

# VA Form 05 – Arbitrator's Reporting Form

VA FORM NO. 05-05 Revised March 2005	<b>REPORT ON VOLUNTARY ARBITRATION CASES HANDLED</b> as of _____ 20__	_____ Initial _____ Final
Republic of the Philippines <b>Department of Labor and Employment</b> <b>National Conciliation and Mediation Board-Regional Branch No. _____</b> (Address)		
<b>NAME OF VOLUNTARY ARBITRATOR</b>		<b>VA Case No.</b>
<b>TITLE OF THE CASE</b>		
<b>ISSUES INVOLVED:</b>		
<b>MANNER OF SELECTION (Please check)</b> <input type="checkbox"/> direct appointment by the parties <input type="checkbox"/> appointment with the assistance of the NCMB _____ requested by parties _____ notice to arbitrate <input type="checkbox"/> named in the CBA <input type="checkbox"/> others (Please specify) _____		<b>ORIGIN OF THE CASE (Please check)</b> <input type="checkbox"/> submitted directly by parties <input type="checkbox"/> submitted thru NCMB <input type="checkbox"/> submitted thru NLRC <input type="checkbox"/> submitted thru FLAVAS <input type="checkbox"/> others (please specify) _____
<b>COMPANY INVOLVED</b>		
<b>ADDRESS</b>		<b>TEL. NUMBER</b>
<b>UNION/ INDIVIDUALS INVOLVED</b>		
<b>ADDRESS</b>		<b>TEL. NUMBER</b>
<b>NATURE OF DISPUTES /Issues (Please check)</b> <input type="checkbox"/> CBA interpretation or implementation <input type="checkbox"/> CBA deadlocks <input type="checkbox"/> Interpretation /enforcement of personnel policy <input type="checkbox"/> Unfair Labor Practice (ULP)  <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Interpretation /enforcement of Productivity Incentive Agreements <input type="checkbox"/> Job Evaluation <input type="checkbox"/> Wage Distortion Cases <input type="checkbox"/> Interpretation /Implementation of Wage Orders <input type="checkbox"/> Other Wage and Salary Administrative Cases <input type="checkbox"/> Others (Please specify) _____		<b>SUBMISSION TO VOLUNTARY ARBITRATION</b> a) Date of Submission to VA _____ / ____ / ____ b) Date Accepted by Voluntary Arbitrator _____ / ____ / ____ c) Date Submitted for Decision _____ / ____ / ____  <b>STATUS OF THE CASE (Please indicate date at the line provided)</b> <input type="checkbox"/> PENDING as of _____ / ____ / ____ <input type="checkbox"/> DISPOSED as of (please attach a copy of Decision or Settlement) _____ Settled _____ Decided _____ Dropped/Withdrawn  <input type="checkbox"/> Complied with voluntarily _____ / ____ / ____ <input type="checkbox"/> Enforced thru Writ of Execution _____ / ____ / ____
Specific Issues:		<b>Appealed to:</b> <input type="checkbox"/> Court of Appeals <input type="checkbox"/> Pending as of _____ / ____ / ____ <input type="checkbox"/> Resolved _____ / ____ / ____ _____ affirmed _____ reversed _____ modified _____ others (pls specify) _____ <input type="checkbox"/> Supreme Court <input type="checkbox"/> Pending as of _____ / ____ / ____ <input type="checkbox"/> Resolved _____ / ____ / ____ _____ affirmed _____ reversed _____ modified _____ others (pls specify) _____
<b>NO. OF WORKERS INVOLVED</b>		
<b>NO. OF HEARINGS CONDUCTED</b>		
<b>PLACE OF HEARING (Please check)</b> <input type="checkbox"/> at the Voluntary Arbitration Center <input type="checkbox"/> at the Voluntary Arbitrator's Office <input type="checkbox"/> within the company premises <input type="checkbox"/> in the place agreed upon by both parties <input type="checkbox"/> others (please check)		
<b>COST OF PROCEEDINGS (Please specify amount):</b>  Arbitrators' fee charge/collected P _____ Hearing Fees P _____ Stenographic Notes P _____ Others (Please specify) _____		<b>TOTAL MONETARY BENEFITS AWARDED, IF ANY:</b>  <b>SHARING SCHEME IN PAYMENT OF FEES (Please specify)</b> _____ % Management _____ % Labor
		<b>AVAILMENT OF THE SUBSIDY</b> _____ YES _____ NO If Yes, Amount Granted P