

RKS Form 5 2010	Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT (Field Office/Regional Office)	Page 1 of _ pages
Instructions:		
<ol style="list-style-type: none"> 1. Accomplish this form in two copies when filing a notice of termination due to closure/retrenchment. The report is considered as duly filed when the complete list of workers affected is made part of the submission. 2. This form should be submitted to the DOLE Field Office 30 calendar days prior to the effectivity of termination . 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. 		
ESTABLISHMENT TERMINATION REPORT		
A. Establishment Data:		
Name of Establishment _____		
Floor/Bldg./No./Street/Subdivision _____		
Barangay/City/Municipality _____		
Zip Code/Province _____		GEOCODE:
Main Economic Activity (Specify product/goods/services): _____		PSIC:
Total Employment: _____		No. of Female Workers: _____
Date of Filing of RKS Form 5 (mm/dd/yyyy):		
B. Permanently Terminated Workers Due to Closure/Retrenchment		
No. of Workers Affected	Effectivity Date (mm/dd/yy)	Main Reason for Closure/Retrenchment of Workers (Use code below, select only one)
Codes for Main Reason for Shutdown/Retrenchment of Workers:		
LM – Lack of Market/Slump in Demand	RDS – Reorganization/Downsizing	
UCP – Uncompetitive Price of Products	R - Redundancy	
CI – Competition from Imports	CMM – Change in Management/Merger	
HCP – High Cost of Production	LRM – Lack of Raw Materials	
LC – Lack of Capital	MR – Increase in Minimum Wage Rate	
PD – Peso Depreciation	OTH – Others (specify) _____	
FL – Financial Losses		

CERTIFICATION

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

Name/Signature of Owner/Company Representative:	
Position:	Fax No.:
Tel. No.:	E-mail Address:

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Instruction: Use additional sheets if necessary following the same format.

LIST OF PERMANENTLY TERMINATED WORKERS DUE TO CLOSURE/RETRENCHMENT

Name of Establishment _____

Floor/Bldg./No./Street/Subdivision _____

Barangay/City/Municipality _____

Zip Code/Province _____ **GEOCODE: | | | | | | | |**

Date of Filing of RKS Form 5 (mm/dd/yyyy): | | | | | | | | |

No . (1)	Name of Worker (Last Name, First Name, M. I.) (2)	Address (3)	Contact Number/s (4)	Position Title (5)	Salary(P)* (6)
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* Indicate weather per hour, per day or per month.