



ESTABLISHMENT REPORT ON COVID-19

(Region-PO/FO-Year-Month-Count)
 (ex. NCR-MFO-2020-02-001)

Instructions:

1. Accomplish this form in two copies when filing a notice of: a) **Flexible Work Arrangement** or b) **Temporary Closure**. The report is considered as duly filed when the complete list of workers affected is made part of the submission.
2. 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.
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, their addresses and contact numbers, position title and salary.
5. Total number of workers listed should equal the total number of workers affected as reported in this page.

A. Establishment Data

Name of Establishment: _____
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) _____

B. 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:

Updates/Remarks:	
a) Provision of assistance (please specify) _____	
b) Estimated period of resumption of normal business operations: _____	
c) Others (please specify) _____	
Name and Signature of DOLE Authorized Representative:	Date Updated:



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.)	Salary ¹
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
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23								
24								
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26								
27								
28								
29								
30								

¹Indicate whether per hour, per day or per month