APPLICATION FOR EXEMPTION FROM COMPLIANCE WITH
WAGE ORDER NO. NCR-26

SERVICE ESTABLISHMENTS REGULARLY EMPLOYING NOT MORE THAN TEN (10) WORKERS

Date: _____

Name of Applicant Firm : _____
Address : _____
Economic Activity : _____
Principal Product : _____
Number of Employees : _____
Union : _____

This serves as your official notice in case of incomplete documents. Submission of complete documentary requirements shall be done not later than _____ (10 days from date). Failure to submit complete documents within the prescribed period shall constitute a waiver and ground for the dismissal of the application.

REQUIREMENTS (In Three (3) Copies)

[ ] Application Letter under oath
[ ] Affidavit subscribed and sworn to by the Applicant's Chairman, President, CEO, Gen. Manager Owner, Proprietor or any authorized officer, stating under oath and providing the following:
  [ ] Number of its employees and the duration of their employment
  [ ] The fact that it notified its workers of its action to apply for exemption from payment of wage increase (Attached the Proof of Notice);
  [ ] The fact that it is compliant with the previous Wage Order; and,
  [ ] That in case the application is not granted, the employees shall receive the appropriate increase due them plus interest of one percent (1%) per month retroactive to the effectivity of the Wage Order
[ ] Certificate of registration from
  [ ] The Securities and Exchange Commission (SEC) for corporation, partnership or association (with by laws)
  [ ] The Cooperative Development Authority (CDA) for cooperative; or
  [ ] The Department of Trade and Industry (DTI) for sole proprietorship.
[ ] Certified true copy of the Business Permit for the current year issued by the concerned Local Government Unit

Application for Exemption with all supporting documents must be filed not later than 75 days or until September 15, 2025.

Submitted by: (Applicant Firm)

Contact Person : _____
Position : _____
Contact No. : _____
Date : _____

Received by: (RTWPB-NCR)

Name : _____
Position : _____
Date : _____
Time : _____