license is effective from the date... month... year... and has a term of.... months (11) ./.

|  |  |
| --- | --- |
| ***Recipient:***-.............;-.............; | **CHAIRPERSON** (12)*(Signature, seal)***Full name** |

***Note:***

(1) Name of province or centrally-run city issuing the license.

(2) License serial number.

(3) Year of issue.

(4) Code of province and centrally-run city according to Form No. 12/PLIII Appendix III issued with this Decree.

(5) Date, month, year of the first license issued. In case the license has been issued according to the form issued with Decree No. 55/2013/ND-CP dated May 22, 2013, Decree No. 29/2019/ND-CP dated March 20, 2019 of the Government, write the date, month, and year of the license issued.

(6) Note: renewal or re-issuance in one of the cases specified in Clause 1, Article 26 or Clause 1 , Article 27 of this Decree. For example: renewal of license or re-issuance of license due to change of head office address.

(7) Business name written in Vietnamese according to the business registration certificate.

(8) Business name written in foreign language according to business registration certificate.

(9) Business registration number according to the business registration certificate.

(10) The title of the legal representative of the enterprise is recorded on the business registration certificate.

(11) In case of re-issuance of labor leasing license with re-issuance period having odd days and not full months, clearly state the number of months and days.

(12) In case the deputy is assigned to sign on behalf of the Chairman, write the abbreviation "KT." before the Chairman, and write Vice Chairman below.

**Form No. 05/ PLIII**

|  |  |
| --- | --- |
| **BUSINESS NAME** (1) | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***........, date..... month...... year.......* |

**APPLICATION**

... (2) ... **labor leasing license**

Dear:... (3) .................

1. Enterprise name written in Vietnamese:....................................... (1) ............................

2. Business registration number:.................................................. (4) ..............................................

3. Head office address:...................................................................................................

Phone:................................; Fax:........................; E-mail:.................................

4. Legal representative of the enterprise

Full name:................................... Gender:........................ Date of birth:................................

Title (5) :...................................................................................................................

Personal identification number:..........................................................................................................

Date of issue:................................................................. Place of issue:.....................................................

5. Labor leasing license number.... (6) ..... date of issue............ (7) ............

Proposal........ (3) ......... license to operate labor leasing for......... (1) .............

....... (8) ................................................................................................................................

The enterprise commits to fully perform its responsibilities and obligations in accordance with the provisions of labor law.

Attached documents include:..........................................................................................................

|  |  |
| --- | --- |
| ***Recipient:***-.............;-.............; | **REPRESENTATIVE OF THE ENTERPRISE** (9)*(Signature, seal)***Full name** |

***Note:***

(1) Name of the enterprise requesting the issuance, re-issuance or extension of the license.

(2) Note: grant or extend or re-grant at the request of the enterprise.

(3) Chairman of the People's Committee of the province where the enterprise has its head office.

(4) Business registration number according to the business registration certificate.

(5) The title of the legal representative of the enterprise is recorded on the business registration certificate.

(6) License number of the labor leasing operation that has been granted (if any); for enterprises that have been granted a license according to the form prescribed in Decree No. 55/2013/ND-CP dated May 22, 2013 or Decree No. 29/2019/ND-CP dated March 20, 2019 of the Government, specifically state both the number and letters of the license (for example: 11/LĐTBXH-GP or 01/2019/SAG).

(7) Date of issue of the license granted (if any).

(8) Record the reasons specified in Clause 1, Article 27 of this Decree if the case is for re-issuance of the license.

(9) Title of the legal representative of the enterprise according to the business registration certificate.

**Form No. 06/ PLIII**

|  |  |
| --- | --- |
| **BUSINESS NAME** (1) | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***........, date..... month...... year.......* |

**APPLICATION**

**Revoking the license to operate labor leasing**

Dear:..... (2) .............

1. Business name written in Vietnamese:................................ (1) ..........................

2. Head office address:..........................................................................................................

Phone:...................; Fax:.........................; Email:..........................................

3. Business registration number:................................ (3) ......................................................................

4. Legal representative of the enterprise

Full name:......................... Gender:................... Date of birth:.................................

