

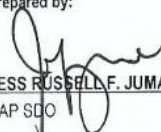
REGION 7
SUGAR WORKERS DEATH BENEFIT CLAIM
MONTHLY SUMMARY REPORT
FOR THE MONTH OF June 2019

DOLE-QF-COP-05.02 Revision No. 03 Effective Date: 16 March 2018
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CLAIM NO.	VOUCHER NO.	NAME OF CLAIMANT	RELATION TO DECEASED	ADDRESS	NAME OF DECEASED	SEX	AGE	PERIOD OF EMPLOYMENT		TYPE OF WORKER	DATE OF DEATH	CAUSE OF DEATH	NAME OF EMPLOYER	IF AFFILIATED WHAT PA/COOP	IF UNAFFILIATED WHAT MILL	IF DECEASED IS SMALL PLANTER OWNER/CULTIVATOR NO. OF HAS. OWNED	DATE CLAIM WAS FILED	DATE TSSD RECOMMENDED APPROVAL	DATE APPROVED	DATE OF CHECK	AMOUNT	DATE OF CHECKED RELEASED	
								FROM	TO														
1	19-05-52	Vicente B. Labe																					
2	19-06-59	Virginia Y. Jumao-as																					

Blocked in compliance to the Data Privacy Act

1) Period of Employment should be specific (Ex. From January 1, 2008 to January 1, 2009)
 2) Type of Worker: mill worker, field worker, planter-tenant, lease holder, planter owner/cultivator or hurnal/sacada

Prepared by:

JESS RUSSELL F. JUMALON
 SAP SDO

Certified Correct:

MARIA NANCY Z. ABAD
 Chief LEO, TSSD-EWW

Approved by:

SALOME O. SIATON
 Regional Director

REGION 7
SUGAR WORKERS DEATH BENEFIT CLAIM
MONTHLY SUMMARY REPORT
FOR THE MONTH OF May 2019

DOLE-QF-COP-05.02
Revision No. 03
Effective Date: 16 March 2018

CLAIM NO.	VOUCHER NO.	NAME OF CLAIMANT	RELATION TO DECEASED	ADDRESS	NAME OF DECEASED	SEX	AGE	PERIOD OF EMPLOYMENT		TYPE OF WORKER	DATE OF DEATH	CAUSE OF DEATH	NAME OF EMPLOYER	IF AFFILIATED WITH PACOOP	IF UNAFFILIATED WITH MILL	IF DECEASED IS SMALL PLANTER OWNER/CULTIVATOR NO. OF HAS. OWNED	DATE CLAIM WAS FILED	DATE TSSD RECOMMENDED APPROVAL	DATE APPROVED	DATE OF CHECK	AMOUNT	DATE OF CHECKED RELEASED	
								FROM	TO														
1	19-05-44	Rowena B. Moises																					
2	19-05-47	Helen B. Camingawan																					
3	19-05-48	Cristita S. Galo																					
4	19-05-45	Marilyn E. Tulbo																					

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1) Period of Employment should be specific (xx From January 1, 2008 to January 1, 2009)

2) Type of Worker: mill worker, field worker, planter-tenant, lease holder, planter owner/cultivator or humal/sacada

Prepared by:

JESS RUSSELL F. JUMALON
SAP SDC

Certified Correct:

MARIA NANCY Z. ABAD
Chief LEO, TSSD-EWW

Approved by:

SALOME O. SIATON
Regional Director



REGION 7
 SUGAR WORKERS DEATH BENEFIT CLAIM
 MONTHLY SUMMARY REPORT
 FOR THE MONTH OF April 2019



DOLE-QF-COP-05.02
 Revision No. 03
 Effective Date: 16 March 2018

CLAIM NO.	VOUCHER NO.	NAME OF CLAIMANT	RELATION TO DECEASED	ADDRESS	NAME OF DECEASED	SEX	AGE	PERIOD OF EMPLOYMENT		TYPE OF WORKER	DATE OF DEATH	CAUSE OF DEATH	NAME OF EMPLOYER	IF AFFILIATED WHAT PA/COOP	IF UNAFFILIATED WHAT MILL	IF DECEASED IS SMALL PLANTER OWNER/CULTIVATOR NO. OF HAS. OWNED	DATE CLAIM WAS FILED	DATE TSSD RECOMMENDED APPROVAL	DATE APPROVED	DATE OF CHECK	AMOUNT	DATE OF CHECKED RELEASED	
								FROM	TO														
1	19-04-21	Flora May B. Ora-a																					
2	19-04-17	Adriana D. Setenta																					
3	19-04-18	Evangeline M. Perigo																					
4	19-04-19	Ma. Luz V. Ancero																					
5	19-04-29	Juanita B. Piamonte																					
6	19-04-28	Miguel A. Lasdoce																					
7	19-04-27	Elizabeth A. Callao																					

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JESS RUSSELL F. JUMALON
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 Chief LEO, TSSD-EWW

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 Regional Director

