

<b>DOLE-SENA Form No.1</b> <i>(Request for Assistance Form for LOCAL Filers)</i>	Republic of the Philippines Department of Labor and Employment <b>NATIONAL CONCILIATION AND MEDIATION BOARD</b> <b>CORDILLERA ADMINISTRATIVE REGION</b> 3F Abriol Bldg., Benitez Compound, Magsaysay Avenue, Baguio City	<b>Date Filed:</b>  
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**SINGLE-ENTRY APPROACH (SEnA)**  
*(Per Department Order No. 151, Series of 2016)*

REFERENCE NO. : SEAD-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-2021

Please check one: Requesting party is  Individual worker     Group of workers     Union     Employer

Name of Requesting Party (Pangalan/Unyon/Employer): \_\_\_\_\_  
 Name of Responding Party (Pangalan ng Kompanya/Employer/Employee) \_\_\_\_\_

If filer is Union, Name of Representative: \_\_\_\_\_  
 Address (Opisina/Bahay): \_\_\_\_\_

Address (Tirahan): \_\_\_\_\_  
 Contact Person (Taong Kakausapin): \_\_\_\_\_

Telephone/Cellphone/Fax/eMail Address: \_\_\_\_\_  
 Please check:  Male     Female    Age: \_\_\_\_\_  
 Regular     Probationary     Regular-Seasonal  
 Type of Employment:  Fixed-Term     Managerial     Kasambahay  
 Casual

Date Hired (Petsa ng nagsimula sa trabaho): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Years of Service (Taon sa Serbisyo): \_\_\_\_\_  
 Nature of Work (Uri ng Trabaho): \_\_\_\_\_

Status of Employment:  Still Employed    Resigned \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Floating Status \_\_\_\_/\_\_\_\_/\_\_\_\_    Terminated \_\_\_\_/\_\_\_\_/\_\_\_\_  
 End of Contract, if applicable: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Agency Worker, Indicate Name of Principal: \_\_\_\_\_  
 Office Address (Opisina): \_\_\_\_\_

Contact Person (Taong Kakausapin): \_\_\_\_\_  
 Telephone/Cellphone/Fax/eMail Address: \_\_\_\_\_

<b>ACTIONS TAKEN AT THE COMPANY LEVEL:</b> <i>(Aksiyon na ginawa sa Kompanya)</i>	<b>COMPLAINTS FILED AT OTHER OFFICE/AGENCY</b> <i>(Reklamo na dinala sa ibang opisina)</i>
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<b>CLAIMS/ISSUES: (Please check the appropriate box/es)</b> 1) Labor Standard Violations: <input type="checkbox"/> Non-payment/underpayment of: <i>(Check appropriate boxes)</i> <input type="checkbox"/> Minimum Wage <input type="checkbox"/> COLA <input type="checkbox"/> Night Shift Differential <input type="checkbox"/> Overtime Pay <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Premium Pay for Special Day <input type="checkbox"/> Premium Pay for Rest Day <input type="checkbox"/> Service Charge <input type="checkbox"/> Service Incentive Leave <input type="checkbox"/> 13th Month Pay <input type="checkbox"/> Illegal Deductions <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Paternity Leave <input type="checkbox"/> Parental Leave for Solo Parent <input type="checkbox"/> Leave for Victims of VAWC <input type="checkbox"/> Special Leave for Women <input type="checkbox"/> Illegal Deductions (specify) _____ <input type="checkbox"/> Claim for Last Salary/Final Pay _____ <input type="checkbox"/> Claim for Separation Pay/ Indemnity Pay _____ <input type="checkbox"/> Claim for Retirement Benefits _____ 2) CBA violations: <i>(Please specify)</i> _____ <input type="checkbox"/> 3) Delayed in Payment/ Time of Payment (specify) _____ <input type="checkbox"/> 4) Non-issuance of Certificate of Employment _____ <input type="checkbox"/> 5) Illegal Dismissal _____ <input type="checkbox"/> 6) Constructive Dismissal _____ <input type="checkbox"/> 7) Other personnel actions _____ <input type="checkbox"/> 8) Occupational Safety & Health Violations _____ <input type="checkbox"/> 9) Regularization/ Contractualization _____ <input type="checkbox"/> 10) Maltreatment/ Harrassment _____ <input type="checkbox"/> 11) Others (specify) _____	<b>RELIEF PRAYED FOR</b> <i>(Ninanaais na solusyon sa problema)</i> <input type="checkbox"/> Payment of Money Claims <input type="checkbox"/> Reinstatement <input type="checkbox"/> Restitution/Correction of OSH violations <input type="checkbox"/> Issuance of Certificate of Employment <input type="checkbox"/> Payment of Separation Pay <input type="checkbox"/> Others (Please Specify) _____ <b>ACTION TAKEN/ TO BE TAKEN</b> <i>(To be filled-out by SEnA Desk Officer)</i> <input type="checkbox"/> Advised and Counseled <input type="checkbox"/> Advised to go back to company level <input type="checkbox"/> Set Initial Conference on _____ <input type="checkbox"/> Referred to _____
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PRINT NAME AND SIGNATURE (PANGALAN AT LAGDA)  Others, if more than one Requesting Party: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Name</th> <th style="width:33%;">Signature</th> <th style="width:33%;">Contact No.</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Name	Signature	Contact No.										INTERVIEWER (Name and Signature)  DATE  SEnA DESK OFFICER (Name and Signature)
Name	Signature	Contact No.											