PLEASE PRINT CLEARLY. USE BLUE INKED PEN
(KLARUHIN ANG PAGSULAT. GUMAMIT NG ASUL NA *BALLPEN*)

DOLE-SENA Form No.1 *(Request for Assistance Form for LOCAL Filers)*	Republic of the Philippines Department of Labor and Employment	**Date Filed:**

SINGLE-ENTRY APPROACH (SEnA)
(Per Department Order No.___, Series of 2020)

REFERENCE NO. : SEAD-_____-_____-_____-_____-_____-202____

Please check one: Requesting party is ☐ **Individual worker** ☐ **Group of workers** ☐ **Union** ☐ **Employer**

Name of Requesting Party *(Pangalan/Unyon/Employer)* :

If filer is Union, Name of Representative:

Address *(Tirahan)* :

Telephone/Cellphone/Fax/eMail Address:

Please check: ☐ Male ☐ Female **Age**: _____

Type of Employment: ☐ Regular ☐ Probationary ☐ Regular-Seasonal ☐ Fixed-Term ☐ Managerial ☐ Kasambahay ☐ Casual

Date Hired *(Petsa ng nagsimula sa trabaho)* : ____/____/____

Years of Service *(Taon sa Serbisyo)* :

Nature of Work *(Uri ng Trabaho)* :

Status of Employment: ☐ Still Employed Resigned ____/____/____ Floating Status ____/____/____ Terminated ____/____/____

End of Contract, *if applicable* : ____/____/____

Name of Responding Party *(Pangalan ng Kompanya/Employer/Employee)*

Address *(Opisina/Bahay)* :

Contact Person *(Taong Kakausapin)* :

Position *(Katungkulan)* :

Nature of Business :

Total Employees: _____ Male _____ Female _____

Please check: ☐ Non-Unionized ☐ Unionized

Telephone/Cellphone/Fax/eMail Address:

If Agency Worker, Indicate Name of Principal:

Contact Person *(Taong Kakausapin)* :

Position *(Katungkulan)* :

Office Address *(Opisina)* :

Telephone/Cellphone/Fax/eMail Address:

ACTIONS TAKEN AT THE COMPANY LEVEL:
(Aksiyon na ginawa sa Kompanya)

COMPLAINTS FILED AT OTHER OFFICE/AGENCY
(Reklamo na dinala sa ibang opisina)

CLAIMS/ISSUES: *(Please check the appropriate box/es)*

1) Labor Standard Violations:
- ☐ Non-payment/underpayment of: *(Check appropriate boxes)*
  - ☐ Minimum Wage
  - ☐ COLA
  - ☐ Night Shift Differential
  - ☐ Overtime Pay
  - ☐ Holiday Pay
  - ☐ Premuim Pay for Special Day
  - ☐ Premuim Pay for Rest Day
  - ☐ Service Charge
  - ☐ Service Incentive Leave
  - ☐ 13th Month Pay
  - ☐ Illegal Deductions
  - ☐ Maternity Leave
  - ☐ Paternity Leave
  - ☐ Parental Leave for Solo Parent
  - ☐ Leave for Victims of VAWC
  - ☐ Special Leave for Women
- ☐ Illegal Deductions *(specify)*
- ☐ Claim for Last Salary/Final Pay
- ☐ Claim for Separation Pay/ Indemnity Pay
- ☐ Claim for Retirement Benefits

☐ 2) CBA violations: *(Please specify)*

☐ 3) Delayed in Payment/ Time of Payment *(specify)*

☐ 4) Non-issuance of Certificate of Employment
☐ 5) Illegal Dismissal
☐ 6) Constructive Dismissal
☐ 7) Other personnel actions
☐ 8) Occupational Safety & Health Violations
☐ 9) Regularization/ Contractualization
☐ 10) Maltreatment/ Harrassment
☐ 11) Others *(specify)*

RELIEF PRAYED FOR
(Ninanais na solusyon sa problema)
- ☐ Payment of Money Claims
- ☐ Reinstatement
- ☐ Restitution/Correction of OSH violations
- ☐ Issuance of Certificate of Employment
- ☐ Payment of Separation Pay
- ☐ Others *(Please Specify)*

ACTION TAKEN/ TO BE TAKEN
(To be filled-out by SEnA Desk Officer)
- ☐ Advised and Counselled
- ☐ Advised to go back to company level
- ☐ Set Initial Conference on
- ☐ Referred to

PRINT NAME AND SIGNATURE
(PANGALAN AT LAGDA)

Others, if more than one Requesting Party:

Name	Signature	Contact No.

INTERVIEWER *(Name and Signature)*

DATE

SEnA DESK OFFICER (Name and Signature)