

RKS Form 6 2010	Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT Region 6	Page 1 of _ pages														
Instructions: 1. Accomplish this form in two copies when filing a notice of termination due to closure/retrenchment. The report is considered as duly filed when the complete list of workers affected is made part of the submission. 2. <i>This form should be submitted to the DOLE Field Office 30 calendar days prior to the effectivity of termination.</i> 3. Page 1 should contain general information about the establishment and the number of workers affected. 4. Page 2 should enumerate the names of workers affected, their addresses and contact numbers, position title and salary. 5. Total number of workers listed should equal the total number of workers affected as reported in this page.																
ESTABLISHMENT TERMINATION REPORT																
A. Establishment Data:																
Name of Establishment _____																
Floor/Bldg./No./Street/Subdivision _____																
Barangay/City/Municipality _____																
Zip Code/Province _____	GEOCODE: _____															
Main Economic Activity (Specify product/goods/services): _____																
PSIC: _____																
Total Employment:	No. of Female Workers:															
Date of Filing of RKS Form 5 (mm/dd/yyyy): _____																
B. Permanently Terminated Workers Due to Closure/Retrenchment																
No. of Workers Affected	Effectivity Date (mm/dd/yy)	Main Reason for Closure/Retrenchment of Workers (Use code below, select only one)														
Codes for Main Reason for Shutdown/Retrenchment of Workers: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">LM – Lack of Market/Slump in Demand</td> <td style="width: 50%;">RDS – Reorganization/Downsizing</td> </tr> <tr> <td>UCP – Uncompetitive Price of Products</td> <td>R – Redundancy</td> </tr> <tr> <td>CI – Competition from Imports</td> <td>CMM – Change in Management/Merger</td> </tr> <tr> <td>HCP – High Cost of Production</td> <td>LRM – Lack of Raw Materials</td> </tr> <tr> <td>LC – Lack of Capital</td> <td>MR – Increase in Minimum Wage Rate</td> </tr> <tr> <td>PD – Peso Depreciation</td> <td>OTH – Others (specify) _____</td> </tr> <tr> <td>FL – Financial Losses</td> <td></td> </tr> </table>			LM – Lack of Market/Slump in Demand	RDS – Reorganization/Downsizing	UCP – Uncompetitive Price of Products	R – Redundancy	CI – Competition from Imports	CMM – Change in Management/Merger	HCP – High Cost of Production	LRM – Lack of Raw Materials	LC – Lack of Capital	MR – Increase in Minimum Wage Rate	PD – Peso Depreciation	OTH – Others (specify) _____	FL – Financial Losses	
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CERTIFICATION

This is to certify as to the accuracy of the data provided in this report.

Name/Signature of Owner/Company Representative:	
Position:	Fax No.:
Tel. No.:	E-mail Address:

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
 Region 6

Instruction: Use additional sheets if necessary following the same format.

LIST OF PERMANENTLY TERMINATED WORKERS DUE TO CLOSURE/RETRENCHMENT

Name of Establishment:

Floor/Bldg./No./Street/Subdivision/Barangay/City/Municipality:

Zip Code/Province:

GEOCODE:

Date of Filing of RKS Form 5 (mm/dd/yyyy):

No.	Name of Worker	Address	Sex	Age	Contact Number/s	Position Title	Occupation/ Skill	Salary (Php)*
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* Indicate whether the salary is per hour, per day, per month