

(Regional Office/District Office/Provincial Ext. Unit)

## ESTABLISHMENT TERMINATION REPORT

Region: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

## Instruction:

1. Accomplish this form upon filing of notice of termination.
2. Make sure that your answers are true and complete.
3. Page 1 should contain general information about the establishment and the nature and number of workers retrenched or terminated.
4. Page 2 should include the list and information on workers terminated.

NAME OF ESTABLISHMENT: \_\_\_\_\_ GEOCODE  
ADDRESS: \_\_\_\_\_  
PRINCIPAL PRODUCT/MAIN ACTIVITY: \_\_\_\_\_ PSIC CODE  
TOTAL EMPLOYMENT: \_\_\_\_\_

	Number of Workers Affected	Effectivity Date	Duration (In Weeks; Use Code Below)
1. Total workers affected due to shutdown/ closure of establishment			
<i>Permanent</i>			
<i>Temporary</i>			
2. Total workers affected due to retrenchment			
<i>Layoffs</i>			
<i>Permanent</i>			
<i>Temporary</i>			
<i>Rotation of Workers</i>			
<i>Reduced Worktime</i>			
3. Reason for shutdown/closure/retrenchment of workers: (Use code below)			
Main reason: _____			
Other reasons: _____			

## CODING SYSTEM:

Duration	Reason for Establishment Closures/Layoffs/Retrenchment	
1 - Less than one week	<b>Economic Reasons</b>	
2 - 1 to 2 weeks	MR - Increase in minimum wage rate	LM - Lack of market/slump in demand
3 - 3 to 4 weeks	CI - Competition from imported products	LRM - Lack of raw materials
4 - 5 to 12 weeks	UCP - Uncompetitive price of product	LC - Lack of capital
5 - 13 weeks to less than 6 months	R - Redundancy	HCP - High cost of production
6 - 6 months	CMM - Change in management/merger	PD - Peso devaluation
7 - Indefinite	RDS - Company reorganization/ downsizing	OTH - Others (Specify) _____
9 - Not stated		<i>End of Contract</i>
	<b>Non-Economic Reasons</b>	
	NCL - Calamities (fire, typhoon, etc.)	PC - Project completion
	NRM - Repair/general maintenance	OTH - Others (Specify) _____
	NIV - Inventory	

# LIST OF TERMINATED WORKERS

Names of Workers Terminated	Contact Address	Sex	Age	Educational Attainment	Occupation/ Skills	Salary
1						
2						
3						
4						
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I hereby certify that the above information is substantially accurate:

Signature: \_\_\_\_\_  
 Printed name: \_\_\_\_\_  
 Position: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
 Date: \_\_\_\_\_

(Please use additional sheet/s if necessary)