AMERICAN UNIVERSITY OF BEIRUT AUXILIARY SERVICES

STATEMENT OF LIABILTIY FOR HOUSEHOLD HELP

I hereby declare that I am solely responsible for	
of the	
during the period from	to
and any infringement to rules, regulations and le	aws in this respect.
Name of Employer	
Name of Employer	Signature of the Employer
Date:	
Required Attached Documents	
☐ Copy of the Help's passport	
☐ Copy of the employment contract	
☐ Copy of work permit	
☐ Copy of the Lebanese residency	
☐ Two photos for the Help (no need for th	e renewal of the ID to submit photos)