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RKS Form 5 of 2020	Republic of the Philippines **DEPARTMENT OF LABOR AND EMPLOYMENT** Region-PO/FO-Year-Month-Count *(ex. NCR-MFO-2020-05-001)*	Certificate Number: AJA15-0048	Page 1 of 3

Instructions:

1. Accomplish this form when filing a notice of: a) **Flexible Work Arrangement/Alternative Work Scheme**; b) **Temporary Closure**; c) **Retrenchment or Reduction of Workforce**; or d) **Permanent Closure**.
2. The report is considered as duly filed when the complete list of workers affected is made part of the submission. Fields with asterisks (*) should be accomplished by the company representative.
3. This form should be submitted to the DOLE Provincial/Field Office as soon as possible in the case of adoption of flexible work arrangement or temporary closure.
4. For establishments that will retrench or permanently close, the form should be submitted ***30 days prior to the effectivity of termination***.
5. Page 1 should contain general information about the establishment and the number of workers affected.
6. Page 3 should enumerate the names of workers affected, their addresses and contact numbers, and other information stated therein.
7. Total number of workers listed should equal the total number of workers affected as reported in this page.

ESTABLISHMENT REPORT

- ☐ **FLEXIBLE WORK ARRANGEMENT (FWA) / ALTERNATIVE WORK SCHEME (AWS)**
- ☐ **TEMPORARY CLOSURE**
- ☐ **RETRENCHMENT/REDUCTION OF WORKFORCE**
- ☐ **PERMANENT CLOSURE**

Date of Filing *(mm-dd-yyyy):*				-			-				

A. ESTABLISHMENT INFORMATION

***Name of Establishment:**

***Floor/Bldg/No/Street/Subdivision** : _____
***Barangay/City/Municipality** : _____
Geo Code : _____
Kind of Business/Economic Activity/Principal Product: _____
PSIC Code : _____
***Company TIN** : _____
***Company SSS Number** : _____

***Number of Workers**

Male	:	_____	Managerial Employees	:	_____
Female	:	_____	Supervisory	:	_____
Total	:	_____	Rank-and-File	:	_____
		_____	Total	:	_____

B. SUMMARY OF AFFECTED EMPLOYEES DUE TO

B.1 Flexible Work Arrangement / Alternative Work Scheme*

No. of Workers Covered/Affected	Period of Adoption of FWA / AWS		Type of FWA/AWS to be Implemented *(Use code below, select only one)*	Primary Reason of Adoption of FWA/AWS *(Use code below, select only one)*
	Start *(mm/dd/yyyy)*	**End** *(mm/dd/yyyy)*		

Codes for Types of FWAs/AWS

- **TOE** - Transfer of employees to another branch or outlet of the same employer
- **AOE** - Assignment of employees to other function or position in the same or other branch or outlet of the same employer
- **RWD** - Reduction of workdays per week
- **RWH** - Reduction of workhours per day
- **JR** - Job rotation alternately providing employees with work within the workweek or within the month
- **PCE** - Partial closure of establishment where some unit or departments of the establishment are continued while other units or department are closed
- **ROW** - Rotation of workers
- **FCL** - Forced leave
- **BTS** - Broken-time schedule
- **CWW** - Compressed Work Week
- **TWA** - Telecommuting Work Arrangement
- **OTH** - Others (please specify) _____

Codes for Primary Reason for Adoption of FWA/AWS:

Economic Reasons

- **CI** - Competition from Imports
- **CMM** - Change in management/merger
- **FL** - Financial losses
- **GR** - Government regulation
- **HCP** - High cost of production
- **LC** - Lack of capital
- **LM** - Lack of market/ slump in demand/ cancellation of orders
- **LRM** - Lack of raw materials
- **MR** - Increase in minimum wage rate
- **PD** - Peso depreciation
- **UPP** - Uncompetitive price of products
- **OTH** - Others (please specify): _____

