



WORKPLACE RELATIONS SITUATIONER REPORT

Quarter Covered: 1st 2nd 3rd 4th For the year: Date submitted:

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: 90%;" type="text"/>
Industry <input style="width: 95%;" type="text"/>	Landline No.: <input style="width: 90%;" type="text"/>
Economic Zone <input style="width: 95%;" type="text"/>	Mobile No.: <input style="width: 90%;" 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)

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: 90%;" type="text"/>								
Bargaining Unit Represented <input type="checkbox"/> RANK-AND-FILE <input type="checkbox"/> SUPERVISORY	Landline No.: <input style="width: 90%;" type="text"/>								
Name of President <input style="width: 95%;" type="text"/>	Mobile No.: <input style="width: 90%;" 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CBA DURATION (if any)</th> </tr> <tr> <th style="width: 50%;">FROM (mm/dd/yyyy)</th> <th style="width: 50%;">TO (mm/dd/yyyy)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	CBA DURATION (if any)		FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)				
CBA DURATION (if any)									
FROM (mm/dd/yyyy)		TO (mm/dd/yyyy)							
Result of PCE for newly organized union <input type="checkbox"/> YES <input type="checkbox"/> NO									
<input type="checkbox"/> Voluntary Recognition									
<input type="checkbox"/> Request for SEBA Certification									
Effective Date (mm/dd/yyyy) <input style="width: 95%;" type="text"/>									

D. EMPLOYMENT INFORMATION

	No. of Employees in the Company	No. of Employees in the Bargaining Unit	No. of Union Members
MALE			
FEMALE			
TOTAL			

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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