



NOTICE OF RESULTS (Compliance Visit)		Republic of the Philippines DEPARTMENT OF LABOR AND EMPLOYMENT Regional Office No. 7			Regional Office Address Cebu City Tel. No.: (032) 513-2566
NAME OF OWNER/PRESIDENT/MANAGER RYAN TATE	NATURE OF BUSINESS PUBLISHING	DATE OF ASSESSMENT 1/9/2017	DATE OF LAST NAD	AUTHORITY NO. JA-2017-01-TCFO-032-CV	
NAME OF ESTABLISHMENT TATE PUBLISHING AND ENTERPRISES (PHIL.) INC.			ADDRESS OF ESTABLISHMENT 4F JY SQUARE MALL, SALINAS DRIVE, LAHUG, CEBU CITY		

During the conduct of assessment, undersigned LLCO noted that Tate Publishing and Enterprises (Phil.) Inc. has engaged the services of Centurion Security Agency.

GENERAL LABOR STANDARDS(GLS)

1. No employment records (payroll/dtr/payslip)
2. Non remittance of SSS, Philhealth and Pag-Ibig contributions
3. No service agreement with subcontractor Centurion Security Agency
4. No thirty (30) Days Notice to Workers and Dept. of Labor and Employment (for Work Suspension/Termination)
5. Nonpayment of wages for the period Dec 01 -15, 2016 affecting sixty (60) workers in the amount of Php437,256.45
6. Nonpayment of wages for the period Dec 16 -30, 2016 affecting seventy eight (78) workers in the amount of Php525,191.36
7. Nonpayment of 13th Month Pay affecting one hundred forty four (144) workers in the amount of Php2,338,352.34

OCCUPATIONAL SAFETY AND HEALTH STANDARDS(OSHS)

1. No First Aider
2. No Safety Officer
3. No Fire Safety Inspection Certificate (FSIC)

Note:

1. These findings also apply to all similarly situated workers.
2. The Double Indemnity Law (RA 8188) comes into effect if this deficiency is not settled within the period specified hereunder.

Any questions on the above findings shall be submitted to this Office within five (5) days from receipt of this Notice and correction thereof shall be done within ten (10) days. This notice shall be posted conspicuously in the premises of the workplace. Unauthorized removal of this Notice by any person shall be dealt with law.

SERVED BY:

Signature _____ Date:
Printed Name:
Position/Designation:

SERVED TO:

Signature _____ Date:
Printed Name:
Position/Designation:

ASSESSMENT CONDUCTED BY:


PRIMO N. GUARIN
Labor Laws Compliance Officer