Title:................................................ (4) ..........................................................

5. Labor leasing license number:......................................................

Date of issue:........................................... Duration:......................................................

Proposal........................... (2) .................. to revoke the labor leasing license for..................................... (1) ....................................................................

Reason for recall:..........................................................................................................

The enterprise commits to fully perform its responsibilities and obligations in accordance with the provisions of labor law.

Attached documents include:

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

|  |  |
| --- | --- |
| ***Recipient:***-.............;-.............. | **REPRESENTATIVE OF THE ENTERPRISE** (4)*(Signature, seal)***Full name** |

***Note:***

(1) Business name according to business registration certificate.

(2) Chairman of the People's Committee of the province where the enterprise has its head office.

(3) Business registration number according to the business registration certificate.

(4) The title of the legal representative of the enterprise is recorded on the business registration certificate.

**Form No. 07/ PLIII**

**AUTOGRAPHY**

Portrait 4 x 6

**I. CV**

1. Full name:................................................................ Gender:................................

2. Type of personal identification document:.....................................................................................

Personal identification number..........................................................................................

Date of issue................................................ Place of issue................................................

3. Date of birth:......................................................................................

4. Marital status:................................................................................................

5. Original nationality:...................................................................................................

6. Current nationality:................................................................................................

7. Education/professional qualifications:................................................................

8. Last or current place of employment:................................................................

**II. TRAINING PROCESS**

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

**III. PERSONAL WORK PROCESS**

9. Working abroad:

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

10. Working in Vietnam

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

**IV. JUDICIAL BACKGROUND**

11. Violation of Vietnamese law (Time of violation, level of violation, form of handling)

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

12. Violation of foreign law (Time of violation, level of violation, form of handling)

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

I hereby certify that the above statement is true, if false I will take responsibility.

|  |  |
| --- | --- |
|  | *.........., date..... month..... year........**(Signature, full name)* |

**Form No. 08/ PLIII**

|  |  |
| --- | --- |
| **PEOPLE'S COMMITTEE...** (1)No:.../QD-UBND | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***..........., date..... month..... year.....* |

**DECISION**

**Regarding the revocation of labor leasing license**

**CHAIRMAN OF PEOPLE'S COMMITTEE** ... (1) ...

*Pursuant to the Labor Code dated November 20, 2019;*

*Pursuant to Decree No............/.........../ND-CP dated....month....year....of the Government... (written according to the name of the Government's Decree detailing and guiding the implementation of the content of labor subleasing according to Clause 2, Article 54 of the Labor Code);*

*At the request of...* (2) *......* (3) *... at...* (4) *... regarding the request to revoke the license to operate labor leasing;*

*At the request of....* (5) *....*

**DECISION:**

**Article 1.** Revoking the labor leasing license with license code ............ first issued on....... month...... year........, changed for the.......... time, on..... month....... year......... issued to........ (3) ......, head office address at..........................., enterprise code.................

Reason for withdrawal:..........................................................................................................................

**Article 2.** ... (3) ... perform the responsibilities prescribed in Decree No. ...../2020/ND -CP dated.... month.... year.... of the Government.

**Article 3.** Responsibility for organizing implementation... (6) ..

**Article 4.** This Decision comes into force from date... month..... year...../.

|  |  |
| --- | --- |
| ***Recipient:***- .............;- .............; | **CHAIRPERSON** (7)*(Signature, seal)***Full name** |

***Note:***

(1) The People's Committee at the provincial level has the authority to revoke the license.

(2) Title of legal representative of the leasing enterprise.

(3) Name of the enterprise requesting to revoke the labor leasing license.

(4) Number, date of issue of the document requesting the revocation of the enterprise's labor leasing license.

(5) The agency performs specialized tasks in the field of labor leasing as assigned by the Provincial People's Committee.

(6) Specifically record the relevant agencies, organizations, enterprises and individuals responsible for implementing the Decision.

(7) In case the deputy is assigned to sign on behalf of the Chairman, write the abbreviation "KT." before the Chairman, and write Vice Chairman below.

