

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Intramuros, Manila

NOTICE

IMPLEMENTATION OF COMPRESSED WORKWEEK

Name of Establishment: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Nature of Business: _____ Years in Operation: _____

Contact Person: _____

Name of Union, (if any): _____

Total Number of Employees: _____ Male _____ Female _____

Reasons for CWW:

- _____ Increased production requirements
- _____ Cost-cutting in utilities consumption
- _____ Enhance competitiveness
- _____ Requested by workers
- _____ Others _____

Total No. of Employees under CWW scheme: _____ Male _____ Female _____

Previous Work Schedule Prior to Adoption of Compressed Workweek:

No. of Days/Week _____

No. of Hours/Day _____

Compressed Workweek Schedule

	WORK DAYS/ WEEK	WORK HOURS/DAY	MEAL PERIODS/DAY	REST PERIODS/DAY
TOTAL				

Date of Effectivity of Compressed Workweek: _____

Date of Expiration of Compressed Workweek: _____

We hereby certify that the compressed workweek scheme indicated was undertaken by virtue of an express and voluntary agreement of majority of the employees or their duly authorized representatives. Our agreement was arrived at through () a provision in the collective bargaining agreement; () a meeting of the labor-management council; () referendum; () established participatory mechanism [brief description] on (date) at (place).

We further certify that our safety committee or (name of OSH organization) or (OSH practitioner), with license no. _____ has issued on (date) the appropriate certification guaranteeing that the extended work hours is within threshold limits or tolerable levels of exposure, as prescribed in existing safety and health standards.

EMPLOYEE REPRESENTATIVE

EMPLOYER REPRESENTATIVE

Print name above signature

Print name above signature

Date_____