

<b>REVISED RKS FORM 5</b> 1997	<b>Republic of the Philippines</b> <b>DEPARTMENT OF LABOR AND EMPLOYMENT</b> <hr style="width: 50%; margin: 5px auto;"/> ( Regional Office/District Office/Provincial Ext. Unit )	<i>Page 1 of 2 pages</i>
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### ESTABLISHMENT TERMINATION REPORT

National Capital 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 of workers retrenched or terminated.
4. Page 2 should include the list and information on workers affected.

<b>NAME OF ESTABLISHMENT:</b> _____	GEOCODE <input style="width: 100%; height: 15px;" type="text"/>
<b>ADDRESS:</b> _____	PSIC CODE <input style="width: 100%; height: 15px;" type="text"/>
<b>PRINCIPAL PRODUCT/MAIN ACTIVITY:</b> _____	
<b>TOTAL EMPLOYMENT:</b> _____	

  

	Number of Workers Affected	Effectivity Date	Duration ( In weeks; Use Code Below)
1. Total workers affected due to shutdown/ closure of establishment	_____	_____	_____
<i>Permanent Closure/Shutdown</i>	_____	_____	_____
<i>Temporary Closure/Shutdown</i>	_____	_____	_____
2. Total workers affected due to retrenchment/termination/dismissal	_____	_____	_____
<b>Permanent Layoffs</b>	_____	_____	_____
<b>Temporary Layoffs</b>	_____	_____	_____
<b>Rotation of Workers</b>	_____	_____	_____
<b>Reduced Worktime/workdays</b>	_____	_____	_____
3. Reason for shutdown/closure/retrenchment of workers: (Use Code Below)			
<b>Main reason:</b> _____			
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	<b>MR</b> - Increase in minimum wage rate
3- 3 to 4 weeks	<b>CI</b> - Competition from imported products
4- 5 to 12 weeks	<b>UCP</b> - Uncompetitive price of product
5- 13 weeks to less than 6 months	<b>R</b> - Redundancy
6- 6 months	<b>CMM</b> - Change in management/merger
7- Indefinite	<b>RDS</b> - Company reorganization/ Downsizing
9- Not stated	<b>LM</b> - Lack of Market/slump in demand
	<b>LRM</b> - Lack of raw materials
	<b>LC</b> - Lack of capital
	<b>HCP</b> - High cost of production
	<b>PD</b> - Peso devaluation
	<b>FL</b> - Financial Losses
	<b>OTH</b> - Others (Specify) _____
	<b>Non-Economic Reasons</b>
	<b>NCL</b> - Calamities (fire, typhoon, etc.)
	<b>SM</b> - Serious Miscunduct
	<b>AWOL</b> - Absence without Leave
	<b>NRM</b> - Repair/general maintenance
	<b>PC</b> - Project completion
	<b>NIV</b> - Inventory
	<b>GHN</b> - Gross Habitual Neglect
	<b>OTHS</b> - Others (specify) _____

**LIST OF AFFECTED WORKERS**

Names of Affected Workers	Contact Address	Sex	Age	Educational Attainment	Occupation/ Skills	Salary
1						
2						
3						
4						
5						
6						
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35						

I hereby certify that the information is substantially accurate:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

( Please use additional sheet/s if necessary)