



Control No. _____

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|---------------------------------|--|-----------------------------------|
| NOTICE OF RESULTS | Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT Regional Office No. 6 | Regional Office Tel. Nos.: |
| NAME OF OWNER/PRESIDENT/MANAGER | NATURE OF BUSINESS | DATE OF ASSESSMENT |
| NAME OF ESTABLISHMENT | | ADDRESS OF ESTABLISHMENT |

Any questions on the above findings shall be submitted to this Office within five (5) days from receipt of this Notice. Any removal of this Notice by any person shall be dealt with labor laws.

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| <p><i>(Employees' Representative)</i> EXPLAINED TO AND RECEIVED BY:</p> <p>Signature _____ Date _____ Printed Name _____ Position/Designation _____</p> | <p><i>(Employer's Representative)</i> EXPLAINED TO AND RECEIVED BY:</p> <p>Signature _____ Date _____ Printed Name _____ Position/Designation _____</p> |
| | <p>Employer's Statement: <input type="checkbox"/> I will correct the above violation not later than _____ <input type="checkbox"/> I cannot correct violation for the following reasons: _____</p> |

ASSESSMENT CONDUCTED BY:

Signature _____
 LLCO _____
 Date _____

- Documents Attached:
- | | |
|---|---|
| <input type="checkbox"/> Affidavit of employee/s interviewed | <input type="checkbox"/> Certified True Copy Payrolls |
| <input type="checkbox"/> Computation sheet for wages due No. of sheets _____ | <input type="checkbox"/> Daily Time Records |
| <input type="checkbox"/> Restitution Payroll | <input type="checkbox"/> Employment Contracts |
| | <input type="checkbox"/> Others, specify _____ |

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AUTHORITY NO.

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ter than _____
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