**Form No. 09/ PLIII**

|  |  |
| --- | --- |
| **BUSINESS NAME** (1) | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***........, date..... month...... year.......* |

**REPORT ON LABOR LEASING ACTIVITIES**

|  |  |
| --- | --- |
| Dear: | - People's Committee of province, city under central authority...- Department of Labor, War Invalids and Social Affairs of provinces and centrally-run cities... |

... (1) ... Report on labor leasing activities in the first 6 months of the year..... (or year....) as follows:

Ownership type: (2) ⬜State-owned enterprise ⬜Private enterprise ⬜FDI enterprise

**1. Labor usage situation of leasing enterprises**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Target** | **Beginning of period** | **Increase in period** | **Decrease in period** | **End of period** | **Number of employees participating in compulsory insurance (people) (3)** | **Note** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Total number of employees under labor contracts of the enterprise, including: |  |  |  |  |  |  |
| a) Number of employees working at the leasing enterprise (4), divided into: |  |  |  |  |  |  |
| - Number of employees with indefinite-term labor contracts |  |  |  |  |  |  |
| - Number of employees with fixed-term labor contracts |  |  |  |  |  |  |
| b) Number of leased workers, divided into: |  |  |  |  |  |  |
| - Sublease term less than 03 months |  |  |  |  |  |  |
| - Sublease term from 03 months to less than 06 months |  |  |  |  |  |  |
| - Sublease term from 06 months to 12 months |  |  |  |  |  |  |
| 2. Number of employees currently leased out by the enterprise  |  |  |  |  |  |  |
| - Within the province |  |  |  |  |  |  |
| - Outside the province |  |  |  |  |  |  |

 **2. Situation of labor leasing activities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TT** | **Subleasing jobs** (5) | **Number of businesses re-hiring workers** (6) | **Number of re-hired workers (people)** | **Number of employees according to the term of labor leasing (people)** | **Employee benefits****lease back** | **Note** |
| **In the province** | **Outside the province** | **In the province** | **Outside the province** | **Under 6 months** | **From 6 - 12 months** | **Other** | **Average salary ( VND/person/month)** | **Average income (VND/person/month)** | **Welfare regime** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **REPRESENTATIVE OF ENTERPRISE** (8)*(Signature, seal)***Full name** |

***Note:***

(1) Name of the enterprise making the report.

(2) Mark an X in the box corresponding to the type of ownership of the reporting enterprise.

(3) Number of employees participating in compulsory insurance: social insurance; health insurance; unemployment insurance; occupational accident and disease insurance.

(4) Number of hired workers and other types of workers.

(5) List of labor leasing jobs.

(6) Number of enterprises re-hiring workers to perform the work listed in column II.

(7) Names of benefits that the re-hired employee is entitled to, for example: life insurance, voluntary social insurance, holiday pay, New Year's pay, sick leave, funeral pay, types of services that the re-hired employee is entitled to.....

(8) Title of legal representative of the enterprise according to the business registration certificate.

 **Form No. 10/ PLIII**

|  |  |
| --- | --- |
| PEOPLE'S COMMITTEE OF PROVINCE, CITY......**DEPARTMENT OF LABOR, WAR INVALIDS AND SOCIAL AFFAIRS**Number:..................... | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***........, date..... month...... year.......* |

**SUMMARY REPORT ON LABOR LEASING ACTIVITIES**

(Six-month or annual report....)

|  |  |
| --- | --- |
|  Dear: | - Ministry of Labor, War Invalids and Social Affairs;- People's Committee of province, city under central authority... |

The Department of Labor, War Invalids and Social Affairs of the province and city.................. reports on the situation of labor leasing activities in the area as follows:

