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

Certificate Number: AJA15-0048

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** or b) **Temporary Closure.** 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 for COVID-19 Adjustment Measures Program applications.
2. This form should be submitted to the DOLE Regional/Provincial/Field Office as soon as possible.
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*: *(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)* _____

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:

Received/Verified by: _____ **Name and Signature of DOLE Representative** **Date:** _____	**Updates/Remarks, if any:** a) Provision of assistance (please specify) _____ b) Estimated date of resumption of normal business operations: _____ c) Others (please specify) _____ **Name and Signature of DOLE Representative:** **Date:** _____

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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								
19								
20								
21								
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25								
26								
27								
28								
29								
30								

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

** Mandatory fields to be accomplished by the company representative for COVID-19 AMP applications.*