

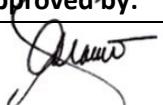
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WAREHOUSE MANAGEMENT | WORKFORCE SOLUTIONS

Document Code:	OPS-CC-001	Revision No.:	00
Document Title:	Reduction of Employees	Creation Date:	29-Nov-2025
		Effective Date:	19-Jan-2026

Document History Log

Status	Effective Date	Description of Change(s)	Initiated by

Prepared by:	Reviewed by:	Approved by:
 Arianne Mongoc	 Mia Kristel Rosalem	 Marites Olaso



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1. PURPOSE

To establish a clear and lawful process for handling employee reduction requests initiated by clients, ensuring proper coordination among departments, compliance with labor regulations, and fair treatment of affected employees.

2. SCOPE

This procedure applies to all Business Units (BUs), Admin, Customer Care, and Operations involved in the management, coordination, and documentation of employee reduction or transfer.

3. RESPONSIBILITIES

3.1. Business Unit Head

3.1.1 Receives official communication from the client and coordinates with Admin and Customer Care.

3.2 Admin

3.2.1 Manages documentation, ensures legal compliance, and monitors timelines.

3.3 Customer Care

3.3.1 Coordinates with Operations to identify transfer sites and manage employee placement.

3.3.2 Oversees employee status (transfer or resign), ensures proper clearance, and updates employment records.

3.3.3 Same Rate for different site (no decreasing of salary)

3.3.4 Create NEA for transfer of employees

3.4 Operations (other business unit)

3.4.1 Confirms available sites and supports the reassignment process if transfer.



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4. PROCEDURE

4.1 Client Notification

- 4.1.1 The client shall send an official notice regarding the reduction of employees.
- 4.1.2 The email must be addressed to the BU Head, Customer Concierge, and Admin.
- 4.1.3 The notice must be received at least 30 days before the intended reduction date to support legal compliance.
- 4.1.4 Lazada Account 7days notice before reduction date.

4.2 Internal Coordination

- 4.2.1 Upon receipt of the notice, the BU Head and Admin shall inform the Customer Care Department.
- 4.2.2 Customer Care shall coordinate with Operations to check for available sites or accounts where affected employees may be transferred.

4.3 Transfer and Reassignment

- 4.3.1 Customer Care and Operations will identify and confirm possible transfer sites.
- 4.3.2 Customer Care shall prepare necessary documents such as Notice of Transfer or Notice of Employment Action (NEA).

4.5 Employees who choose to resign must

- 4.5.1 Submit a formal resignation letter addressed to Customer Care and Admin.**
- 4.5.2 Process clearance to ensure proper accountabilities are settled.



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4.5.3 Receive final pay (priority within 2 weeks process) and necessary documents (Certificate of Employment).

4.5.4 Customer Care and Admin shall ensure that the resignation process is completed in according to company policies and labor laws.

4.6 Documentation and Reporting

4.6.1 Admin must compile and keep records of:

- 4.6.1.1 Client reduction notice
- 4.6.1.2 List of affected employees
- 4.6.1.3 Transfer or resigned status reports
- 4.6.1.4 Resignation and clearance documentation
- 4.6.1.5 A summary report shall be submitted to management once all actions are completed.



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5. ATTACHMENTS



EXIT INTERVIEW QUESTIONNAIRE

STRICTLY CONFIDENTIAL

NAME	SITE CODE	DATE HIRED
POSITION	DATE INACTIVE	
IMMEDIATE HEAD / SUPERVISOR	DATE OF CLEARANCE	

The purpose of this questionnaire is to help the company determine reason for employee turnover. The company appreciates your effort in answering these question frankly and your answers will not be used as part of any decision regarding future re-employment. Also, nothing in this form will be revealed to any other company.

Please check any of the following which contributed to your decision to leave your current position?

<input type="checkbox"/> Reduction	<input type="checkbox"/> Family Issue
<input type="checkbox"/> Salary	<input type="checkbox"/> Health Issue
<input type="checkbox"/> Work Load	<input type="checkbox"/> Personal Matter
<input type="checkbox"/> Work Schedule / No Schedule	<input type="checkbox"/> Toxic Culture
<input type="checkbox"/> Relocation	<input type="checkbox"/> Issue with Client
<input type="checkbox"/> Better Opportunity	<input type="checkbox"/> Issue with workmate
<input type="checkbox"/> Company Benefits	Others: Please specify _____

These questions will help us address areas that need improvement in our company. Please rate your reactions according to the following point system.

5 - Excellence 4 - Good 3 - Satisfactory 2 - Fair 1 - Poor

<input type="checkbox"/> How would you rate this company as place to work?
<input type="checkbox"/> What is your overall view of the company's policies and procedures?
<input type="checkbox"/> How do you rate the working conditions and physical facilities?
<input type="checkbox"/> Compared to other companies, how do you rate our benefits package?
<input type="checkbox"/> How do you feel above management willingness to hear complaints and make-changes?