**1. Situation of labor leasing enterprises in operation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Target** | **Number of businesses** | **Business type** | **Total number of employees** | **Number of businesses re-hiring workers** (1) | **Note** |
| **State-owned enterprise** | **Private enterprise** | **Foreign invested enterprise** | **Number of employees working at the leasing enterprise (people)** | **Number of leased workers (people)** | **In the province** | **Outside the province** |
| 1. Number of licensed enterprises at the beginning of the reporting period |  |  |  |  |  |  |  |  |  |
| 2. Number of enterprises granted licenses for the first time in the reporting period |  |  |  |  |  |  |  |  |  |
| 3. Number of businesses with renewed licenses |  |  |  |  |  |  |  |  |  |
| 4. Number of businesses re-issued licenses |  |  |  |  |  |  |  |  |  |
| 5. Total number of enterprises decreased in the reporting period, of which: |  |  |  |  |  |  |  |  |  |
| - Business license expired without renewal or re-issuance |  |  |  |  |  |  |  |  |  |
| - Business license revoked |  |  |  |  |  |  |  |  |  |
| 6. Number of licensed enterprises operating at the end of the period (2) |  |  |  |  |  |  |  |  |  |

**2. Situation of labor leasing activities**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TT** | **Subleasing work** | **Number of businesses licensed to re-lease labor** (3) | **Number of leased workers (people)** | **Number of employees according to the term of labor leasing (people)** | **The regimes of the leased workers** | **Number of re-hired employees participating in compulsory insurance (people) (7)** | **Note** |
| **In the province** | **Outside the province** | **Of enterprises in the province** | **Of businesses outside the province** | **Under 6 months** | **From****6 - 12 months** | **Other** | **Average salary (VND/person/month)** | **Average income (VND/person/month)** | **Welfare regime** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |   |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| ***Recipient:***-.............;-.............; | **MANAGER** (8)*(Signature, seal)***Full name** |

***Note:***

(1) Number of enterprises re-hiring labor from licensed enterprises.

(2) Number of licensed enterprises operating at the end of the period (item 6) = number of licensed enterprises at the beginning of the period (item 1) + number of licensed enterprises for the first time (item 2) - number of enterprises decreasing during the period (item 5).

(3) Number of licensed enterprises currently performing labor leasing work in column II.

(4) Average salary of sub-leased workers performing the work in column II.

(5) Average income of sub-leased workers performing work in column II includes salary, bonus and other income.

(6) Names of benefits that the re-hired employee is entitled to, for example: life insurance, voluntary social insurance, holiday pay, sick leave, funeral pay, types of services that the re-hired employee is entitled to...

(7) Number of leased employees participating in compulsory insurance: social insurance; health insurance; unemployment insurance; occupational accident and disease insurance.

(8) Director; in case a deputy is assigned to sign on his behalf, write the abbreviation “KT.” before Director, and write Deputy Director below.

**Form No. 11/ PLIII**

|  |  |
| --- | --- |
| **BANK NAME**Number:............. | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***........, date..... month...... year.......* |

**REPORT ON THE RECEIVING AND MANAGING OF
DEPOSIT MONEY FOR LABOR LEASING ACTIVITIES**

(Quarterly report...... year......)

|  |  |
| --- | --- |
|  Dear: | - State Bank branches, provinces, centrally run cities....- People's Committee of province, city under central authority...- Department of Labor, War Invalids and Social Affairs of provinces and centrally-run cities... |

Bank name:................................................................................................................................................................................

Address:..............................................................................................................................................................................................

Phone number:................................................................................................Fax number:..........................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the enterprise depositing the labor leasing activities** | **Deposit Certificate Number** | **Deposit account number** | **Initial deposit amount** | **Deposit Date** | **Margin amount at reporting time** |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1. |  |  |   |  |  |
| 2. |  |  |   |  |  |
| ... |  |  |   |  |  |

