

# APPLICATION FORM FOR UNION ACCREDITATION

UNION NAME: \_\_\_\_\_  
 \_\_\_\_\_  
 PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DATE OF REGISTRATION: \_\_\_\_\_ REG. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 AGENCY HEAD: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_ E-mail: \_\_\_\_\_ SECTOR/REGION: \_\_\_\_\_

LONE REGISTERED UNION IN THE AGENCY ?  YES  NO  
 IF YES,  NUMBER OF MEMBERS  TOTAL NUMBER OF RANK-AND FILE EMPLOYEES

Male  Female

IF NO, NAME OF OTHER REGISTERED UNIONS:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

PROOF OF FEDERATION: \_\_\_\_\_  
 (AGREEMENT / RESOLUTION, etc.)

ACCREDITATION FEE:  YES  NO OR NO. \_\_\_\_\_  
 (Php 150.00) PMO NO. \_\_\_\_\_  
 (payable to the CSC-CO, Quezon City)

**DOCUMENTARY REQUIREMENTS:**

	YES	NO
1. SWORN PETITION FOR ACCREDITATION <i>(with the rank-and-file employees' support signatures)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. SWORN CERTIFICATION OF MAJORITY MEMBERSHIP <i>(if the union is the mother organization)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. CERTIFICATION BY THE UNION PRESIDENT AS TO THE AUTHENTICITY OF THE NAMES AND SIGNATURES OF THE EMPLOYEES APPEARING IN THE PETITION <i>(Original Copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. CERTIFIED TRUE COPY OF LATEST APPROVED PAYROLL WITH EMPLOYEES' SIGNATURE OR CERTIFICATION FROM HRMO/AO THAT SALARIES ARE PAID VIA ATM	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATION FROM DOLE-BLR, Main Office <i>(Original Copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. CERTIFICATION FROM HRMO / AO AS TO THE TOTAL NUMBER OF RANK-AND-FILE EMPLOYEES IN THE AGENCY <i>(Original Copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>

For CSC-PRO use only:

DATE EVALUATED: \_\_\_\_\_ ACTION OFFICER: \_\_\_\_\_

ACTION TAKEN:  DENIED  FOR POSTING  FOR COMPLIANCE

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_