

RKS Form 5 2010	Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT (Field Office/Regional Office)	Page 1 of _ pages
Instructions: 1. Accomplish this form in two copies when filing a notice of termination due to closure/retranchment. 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 <i>(mm/dd/yy)</i>	Main Reason for Closure/Retrenchment of Workers <i>(Use code below, select only one)</i>
Codes for Main Reason for Shutdown/Retrenchment of Workers: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> LM – Lack of Market/Slump in Demand UCP – Uncompetitive Price of Products CI – Competition from Imports HCP – High Cost of Production LC – Lack of Capital PD – Peso Depreciation FL – Financial Losses </div> <div style="width: 45%;"> RDS – Reorganization/Downsizing R - Redundancy CMM – Change in Management/Merger LRM – Lack of Raw Materials MR – Increase in Minimum Wage Rate OTH – Others (specify) _____ </div> </div>		

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.