

## AMERICAN PACKING INDUSTRIES

### QUALITY PROCEDURE

Subject: Personnel Policies  
Index No. QP 1.05  
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### RECRUITMENT

1. The creation of a new position or filling up of a resigned employee must have approval of the President.
2. Employees from within the company should be given preference where possible for vacancies for an existing position whenever possible.
3. In the event that the vacant position cannot be filled from within because of a lack of qualified employees or for other reasons, all possible sources of manpower outside should be contacted to ensure that the best qualified individual for the position is appointed.

The company recruitment should comply with government laws including child labor laws. The company prohibits discrimination in hiring and employment practices on the ground of religion, region origin, sex, age, physical ability or any discriminatory practice.

The use of prison or forced labor is absolutely forbidden. The use of labor under any form of indentured servitude is prohibited, as is the use of physical punishment, confinements, and threats or of violence or other forms of physical, sexual, psychological or verbal harassment or abuse as a method of discipline or control.

4. Selection shall be based on merits and fitness. The qualifications of an applicant shall be evaluated in terms of job pre-requisites, responsibilities and working conditions.
5. Company's Application form shall be filled up by applicant and must be accompanied by the following as applicable:
  - a) Picture
  - b) Educational Record
  - c) Diploma/ Board Certificate
  - d) Certification from Previous Employer

## **APPOINTMENT OF EMPLOYEE**

1. Before a prospective applicant is confirmed employment, he/she must submit the following:
  - a) National Bureau of Investigation clearance certificate.
  - b) Police Clearance
  - c) Barangay Clearance
  - d) Latest Health Certificate X-ray, Urinalysis, Fecalysis and certification of Fit to Work by licensed Doctor.
  - e) Certificate of Clearance from Previous employer when applicable.
  - f) 1x1 Size Picture
  - g) SSS and TIN No.
  - h) SSS Loan Status/ Clearance report
2. All appointees shall be hired on a probationary six months basis.
3. A standard form of Appointment letter is issued to the applicant which is attached here with together with his/her Job Responsibilities, and Non-Competition Agreement.
4. Quality Manual and Policies and Rules and Regulations of the company shall be discussed by the IQA Department to the new employee.
5. Employee is required to open account with company's designated bank for payroll credit purpose.
6. Employee is required to undergo standard API's Company Orientation Program in order to feel welcomed, at ease and be part of the team.  
See Annex A. Employee orientation checklist Form No. 91
7. Issuance of new/replacement tools, equipment and PPE shall be provided according to needs of employees thru Form No. 094 Accountability Form.

## **EMPLOYEE NON COMPETITION AGREEMENT**

All applicant for confirmation of employment must sign conforme the Non Competition Agreement prior to his actual confirmation of employment with the company.

## **CONFIRMATION TO PERMANENT STATUS**

1. Department Head in consultation with the supervisors must evaluate the probationary employee and must recommend either the employee pass or did not pass the probationary employment on or before the fifth month from his date of appointment to the President.
2. If the employee pass the probationary period, the Department Head shall issue a letter of Confirmation to Permanent Status or any salary change if applicable on the sixth month from the date of his employment to be approved by the President.

## **PLACEMENT AND TRANSFER**

1. Transfer of employees from one department to another in the same level or category shall be effected only upon concurrent agreement of the supervisors concerned with the Department Head; subject to the approval of the President.
2. Demotion or downgrading shall not be resorted to without strong and sufficient reason or unless personally requested by the employee.
3. Any change due to placement, transfer or demotion shall have a written conforme of the employee concerned.

## **PROMOTIONS**

1. All promotions to a vacant / or new position should be recommended by the immediate superior and Department Head for approval by the President.
2. A congratulatory letter to the employee due his promotion must be prepared by the Department Head for his signature and notation of the President.

## **SEPARATIONS**

1. An employee who resigns or is separated from the company must submit the following duly approved forms before his last date of employment with the company prior to payment of any remunerations due him.
  - a. Deed of Quitclaim and Release
  - b. Clearance form
2. 30 days' Notice of resignation will be strictly imposed unless approved by President. The 30 days' notice excludes the availment of any unused Leave of the employee. This means that employee's last day of reporting to the office must not be less than



30 days from date of his effective date of resignation. Failure to comply with this policy, will mean forfeiture of employee's commission receivable and whatever is due to employee.

3. Final pay shall be forfeited if separated employee was not able to properly turnover and submit accomplished Clearance up to 30days from his/her last day of work.

### **EMPLOYEE PERFORMANCE REVIEW**

1. All employees must be reviewed by his superior and Department Head one year after his confirmation to permanent status.
2. The Employee Performance Review shall be in accordance with Employee Performance Review

### **SALARY CHANGE**

1. A salary change can only be effected change to permanent status (when applicable), merit increase, promotion, upgrade of salary, or government labor laws. Salary increase must be accompanied by a Salary Change Form duly approved by the Department Head and the President.

### **MEDICAL REQUIREMENTS**

1. All employees must undergo annual physical check up to be supervised by the company's accredited medical clinic.
2. Any employee who refuse to undergo and submit himself to annual physical check up shall be subjected to a disciplinary measure of termination after due notice is served to him by the company.
3. All employees is subject to drug test In accordance with Article V of Republic Act No. 9165, otherwise known as the Comprehensive Dangerous Drugs Act of 2002, wherein the following are hereby implemented to achieve a drug-free workplace.
  - a. API requires all employees to undergo a random drug test in accordance with the company's work rules and regulations for purposes of reducing the risk in the workplace.
  - b. Strict confidentiality shall be observed with regard to screening and the screening results.
  - c. It shall be an integral part of the company's occupational safety and health and related workplace programs.
  - d. Only drug testing center accredited by the DOH shall be utilized.

