PLEASE PRINT CLEARLY. USE BLUE INKED PEN

(KLARUHIN ANG PAGSULAT. GUMAMIT NG ASUL NA *BALLPEN*)

DOLE-SENA Form No.1 (Request for Assistance Form)	Republic of the Philippines Department of Labor and Employment **NATIONAL CONCILIATION AND MEDIATION BOARD** CENTRAL OFFICE 5th Floor Arcadia Building, #860 Quezon Avenue, Quezon City	Date Filed: (DD/MM/YY)

SINGLE-ENTRY APPROACH (SEnA)

(Per Department Order No. 107, Series of 2010)

Reference No. : SEAD-NCMB-CO-_____-_____-_____-2020

Name of Requesting Party :
(Pangalan)

Please check (✓) ☐ Male ☐ Female ☐ Union ☐ Company

Address : _____
(Tirahan) _____

Telephone/Cellphone/Fax/eMail Address: _____

Date of Employment : _____
(Kailan napasok sa trabaho)

Years of Service : _____
(Taon sa Serbisyo)

Nature of Work: _____
(Trabaho)

Name of Responding Party: (Agency/Company/Corporation/Establishment)
(Pangalan)

Please check (✓) ☐ Male ☐ Female ☐ Union ☐ Company

Nature of Business : _____

Total No. of Employees : ☐
☐ Male ☐ Female

Contact Person : _____
(Taong Kakausapin sa Kumpanya) _____

Position : (President/Chairman/Manager/Other) _____
(Katungkulan) _____

Address : _____

Telephone/Cellphone/Fax/eMail Address: _____

CLAIMS/ISSUES
(Please check the appropriate box/es)

a) ☐ Money claims
- Non-payment/underpayment of:
  - ◯ Wage
  - ◯ Overtime Pay
  - ◯ Night Shift Differential Pay
  - ◯ Service Incentive Leave
  - ◯ Holiday Pay
  - ◯ SSS
  - ◯ PHILHEALTH
  - ◯ PAG-IBIG

b) ☐ Unfair Labor Practice (ULP)
c) ☐ Illegal Dismissal
d) ☐ Illegal Dismissal with Money Claims
e) ☐ Non-Compliance with Occupational Health and Safety Standards
f) ☐ Certification Election Dispute
g) ☐ Inter/Intra-Union Dispute
h) ☐ Cancellation of Union Registration
i) ☐ Others *(Please Specify)*

_____
_____
_____

RELIEF PRAYED FOR
(Anong gusto niyong solusyon sa reklamo/problema)

- ☐ Payment of Money Claims
- ☐ Reinstatement
- ☐ Cessation of ULP Acts
- ☐ Restitution/Correction of violations of Occupational Safety and Health Standards
- ☐ Conduct Certification Election
- ☐ Conduct of Election of Union Officers
- ☐ Audit/Examination of Union Funds
- ☐ Others *(Please Specify)*

PRINT NAME AND SIGNATURE
(PANGALAN AT LAGDA)

1. _____
2. _____
3. _____
4. _____
5. _____

_____
Requesting Party Signature

ACTION TAKEN
(To be filled-out by SEnA Desk Officer)

- ☐ Advise and Counseling
- ☐ Set a Joint Conference on _____
- ☐ Settlement Agreement signed on _____
- ☐ Withdrawal of either or both parties
- ☐ Referred to _____

BY REASON OF:
- ◯ Failure of the parties to reach an agreement within the 30-day mandatory conciliation-mediation period
- ◯ Failure of the requesting party to appear in two (2) scheduled consecutive conferences despite due notice.
- ◯ Pre-termination of the proceedings with request of issuance of Referral from _____

REMARKS:

_____
SEnA DESK OFFICER
(Signature over Printed Name)