

## LMC PROFILE FORM

COMPANY PROFILE		
		TYPE: ORGANIZED <input type="checkbox"/> UNORGANIZED <input type="checkbox"/> NO. OF LMCS <input type="checkbox"/>
NAME OF COMPANY:		
ADDRESS:		
NATURE OF BUSINESS:	OWNERSHIP/NATIONALITY:	TOTAL EMPLOYMENT: M-            F-            TOTAL =
NAME OF UNION/EMPLOYEES' ORGANIZATION: ADDRESS:		
NAME OF BARGAINING UNIT:		
FEDERATION:	CBA DURATION:	NUMBER OF MEMBERS:
CONTACT PERSONS:		
MANAGEMENT		LABOR
NAME :	NAME :	
ADDRESS :	ADDRESS :	
TEL. NO. :	TEL. NO. :	
FAX NO. :	FAX NO. :	
E-MAIL :	E-MAIL :	
LMC PROFILE		
NAME OF LMC/s:		
DATE FACILITATED:	FACILITATED BY:	
DATE INACTIVE:	REASON:	
DATE DELETED:	REASON:	
DATE REACTIVATED:		
LMC Organization Involvement		
<input type="checkbox"/> Phramcop	<input type="checkbox"/> PALMCO	<input type="checkbox"/> Others _____
BACKGROUND/HISTORY OF LMC		
Reasons for Establishing LMC:		
Objectives of LMC:		
Vision/Mission Statement:		
Organizational Structure:		
<input type="checkbox"/> Steering Committee	<input type="checkbox"/> Sub-committee	<input type="checkbox"/> Secretariat
Composition of LMC:		
No. of Management Rep: _____ <u>Name Title/Position</u>	No. of Labor Rep: _____ <u>Name Title/Position</u>	
LMC Sub-committees: (please check all applicable)		
<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Family Welfare	
<input type="checkbox"/> Livelihood	<input type="checkbox"/> Others: (please specify)	
<input type="checkbox"/> Sports and Recreation		
<input type="checkbox"/> Productivity/Quality		
<input type="checkbox"/> Community and Environment Relations		

**LMC PROFILE FORM**

**LMC Sub-committees Representation:**

<input type="checkbox"/> Top Management	<input type="checkbox"/> Union Officials
<input type="checkbox"/> Local Top Management	<input type="checkbox"/> Union Officials and Members
<input type="checkbox"/> Middle Management	<input type="checkbox"/> Union Members
<input type="checkbox"/> HR Department	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Others: _____	

<p style="text-align: center;"><b>Meetings</b></p> <p>Frequency _____</p> <p>Venue _____</p>	<p style="text-align: center;"><b>Information Dissemination</b></p> <p><input type="checkbox"/> Newsletter</p> <p><input type="checkbox"/> Post to bulletin boards</p> <p><input type="checkbox"/> Others _____</p>	<p style="text-align: center;"><b>Feedback Mechanism</b></p> <p><input type="checkbox"/> Suggestion box</p> <p><input type="checkbox"/> Part of agenda preparation</p> <p><input type="checkbox"/> Internal survey</p> <p><input type="checkbox"/> Others _____</p>
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<p style="text-align: center;"><b>Decision Making Process</b></p> <p><input type="checkbox"/> Consensus decision making</p> <p><input type="checkbox"/> Others _____</p>	<p style="text-align: center;"><b>Nature of LMC Decision</b></p> <p><input type="checkbox"/> Final</p> <p><input type="checkbox"/> Subject to final approval by top Management</p> <p><input type="checkbox"/> Others _____</p>	<p style="text-align: center;"><b>Implementation of LMC Decisions</b></p> <p><input type="checkbox"/> Thru resolution</p> <p><input type="checkbox"/> Thru memos</p> <p><input type="checkbox"/> Others _____</p>
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<p style="text-align: center;"><b>Implementors of LMC Decisions</b></p> <p><input type="checkbox"/> LMC secretariat</p> <p><input type="checkbox"/> LMC sub-committee</p> <p><input type="checkbox"/> HRD Department</p> <p><input type="checkbox"/> Others _____</p>	<p style="text-align: center;"><b>LMC Activities Monitored and Evaluated by</b></p> <p><input type="checkbox"/> LMC secretariat</p> <p><input type="checkbox"/> LMC sub-committee</p> <p><input type="checkbox"/> HRD Department</p> <p><input type="checkbox"/> Others _____</p>	<p style="text-align: center;"><b>Other Joint Committees in the Company</b></p> <p><input type="checkbox"/> Cited in CBA _____</p> <p><input type="checkbox"/> Others</p>
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**NCMB Interventions for the last three (3) years:**

Activities	Topics/Subjects	Date/s	No. of Beneficiaries	
			Management	Labor
Enhancement Activities				
<i>Plant level orientation</i>			M___ F___	M___ F___
.				
.				
<i>Specialized training</i>			M___ F___	M___ F___
.				
.				
<i>Skills Training/Workshop</i>			M___ F___	M___ F___
.				
..				
<i>Plant level re-orientation</i>			M___ F___	M___ F___
.				
.				
<i>Consultation meeting</i>			M___ F___	M___ F___
.				
<i>Others (please specify)</i>			M___ F___	M___ F___

Monitored	Dates:
Profiled	Dates:
Documentation	Date:
Special Activities	Dates:

**Prepared by:**

**Approved by:**

**Name & Designation**  
**Date:**

**Name & Designation**  
**Date:**

**LMC PROFILE FORM**  
(for Updates)

**DATE MONITORED:**

<b>COMPANY:</b>	<b>NAME OF LMC:</b>
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**LMC PROJECTS IMPLEMENTED**

On Safety and Health:

- 1.
- 2.
- 3.

On Productivity:

- 1.
- 2.
- 3.

On Family Welfare:

- 1.
- 2.
- 3.

Other Projects:

- 1.
- 2.
- 3.

**ISSUES ADDRESSED**

*(please list specific issues(grievance or not)*

Issue/Topics	Date Raised Or Discussed	Date Settled Or Resolved	If unsettled, date elevated to GM	Date settled thru GM	Referred to other Forums (pls. specify forum and date)
1.					
2.					
3.					
4.					
5.					

Remarks:

**Prepared by:**

**Approved by:**

**Name & Designation**  
**Date:**

**Name & Designation**  
**Date:**