<input type="checkbox"/> How would you rate the initial training you received?
<input type="checkbox"/> How do you rate subsequent training opportunities to improve your skills and opportunities?
<input type="checkbox"/> How well did you understand the performance standards you were expected to meet?
<input type="checkbox"/> How well were you informed about changes that affected your work?
<input type="checkbox"/> How much of a chance do you feel you had to develop your full potential
<input type="checkbox"/> How do you rate your superior's willingness to answer questions and help solve problems?
<input type="checkbox"/> To what extent were you encouraged to offer suggestions and improvements?
<input type="checkbox"/> What level of respect did you hold for your superior?
<input type="checkbox"/> How would you rate the spirit of cooperation and teamwork among the employees in your department?

Please write here any other comment or suggestions you want to share with us.

Signature over Printed Name	Date
-----------------------------	------

END OF QUESTIONNAIRE

Thank you for your cooperation

Interviewed by:

Noted by:



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EXPEDISE WAREHOUSE MANAGEMENT SOLUTIONS INC NOTICE OF EMPLOYEE ACTION (NEA form)																											
This is PRIVATE and CONFIDENTIAL																											
NAME: Aila, Aileen Baldon	ID No.: 2022-11882	DATE: October 30, 2025																									
<table border="1"> <thead> <tr> <th colspan="2">FROM</th> <th colspan="2">TO</th> </tr> </thead> <tbody> <tr> <td>Position: Warehouse Crew</td> <td>Position: Warehouse Crew</td> <td>Department/Company: LAZ 55C</td> <td>Department/Company: MNI SPL</td> </tr> <tr> <td colspan="2">Expedite WMSI</td> <td colspan="2">Expedite WMSI</td> </tr> <tr> <td>Job Level: Rank & File</td> <td>Job Level: Rank & File</td> <td>Job Grade: RPI</td> <td>Job Grade: RPI</td> </tr> <tr> <td>Basic Salary: ₱800.00</td> <td>Basic Salary: ₱800.00</td> <td>Others:</td> <td>Others:</td> </tr> <tr> <td colspan="2">Total Compensation: ₱800.00</td> <td colspan="2">Total Compensation: ₱800.00</td> </tr> </tbody> </table>				FROM		TO		Position: Warehouse Crew	Position: Warehouse Crew	Department/Company: LAZ 55C	Department/Company: MNI SPL	Expedite WMSI		Expedite WMSI		Job Level: Rank & File	Job Level: Rank & File	Job Grade: RPI	Job Grade: RPI	Basic Salary: ₱800.00	Basic Salary: ₱800.00	Others:	Others:	Total Compensation: ₱800.00		Total Compensation: ₱800.00	
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REMARKS ON OTHER CONDITIONS OF THIS ACTION:																											
<p>CONDITIONS OF EMPLOYMENT</p> <p>1. FOR REGULARIZATION: You are now entitled to the benefits of the company.</p> <p>2. FOR PROBATIONARY EMPLOYEES: a. Your appointment is probationary in nature for a period of six (6) months, during which your performance will be evaluated. b. As a probationary employee, you are entitled to your salary and overtime pay for authorized overtime work. c. It is understood that you read and accepted the provisions of the Corporate Code of Discipline. d. You will be issued a regular appointment only if you have satisfied the performance standards set for probationary employees and met other requirements embodied in the said Corporate Code of Discipline.</p>																											
<p>RECOMMENDED BY:</p> <p> Felice Calandab Business Unit Admin Date _____</p>																											
<p>CHECKED BY:</p> <p> Chelyn Felipe Business Unit Head Date _____</p>																											
<p>APPROVED BY:</p> <p> Mariles Olao Workforce Manager Date _____</p>																											
<p>CONFIRM:</p> <p>Employee's Signature _____</p> <p><input type="checkbox"/> Employee's Copy <input type="checkbox"/> HRD/201File <input type="checkbox"/> Payroll</p>																											



WAREHOUSE MANAGEMENT | WORKFORCE SOLUTIONS

Date: _____

Pangalan: _____
 Address: _____
 From: _____
 Subject: Letter of Transfer

Dear Ms. Aguila,

Ikaw ay aming formal na inaabuhani sa iyong paglipat ng trabaho mula sa _____ patungo sa _____. Ang mga pagbabagong ito ay bahagi ng aming hangarin na mapabuti ang kakayahan ng kumpanya na magbigay ng mahusay na serbisyo sa aming mga customer. Layunin namin na mapanatili ang inyong pag-unlad at tagumpay sa bagong departamento, pati na rin ang patuloy na paglago ng iyong trabaho sa aming kumpanya.

Nais namin magpasalamat sa inyong patuloy na dedikasyon at serbisyo sa _____. Umaasa kami na ang inyong bagong tungkulin sa _____ ay magbibigay sa inyo ng mga bagong pagkakataon at tagumpay.

Lubos na gumagalang,

MaryRose Peleño
Customer Care Strategist

Tinanggap ni: _____

Date: _____



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