

**Worldwide Responsible Accredited Production**

**Working Hours Action Plan 3.0**

**(Effective 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 facility fills out Sections I & II below. The auditor assesses them and provides comments in Section III. WRAP has issued a separate guidance document. Please refer to it on how to fill out or assess a WHAP.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***Facility name:*** |  | | |
| 1. ***Facility WRAP ID #:*** |  | 1. ***Country:*** |  |
| 1. ***Facility type:*** | New certification | Renew Certification | Lapsed |
| 1. ***Latest onsite audit date(s):***   ***e.g.: July 18 - 19, 2019*** |  | 1. ***WHAP from last certification cycle:*** | Yes  No |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1. ***Regular working hours*** | 1. ***Legally allowed overtime hours*** | 1. ***Any excessive overtime hours raised as observation***   ***(Yes, No or N/A)*** | 1. ***Highest hours observed (Taken from Principle 6 in initial audit report)*** | 1. ***Reduction target (choose ONE target only)*** |
| 1. ***Daily:*** |  |  |  |  |  |
| 1. ***Weekly:*** |  |  |  |  |  |
| 1. ***Monthly:*** |  |  |  |  |  |
| 1. ***Quarterly:*** |  |  |  |  |  |
| 1. ***Yearly:*** |  |  |  |  |  |
| 1. ***Others:*** |  |  |  |  |  |

**Section II A. Top Three (3) Main Processes with HIGHESTWorking Hours for Reduction Target**

**(No need to list the processes if the hours do not exceed legal limit.)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. ***Processes*** | 1. ***List HIGHEST working hours of the target chosen in Section I e above:*** | 1. ***Provide two periods with highest working hours in b:*** |
| 1. ***Process 1:*** |  |  |  |
| 1. ***Process 2:*** |  |  |  |
| 1. ***Process 3:*** |  |  |  |

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

|  |  |
| --- | --- |
| 1. ***Root Causes*** | 1. ***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. |  |
| 1. ***Facility responsible person(s)’ name & date:*** |  |

**Section III. Auditor’s Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***Has facility achieved the recertification target(s) set in last WHAP, if applicable?*** |  | 1. Target Set in Last WHAP | 1. Target achieved   (Yes, No, or N/A) |
| Daily |  |  |
| Weekly |  |  |
| Monthly |  |  |
| Quarterly |  |  |
| Yearly |  |  |
| Other |  |  |
| 1. ***a. Provide any comments on the improvement actions taken by facility (as compared with last WHAP), if applicable:*** |  | | |
| 1. ***If this is the facility’s first WHAP, are the improvement actions proposed in Q17 acceptable?*** | Yes  Provide reasons:  No  Provide reasons: | | |
| 1. ***What is the facility’s average weekly working hours (data should be taken from Principle 6 in initial audit report)?*** |  | | |
| 1. ***Auditor’s name and date reviewed:*** |  | | |

**Section IV. Facility Interim WHAP Status**

**(TO BE COMPLETED BY FACILITY 6 MONTHS AFTER CERTIFICATION)**

|  |  |  |
| --- | --- | --- |
| ***Complete whichever that applies*** | 1. ***Interim status on highest working hours during the past 6 months*** | 1. ***Date of Reporting*** |
| 1. Daily: |  |  |
| 1. Weekly: |  |
| 1. Monthly: |  |
| 1. Quarterly: |  |
| 1. Yearly: |  |
| 1. Other: |  |