

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

ACTION PLAN

NAME OF ESTABLISHMENT : _____
ADDRESS : _____
DATE OF JOINT ASSESSMENT : _____
DATE OF ACCOMPLISHMENT : _____

Provided below are the noted deficiencies:	Action to be taken:	Period to correct:

*This form shall be accomplished and submitted to the Regional Office within ten (10) days from receipt of accomplished assessment checklist. Ten (10) days thereafter, the employer is required to submit a status report on its compliance with the Regional Office. This Action Plan shall be implemented within the remediation period which shall not exceed three (3) months from its formulation. Failure of the employer to submit an action plan or status report or to fully implement the Action Plan shall cause the issuance of a Compliance Order.

Name of employer's representative

Name of employees' representative

Accomplished with the assistance of:

Labor Laws Compliance Officer