

DOLE-SENA FORM No. 1 (Request for Assistance Form)	Republic of the Philippines Department of Labor and Employment _____ (Name of Office)	Date Filed
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SINGLE-ENTRY APPROACH (SENA)
(Per Department Order No. 107, Series of 2010)

Reference No.: SEAD-_____

<p>Name of Requesting Party: <i>(Pangalan)</i></p> <hr/> <p>Pls. check (✓) Male <input type="checkbox"/> Female <input type="checkbox"/> Union <input type="checkbox"/> Company <input type="checkbox"/></p> <p>Address: <i>(Tirahan)</i> _____</p> <hr/> <p>Tel. /Cel./Fax/E-mail: _____</p> <hr/> <p>Date of Employment: _____ <i>(Kailan napasok sa trabaho)</i></p> <p>Years of Service: _____ <i>(Taan sa Serbisyo)</i></p> <p>Nature of work: <i>(Trabaho):</i> _____</p>	<p>Name of Responding Party: <i>(Pangalan)</i></p> <hr/> <p>Pls. check (✓) Male <input type="checkbox"/> Female <input type="checkbox"/> Union <input type="checkbox"/> Company <input type="checkbox"/></p> <p>Nature of Business: _____</p> <hr/> <p>Total No. of Employees: <input style="width: 50px;" type="text"/></p> <p style="text-align: center;">Male <input style="width: 50px;" type="text"/> Female <input style="width: 50px;" type="text"/></p> <p>Contact Person: _____ <i>(Taong Kakausapin sa Kumpanya)</i></p> <p>Position: _____ <i>(Katungkulan)</i></p> <p>Address: _____</p> <p>Tel. /Cel./Fax/E-mail: _____</p>
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<p style="text-align: center;">CLAIMS/ISSUES (Please check the appropriate box/es)</p> <p>a) <input type="checkbox"/> Money claims Non-payment/underpayment of:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> wage 2. <input type="checkbox"/> Overtime Pay 3. <input type="checkbox"/> Night-Shift Differential Pay 4. <input type="checkbox"/> Service incentive leave 5. <input type="checkbox"/> Holiday pay 6. <input type="checkbox"/> SSS 7. <input type="checkbox"/> Philhealth 8. <input type="checkbox"/> PAG-IBIG <p>b) <input type="checkbox"/> Unfair Labor Practice (ULP)</p> <p>c) <input type="checkbox"/> Illegal Dismissal</p> <p>d) <input type="checkbox"/> Illegal Dismissal with Money Claims</p> <p>e) <input type="checkbox"/> Non-compliance with Occupational Health and Safety Standards</p> <p>f) <input type="checkbox"/> Certification Election Dispute</p> <p>g) <input type="checkbox"/> Inter/Intra Union Dispute</p> <p>h) <input type="checkbox"/> Cancellation of Union Registration</p> <p>i) <input type="checkbox"/> Others (Please Specify)</p>	<p style="text-align: center;">RELIEF PRAYED FOR (Ano ang gusto niyong solusyon sa reklamo o problema?)</p> <p><input type="checkbox"/> Payment of Money Claims</p> <p><input type="checkbox"/> Reinstatement</p> <p><input type="checkbox"/> Cessation of ULP acts</p> <p><input type="checkbox"/> Restitution/Correction of violations of Occupational Safety and Health standards</p> <p><input type="checkbox"/> Conduct Certification Election</p> <p><input type="checkbox"/> Conduct of Election of Union Officers</p> <p><input type="checkbox"/> Audit/Examination of Union Funds</p> <p><input type="checkbox"/> Others (Please Specify)</p> <hr/> <p style="text-align: center;">Requesting Party's Signature</p>	<p style="text-align: center;">ACTION TAKEN (To be filled-out by SENa Desk Officer)</p> <p><input type="checkbox"/> Advise and Counseling</p> <p><input type="checkbox"/> Set for Joint Conference on _____</p> <p><input type="checkbox"/> Settlement agreement signed on _____</p> <p><input type="checkbox"/> Withdrawal by either or both parties</p> <p><input type="checkbox"/> Referred to _____</p> <p>BY REASON OF:</p> <p><input type="checkbox"/> Failure of the parties to reach an agreement within the 30-day mandatory conciliation-mediation period;</p> <p><input type="checkbox"/> Failure of the requesting party to appear in two (2) scheduled consecutive conferences despite due notice.</p> <p><input type="checkbox"/> Pre-termination of the proceedings with request of issuance of Referral from _____</p> <p>REMARKS:</p> <hr/> <p style="text-align: center;">SENA Desk Officer (Signature over Printed Name)</p>
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