

FEDERAL MINISTRY OF LABOUR AND EMPLOYMENT
DEPARTMENT OF EMPLOYMENT AND WAGES
QUARTERLY REPORT FORM FOR PRIVATE EMPLOYMENT AGENCIES

1. a. Name of Agency
- b. Certificate Number.....
- b. Year of issue
- c. Sector of Operation (focus)

2. Address:
 - a. Postal Address:
 - b. Location Address:
 - c. Telephone Nos (GSM):
 - d. E-mail Address:
3. Reporting period (Indicate Quarter & Year):
 - (a) 1st Quarter(Jan-March)
 - (b) 2nd Quarter(April-June)
 - (c) 3rd Quarter(July-Sept)
 - (d) 4th Quarter (Oct-Dec).....

s/n	Description	Category *Permanent staff (see bottom of form for description)	Category *Recruited staff (see bottom of form for description)	Male	Female	Total	Amount paid
a	Total number of staff						
b	Total No. of Foreign Nationals in employment						
c	No. of staff engaged within the quarter						
d	No. of Foreign Nationals engaged within the quarter						
e	No. of staff disengaged within the quarter						

f.	No. of Foreign Nationals disengaged within the quarter						
g.	Reason for disengagement (Foreigners and Citizens)						
h.	No. of staff retired within the quarter						
i.	No. of staff paid retirement benefit within the quarter and amount paid						
j.	No. of staff involved in industrial accident during the period						
k.	No. of deaths recorded						

**Recruited staff or personnel are workers recruited for other organisations*

**Permanent staff are employees of the company*

Reasons for disengagement could be:

- i. Redundancy*
- ii. Unsatisfactory Performance*
- iii. Ill health*
- iv. Misconduct*
- v. Resignation*
- vi. End of project*
- vii. Retirement*

4. When was the accident reported to the Federal Ministry of Labour & Employment?

Date

State Labour Office

5.a State various degrees or percentage of disability due to the accident that occurred

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5. b How were the victims compensated for loss of earnings arising from the accident?

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5. c. State amount paid.....

5. d. Was the compensation witnessed by an authorized Labour Officer? Yes/No

5.e. Name of the authorized Labour Officer.....

6. Which Workers Associations/unions do your workers belong to?

Permanent Staff.....

Recruited Staff:

Foreign Nationals if any.....

7. Which Employment Association does your company belong to?

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8. Information on Recruited Personnel

S/N	Name of company	Categories of workers e.g. Engineers, etc	Sector	Workers employed		Monthly Emolument
				Male	Female	

9. Information on Permanent Staff

S/N	Categories of workers e.g. Engineers, etc	Sector	Workers employed		Monthly Emolument
			Male	Female	

10. What are the challenges you encountered during the period of the report?

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11. What are your suggestions to the Ministry for further improvement?

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12. a. Did you encounter any trade disputes within this period? YES NO
13. b. If yes, what were the issues in dispute and the extent of resolution?

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14. Name of Officer Reporting:
- Position:
- Signature:
- Date:

Note:

1. *Failure to fill and return this form accordingly will prevent the renewal of your licence*
2. *You should return the form through the following e-mail address:*

recruterslicence@yahoo.com

*Hardcopy should be sent to the **Office of the Permanent Secretary, Federal Ministry of Labour and Employment, Abuja.***

3. *A copy of the Form should also be sent to the State Labour Office.*
4. *This form shall be filled regularly and on quarterly basis*