



REQUEST FOR SOLE AND EXCLUSIVE BARGAINING AGENT CERTIFICATION

INSTRUCTIONS: To be accomplished by the requesting labor organization. Supply all the required information.

PART I. General Information

Date Accomplished (mm/dd/yyyy)

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

A. Labor Organization and Establishment

A.1. Name of Union

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Name of President

(Last Name)

(First Name)

(M.I.)

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Gender

Male Female

A.2. Name of Establishment / Company

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Company President / Representative

(Last Name)

(First Name)

(M.I.)

Address

Contact Nos.

E-mail: _____

Landline No: _____

Mobile No: _____

Gender

Male Female

Name of Federation / National Union (if affiliated)

Address

Registration Certificate No. / Certificate of Local Creation No.

Date Registered

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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Note: Please attach copy of the certificate.

B. Coverage of the Bargaining Unit

B.1. Composition

Supervisory Rank and File Others, if any. Please Specify _____

B.2. Mode of Payment of Wages

Monthly-paid Daily Paid

B.3. Geographical Grouping, if applicable

B.4. Nature of Operation/Function, if applicable

C. Number of Employees

| No. of Employees in the Company | | No. of Employees in Bargaining Unit | | No. of Union Members | |
|---------------------------------|----------------------|-------------------------------------|----------------------|----------------------|----------------------|
| Male | <input type="text"/> | Male | <input type="text"/> | Male | <input type="text"/> |
| Female | <input type="text"/> | Female | <input type="text"/> | Female | <input type="text"/> |
| TOTAL | <input type="text"/> | TOTAL | <input type="text"/> | TOTAL | <input type="text"/> |

D. Existence of Other Labor Organization/s

Are there other labor organizations in the bargaining unit?

No Yes

If yes, specify the organization/s.

E. Existence of Collective Bargaining Agreement

Is there an existing CBA in your establishment?

No Yes

If yes, state the period of its effectivity.

This Request for SEBA Certification is being filed this ____ day of _____ 20____ at _____, Philippines.

(President of the Union/Local Chapter)