Worldwide Responsible Accredited Production (WRAP)

Guidelines to Working Hours Action Plan 3.0
(Effective date July 20, 2020)

Working Hours Action Plan (WHAP) is a tool to help facilities that experience challenges with excessive working hours define an action plan to systematically reduce overtime hours. The overall goal is to work towards attaining full compliance with the local laws.

The Guidelines to WHAP 3.0 help facilities fill out Sections I & II and auditors assess them and provide comments in Section III. Compared with WHAP 2.0, WHAP 3.0 no longer requires having *average* weekly hours as a target. Instead, facilities set a target for the observation raised. If there is more than one observation, the facility has the freedom to choose whichever one as the target.

General Guidelines

1. All WHAPs shall be submitted in **WORD** format. Auditors upload the WHAP to WRAP's Certification Management Platform when submitting a Recommendation Report.

2. All numbers reported in WHAP shall be either a whole number or rounded up to the **FIRST decimal point**, e.g., 13.5.

3. If a facility has more than ONE observation in Section I, the facility **ONLY** needs to choose **ONE** to set a reduction target to achieve over the next 12 months.

4. When setting a new reduction target(s) in **Column e** of **Section I**:
   a. For a new/lapsed facility, the target must show improvement from the current hours;
   b. For a renew facility, if it has reached its last year's target, its new target must be lower than its current hours. If the facility has not achieved its target, they must demonstrate that they have taken the improvement actions proposed in last WHAP. Their new target must show improvement from the current hours.

5. The reduction target(s) should be realistic and achievable. This is the target facility must aim to reach by next certification cycle, so the target **should** be reasonable.

   NOTE: When proposing improvement actions, the facility should be very careful not to make any discriminating statements, such as "hire more male employees", "will not hire employees over 50 years old", etc.

6. **Auditors** must review Sections I to II and provide assessment in Section III. Refer to those sections for the detailed instructions on how to assess a WHAP.

   Note that WRAP assesses WHAPs based on many factors, e.g. whether a target is realistic, whether the improvement plans are detailed and specific, whether the facility achieves the target set the previous year (if not, is it by a big margin), etc.

Instructions to Fill out and Assess WHAP 3.0

1. Facility name:			
2. Facility WRAP ID #:		3. Country:	
4. Facility type:	☐ New certification A facility applies for WRAP certification for the first time.	☐ Renew A returning facility that is/was certified within the past 12 months.	☐ Lapsed Certificate expired for more than 12 months and no audit activities took place during the period.
5. Latest onsite audit date(s): e.g.: June 1 - 2, 2020	The most recent WRAP onsite audit date.	6. WHAP from prior certification:	☐ Yes ☐ No If your facility has submitted a WHAP before, check Yes. Otherwise, check No.

Section I.   Working Hours, Observations Noted, and Reduction Target

Facility must fill out *Column a* through *d* below and set a reduction target in *Column e*. If there is more than one "Yes" in *Column c*, the facility has the freedom to choose whichever one to set a reduction target in *Column e* to achieve in the next 12 months. When choosing a target, consider which one the facility feels most confident to make an improvement on. The target will be used to measure the facility's success in reducing hours during the next certification audit.

- "Yes"   Observation(s) found
- "No"   No observation(s) found
- "N/A"   No applicable local laws

Below is an example of a facility with both daily and weekly working hours exceeding the limits set by the local laws. The facility has the freedom to choose ONE as a target to reduce its working hours. The facility chooses daily working hours of 13 as the target to achieve in the next 12 months.

	a. Legal regular working hours	b. Legally allowed overtime hours	c. Any excessive overtime hours raised as observation (Yes, No or N/A)	d. Highest hours observed (Taken from Principle 6 Initial Audit report)	e. Reduction target (fill ONE only)
7. Daily:	8	4	Yes	13.5	13
8. Weekly	48	24	Yes	75	
9. Monthly:		N/A	N/A		
10. Quarterly:		N/A	N/A		
11. Yearly:		N/A	N/A		
12. Others:		N/A	N/A		

> In this example, the facility has two observations but chooses **daily** hours as their target. The facility then used the daily target to fill out Section II A Column b **Highest** Working Hours.