**BANK REPRESENTATIVE**

*(Signature, seal)*

**Full name**

**Form No. 12/ PLIII**

**LIST OF PROVINCE AND CITY CODES**

| **STT** | **Province/city name** | **Province/city code** |
| --- | --- | --- |
| 1 | An Giang | SAG |
| 2 | Ba Ria - Vung Tau | SBRVT |
| 3 | Bac Can | SBC |
| 4 | Bac Giang | SBG |
| 5 | Bac Lieu | SBL |
| 6 | Bac Ninh | SBN |
| 7 | Ben Tre | SBT |
| 8 | Pacify | SBĐ |
| 9 | Binh Duong | SBD |
| 10 | Binh Phuoc | SBP |
| 11 | Binh Thuan | SBTH |
| 12 | Ca Mau | SCM |
| 13 | Can Tho | SCT |
| 14 | Cao Bang | SCB |
| 15 | Danang | SDN |
| 16 | Dak Lak | SDL |
| 17 | Dak Nong | Registration number |
| 18 | Dien Bien | SDB |
| 19 | Dong Nai | SDGN |
| 20 | Dong Thap | Phone |
| 21 | Gia Lai | SGL |
| 22 | Ha Giang | SHG |
| 23 | Ha Nam | SHN |
| 24 | Hanoi | SHNI |
| 25 | Ha Tinh | SHT |
| 26 | Hai Duong | SHD |
| 27 | Hai Phong | SHP |
| 28 | Hau Giang | SHG |
| 29 | Peace | SHB |
| 30 | Hung Yen | SHY |
| 31 | Khanh Hoa | SKH |
| 32 | Kien Giang | SKG |
| 33 | Kon Tum | SKT |
| 34 | Lai Chau | SLC |
| 35 | Lam Dong | SLD |
| 36 | Lang Son | SLS |
| 37 | Lao Cai | SLCI |
| 38 | Long An | SLA |
| 39 | Nam Dinh | SND |
| 40 | Nghe An | SNA |
| 41 | Ninh Binh | SNB |
| 42 | Ninh Thuan | SNT |
| 43 | Phu Tho | SPT |
| 44 | Phu Yen | SPY |
| 45 | Quang Binh | SQB |
| 46 | Quang Nam | SQN |
| 47 | Quang Ngai | SQNI |
| 48 | Quang Ninh | SQNH |
| 49 | Quang Tri | SQT |
| 50 | Soc Trang | SST |
| 51 | Son La | SSL |
| 52 | Tay Ninh | STN |
| 53 | Peace | STB |
| 54 | Thai Nguyen | STNG |
| 55 | Thanh Hoa | STH |
| 56 | Thua Thien Hue | STTH |
| 57 | Tien Giang | STG |
| 58 | Ho Chi Minh City | SHCM |
| 59 | Tra Vinh | STV |
| 60 | Tuyen Quang | STQ |
| 61 | Vinh Long | SVL |
| 62 | Vinh Phuc | SVP |
| 63 | Yen Bai | SYB |

**Appendix IV**

*(Attached to Decree No. 145/2020/ND-CP)*

*(Decree 14, 2020 of the Government)*

|  |  |
| --- | --- |
| Form No. 01/PLIV | Overtime agreement text |
| Form No. 02/PLIV | Notice of overtime from 200 hours to 300 hours |

**Form No. 01/ PLIV**

|  |  |
| --- | --- |
| NAME OF MANAGING AGENCY**BUSINESS NAME, PRODUCTION AND TRADING FACILITY** | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***......., date........ month........ year........* |

**OVERTIME AGREEMENT DOCUMENT** (1)

- Overtime: From date....................... to date..... month.... year........

- Overtime work location:......................................................................................................

- Reason for overtime:..........................................................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STT** | **Full name** | **Current job (2)** | **Number of working hours per day (2)** | **Overtime hours (per day, week, ...) (3)** | **Employee signature** |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | *............, date... month... year.......* |
|  |  | **EMPLOYER****OR AUTHORIZED PERSON***(Signed and sealed)* |

***Note:***

(1) This form is created when signing documents with multiple employees; in case of signing separately for each employee, adjust the corresponding information.

(2) In case the timesheet has been used and the work and working hours have not changed for many days or months recorded in the timesheet, it is not required to have these columns in the agreement.

(3) It is possible to record separate agreements on a daily, weekly, monthly basis or a combined agreement on overtime hours.

**Form No. 02/ PLIV**

|  |  |
| --- | --- |
| NAME OF MANAGING AGENCY**BUSINESS NAME, PRODUCTION AND TRADING FACILITY**Number:..............Regarding organizing overtime from 200 to 300 hours per year | **SOCIALIST REPUBLIC OF VIETNAM****Independence - Freedom - Happiness***........, date........ month........ year........* |

To: Department of Labor - Invalids and Social Affairs..............

