

MEMORANDUM CIRCULAR NO: 2021-012

TO : All Registered Enterprises
All Economic Zone Administrators/Zone Managers/OICs

FROM : BGen CHARITO B. PLAZA MNSA, PhD. 
Director General

SUBJECT : Workplace Relations Situationer Form

DATE : 17 February 2021

PEZA adopts a policy of industrial peace and productivity within the economic zones as the key to economic growth and development. And as part of revolutionizing PEZA, we are currently strengthening PEZA's Industrial Relations Division.

In line with this, we are requesting all PEZA-registered enterprises to submit the Workplace Relations Situationer Form (herein attached), completely filled out, once every quarter (on or before the last day of the month following the last month of each quarter as specified below), to the Industrial Relations Division at ird@peza.gov.ph. And kindly disregard submitting the old Labor Situationer Report Form (IRD.1.F.003-CBA & IRD.1.F.004-WRE).

Quarter Covered

1st Quarter (January to March)
2nd Quarter (April to June)
3rd Quarter (July to September)
4th Quarter (October to December)

Deadline of Submission

On or Before End of April
On or Before End of July
On or Before End of October
On or Before End of January

This Form will be the IRD's criterion in providing necessary interventions and support to PEZA-registered enterprises to maintain industrial harmony. For any concerns, please feel free to contact our IRD Officer Ms. Cheerly P. Rosal through the email address mentioned above, or through our trunk line numbers (632) 8551-3451; 8551-3435 to 37 local 521.

For strict compliance.

PEZA - DTS



1220-2021-00005



WORKPLACE RELATIONS SITUATIONER REPORT

Quarter Covered: 1st 2nd 3rd 4th For the year: Date submitted: (mm/dd/yyyy)

A. INFORMATION ABOUT THE COMPANY

Name of Company <input style="width: 95%;" type="text"/>	Contact Details
Address <input style="width: 95%;" type="text"/>	E-mail: <input style="width: 95%;" type="text"/>
Industry <input style="width: 95%;" type="text"/>	Landline No.: <input style="width: 95%;" type="text"/>
Economic Zone <input style="width: 95%;" type="text"/>	Mobile No.: <input style="width: 95%;" type="text"/>

B. COMPANY RELATIONSHIP ENHANCEMENT PROGRAM (CREP)

Please provide all relevant development programs of the company aimed at enhancing the work relations of management and labor, including, but not limited to, handling disputes and grievance machinery, conciliation-mediation, teambuilding, and the like. Please use additional page, if necessary.

Name of CREP	Date Conducted (mm/dd/yyyy)
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
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<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>
<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>

C. LABOR UNION or ASSOCIATION

Name of Union or Bargaining Agent <input style="width: 95%;" type="text"/>	Contact Details	
Address <input style="width: 95%;" type="text"/>	E-mail: <input style="width: 95%;" type="text"/>	
Bargaining Unit Represented <input type="checkbox"/> RANK-AND-FILE <input type="checkbox"/> SUPERVISORY	Landline No.: <input style="width: 95%;" type="text"/>	
Name of President <input style="width: 95%;" type="text"/>	Mobile No.: <input style="width: 95%;" type="text"/>	
<input type="checkbox"/> Independent <input type="checkbox"/> Affiliated	Name of Federation (if affiliated) <input style="width: 95%;" type="text"/>	
Representation Status Acquired Through <input type="checkbox"/> Certification/Consent Election	Effective Date (mm/dd/yyyy) <input style="width: 95%;" type="text"/>	
Result of PCE for newly organized union <input type="checkbox"/> YES <input type="checkbox"/> NO	CBA DURATION (if any)	
<input type="checkbox"/> Voluntary Recognition		FROM (mm/dd/yyyy)
<input type="checkbox"/> Request for SEBA Certification		TO (mm/dd/yyyy)

D. EMPLOYMENT INFORMATION

	No. of Employees in the Company	No. of Employees in the Bargaining Unit	No. of Union Members
MALE	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
FEMALE	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
TOTAL	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Submitted by	NAME <input style="width: 95%;" type="text"/>	POSITION <input style="width: 95%;" type="text"/>	CONTACT NO. <input style="width: 95%;" type="text"/>
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