



LABOR ADVISORY NO. 12

DOLE-AS 19MAR 28 16:88

Series of 2020

In the interest of service and pursuant to the DOLE Department Order No. 209, Series of 2020 or Guidelines on the COVID-19 Adjustment Measures Program (CAMP), the following clarificatory guidelines are issued:

- Definition of Affected Worker [Article I, Section 3(b)]. Affected workers, regardless of status (i.e. permanent, probationary, or contractual), are those employed in private establishments whose operations are affected due to the COVID-19 pandemic.
- 2. Coverage [Article II, Section 3]. Program coverage is nationwide.
- Documentary Requirements [Article IV, Section 1(b)]. Establishments must accomplish the revised Establishment Report Form (ERF) (Annex A) particularly the indicated mandatory fields. Company payroll for the month of February or earlier must be submitted along with the accomplished ERF.
- Submission of Applications [Article IV, Section 1(c)(i)]. Attached is the RO directory (Annex B) for the online submission of documentary requirements to the appropriate DOLE Regional Office (RO) or any of its Provincial/Field Offices (PO/FO).
- 5. Disbursement of Financial Support [Article IV, Section 2(a)(i)]. The concerned DOLE RO/PO/FO shall issue the financial support (FS) directly to the employees' payroll account through bank transfer at the soonest possible time upon receipt of complete documentary requirements. For cash payroll, FS shall be received through money remittance.
- Effectivity [Article VIII, Section 3]. The CAMP shall be effective on 21 March 2020, three (3) days after its publication in the Philippine Daily Inquirer on 18 March 2020. It shall be applied retroactively from January 2020.

For information and guidance.

SILVESTRE H. BELLOW Secretary





ESTABLISHMENT REPORT ON COVID-19

(Region-PO/FO-Year-Month-Count)

Instructions:

- Accomplish this form in two copies when filing a notice of: a) Flexible Work Arrangement or b) Temporary Closure.
 The report is considered as duly filed when the complete list of workers affected is made part of the submission. Fields

- 3.
- 5.

with asterisks (*) should be accon	nplished by the con	npany rep	resentative for COVID-19 Adjustment Measures Progran			
This form should be submitted to						
Page 2 should enumerate the n	ige 1 should contain general information about the establishment and the number of workers affected. Ige 2 should enumerate the names of workers affected, their addresses and contact numbers, position title and					
alary. otal number of workers listed should equal the total number of workers affected as reported in this page.						
Establishment Data						
Name of Establishment*: (Pleas	se indicate registered na	ime as refle	cted in the business permit)			
Barangay/City/Municipality*:	ion*:					
Number of Workers*:	Male:		Managerial Employees:			
		e:	Supervisory:			
	Total:	-	Rank and File: Total:			
Date of Filing*: (mm/dd/yyyy)						
Summary of Affected Work	ers due to					
B.1 Flexible Work Arrangen	nent*					
No. of Workers	o. of Workers Effectivity Date		Type of Flexible Work Arrangement			
Covered/Affected			to be implemented (Use code below, select only one)			
		•	FL - Forced Leave			
RE - Rotation of Employees			OTH - Others (Specify)			
B.2 Temporary Closure*						
No. of Workers Covered/Affected			Main Reason of Temporary Closure (Use code below, select only one)			
LM - Lack of Market/Slump	in Demand	ŧ	I - Infection (COVID-19) OTH - Others (Specify)			
	CE	RTIFIC	ATION			
nis is to certify as to the accuracy	of the data provide	ed in this	report.			
Name and Signature of Own	er/Company Rep	resentati	ve*:			
Designation:		Fax No.:				
Contact No.:		Email Address:				
TO STATE OF THE ST	1					
OR DOLE (Regional/Province	ial/Field Office)	USE OF	NLY:			
			/Remarks, if any:			
	with asterisks (*) should be accomapplications. This form should be submitted to Page 1 should contain general in Page 2 should enumerate the malary. Total number of workers listed she Establishment Data Name of Establishment*: (Pleast Establishment Data) Name of Establishment*: (Pleast Establishment) Floor/Bidg/No/Street/Subdivis Barangay/City/Municipality*: Kind of Business/Economic Activity/Principal Product: Number of Workers*: Date of Filing*: (mm/dd/yyyy) Summary of Affected Workers Covered/Affected No. of Workers Covered/Affected Codes for Flexible Work Arrangen No. of Workers Covered/Affected Codes for Main Reason for LM - Lack of Market/Slump LRM - Lack of Raw Material Contact No.: Contact No.:	with asterisks (*) should be accomplished by the conapplications. This form should be submitted to the DOLE Region Page 1 should contain general information about th Page 2 should enumerate the names of workers salary. Total number of workers listed should equal the total stabilishment Data Name of Establishment*: (*Please indicate registered nate	with asterisks (*) should be accomplished by the company repapplications. This form should be submitted to the DOLE Regional/Provinc Page 1 should contain general information about the establis Page 2 should enumerate the names of workers affected, salary. Total number of workers listed should equal the total number Establishment Data Name of Establishment*: (Please indicate registered name as reflected in the stablishment Data Name of Establishment*: (Please indicate registered name as reflected in the stablishment Data Name of Establishment*: (Please indicate registered name as reflected in the stablishment of Establishment*: [Please indicate registered name as reflected in the stablishment of Establishment*: [Please indicate registered name as reflected in the stablishment of Establishment*: [Please indicate registered name as reflected in the stablishment of Establishment*: [Please indicate registered name as reflected in the stablishment of Establishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment*: [Please indicate registered name as reflected in the stablishment of Englishment of Englishment of Englishment of Englishment of Englishmen			

Received/Verified by:	Updates/Remarks, if any: a) Provision of assistance (please specify)
	b) Estimated date of resumption of normal business operations:
Name and Signature of DOLE Representative	c) Others (please specify)
Date:	Name and Signature of DOLE Representative:
	Date:





LIST OF AFFECTED WORKERS DUE TO COVID-19

Instructions: If necessary, use additional sheets following the same format.