Implementing the production and business plan of year..., the enterprise, unit.............. has a number of cases of overtime work from over 200 hours to 300 hours in the year, specifically as follows:

1. In case of having to work overtime from 200 to 300 hours in a year:

|  |  |  |
| --- | --- | --- |
| **STT** | **Cases of having to work overtime from 200 hours to 300 hours in a year (1)** | **Note** |
| 1. |   |   |
| ... |   |   |

2. Time when employees start working overtime from 200 to 300 hours/year:................................................................................................................

3. Commitment when the organization performs overtime from 200 hours to 300 hours/year (2)

...................................................................................................................................

...................................................................................................................................

|  |  |
| --- | --- |
| ***Recipient:***- As above;- ................ | **EMPLOYER****OR AUTHORIZED PERSON***(Signed and sealed)* |

***Note:***

(1) Must comply with the prescribed cases.

(2) Encourage more favorable agreements for workers when participating in overtime work, such as: increasing in-kind compensation, implementing shift meals, increasing health checks...

**Appendix V**

*(Attached to Decree No. 145/2020/ND-CP)*

*(Decree 14, 2020 of the Government)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Form No. 01/PLV | Domestic worker employment contract |
| Form No. 02/PLV | Notice of employment as domestic helpers |
| Form No. 03/PLV | Notice of termination of domestic worker employment contract |

**Form No. 01/ PLV**

**SOCIALIST REPUBLIC OF VIETNAM**

**Independence - Freedom - Happiness**

**DOMESTIC WORKER CONTRACT**

*Pursuant to the Labor Code 2019;*

*Pursuant to Decree No..../....../ND-CP dated... month... year..... of the Government.... (written according to the name of the Government's Decree detailing and guiding the implementation of the content of domestic workers according to Clause 2, Article 161 of the Labor Code).*

**1. PARTY A: EMPLOYER**

Grandparents:..................................................................................................................

Representing the household including ( *write the full name of each person in the household* ):..........................

...................................................................................................................................

Residential address:..........................................................................................................

Phone:............................................................................................................

Citizen ID card/Passport number:............. issued on............. at.........

...................................................................................................................................

**2. PARTY B: THE WORKER IS A DOMESTIC MAID**

Grandparents:..................................................................................................................

Residential address:..........................................................................................................

Phone:.............................................................................................................

Citizen ID card/Passport number:............ issued on......... at..............

Emergency contact information:.......................................................

Grandparents:..................................................................................................................

Relationship with employees:......................................................................................

Residential address:..........................................................................................................

Phone:............................................................................................................

*The two parties agree to sign a labor contract with the following terms:*

**Article 1. Contract term**

- Labor contract: Indefinite term or term of..... months.

Start date: From... month... year...

- Probationary period (if any): from date... month... year.... to date.... month... year....

**Article 2. Work and workplace**

- Work location (specify the address where the employee performs domestic work):..........................................................................................................

- Work to be done (clearly state the daily tasks the employee must perform, for example: cleaning the house, cooking, laundry, childcare....):.................

...................................................................................................................................

...................................................................................................................................

**Article 3. Salary, bonus and other allowances and supplements**

- Salary:........................... VND/month (or week or day or hour), including employee's food and accommodation expenses (if any):.......................................... VND.

- Allowances and supplements (if any):................................................................

- Payment method (cash/bank transfer):...................................................

- Salary payment period: salary is paid on date/time...... every month/week/day.

- The amount equal to the health insurance and social insurance premiums that the employer is responsible for paying to the employee at the same time as the salary payment:.............. VND.

- Salary increase regime (clearly state the time, conditions and cases of salary increase if any):................................................................................................................

- Bonus (clearly state the conditions and cases eligible for the bonus, bonus level if any):..........................................................................................................................

- Travel expenses to the employee's place of residence (clearly state the cases eligible for travel expenses to the place of residence and the level of support):....................................................................

- Support for vocational training and cultural studies (if any)..........................................................

**Article 4. Working hours, rest hours**

- Working hours:..........................................................................................................

- Continuous time off for employees during the day:...................................

- Weekly day off:..........................................................................................................

