

TO : ALL OFFICE STAFF EMPLOYEES
SUBJECT : UNIFORM MEASUREMENT SCHEDULE
REFERENCE : ADM-000-23-08-006
DATE : August 8, 2023
CC :FILE, DCO, MIS, AIS, KMI, OP, FIN, SVC, MKTG.,
SALES, HRD, CAVITE.

Good day,

To ensure the comfort of all employees, we will be conducting a uniform measurement survey for all office staff employees. This will allow us to provide everyone with properly fitting uniforms.

The schedule for the uniform measurement survey is as follows:

- Head Office: *August 15, 2023 - Showroom*
- Cavite Plant: *August 16, 2023*

Please note that all employees must participate in the survey and should wear their current uniform during the measurement. The undersigned will call each department before going down to showroom and field personnel will be prioritized. Attached here also the *uniform measurement form*, kindly fill out only the personal information needed and bring it on the said measurement schedule.

We encourage everyone to provide feedback on the comfort and fit of their current uniform. The survey data will be used to order new uniforms for employees.

Your cooperation is highly needed in this matter.

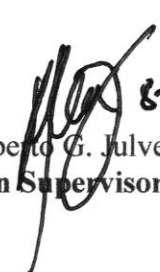
Thank You.

Prepared by:


Joebert C. Reyes
Admin Asst. - Gen. Affair

AUG 10 2023

Approved by:


Mr. Norberto G. Julve Jr.
Admin Supervisor

8-10-'23

A. Velasquez Collections

8C MAIN AVENUE, CUBAO QUEZON CITY

Tel. No. 654-6898

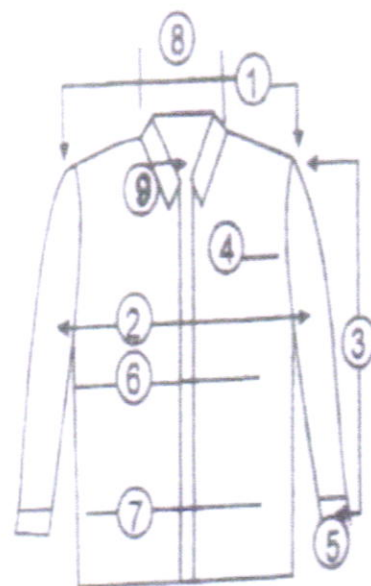
NAME: _____

RANK(RF/JO): _____

DATE: _____

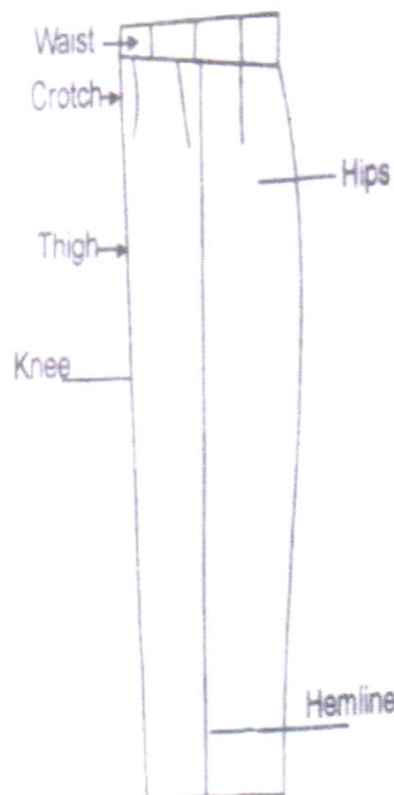
Employee Number: _____

1. Shoulder _____
2. Short Sleeve _____
3. Long Sleeve _____
4. Circumference _____
5. Cuff _____
6. Chest _____
7. Waist line _____
8. Hips _____
9. Neckline _____
10. Length of Polo _____
11. Height _____



PANTS:

1. Waist _____
2. Length _____
3. Crotch _____
4. Hips _____
5. Thigh _____
6. Knee _____
7. Hemline _____



**Note: Take Exact Measurement
Do not add allowance.**

THANK YOU VERY MUCH!

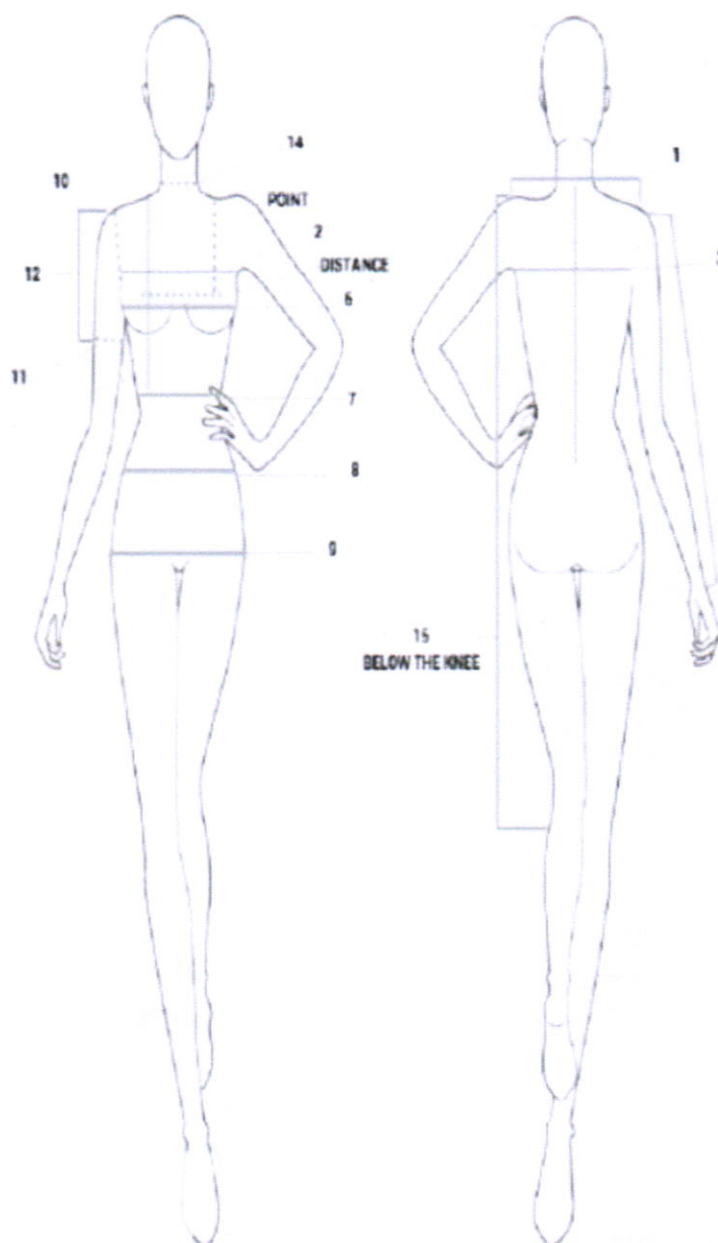
Signature: _____

8C Main Avenue, Cubao, Quezon City
Tel. No. 654-6898 / 391-1995

Name: _____
Rank (RF/JO): _____
Employee Number: _____
Date: _____
Employee No.: _____

1. Shoulder
2. Front Chest
3. Back Chest
4. Back Figure
5. Front Figure
6. Bustline
Distance
7. Waist line
8. First Hips
9. Second Hips
10. Armhole
11. Arm
12. Short Sleeve- Cuff
13. Long Sleeve
14. Neckline
15. Length of Dress

Point



THANK YOU VERY MUCH!

Signature: _____