

**Instructions:**

1. Accomplish this form in two copies when filling notice of displacement of flexible work arrangements. The report is considered as dully filled when the complete list of workers affected is made part of the submission.
2. This form should be submitted to the DOLE Field Office 30 calendar days prior to affectivity of displacement/adoption of flexible work arrangements.
3. Page 1 should contain general information about the establishment and the number of workers affected.
4. Page 2 should enumerate the names of workers affected and their addresses and contact numbers.
5. Total numbers of workers listed should equal the total number of workers affected as reported in this page.

ESTABLISHMENT EMPLOYMENT REPORT**A. Establishment Data:**

Name of Establishment _____
 Floor/Bldg./No./Street/Subdivision _____
 –
 Barangay/City/Municipality _____
 Zip Code/Province _____ GEOCODE | | | | | | | | | |
 Main Economic Activity(Specify products/goods/services) _____ PSIC | | | | | | | |

Total Employment: _____ No of Female Workers: _____

Date of filling: (mm/dd/yyyy) | | | | | | | | | |

1. Establishment Status: (please check applicable status)

- Permanent Closure Temporary Closure
 Reduction of Workforce Flexible Work Arrangements

2. Main reason for Shutdown /Retrenchment of Workers (use code below, select only one): _____

3. Is the closure/reduction of workforce/flexible work arrangements as a consequence of:

- Global Crisis Others (specify) _____

B. Workers Affected by Displacement /Flexible Work Arrangements

Indicator	No. of Workers Affected	Effectivity Date	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)
1. Permanent Terminations			
2. Temporary Layoffs			
3. Flexible Work Arrangements			
3.1 Rotation of Workers			
3.2 Reduced Workhours/Workdays			
3.3 Forced Leave			

Codes for Main Reason for Shutdown/Retrenchment of Workers:

Economic Reasons		Non-Economic Reasons	
LM Cancellation of orders/ Lack of market/Slump in Demand LC Lack of capital HCP High cost of production R Redundancy CMM Change in management/ Merger RDS Company reorganization/ Downsizing	CI Competition from Imported products UCP Uncompetitive price of product MR Increase in minimum wage rate LRM Lack of raw materials PD Peso devaluation/ appreciation OTH others (specify)	PC Project Completion AWOL Absence without Leave SM Serious Misconduct GHN Gross Habitual Neglect CCO Commission of a crime or Offense FUD Fraud	NCL Natural Calamities(fire, typhoon, etc.) LLDA Ceased and Desist Order NRM Repair/General Maintenance INV Inventory FDL Forced Leave RES Resigned RET Retirement OTHS others (please specify) _____

CERTIFICATION

This is to certify as to the accuracy of the data provided in this report.

**Name/Signature of Owner/
Company Representative:**

Position:

Fax No.:

Tel. No.:

Email Address:



Instructions: Use additional sheets if necessary following same format.

**LIST OF AFFECTED WORKERS BY DISPLACEMENTS/
FLEXIBLE WORK ARRANGEMENTS**

No.	Name of Worker (Last Name, First Name, M.I.)	Address	Contact Number/s	Type of Displacements/ Flexible Work Arrangements (use code below)
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Codes for Type of Displacements/Flexible Work Arrangements:

1. Permanent Termination
2. Temporary Layoff
3. Rotation of Workers
4. Reduced Work hours/Workdays