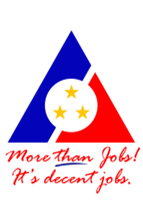
****

Republic of the Philippines

**DEPARTMENT OF LABOR AND EMPLOYMENT**

Regional Office No. \_\_\_\_

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

**ACTION PLAN**

**Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner/President/Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPLIANCE GAPS** | **PROPOSED CORRECTIONS** | **REQUESTED INTERVENTION**  **(E.G., TRAINING, LIVELIHOOD ASSISTANCE ETC.)** | **PERIOD TO CORRECT** | **VALIDATION** |
|
| I. Wages and Other Wage-related benefits and Non-Monetary Concerns   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   II. Occupational Safety and Health Standards   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * **Referral to OSH Trainings**   + Emergency First Aid Training   + Basic Occupational Safety and Health Training * **Productivity Trainings** * Basic training * Intermediate training * Advanced training * **DOLE Livelihood Assistance** * **Referral to ECC and Social Security Agencies** |  |  |

**Prepared By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ **Approved B**y : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(Signature Over Printed Name) Date (Signature Over Printed Name) Date

Owner/President/Representative Labor and Employment Officer