

Guidelines on the Implementation of Flexible Work Arrangements as Remedial Measure due to the Ongoing Outbreak of Coronavirus Disease 2019

Labor Advisory No. 09, Series of 2020



BUREAU OF WORKING CONDITIONS
Department of Labor and Employment



Purpose



- Guide employers and employees in the implementation of various flexible work arrangements (FWA) as **alternative coping mechanism and remedial measures**.
 - Adoption of FWA is considered as better alternatives than outright termination of the services of the employees or the total closure of the establishments.



FWAs, Defined

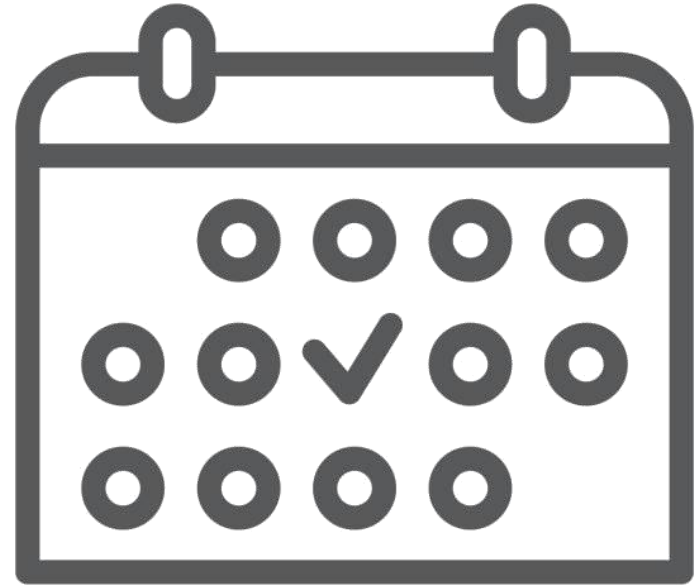


- **alternative arrangements or schedules** other than the traditional or standard workhours, workdays and workweek.

Nature



- effectivity and implementation of any of the FWAs shall be **temporary in nature**, subject to the prevailing conditions of the company.



Types of FWA



➤ **Reduction of Workhours / Workdays**

- normal workhours or workdays per week are reduced

➤ **Rotation of Workers**

- employees are rotated or alternatively provided within the week

➤ **Forced Leave**

- employees are required to go on leave for several days or weeks utilizing their leave credits, if there are any

Administration



In case of differences of interpretation:

1. The differences shall be treated as grievances under the applicable grievance mechanism of the company.
2. If there is no grievance mechanism or if this mechanism is inadequate, the grievance shall be referred to the Regional Office which has jurisdiction over the workplace for appropriate conciliation.
3. To facilitate the resolution of grievances, employers are required to keep and maintain, as part of their records, the documentary requirements proving that the FWA was adopted.

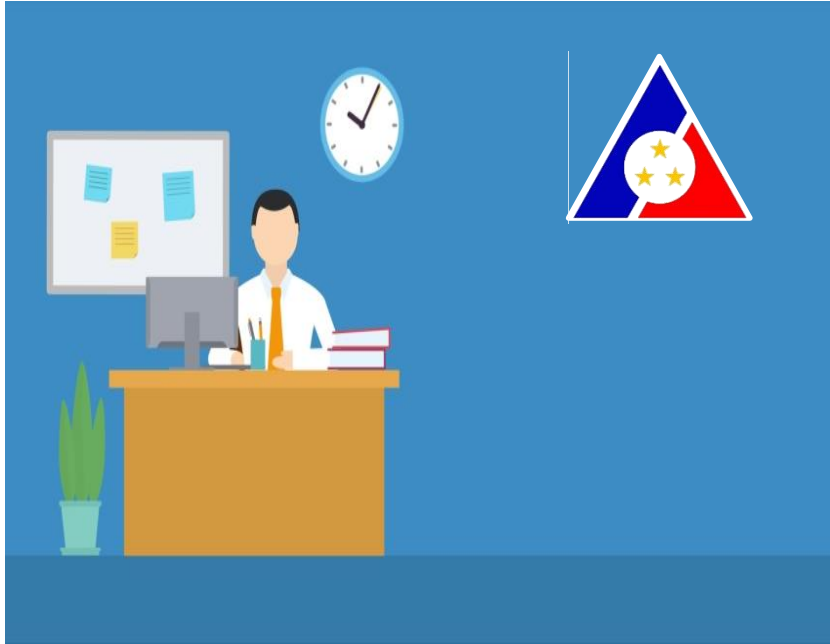
Posting



- Establishments implementing FWA shall post a copy of the Advisory in a conspicuous location in the workplace.



Notice



The employer shall notify the DOLE, through its Regional, Provincial or Field Office which has jurisdiction of the workplace, of the adoption of any of the FWA.



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



ESTABLISHMENT REPORT ON COVID-19

(Region-PO/FO-Year-Month-Count)
(ex. NCR-MFO-2020-02-003)

Instructions:

1. Accomplish this form in two copies when filing a notice of: a) **Flexible Work Arrangement** or b) **Temporary Closure**. 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 Regional/Provincial/Field Office at least thirty (30) calendar days prior to the effectivity of temporary closure or at least one (1) week prior to the implementation of FWA.
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.

A. Establishment Data

Name of Establishment: _____
Floor/Bldg/No./Street/Subdivision: _____
Barangay/City/Municipality: _____
Kind of Business/Economic Activity/Principal Product: _____
Number of Workers: _____
Male: _____ Female: _____ Total: _____
Managerial Employees: _____
Supervisory: _____
Rank and File: _____
Total: _____
Date of Filing: (mm/dd/yyyy) _____

B. Summary of Affected Workers due to

B.1 Flexible Work Arrangement

No. of Workers Covered/Affected	Effectivity Date (mm/dd/yyyy)	Type of Flexible Work Arrangement to be Implemented (Use code below, select only one)

Codes for Flexible Work Arrangement Scheme:
RW - Reduction of Workdays
RE - Rotation of Employees

FL - Forced Leave
OTH - Others (Specify) _____

B.2 Temporary Closure

No. of Workers Covered/Affected	Effectivity Date (mm/dd/yyyy)	Main Reason of Temporary Closure (Use code below, select only one)

Codes for Main Reason for Temporary Closure:
LM - Lack of Market/Slump in Demand
LRM - Lack of Raw Materials

I - Infection (COVID-19)
OTH - Others (Specify) _____

CERTIFICATION

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

Name and Signature of Owner/Company Representative:	
Designation:	Fax No.:
Contact No.:	Email Address:

FOR DOLE (Regional/Provincial/Field Office) USE ONLY:

Updates/Remarks: a) Provision of assistance (please specify) _____ b) Estimated period of resumption of normal business operations: _____ c) Others (please specify) _____	
Name and Signature of DOLE Authorized Representative:	Date Updated:



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LIST OF AFFECTED WORKERS DUE TO COVID-19

Instructions: If necessary, use additional sheets following the same format.

Profile of Affected Workers

No.	Name of Worker (Last Name, First Name, M.I.)	Age	Sex	Home Address	Contact Number	Designation	Employment Status (regular, contractual, etc.)	Salary ¹
1								
2								
3								
4								
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¹Indicate whether per hour, per day or per month

Monitoring and Enforcement



The Regional, Provincial or Field Office which has jurisdiction of the workplace shall monitor and verify the proper implementation of the Labor Advisory

END OF PRESENTATION

For inquiries, you may reach us at:



1349

**DOLE
HOTLINE**