- e. Drug testing shall consist of both the screening test and the confirmatory test; the latter to be carried out should the screening test turn positive. The employee concerned must be informed of the test results whether positive or negative.
- f. Any employee who uses, possesses, distributes, sells or attempts to sell, tolerates, or transfer dangerous drugs or otherwise commit other unlawful acts as defined under Article II of RA 9165 and its Implementing Rules and Regulations shall be subject to the pertinent provisions of the said Act.
- g. Any employee found positive for use of dangerous drugs shall be dealt with administratively in accordance with the provisions of Article 282 of Book VI of the Labor Code and under RA 9165.
- h. A drug test is valid for one year.
- i. All cost of drug testing shall be borne by API.

### **COMPANY ID CARD**

- 1. All permanent employees are assigned permanent employee number and issued Company ID Card upon submission of acceptable picture. ID card must be surrendered upon separation of the employee from the company.
- 2. The Company ID Card Issuance form shall be received by the employee prior to actual issuance of the ID Card.
- 3. Card issued to employee can only be replaced after submission of the Affidavit of Loss by the Employee; or surrender of his previously issued ID card.

### **EMPLOYEE INFORMATION SHEET**

- 1. All employees must submit a completed Employee Information Sheet on or before 15<sup>th</sup> day of October each year; or immediately when there is any change in his personal information sheet.

### **EMPLOYEES PERSONAL FILE (201 File)**

- 1. All employees personal record shall be filed in his /her individual Personal (201 File) by the Administration office.
- 2. Employees Personal (201 File) are confidential and can only be accessed by any party only upon approval by the President.

**EMPLOYEE CLASSIFICATION**


1. All employees are classified accordingly by Level based on his job responsibilities and degree of his duty in relation to the total Organization structure.
2. Employees' category level shall be used as a reference for his salary change, promotion, and transfer.

**FREEDOM OF ASSOCIATION**

The company is committed to promoting the voluntary joining of unions, collective bargaining and mediation compatible with the government laws.

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5	1	December 18, 2019	Add Separation No. 3	19-041

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ANNEX A – QP 1.05 PERSONNEL POLICIES

**AMERICAN PACKING INDUSTRIES (PHILS.) CORPORATION**

**Employees Orientation Checklists**

Form No. 91 / Rev. 0 / 07-04-2017

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Phase 1 HR Orientation Checklist**

- ☐ Complete Forms and Necessary Documents
- ☐ Identification Card (ID)
- ☐ Attendance and Proper Reporting
- ☐ Safety
- ☐ Holidays, Sick Leave, Vacation Leave, Emergency Leave & Official Business
- ☐ Company Benefits (Rice Subsidy)
- ☐ Telephone Calls (in case of emergency)
- ☐ Canteen Policy
- ☐ Parking Policy
- ☐ Working Hours
- ☐ Salaries and Wages
- ☐ Performance Review
- ☐ Medical
- ☐ Insurance (if applicable)
- ☐ Rules of Conduct
- ☐ Company Nurse
- ☐ Questions

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand all information covered. Any questions I had have been answered to my satisfaction. Rules of Conduct, and general safety rules and have completed the listed forms.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Phase 2 IQA ISO Checklist**

- ☐ Discuss the Company Vision
- ☐ Explain the Company Mission in depth
- ☐ Discuss the Quality Manual in accordance with ISO 9000:2015
- ☐ Discuss the Quality Procedures (pertaining to the specific department)
- ☐ Understanding the Job Description and Responsibilities

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Page 2 Employees Orientation Checklists****Phase 3 Department Head Checklist****Provide Employee With:**

- ☐ 1. Key for locker or desk, where applicable
- ☐ 2. Required equipment/tools
- ☐ 3. Required safety equipment
- ☐ 4. Employee's job classification (title)
- ☐ 5. Initial assignment and necessary training

**Discuss:**

- ☐ 6. Goals/training of the first 3 months
- ☐ 7. Type of on-the-job/classroom training
- ☐ 8. Possible promotional opportunities
- ☐ 9. Pay procedures (commissions, incentives, rewards, as applicable)
- ☐ 10. Liquidation
- ☐ 11. Hours of work/rest periods
- ☐ 12. On the Field Lunch provisions (if applicable)
- ☐ 13. Department/company rules and regulations
- ☐ 14. How to get equipment, tools, and supplies
- ☐ 15. Company safety policies:
  - ☐ a. Review department safety rules and record
  - ☐ b. Inquire about employee's past safety record
  - ☐ c. Explain procedures to follow in case of on-the-job injury.  
Mention nurse on duty 8:30am – 5:30pm
- ☐ 16. Overtime policy
- ☐ 17. Importance of good housekeeping
- ☐ 18. Attendance policy/calling in

**Additional items:**

- ☐ 19. Tour of facility/location of restrooms
- ☐ 20. Observe duties of new job
- ☐ 21. Explain each step as performed
- ☐ 22. Introduce employee to department lead
- ☐ 23. Introduce employee to training instructor
- ☐ 24. Explain use of Computer, Email, Printer (as necessary)
- ☐ 25. Completely answer any remaining questions
- ☐ 26. Introduce employee to department head

Signature of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

I understand all information covered and all my questions have been answered.

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_