REPUBLIC OF THE PHILIPPINES DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila

REPORT ON THE IMPLEMENTATION OF SCHEMES ADOPTED DURING PERIOD OF ECONOMIC DIFFICULTIES

Name of Establishment:	Address:		Tel No	
2. Nature of Business:	Address: No. of Employees: Female:		Total:	
3. Capitalization:				
4. Scheme or schemes adopted	Date Started	Departments/Sections Affections	cted No. of employees affected	
A. Reduction of workdays	[]			
 B. Rotation of workers 	[]			
C. Forced leave				
 D. Compressed workweek 	[]			
 E. Shortened meal period 				
F. Other arrangements	[]			
B. Employer (Describe briefly)				
		copy/ies] No		
7. Is there a waiver executed? Yes	es[Attach o	copy/ies] No		
Employees' Representative		_	Employer / Representative	
		Date Accompli	sh:	