

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. 6
Commission Civil St., Jaro, Iloilo City

Date: _____

NOTICE OF ASSESSMENT

Please be informed that the undersigned visited your establishment today but was denied access to your employment records or premises. As such, a second visit will be conducted on _____ for purposes of _____ pursuant to Department Order No. 131-13.

In this regard, kindly make available the following documents from _____ to present:

- _____ 1. Roster of the workers (regular, probationary, temporary, casual, piece rate, contractual, etc.) their designation, date hired, and wage rate;
- _____ 2. Payrolls and/or vouchers;
- _____ 3. Daily Time Records and/or Time Sheets;
- _____ 4. Payslips;
- _____ 5. Last Notice of Results;
- _____ 6. Proof of payment of 13th month pay/ five (5) days service incentive leave pay;
- _____ 7. Proof of payment/remittance of SSS/PHILHEALTH/HDMF contributions;
- _____ 8. Registration under Rule 1020 of the Occupational Safety and Health Standards;
- _____ 9. Certificate of Accredited Safety Officer/First Aider;
- _____ 10. Organization of Safety & Health Committee under Rule 1040 of the Occupational Safety and Health Standards;
- _____ 11. Annual Work Accident/Illness Exposure Data Report/Annual Medical Report;
- _____ 12. Drug-Free Workplace Policy and Program (D.O. 53-03)/HIV/AIDS Program/Anti-Sexual Harassment Law;
- _____ 13. Apprenticeship Agreements/Learnership Agreements, if any;
- _____ 14. List of Resident and Non-resident alien workers, their citizenship, nature of employment and status of stay;
- _____ 15. Employment permit for Non-resident alien(s);
- _____ 16. Registration of resident alien(s);
- _____ 17. Collective Bargaining Agreement, if unionized establishment;
- _____ 18. Registration under Department Order 18-A for Job Contractors;
- _____ 19. Service Agreement under D.O. 18-A;
- _____ 20. Contractor's Bond to answer for wages due to the workers;
- _____ 21. Employment Contracts with physicians, dentists, nurses and/or first aiders, if applicable;
- _____ 22. Contract with infirmary and emergency hospitals, if applicable;
- _____ 23. Proof of service charge distribution, if applicable;
- _____ 24. Records of leave benefits on sickness, maternity, paternity and solo parent;
- _____ 25. Company policy and/or practice on voluntary benefits;
- _____ 26. Securities and Exchange Commission Certificate or Department of Trade and Industry Certificate and Mayor's Permit; and
- _____ 27. Others _____.

Very truly yours,

Received by: _____

Position: _____

Date: _____