

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. This form should be submitted to the DOLE Field Office 30 calendar days prior to the effectivity of termination .
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 <i>(mm/dd/yy)</i>	Main Reason for Closure/Retrenchment of Workers <i>(Use code below, select only one)</i>

Codes for Main Reason for Shutdown/Retrenchment of Workers:

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	

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:

RKS Form 5 2010	Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT _____ (Field Office/Regional Office)	Page 2 of _ pages
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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 . (1)	Name of Worker (Last Name, First Name, M. I.) (2)	Address (3)	Contact Number/s (4)	Position Title (5)	Salary (P)* (6)
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* Indicate weather per hour, per day or per month.