



**SEARCH FOR 2009 OUTSTANDING LMC AWARDS
FOR INDUSTRIAL PEACE**

APPLICATION/NOMINATION FORM

1. Name of Company: _____

Type: Organized
 Unorganized

2. Nature of Business: _____ Total Employment: _____

3. Contact Persons:

Management: _____	Labor : _____
Address : _____	Address : _____
Tel. No. : _____	Tel. No. : _____
Fax No. : _____	Fax No. : _____
E-mail : _____	E-mail : _____

4. LMC's Official Identity: _____ Date Established/
Reactivated: _____

5. Proof of Labor-Management Commitment:
(PLEASE CHECK ALL APPLICABLE ITEMS)

Official Launching (Kick-off) Signed Agreements Operational Guidelines

Explain/describe each checked item/s. Use additional sheet if necessary.

6. Factors/Events which influenced the creation of LMC
(PLEASE GIVE A BRIEF EXPLANATION/DESCRIPTION AND USE ADDITIONAL SHEET IF NECESSARY)

7. Organizational Structure

(PLEASE INDICATE THE EXISTING STRUCTURE AND ITS COMPOSITION)

- Steering Committee Sub-committee Secretariat

Composition: Please indicate number of personnel from management and from labor and their corresponding job title

No. of Management Rep: _____		No. of Labor Rep: _____	
1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____
4.	_____	4.	_____
5.	_____	5.	_____

8. Name of Sub-Committee/s

Projects Implemented/Issues Addressed

1.	_____	1.	_____
2.	_____	2.	_____
3.	_____	3.	_____
4.	_____	4.	_____
5.	_____	5.	_____

(PLEASE USE ADDITIONAL SHEET IF NECESSARY)

9. LMC Governing Guidelines/ Standard Operation

(PLEASE CHECK ALL APPLICABLE ITEMS)

- Goal /Objectives Mission/Vision Statement Strategic Planning/ Workplan Preparation Meetings (Regular/periodic/emergency)

Explain/describe each checked item/s. Use additional sheet if necessary.

Established System for:
(PLEASE CHECK ALL APPLICABLE ITEMS)

- | | | |
|---|--|---|
| <input type="checkbox"/> Agenda determination | <input type="checkbox"/> Minutes taking | <input type="checkbox"/> Report preparation |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Information dissemination | <input type="checkbox"/> Document filing |
| <input type="checkbox"/> Feedback mechanism | <input type="checkbox"/> Monitoring and evaluation | <input type="checkbox"/> Others |

Explain/describe each checked item/s. Use additional sheet if necessary.

10. LMC Impact:
(PLEASE CHECK ALL APPLICABLE RESPONSES)

A) On Labor-Management Relations

- | | | |
|---|--|--|
| <input type="checkbox"/> Lower number of grievances | <input type="checkbox"/> Faster resolution of grievances | <input type="checkbox"/> Speedy CBA negotiation (if organized) |
| <input type="checkbox"/> Lesser number of strike notices/ lockout | <input type="checkbox"/> Lesser number of actual strike | <input type="checkbox"/> Others |

Explain/describe each checked item/s. Use additional sheet if necessary.

B) On Quality of Work life
(PLEASE CHECK ALL APPLICABLE RESPONSES)

- | | | |
|--|---|---|
| <input type="checkbox"/> Workplace safety (reduced number of accident) | <input type="checkbox"/> Worker's additional benefits | <input type="checkbox"/> Psychosocial environment |
| <input type="checkbox"/> Worker's health and wellness | <input type="checkbox"/> Extended program for workers' family | <input type="checkbox"/> Others |

Explain/describe each checked item/s. Use additional sheet if necessary.

C) On Productivity and Efficiency
(PLEASE CHECK ALL APPLICABLE RESPONSES)

- | | | |
|--|--|--|
| <input type="checkbox"/> Quality of key product/services | <input type="checkbox"/> Customer satisfaction | <input type="checkbox"/> Reduced number of absenteeism turn-over |
|--|--|--|

Explain/describe each checked item/s. Use additional sheet if necessary.

11. LMC's Sustained and Current Effort
(PLEASE CHECK ALL APPLICABLE RESPONSES)

A) On Labor-Management Relations

- To enhance mutual trust, respect & commitment Resorting to non-adversarial way of resolving dispute Others

Explain/describe each checked item/s. Use additional sheet if necessary.

B) On Human Resource Development
(PLEASE CHECK ALL APPLICABLE RESPONSES)

- Skills training and other capability building programs Sports, recreation and social activities Others

Explain/describe each checked item/s. Use additional sheet if necessary.

C) On Corporate Social Responsibility
(PLEASE CHECK ALL APPLICABLE RESPONSES)

- Community and Livelihood programs Environmental and waste management programs Others

Explain/describe each checked item/s. Use additional sheet if necessary.

12. Milestone achievements, major issues addressed/ resolved or Awards received in the last three (3) years (2006-2008). Use additional sheet if necessary

Submit five (5) copies of this application/nomination form with the following supporting documents:

1. Agreement on establishment of LMC, if any;
2. Guidelines governing the LMC, if any ; and
3. Other documents which the applicant/nominee may deem necessary.

We attest to all facts contained in this form and give permission for its publication. We agree to be present or allow plant visits/interviews to our personnel as may be deemed necessary by the Screening Committee. Furthermore, we hereby give our consent that all facts contained in this form may be independently verified as to their accuracy by the Screening Committee/Board of Judges.

Name of Nominator
(Signature over printed name)

**LMC Management
Representative**
(Signature over printed name)

**LMC Labor
Representative**
(Signature over printed name)