**ESTABLISHMENT REPORT ON COVID-19**

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

(Region-PO/FO-Year-Month-Count)

**Instructions:**

1. Accomplish this form in two copies when filing a notice of: a) **Flexible Work Arrangement** orb) **Temporary Closure.**

The report is considered as duly filed when the complete list of workers affected is made part of the submission.

1. This form should be submitted to the DOLE Regional/Provincial/Field Office at least thirty (30) calendar days prior to the effectivity of temporary closure or at least one (1) week prior to the implementation of FWA.
2. Page 1 should contain general information about the establishment and the number of workers affected.
3. Page 2 should enumerate the names of workers affected, their addresses and contact numbers, position title and salary.
4. Total number of workers listed should equal the total number of workers affected as reported in this page.
5. **Establishment Data**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Establishment:** *(Please indicate registered name as reflected in the business permit)* | | | | | |
| **Floor/Bldg/No/Street/Subdivision:** |  | | | | |
| **Barangay/City/Municipality:** |  | | | | |
| **Kind of Business/Economic Activity/Principal Product**: |  | | | | |
|  |  |  |  |  |  |
| **Number of Workers:** | Male: |  |  | Managerial Employees: |  |
| Female: |  |  | Supervisory: |  |
| **Total:** |  |  | Rank and File: |  |
|  |  |  |  | **Total:** |  |
|  |  | | | | |
| **Date of Filing:** *(mm/dd/yyyy)* |  | | | | |

1. **Summary of Affected Workers due to**

**B.1 Flexible Work Arrangement**

|  |  |  |
| --- | --- | --- |
| **No. of Workers Covered/Affected** | **Effectivity Date**  *(mm/dd/yyyy)* | **Type of Flexible Work Arrangement**  **to be Implemented**  *(Use code below, select only one)* |
|  |  |  |
|  |  |  |
|  |  |  |

***Codes for Flexible Work Arrangement Scheme:***

|  |  |
| --- | --- |
| * RW - Reduction of Workdays * RE - Rotation of Employees | * FL - Forced Leave * OTH - Others (Specify) \_\_\_\_\_\_\_\_\_\_\_\_ |

**B.2 Temporary Closure**

|  |  |  |
| --- | --- | --- |
| **No. of Workers**  **Covered/Affected** | **Effectivity Date**  *(mm/dd/yyyy)* | **Main Reason of Temporary Closure**  *(Use code below, select only one)* |
|  |  |  |
|  |  |  |
|  |  |  |

***Codes for Main Reason for Temporary Closure:***

|  |  |
| --- | --- |
| * LM - Lack of Market/Slump in Demand * LRM - Lack of Raw Materials | * I - Infection (COVID-19) * OTH - Others (Specify) \_\_\_\_\_\_\_\_\_\_\_\_ |

**CERTIFICATION**

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

|  |  |
| --- | --- |
| **Name and Signature of Owner/Company Representative:** | |
| Designation: | Fax No.: |
| Contact No.: | Email Address: |

**FOR DOLE (Regional/Provincial/Field Office) USE ONLY:**

|  |  |
| --- | --- |
| **Received/Verified by:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name and Signature of DOLE Representative**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Updates/Remarks, if any:**   1. Provision of assistance (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Estimated date of resumption of normal business operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name and Signature of DOLE Representative:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**LIST OF AFFECTED WORKERS DUE TO COVID-19**

**Instructions:** If necessary, use additional sheets following the same format.

**Profile of Affected Workers**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of Worker**  (Last Name, First Name, M.I.) | **Age** | **Sex** | **Home Address** | **Contact Number** | **Designation** | **Employment Status**  (regular, contractual, etc.) | **Salary1** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
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| 28 |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |

*1Indicate whether per hour, per day or per month*