- Annual leave:..........................................................................................................

- Holidays:..........................................................................................................

**Article 5. Working conditions**

- Labor protection equipment (if any):.....................................................................................

- Accommodation and meals of employees (for employees living with the employer's family)................................................................................................................

- Other conditions:................................................................................................

**Article 6. Rights and obligations of employees**

1. Workers' rights:

- Regarding payment of salary, other allowances and supplements; bonuses; travel expenses to the place of residence as agreed in the labor contract:..........................................

- About rest; support for vocational training, cultural study according to the agreement in the labor contract:..........................................................................................................................

- Regarding accommodation and meals; labor protection equipment; compensation for damages according to the agreement in the labor contract:.................................................................................

2. Employee obligations:

- Regarding completion of work according to the labor contract:.............................................

- Regarding proper implementation of instructions on the use of equipment, machinery, utensils and fire prevention, ensuring environmental hygiene requirements of households and residential areas:.................................................................................................

- Regarding compensation for the employer if he/she loses or damages the employer's family property according to the provisions of law and the agreement between the two parties:..........................................................................................................................

- Regarding providing legal documents to employers for temporary residence registration (for employees living with the employer if they are subject to temporary residence registration):................................................................................................

**Article 7. Rights and obligations of employers**

1. Rights of employers:

- Regarding management and operation of employees performing work according to the agreement in the labor contract:...................................................................................

- Regarding compensation for damages if the employee loses or damages the employer's family property according to the provisions of law and the agreement between the two parties:.................................................................................................................................

2. Obligations of the employer:

- Regarding full and timely payment of salary and other benefits and rights of employees as agreed in the contract:.................................................

- Regarding accommodation arrangements for employees (for employees living with the employer):................................................................................................

- Regarding temporary residence registration for employees (for employees living with the employer who are required to register temporary residence):................................

- On creating conditions for workers to learn a trade and study culture:..............................

**Article 8. Labor discipline**

- Cases where employers are subject to reprimand :

...................................................................................................................................

- Cases where employers are allowed to apply dismissal:

................................................................ ................................................................ ..........................

**Article 9. Compensation for damages (if any)**

- Cases where employees must compensate for damages to employers:................................ ................................................. .....................................

- Cases where employers must compensate employees for damages:................................ ................................................. .....................................

**Article 10. Other agreements (if any)**

................................................................ ................................................................ ..........................

................................................................ ................................................................ ..........................

**Article 11. Implementation provisions**

This contract is made in 02 copies of equal value, each party keeps 01 copy and is effective from date...... month............ year..... ........

|  |  |
| --- | --- |
| **WORKER****(PARTY B)** | **EMPLOYER****(PARTY A)** |
| **LEGAL REPRESENTATIVE OF THE EMPLOYEE (for employees under 18 years old)**- Full name:................................................. ................................................. ................- Residential address:..........................................................................................................- Phone number (if any):..........................................................................................................- Citizen ID card/ID card/Passport number:............ issued on......... at...........- Sign: |
| **WITNESS (if any):**- Full name:..........................................................................................................................- Citizen ID card/Passport number:................. issued on..... at........- Residential address:..........................................................................................................- Phone number (if any):..........................................................................................- Sign: |

**Form No. 02/ PLV**

**SOCIALIST REPUBLIC OF VIETNAM**

**Independence - Freedom - Happiness**

**NOTIFICATION**

**On the use of domestic workers**

To the People's Committee of the commune/ward/town:.................

Full name:................................., Gender:............ Nationality:..................

Citizen ID card/Passport number:.............. issued on........ at...........

Residential address:..........................................................................................................

Current residential address:..........................................................................................................

Notify the People's Committee (commune/ward/town)...................................... about the use of domestic workers as follows:

1. Employees:

- Full name:..........................................................................................................................

- Date of birth:................................................, gender:..........................................

- Citizen ID card/Passport number:.............., date of issue..........., place of issue.........

- Residential address:..........................................................................................................

- Current address:..........................................................................................................

2. Legal representative of the employee (if any):

- Full name:..........................................................................................................................

