

ANNEX R

PROFILE OF ESTABLISHMENTS WITH DISPLACED WORKERS

Formal Sector Form No. 2 January 2014	Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT <hr style="width: 50%; margin: auto;"/> (Field Office/ Regional Office)	Page 1 of 1 page
Instructions: 1. Accomplish this form when profiling establishments affected by calamities or armed conflicts. 2. Respondent can be any officer of the establishment. 3. Please check appropriate box for the Nature of Business, Status of Operation and Intervention Needed.		
PROFILE OF ESTABLISHMENTS AFFECTED BY _____		
ESTABLISHMENT CONTROL NO.: _____		
NAME OF ESTABLISHMENT: _____		
NATURE OF BUSINESS:		
<input type="checkbox"/> 1 – Agriculture <input type="checkbox"/> 2 – Construction <input type="checkbox"/> 3 – Domestic Trade <input type="checkbox"/> 4 – Education Services <input type="checkbox"/> 5 – Electricity, Gas & Water <input type="checkbox"/> 6 – Financial Institutions <input type="checkbox"/> 7 – Fishing <input type="checkbox"/> 8 – Import/Export (Foreign Trade)	<input type="checkbox"/> 9 – Health and Social Work <input type="checkbox"/> 10 – Hotels and Restaurants <input type="checkbox"/> 11 – Manufacturing <input type="checkbox"/> 12 – Mining and Quarrying <input type="checkbox"/> 13 – Real Estate/Renting <input type="checkbox"/> 14 – Transportation/Storage & Communication <input type="checkbox"/> 15 – Wholesale/Retail <input type="checkbox"/> 16 – Other Community/Social & Personal Services	
ADDRESS:		
ADDRESS 1 (No., Street, Barangay): _____		
ADDRESS 2 (City/Municipality): _____		
ADDRESS 3 (Province): _____		
CONTACT PERSON/S: _____		
CONTACT NUMBERS: _____		
NO. OF EMPLOYEES:		
Regular: _____		
Casual/Contractual: _____		
STATUS OF OPERATION:		
<input type="checkbox"/> 1 – Stopped Operations – Permanent Closure (PC); Inclusive Dates: _____		
<input type="checkbox"/> 2 – Stopped Operations – Temporary Closure (TC); Inclusive Dates: _____		
<input type="checkbox"/> 3 – Operational but under flexible work arrangement (FWA); Inclusive Dates: _____		
<input type="checkbox"/> 4 – Operational but with reduced workforce (RWF); Inclusive Dates: _____		
INTERVENTION/S NEEDED for the workers:		
<input type="checkbox"/> 1 – Immediate: Emergency employment		
<input type="checkbox"/> 2 – Immediate: Others: Please specify: _____		
<input type="checkbox"/> 3 – Post-Displacement: Livelihood		
<input type="checkbox"/> 4 – Post-Displacement: Training (Skills, Entrepreneurship)		
<input type="checkbox"/> 5 – Post-Displacement: Job Referral		
<input type="checkbox"/> 6 – Post-Displacement: Others (please specify)		
CERTIFICATION		
Name of Respondent: _____ Tel. Number/s: _____		
Signature: _____		
Interviewed by:		
Name: _____		
Signature: _____ Date Interviewed: _____		