

Instructions: Use additional sheets if necessary following same format.

**LIST OF AFFECTED WORKERS BY DISPLACEMENTS/
FLEXIBLE WORK ARRANGEMENTS**

No.	Name of Worker <i>(Last Name, First Name, M.I.)</i>	Address	Contact Number/s	Type of Displacements/ Flexible Work Arrangements <i>(use code below)</i>
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Codes for Type of Displacements/Flexible Work Arrangements:

1. Permanent Termination
2. Temporary Layoff
3. Rotation of Workers
4. Reduced Workhours/Workdays