

**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)**

**Received by: (RTWPB-NCR)**

Contact Person : \_\_\_\_\_  
Position : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Date : \_\_\_\_\_

Name : \_\_\_\_\_  
Position : \_\_\_\_\_  
Date : \_\_\_\_\_  
Time : \_\_\_\_\_