



WAREHOUSE MANAGEMENT | WORKFORCE SOLUTIONS

Document Code:	OPS-CC-001	Revision No.:	00
Document Title:	Reduction of Employees	Creation Date:	29-Nov2025
		Effective Date:	19-Jan-2026

Document History Log

Status	Effective Date	Description of Change(s)	Initiated by

Prepared by:	Reviewed by:	Approved by:
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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 about 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: Asla, Aileen Baldon	ID No: 2025-11802	DATE: October 30, 2025	
NATURE OF PERSONNEL MOVEMENT: <input type="checkbox"/> New Employee <input checked="" type="checkbox"/> Old Employee  Employment Status <input type="checkbox"/> Regularization <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Transfer: <input type="checkbox"/> Others:  Salary/Wage Adjustment <input type="checkbox"/> Upgrading <input type="checkbox"/> Merit <input type="checkbox"/> Promotion <input type="checkbox"/> Others:	FROM		TO
	Position: Warehouse Crew		Position: Warehouse Crew
	Department/Company: LAD SSC		Department/Company: MRB SPL
	Expedise WMSI		Expedise WMSI
	Job Level: Rank & File		Job Level: Rank & File
	Job Grade: RPS		Job Grade: RPS
	Basic Salary: 800.00		Basic Salary: 800.00
	Others:		Others:
	Total Compensation: 800.00		Total Compensation: 800.00
	Date Hired: January 5, 2014	Employment Period:	Effectivity Date: November 3, 2025
REMARKS ON OTHER CONDITIONS OF THIS ACTION:			
CONDITIONS OF EMPLOYMENT 1. FOR REGULARIZATION: You are now entitled to the benefits of the company. 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.			
RECOMMENDED BY:  Fajale Calandag Business Unit Admin Date: _____			
CHECKED BY:  Cheryl Fallo Business Unit Head Date: _____			
APPROVED BY:  Marites Olaso Workforce Manager Date: _____			
CONFORME:  Employee's Signature: _____			
<input type="checkbox"/> Employee's Copy <input type="checkbox"/> HRD/ 201 File <input type="checkbox"/> Payroll			



Date:

Pangalan: \_\_\_\_\_  
Address: \_\_\_\_\_  
From : \_\_\_\_\_  
Subject : Letter of Transfer

Dear Ms. Aguila,

Ikaw ay aming formal na inaabisuhan 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 inyong trabaho sa aming kumpanya.

Nais naming 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,

Mary Rose Peleña  
Customer Care Strategist

Tinanggap ni: \_\_\_\_\_

Date: \_\_\_\_\_



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