- Citizen ID card/Passport number:.......... issued on........... at...........

- Current address:..........................................................................................................

3. Work location:................................................................................................

4. Main job under labor contract:........................................................

5. Term of employment contract: Indefinite term or term of...... months.

6. Time to start performing the labor contract: from date..... month....... year.....

7. Accommodation of the employee during the performance of the labor contract :...............

8. Other contents, if any:................................................................................

*............, date...... month..... year.....*

**Announcer**

*(Signature, full name)*

**Form No. 03/ PLV**

**SOCIALIST REPUBLIC OF VIETNAM**

**Independence - Freedom - Happiness**

**NOTIFICATION**

**On termination of domestic worker employment contract**

To the People's Committee of the commune/ward/town:.........................

Full name:...................................................................................................................

Citizen ID card/Passport number:............. issued on........... at...........

Residential address:..........................................................................................................

Notify the People's Committee of the commune/ward/town about the termination of the labor contract forMr./Ms................................................. according to the notice of employment as a domestic worker dated... month... year...

Time of termination of labor contract: From date........ month…..... year...........

Reason for termination of employment contract:.....................................................................................

|  |  |
| --- | --- |
|  | *............, date...... month..... year.....***Announcer***(Signature, full name)* |

**Appendix VI**

**LIST OF PLACES WHERE EMPLOYERS ARE NOT ALLOWED TO GO ON STRIKE**

*(Attached to Decree No. 145/2020/ND-CP)*

*(Decree 14, 2020 of the Government)*

**I. POWER SYSTEM PRODUCTION, TRANSMISSION, AND DISPATCHING**

1. 03 units under the parent company - Vietnam Electricity Group, including: Hoa Binh Hydropower Company; Son La Hydropower Company; National Power System Control Center.

2. Duyen Hai Thermal Power Company belongs to Power Generation Corporation 1.

3. Phu My Thermal Power Company belongs to Power Generation Corporation 3.

4. Power transmission companies under the National Power Transmission Corporation.

**II. EXPLORATION, EXPLOITATION, PRODUCTION AND SUPPLY OF OIL AND GAS**

1. Southwest Pipeline Operating Company belongs to the parent company - Vietnam Oil and Gas Group .

2. 02 units under the Oil and Gas Exploration and Production Corporation, including: Domestic Oil and Gas Exploration and Production Operating Company; Vietgazprom Joint Venture Operating Company.

3. 08 units under Vietnam Gas Corporation, including: Vung Tau Gas Processing Company; Southeast Gas Transportation Company; Gas Product Trading Company; Ca Mau Gas Company; Nam Con Son Gas Pipeline Company; Vietnam LPG Joint Stock Company; Southern Gas Trading Joint Stock Company; Vietnam Oil and Gas Low Pressure Gas Distribution Joint Stock Company.

4. Vietnam - Russia joint venture Vietsovpetro.

**III. GUARANTEEING AVIATION SAFETY AND MARITIME SAFETY**

1. Facilities providing flight operations assurance services under Vietnam Air Traffic Management Corporation.

2. Airports under Vietnam Airports Corporation include: Noi Bai, Tan Son Nhat, Da Nang, Cam Ranh, Can Tho.

3. Northern Maritime Safety Corporation.

4. Southern Maritime Safety Corporation.

5. TKV Maritime Pilotage One Member Limited Liability Company.

6. Vietnam Maritime Electronic Information One Member Limited Liability Company.

**IV. PROVIDING INFORMATION AND COMMUNICATIONS INFRASTRUCTURE**

1. Network Infrastructure Corporation under Vietnam Posts and Telecommunications Group.

2. Viettel Network Corporation belongs to the Military Industry - Telecommunications Group.

**V. ENTERPRISES PROVIDING CLEAN WATER, DRAINAGE, AND ENVIRONMENTAL SANITATION DIRECTLY SERVING CENTRAL CITIES**

**VI. DIRECTLY SERVING NATIONAL DEFENSE AND SECURITY**

Defense and security enterprises as prescribed in Decree No. 93/2015/ND-CP dated October 15, 2015 of the Government on the organization, management and operation of defense and security enterprises./.