Section II A. List Top Three (3) Main Processes with HIGHEST Working Hours
(No need to list the processes if their hours do not exceed legal limit.)

The purpose of this section is to help facility identify "bottle neck" in its production processes. Facility provides the top three (3) processes that have observations raised under Principle 6 Hours of Work (e.g., sewing, linking, or packing). If less than 3 processes have excessive hours, put "N/A" in the rest of *Column a*.

"Highest Working Hours" of the processes refers to *Section I e* above.

	a. Processes	b. HIGHEST working hours of the target chosen in Section I e above:	c. Two periods with highest working hours in b:
13. Process 1:	Cutting	Daily 13.5	Jan 24, 2020 Feb 28, 2020
14. Process 2:	Sewing	Daily 13.5	Jan 25, 2020 Feb 18, 2020
15. Process 3:	N/A		

Section II B. Root Causes for Excessive Hours and Improvement Actions

Analyze the root causes of excessive overtime in your facility and list them one by one below in the left column. In the right column, there should be a respective improvement action(s) for each root cause to help achieve the reduction target set in *Column e* of *Section I*. Your improvement actions must be *SMART (S=Specific, M=Measurable, A=Achievable, R=Reasonable and T=Target Oriented)*. For example, if you are planning to upgrade machines, list what type(s) and how many you are planning to upgrade.

Maintain related documents and records so that WRAP auditors can verify them during next recertification audit.

16. Root Causes	17. Improvement Actions (Actions must be specific. e.g., management will hire about 15 sewing workers within 30 days to reduce the hours in sewing department.)
a.	
b.	
c.	
18. Facility responsible person(s)' name & date:	

Section III.   Recertification Status
(TO BE COMPLETED BY AUDITOR ONLY)

19. Has facility achieved the recertification target(s) set in last WHAP, if applicable? Refer to the last WHAP submitted by facility. If last certification audit was conducted by another Monitoring Firm, contact WRAP to obtain the previous WHAP before conducting the audit.		a. Target Set in Last WHAP	b. Target achieved (Yes, No or N/A)
	Daily		
	Weekly		
	Monthly		
	Quarterly		
	Yearly		
	Other		
20. a. Provide any comments on the improvement actions taken by facility (as compared with last WHAP), if applicable:	Review and comment if/how improvement actions proposed in last year's WHAP have been implemented. Request the facility provide evidence to substantiate that the improvement actions have been taken. For recertification facilities, review and comment if this year's proposed improvement actions are acceptable.		
b. If this is the facility's first WHAP, are the improvement actions proposed in Q17 acceptable?	☐ Yes Provide reasons: ☐ No Provide reasons: Review and comment if this year's proposed improvement actions are acceptable.		
21. What is the facility's average weekly working hours (data should be taken from Principle 6 in initial audit report)?			

22. Auditor's name and date reviewed:	By printing his/her name and date reviewed here, auditor is confirming that he/she has reviewed Sections I through III thoroughly and found them to be in accordance with WRAP Guidelines.

Section IV.   Interim WHAP Status
(TO BE COMPLETED BY FACILITY 6 MONTHS AFTER CERTIFICATION)

Column a below is the highest working hours of all departments over the last six months. The purpose is to update WRAP on your progress towards achieving the reduction target. Choose whichever highest daily/weekly/monthly/quarterly/yearly hours applicable to your facility.

The date in *Column b* is the date your facility completes and submits this interim WHAP to WRAP.

Complete whichever that applies	a. Interim status on highest working hours during the past 6 months (whichever applies)	b. Date of Reporting
23. Daily		
24. Weekly:		
25. Monthly:		
26. Quarterly:		
27. Yearly:		
28. Other:		