RTWPB-IVA Form 1 S. 2012

Republic of the Philippines
Department of Labor and Employment
National Wages and Productivity Commission
REGIONAL TRIPARTITE WAGES AND PRODUCTIVITY BOARD-IVA

Report on Productivity Improvement Programs and Productivity Based Pay

Reference Period: _____

1. **Name of Establishment:** _____
2. **Address:** _____
3. **Nature of Business:** _____ **Products/Services:** _____
4. **Industry Category:**
   - _____ a. Non-Agriculture
   - _____ b. Agriculture
   - _____ c. Retail/Service Employing not more than 10
   - _____ d. Manpower Service Provider
5. **Total Employment Including Management:** _____
   - Top Management level _____
   - Middle Manager level _____
   - Supervisory level _____
   - Rank and File level _____
6. **Union/CBA** Yes ☐ (If Yes, state number of covered workers _____) No ☐
7. **Productivity Improvement Program/s (PIPs)** *(you may attach additional sheets to better package your PIPs documentation)*

PIP Focus/Agenda	PIP Deliverables & Measurements	PIP Benefits or Outcomes

8. **Productivity Improvement and Incentive Committee (PIIC) or its Equivalent Structure for PBP**

   8.a *organizational chart indicating the composition of the PIIC*
   8.b *functions of the PIIC*
   8.c *duties and responsibilities of the PIIC Chairman & members*
   8.d *objectives/agenda of the PIIC*

9. **Productivity Based Pay (PBP)** *(you may attach additional sheets to better package your PBP documentation)*

   9.a Criteria and Formula *(may be differentiated according to position classification)*

   9.b. Frequency of Distribution

   9.c. Productivity Based Pay by Category of Employees
   (you may include other employee category you employ not specifically enumerated in the matrix)

Employee Classification Level	Nature and Form of PBP	Average Percentage Range or Amount of PBP
Rank and File		
Minimum Wage Earners		
Contractual (provided by manpower service/s)		
Regular		
Non-Supervisory		
Supervisory		
Managerial		

CERTIFICATION:
I hereby certify that the above mentioned information are true and correct.

_____
Employer or Authorized Representative

_____
Position/Designation

_____ _____
Date **Contact Nos. & E-mail Address**