

RKS Form ___ of 2020



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

Region-PO/FO-Year-Month-Count
(ex. NCR-MFO-2020-05-001)



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Instructions:

1. Accomplish this form when filing a notice of extension of suspension of employment relationship in accordance with DOLE Department Order No. 215, series of 2020 (DO 215).
2. This form should be submitted to the DOLE Provincial/Field Office **ten (10) days prior to the effectivity of the extension of suspension of employment relationship.**
3. For establishments that will retrench or permanently close, RKS Form 5 of 2020 as provided under Labor Advisory 17-A, series of 2020, should be accomplished and submitted **30 days prior to the effectivity of termination.**

**ESTABLISHMENT REPORT
ON EXTENSION OF SUSPENSION OF EMPLOYMENT RELATIONSHIP**

Date of Filing (mm-dd-yyyy): m m - d d - y y y y

A. ESTABLISHMENT INFORMATION

*Name of Establishment: _____

*Floor/Bldg/Street/Subd. : _____
 *Barangay/City/Municipality : _____
 Branches : _____
 Kind of Business/Product : _____

B. EXTENSION OF SUSPENSION OF EMPLOYMENT RELATIONSHIP

Due To: War Pandemic Other National Emergencies: _____

Total Number of Workers: Male _____ Female _____

No. of Workers Covered/Affected	Extended Period of Suspension of Employment Relationship	
	Start (mm/dd/yyyy)	End (mm/dd/yyyy)

C. AGREEMENT

This is to certify that the employer and employees, as reflected in annexed list of affected workers, hereby agree to extend the period of suspension of employment relationship subject to the conditions provided for in DO 215.

_____ Signature Over Printed Name of Employees' Representative and Date		_____ Signature Over Printed Name of Owner or Company Representative and Date	
Designation:	Mobile No.:	Designation:	Mobile No.:
Email Address:		Email Address:	



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Intramuros, Manila



Certificate Number: AJA15-0048

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 that we are required to do so by the Data 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 applicable law, you agree not to take any action against the DOLE for the disclosure and retention of your information.

No.	Name of Worker*			Sex* (F/M)	Contact No*	Extended Period of Suspension of Employment Relationship		Signature
	Last Name	First Name	Middle Initial			Start (mm/dd/yyyy)	End (mm/dd/yyyy)	
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*Mandatory fields to be accomplished by the company representative