

RTW Form 1
2020



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT



Page 1 of

(Region-PO/FO-Year-Month-Count)
(ex. RO1-LUFO-2020-02-003)

Instructions:

1. Accomplish this form in two copies when filing a notice of return to work
The report is considered as duly filed when the complete list of workers affected is made part of the submission. Fields with asterisks (*) should be accomplished by the company representative.
2. Page 2 shall enumerate the list of the affected workers and their profile.
3. This form should be submitted to the DOLE Provincial/Field Office as soon as possible
4. In the event of the implementation of **FWA, TC, or retrenchment**, the establishment shall accomplish and submit the **RKS Form 5 2020**.

RETURN TO WORK ESTABLISHMENT REPORT FORM¹

Date of Filing (mm-dd-yyyy):

m m - d d - y y y y

***Name of Establishment:**

***Floor/Bldg/No/Street/Subdivision:**

***Barangay/City/Municipality:**

***Kind of Business/Economic Activity/Principal Product:**

***Company TIN:**

***Company SSS Number:**

*Please indicate the number of reporting workers in the establishment **before implementation of GCQ/ECQ**.*

***Number of Workers:**

Male:

Managerial Employees:

Female:

Supervisory:

Total:

Rank and File:

Total:

*Please indicate the number of reporting workers in the establishment **upon resumption of operation**.*

***Number of Workers:**

Male:

Managerial Employees:

Female:

Supervisory:

Total:

Rank and File:

¹ This form is pursuant to Section 7 of DOLE Labor Advisory No. 17, Series of 2020 issued on 16 May 2020.

NOT FOR SALE

Total:

***Working Arrangement adopted upon resumption of operation of the Establishment (please select one):**

- ☐ **Full Working Arrangement:** The establishment operates in a regular basis and with full workforce
- ☐ **Flexible Working Arrangement:** The establishment will adopt FWA such as reduction of normal workdays, forced leave, transfer of employees, etc.
- ☐ **Temporary Closure:** The establishment will be temporarily closed
- ☐ **Retrenchment/Reduction of Workforce:** The establishment will reduce the number of employees

CERTIFICATION

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

Signature Over Printed Name of Owner or Company Representative and Date

Designation:

Mobile No.:

Telephone No.:

E-mail Address:

NOT FOR SALE



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No.1



LIST OF AFFECTED WORKERS

Instruction: If necessary, use additional sheets following the same format.

CONSENT NOTICE: By accomplishing this form, you agree that the information submitted shall be used solely for purposes of monitoring and planning. We may likewise disclose your personal information to the extent permitted by the Privacy Act of 2012. As a general rule, we may only keep your information until such time that we have attained the purpose by which we collect them. Under the foregoing circumstances and to the extent permissible by law, we may take any action against the DOLE for the disclosure and retention of your information.

No.	Name of Worker*			Birthday* (dd/mm/yyyy)	Sex* (F/M)	Home Address*					Contact No*	Email Address*	Designation*	Employment Status* (regular, contractual, etc.)	4,000- 10,000	
	Last Name	First Name	Middle Name			House Number	Street	Brgy.	City/Municipality	Province						
1																
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*Mandatory fields to be accomplished by the company representative

NOT FOR SALE

