



**MANPOWER COUNT
(OGEL COMPLIANCE)**

Page No.	1 of _____
Form No.	OGLD-240
Revision No.	4
Effectivity	August 10, 2023

Name of Service Provider: _____

Business/Site Address: _____ **Email Address:** _____

Authorized Representative: _____ **Contact Number:** _____

GAMING/OPERATION

Number	NAME OF EMPLOYEE (Surname, First Name, MI)	BIRTHDAY (MM/DD/YYYY)	NATIONALITY	DATE HIRED	POSITION	CLASSIFICATION OF POSITION Executive, Technical, Clerical or Indirect (Household)	OGEL NUMBER	SHIFT SCHEDULE	FLOOR ASSIGNMENT	LOCAL ADDRESS
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NON-GAMING/NON-OPERATION (Back Office)

Number	NAME OF EMPLOYEE (Surname, First Name, MI)	BIRTHDAY (MM/DD/YYYY)	NATIONALITY	DATE HIRED	POSITION	CLASSIFICATION OF POSITION Executive, Technical, Clerical or Indirect (Household)	OGEL NUMBER	SHIFT SCHEDULE	FLOOR ASSIGNMENT	LOCAL ADDRESS
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Prepared by: (To be filled up by the Authorized Representative and fill up properly and follow our guide)

Signature over Printed Name	Date
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