Non-Economic Reasons

- **INV** - Inventory
- **NMC** - Natural or man-made calamity
- **PC** - Project completion
- **RGM** - Repair or general maintenance
- **WSO** - Work stoppage order/ cease and desist order
- **OTH** - Others (please specify): _____

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B.2 Temporary Closure*

No. of Workers Covered/Affected	Period of Temporary Closure		Primary Reason of Temporary Closure *(Use code below, select only one)*
	Start *(mm/dd/yyyy)*	End *(mm/dd/yyyy)*	

B.3 Retrenchment/Reduction of Workforce*

No. of Workers Covered/Affected	Effectivity Date *(mm/dd/yyyy)*	Primary Reason of Retrenchment *(Use code below, select only one)*

B.4 Permanent Closure*

No. of Workers Covered/Affected	Effectivity Date of Termination *(mm/dd/yyyy)*	Primary Reason of Permanent Closure *(Use code below, select only one)*

Codes for Primary Reason Temporary Closure (B.2)/Retrenchment (B.3) / Permanent Closure (B.4):

Economic Reasons

CI - Competition from Imports
CMM - Change in management/merger
FL - Financial losses
COE - Closure or cessation of operation of an establishment not due to serious losses of financial reverses
EDC - Employee suffering from a disease not curable within the period of six (6) months
GD - Government decision
HCP - High cost of production
LC - Lack of capital
LRM - Lack of raw materials
LM - Lack of market/ slump in demand/ cancellation of orders
LSA - Lack of service assignment
LSD - Installation of labor-saving devices
MR - Increase in minimum wage rate
PD - Peso depreciation
R - Redundancy
RDS - Reorganization/downsizing
RPL - Retrenchment to prevent losses
OTH - Others (please specify): _____

Non-Economic Reasons

AWOL - Absence without leave
CCO - Commission of a crime or offense
FWBT - Fraud or willful breach of trust
GHN - Gross and habitual neglect of duty
INV - Inventory
IR - Impossible reinstatement
NMC - Natural or man-made calamity
PC - Project completion
RES - Resignation
RET - Retirement
RGM - Repair or general maintenance
SMWD - Serious misconduct or willful disobedience
WSO - Work stoppage order/ cease and desist order
OTH - Others (please specify): _____

C. AGREEMENT ON ADOPTION OF FWA/AWS

This is to certify as to the following:

1. That I am the employees' representative;
2. That the data provided in Item B.1 Summary of Affected Employees - Flexible Work Arrangement/Alternative Work Scheme are accurate;
3. That a consultation with the workers was undertaken prior to the adoption of FWA; and
4. Attached is a copy of the Agreement.

_____
Signature Over Printed Name of Employees' Representative and Date

Designation:	Mobile No.:	Telephone No.:	E-mail Address:

D. CERTIFICATION

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

_____
Signature Over Printed Name of Owner or Company Representative and Date

Designation:	Mobile No.:	Telephone No.:	E-mail Address:

NOT FOR SALE

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Intramuros, Manila

Certificate Number: AJA15-0048

LIST OF AFFECTED WORKERS

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

CONSENT NOTICE: By accomplishing this form, you agree that the information submitted shall be used solely for purposes of monitoring and planning. We may likewise disclose your personal information to the extent that we are required to do so by the Data Privacy Act of 2012. As a general rule, we may only keep your information until such time that we have attained the purpose by which we collect them. Under the foregoing circumstances and to the extent permissible by applicable law, you agree not to take any action against the DOLE for the disclosure and retention of your information.

No.	Name of Worker*			Birthday* (dd/mm/yyyy)	Sex* (F/M)	Home Address*					Contact No*	Email Address*	Designation*	Employment Status* (regular, contractual, etc.)	Monthly Salary (in Peso)*					Adopted Work Arrangement*
	Last Name	First Name	Middle Name			House Number	Street	Brgy.	City/ Municipality	Province					4,000-10,000	10,001-16,000	16,001-22,000	22,001-28,000	28,001 and above	
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**Mandatory fields to be accomplished by the company representative*