



MANPOWER MONITORING FORM (MMF)

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Form No.	ROASD-1046
Revision No.	0
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Use this form to notify PAGCOR regarding the existing Manpower of the entity. Please accomplish this form by providing correct and complete information. The entity shall submit this form to ROASD every 5th of the month, covering the personnel movements from the previous month.

Name of Company:	Covering Period:
Business/Site Address:	
Authorized Representative:	

Check the applicable box.

☐ **A. LIST OF NEWLY-HIRED PERSONNEL**

#	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDAY (MM/DD/YYYY)	NATIONALITY	EMPLOYMENT REGISTRATION NUMBER (ERN)	POSITION	TYPE OF VISA / VISA NUMBER / (FOR FOREIGN EMPLOYEES)	DATE HIRED (MM/DD/YYYY)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
TOTAL									

☐ **B. LIST OF RESIGNED/TERMINATED PERSONNEL**

#	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDAY (MM/DD/YYYY)	NATIONALITY	EMPLOYMENT REGISTRATION NUMBER (ERN)	POSITION	EFFECTIVITY DATE OF RESIGNATION / TERMINATION (MM/DD/YYYY)	REASON FOR RESIGNATION/ TERMINATION
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
TOTAL									

INSTRUCTIONS:

- All employees must be on the list (**regular, contractual, probationary, and under agencies**).
- All Filipino and Foreign nationals should be properly documented.
- Changes in format are not allowed. All fields should be properly filled out.
- Dates must be encoded in month-day-year (**Ex. April 30, 2026**).
- List should be submitted strictly monthly, every 5th of the month (**pdf and excel file**).
- For column Reason for Resignation should be properly filled out (**Ex. Voluntary Resignation/Termination (indicate the reason/s)/End of Contract**).
- Accomplished MMF report should be signed and notarized upon submission.

SUMMARY

	FILIPINO		FOREIGN		TOTAL
	Count	%	Count	%	
Proposed Manpower Count					
Actual Manpower Count					

CERTIFICATION:

This is to certify that the information provided herein has been carefully verified and found to be **updated, accurate and complete**.
I understand that misdeclaration and incorrect information may lead to imposition of administrative penalties.

Signature over Printed Name of Authorized Representative

Date