

**Department of Labor and Employment
MIMAROPA REGION**

Reference Number: _____

Request for Certification of Has/Has No Pending Case
(Please write legibly)

Name: _____
Contact No: _____
Address: _____
Name of Company: _____
Address of Company: _____
Purpose: _____

Signature of applicant

Date

Requirements submitted: (To be filled up by the action Officer)

- Letter request
- Photocopy of the official receipt of the bidding fee (if for bidding purposes)
- Photocopy of any document showing that the DOLE CLEARANCE is being required
- Photocopy of DOLE Registration under Rule 1020;
- Photocopy of DOLE Registration under DO 174-14 if the requesting company is a contractor /sub contractor.

Date/Time of completion of all requirements _____

Recommended for approval

Action Officer

Field Office Head

Date

CLAIM STUB

Reference Number: _____

This certification of has/or no pending case on appeal before the Office of the Secretary of Labor and Employment shall be released on _____ to _____. Please present this stub to the Action Officer.

Action Officer

Service Fee: None

Total Process Cycle Time: Maximum of three working days upon submission of complete documents.