



WAREHOUSE MANAGEMENT | WORKFORCE SOLUTIONS

Document Code:	PBC-LBR -001	Revision No.:	00
Document Title:	Lost and Breakage Report Process	Creation Date:	15-Dec-2025
		Effective Date:	05-Jan-2026

Document History Log

Status	Effective Date	Description of Change(s)	Initiated by

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1. PURPOSE

This procedure establishes a standard process for reporting, investigating, and processing loss or breakage incidents related to customer operations. It ensures accountability, proper documentation, and accurate payroll deductions for related charges.

2. SCOPE

This SOP applies to all Business Unit (BU) Admins, Recovery Specialists, Customer Care, and Payroll personnel involved in handling and processing Loss and Breakage Reports.

3. RESPONSIBILITIES

3.1 BU Admin

3.1.1 Initiates damage alerts, oversees investigation, gathers and submits documents, and inform Customer Care if the case involves employee dismissal.

3.2 Recovery Specialist

3.2.1 Records and tracks LBR cases, encodes details into the Deduction Tracker, and coordinates with Payroll.

3.3 Customer Care

3.3.1 Coordinates necessary actions for cases leading to dismissal and ensures compliance with admin and legal requirements.



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3.4 Payroll Team

3.4.1 Processes approved deductions based on signed documents (Authority to Deduct) and updates records accordingly.

4. PROCEDURE

4.1 Damage alert from BU Admin

4.1.1 The BU-Admin issues a damage alert in the Claims and Charges group chat immediately upon awareness of a loss or breakage incident.

4.1.2 The purpose of the alert is to notify the Recovery Specialist that a customer deduction related to loss or damage will be expected.

4.1.3 The alert must include the following details;

4.1.3.1 Customer Name

4.1.3.2 Date and nature of the incident

4.1.3.3 Description of the damage or lost item

4.1.3.4 Indicates whether the category is single damage or group damage.

4.2 Completion of Investigation and Submission of Documents

4.2.1 The BU-Admin coordinates an investigation of the incident with all concerned personnel with the help of customer concierge.

4.2.2 Once the investigation is completed, all required documents must be compiled and submitted to the BU-Admin.



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4.2.3 Required Documents

4.2.3.1 Incident Report

4.2.3.2 Notice to Explain

4.2.3.3 ATD Authority to Deduct Form (signed by the customer or concerned personnel)

4.2.4 If the result of the investigation leads to possible employee dismissal, the BU-Admin must immediately inform Customer Care to initiate the appropriate legal process.

4.2.5 After verification, the BU-Admin forwards all complete documents to the Recovery Specialist for recording.

4.3 Encoding in the Deduction Tracker

4.3.1 Upon receipt of the complete documentation, BU Admin encodes all case details into the Deduction Tracker.

4.4 Payroll Deduction Processing

4.4.1 Once encoded, the case will be scheduled for payroll deduction processing.

4.4.2 The deduction amount must strictly follow the signed ATD.

4.4.3 The Payroll Team processes the deduction during the next applicable payroll cycle as indicated in the Deduction Tracker.

4.4.4 The Recovery Specialist monitors and updates the tracker once the deduction has been completed.



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5. DOCUMENTATION AND RECORDS

5.1 All documents related to Loss and Breakage Reports (IR, NTE, ATD, and tracker records) must be securely filed to click up and retained for a minimum of one (1) year for audit and verification purposes.

6. ATTACHMENTS


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AUTHORITY TO DEDUCT FORM

Last Name:

First Name:

Site Code: - -

ID NO:

Date:

This is to authorize Expedise Warehouse Management Solutions Inc. to deduct the amount of ₱ from my salary. This will be deducted due to

☐ PPE / Uniform

☐ Damages

☐ Overpayments

☐ Cash Advance

☐ Medical

☐ Others

Starting on . ₱ per cut-off.

Signature

Approved by:

Last Name:

First Name:

Signature

NOTE: INCOMPLETE DETAILS AND UNSIGNED FORMS WILL NOT BE PROCESSED.



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NOTICE TO EXPLAIN

To:	Last Name	First Name	Employee No	Case No.
Company	EXPEDISE WMS INC		Date:	Location:
ALLEGED VIOLATION:				
BRIEF DESCRIPTION/DETAILS OF ALLEGED VIOLATION				
Date Committed:		Incident Location:		
Offense Details:				
NOTE TO EMPLOYEE				
<p>You are hereby given <u>5 days</u> upon receipt hereof, to submit your written explanation to the undersigned as to why you should not be administratively charged for the said alleged violation. You may attach necessary documents (original) to support your explanation.</p> <p>Your failure to submit within the prescribed time shall be deemed that you have waived your right to due process and Management shall have the right to render a final decision regarding this case based on available information or evidence.</p> <p>Issued by:</p> <p>_____ Roving Customer Concierge Specialist</p> <p>Noted by:</p> <p>_____ Customer Relation Associate</p> <p>You may use the spaces below for your explanation and may use additional paper if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				



INCIDENT REPORT FORM

Incident Details

Type of Incident	<input type="checkbox"/> Accident	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Major Offense	<input type="checkbox"/> Grave Offense	<input type="checkbox"/> Grievance
Location				Date of Incident	

Involved Customer

Full Name				Profile ID	
Site Code			-	-	Date Hired

Description of Incident/Property

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Immediate Actions Taken

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Possible Cause

--

Expedise Representative
Signature over Full Name/Date



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