

**Application for Facility Evaluation**  
**National Wages and Productivity Commission**  
**RTWPB \_\_\_\_\_**

Name of Establishment: _____		Telephone: _____											
Address: _____		Fax/ If any: _____											
Nature of Industry (Pls.Check) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Agriculture <input type="checkbox"/> Service   Others (Specify)													
Name of Owner/Manager: _____													
Description of Economic Activity: _____													
Union		CBA											
<input type="checkbox"/> With		<input type="checkbox"/> With											
<input type="checkbox"/> Without		<input type="checkbox"/> Without											
Name of Union President: _____													
Capitalization													
<table border="1" style="width:100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>													
Total No. of Employees:		Regular: <input type="checkbox"/> Non-regular: <input type="checkbox"/> Total: <input type="checkbox"/>											
Reason for Request: _____													
Facilities provided:													
Name and Signature of Applicant _____		Name of Company: _____											
		Representative: _____											
		Designation: _____											
		Date Requested: _____											
To be filled out by RTWPB													
Date Received		Received by											
Docket No.		Board Secretary's Signature											

- Checklist of Documentary Requirements:
- Business permit for the current year issued by the appropriate government agency;
  - List of the company's employees with their corresponding wages;
  - Job activities with their existing wage rates;
  - Method of payment of wages (e.g. pakyaw, takay, commission); and
  - Proof of notice of filing of application