Profile of Affected Workers

No.	Name of Worker* (Last Name, First Name, M.I.)	Age*	Sex*	Home Address*	Contact Number*	Designation	Employment Status (regular, contractual, etc.)	Salary ¹
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
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26							- 30 - 30 - 30 - 30 - 30 - 30 - 30 - 30	
27								
28								
29)							
30						-		

1 Indicate whether per hour, per day or per month

^{*} Mandatory fields to be accomplished by the company representative for COVID-19 AMP applications.





DIRECTORY FOR THE ONLINE SUBMISSION OF COVID-19 ADJUSTMENT MEASURES PROGRAM (CAMP) DOCUMENTARY REQUIREMENTS

DOLE Regional Office	Email Address/Portal Link				
DOLE-National Capital Region	camp.dolencr@gmail.com				
CAMANAVA Field Office	camp.cfo@gmail.com				
MUNTAPARLAS Field Office	camp.mtplfo@gmail.com				
Makati-Pasay Field Office	camp.mpfo@gmail.com				
PAPAMAMARISAN Field Office	camp.pfo@gmail.com				
Manila Field Office	camp.mfo@gmail.com				
Quezon City Field Office	camp.qcfo@gmail.com				
DOLE Cordillera Administrative Region	car.dole.covid@gmail.com				
DOLE Regional Office I	dole_ro1@yahoo.com				
llocos Norte	inplo.dole1@yahoo.com				
llocos Sur	isplo.dole1@yahoo.com				
La Union	dole.lufo@yahoo.com				
Eastern Pangasinan	dole1.easternpang@yahoo.com				
	dolerfo1@yahoo.com				
Central Pangasinan	ddo.dole1@yahoo.com				
Western Pangasinan	afo_dole1@yahoo.com				
DOLE Regional Office II	doledos_tssd@gmail.com				
Cagayan-Batanes	dole_cagayanfieldoffice@yahoo.com				
Isabela	dole_isabela@yahoo.com				
Quirino	dolequirino15@gmail.com				
Nueva Viscaya	dolenvfo@gmail.com				
DOLE Regional Office III	camp.dolero3@gmail.com				
DOLE Regional Office IV-A					
Cavite	camp.dole4a.cpo@gmail.com				
Laguna	dolelaguna.camp@yahoo.com				
Batangas	dole4a.bpo.camp@gmail.com				
Rizal	dole4arpo.camp@gmail.com				
Quezon	doleqpo.ew@gmail.com				
DOLE Regional Office IV-B	dolemimaropa@gmail.com				
Oriental Mindoro	doleormin@yahoo.com				
Occidental Mindoro	doleocci.mindoro@yahoo.com				
Romblon	doleromblon@gmail.com				
Marinduque	dolemarinduque@gmail.com				
Palawan	dolepalawanfieldoffice@gmail.com				
DOLE Regional Office V	dole5camp@gmail.com				
DOLE Regional Office VI	dole6camp@gmail.com				
lloilo	doleiloilocamp@gmail.com				

Negros	dolenegroscamp@gmail.com
Aklan	doleaklancamp@gmail.com
Capiz	dolecapizcamp@gmail.com
Antique	doleantiquecamp@gmail.com
Guimaras	doleguimarascamp@gmail.com
DOLE Regional Office VII	dole_centralvisayas@yahoo.com
DOLE Regional Office VIII	doletacloban@yahoo.com
DOLE Regional Office IX	www.dole9portal.com/camp
DOLE Regional Office X	
Bukidnon	dole10bukidnon.covid19@gmail.com
Camiguin	dole10camiguin.covid19@gmail.com
Misamis Occidental	dole10misocc.covid19@gmail.com
Cagayan de Oro	dole10cdo.covid19@gmail.com
Misamis Oriental	dole10misor.covid19@gmail.com
Lanao del Norte	dole10ldn.covid19@gmail.com
DOLE Regional Office XI	dole@ro11.dole.gov.ph
	regionaloffice@r11.dole.gov.ph
DOLE Regional Office XII	
South Cotabato	dole12.southcot@gmail.com
General Santos	dole12.sargen@gmail.com
Sarangani	dole12.sarfo@gmail.com
Cotabato	dole12.northcot@gmail.com
Sultan Kudarat	dole12.skfo@gmail.com
Cotabato City	dolexii.ccfo@gmail.com
DOLE CARAGA	122 122
Agusan del Norte	dole_adn@yahoo.com
Agusan del Sur	dole_ads@yahoo.com
Surigao del Norte	dolesdnpo@gmail.com
Surigao del Sur	dolesurigaodelsur@gmail.com
Province of Dinagat Islands	dolepdiso@gmail.com