

RKS-JDMS FORM 1		Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT REGION #, (RO ADDRESS)						Date (Month/Day/Year)											
		REGIONAL SUMMARY REPORT ON TERMINATION <input type="checkbox"/> Daily Report due to Economic Reasons <input type="checkbox"/> Monthly Report due to Non-Economic Reasons																	
Duration (Cols. 15 and 19) 1 - < one week 5 - 13 weeks to < 6 mos. 2 - 1 to 2 weeks 6 - 6 months 3 - 3 to 4 weeks 7 - Indefinite 4 - 5 to 12 weeks 9 - Not stated		Economic Reasons: (for Cols. 11, 14 and 18) LM - Lack of Market/Slump in demand EC - Economic Crisis UCP - Uncompetitive Price of Product RDS - Reorganization/Downsizing CI - Competitions from Imports R - Redundancy HCP - High Cost of Production CMM - Change in management/Merger LC - Lack of Capital LRM - Lack of Raw Materials PD - Peso Depreciation MR - Minimum Wage Rate Increase FL - Financial Losses OTH - then specify the reason						Non-Economic Reasons: (for Cols. 11, 14 and 18) PC - Project Completion LLDA - Ceased and Desist Order AWOL - Absence without Leave NRM - Repair/General Maintenance SM - Serious Misconduct INV - Inventory GHN - Gross Habitual Neglect FDL - Forced Leave CCO - Commission of a Crime or Offense RES - Resigned FUD - Fraud RET - Retirement NCL - Natural Calamities (fire, typhoon, etc.) OTHS - then specify the reason											
Status (Column 5) PCL - Permanent Closure TCL - Temporary Closure		Termination Code (Column 8) P - Permanent Retrenchment T - Temporary Retrenchment O - Rotation/Reduced Working time																	
		WORKERS TERMINATED/AFFECTED DUE TO SHUTDOWN/RETRENCHMENT																	
NAME [1]	ADDRESS [2]	GEO CODE [3]	PSIC [4]	Sta-tus [5]	Specific Industry/ Economic Activity [6]	Total Employ- ment [7]	Termina- tion Code [8]	Permanent				Temporary				Rotation/Reduced Working Time			
								No. [9]	Effectivity Date [10]	Rea- son [11]	No. [12]	Effectivity Date [13]	Rea- son [14]	Dura- tion [15]	No. [16]	Effectivity Date [17]	Rea- son [18]	Dura- tion [19]	

Prepared by:

 (Signature)
 (NAME)
 (Position)
 (Date)

Certified Correct:

 (Signature)
 (NAME)
 (Position)
 (Date)

Noted by:

 (Signature)
 (NAME of the Regional Director)
 (Position)
 (Date)