

# **STATUS MONITORING GUIDELINES**

2007/2008 BLES Integrated Survey  
2008 Occupational Wages Survey

- 1. Open the Microsoft Access to view the contents of the SELECTION MENU.
- 2. Click appropriate button to go to the selected report/form

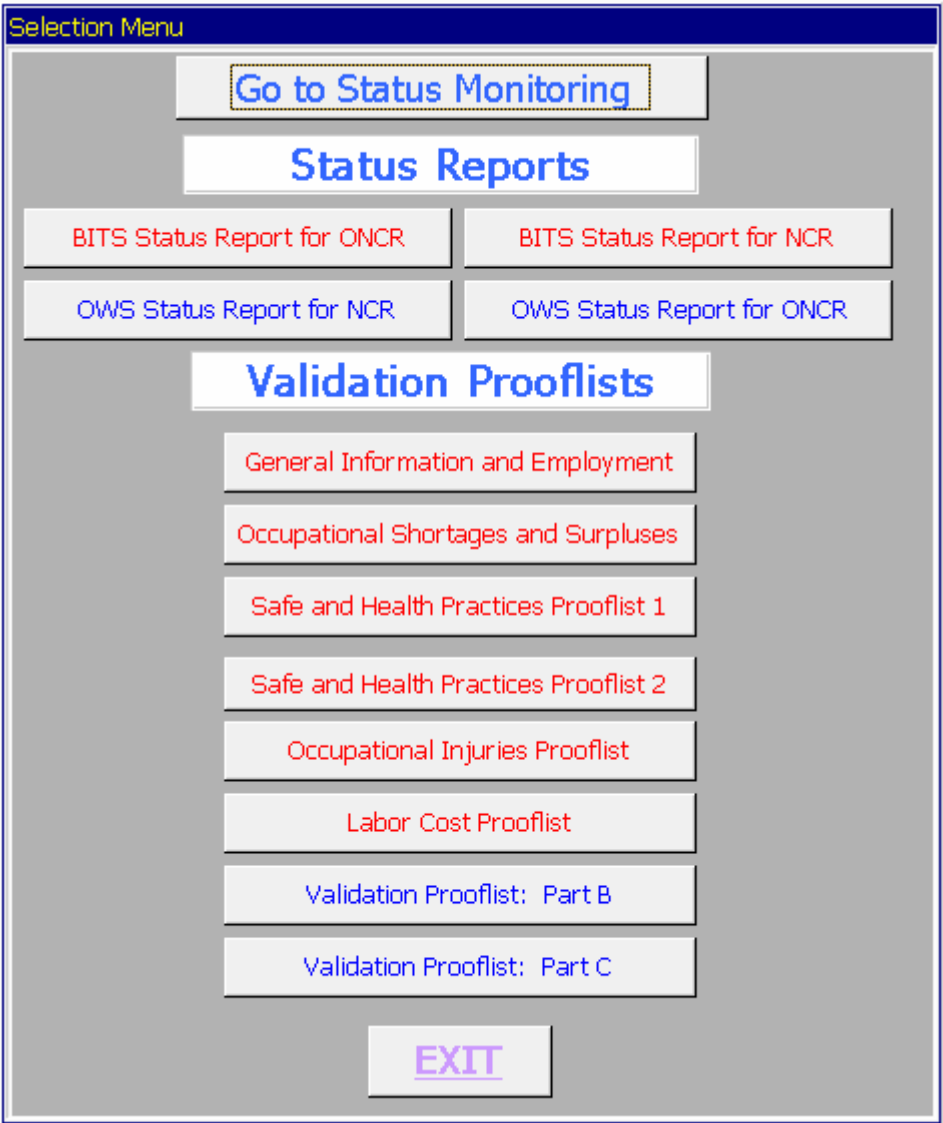
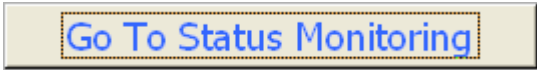


Figure 1. Selection Menu.

For example, if you click this button



The Status Monitoring Screen will appear.

Microsoft Access - [ESTABLISHMENT DATA]

File
Edit
View
Insert
Format
Records
Tools
Window
Help
Adobe PDF

Type a question for help

for BITS Only

OPEN BITS Form

Part 1 and 2

Bureau of Labor and Employment Statistics

2007/2008 BITS and OWS Survey

Status Monitoring

Main Menu

for OWS Only

Go to Basic Pay

Business Name: ILOCOS NORTE ELECTRIC COOP INC

New Name of Establishment:

Address 1: NATL RD

New Address 1:

EIN:

Geographic Code: 012809030

HEAD OFFICE PARTICULARS (if Questionnaire is endorsed to Head Office)

Business Name:

Contact Person:

Position of Contact Person:

Head Office Address 1:

Geocode of Head office:

Tel. No.:

HO\_indicator:

Batch No. for BITS

Batch No. for OWS

GENERAL INFORMATION

BITS

June 2008 CY 2007

Status Code:

DUP of EIN:

CET with EIN:

CON with EIN:

OSP w/ PSIC:

OTH (specify)

Remarks:

Industry Code: E40100

Total Employment: 366

Main Economic Activity: ELECTRIC COOPERATIVE

Major Products/Goods or Services: ELECTRICITY

OWS

Status Code:

DUP of EIN:

CET with EIN:

CON with EIN:

OSP w/ PSIC:

OTH (specify)

Remarks:

Industry Code: E40100

Total Employment: 366

Main Economic Activity: ELECTRIC COOPERATIVE

Major Products/Goods or Services: ELECTRICITY

Time-rate on Full-time Basis

Time-Rate on Part-time Basis

Output Rate Workers

Working Owners and Unpaid Workers

TOTAL

PART D. CERTIFICATION PORTION

BITS

Contact Person:

Position Title:

Telephone Number:

Fax Number:

E-mail Address:

OWS

Contact Person:

Position Title:

Telephone Number:

Fax Number:

E-mail Address:

Comments - BITS

Time spent in answering this questionnaire:

specify if more than 2 days

Comment on data provided

Employment:

Wage and Compensation:

Occupational Injuries

Labor Cost of Employees

Presentation /Packaging

Suggestions for improvement

Definition of terms:

Layout

Font color:

Comments - OWS

Time spent in answering this questionnaire:

specify if more than 2 days

Comment on data provided

Comment on results

Presentation /Packaging

Suggestions for improvement

Definition of terms:

Layout

Font color:

Participation in Other Government Surveys

In 2006, have you been a recipient of a questionnaire in any of these surveys? (check as applicable)

Annual Survey of Philippine Business and Industry

Quarterly Survey of Philippine Business and Industry

Labor Turnover Survey

Others

PART E: SURVEY PERSONNEL

Enumerator

Area Supervisor

Reviewer-BITS

Reviewer-OWS

Name

Date

REGION 1

The status monitoring for the 2007/2008 BLES Surveys already includes both BITS and OWS Buttons for the two surveys which are located on top of the screen (BITS – left corner; OWS-right corner).

STATUS MONITORING GUIDELINES ( see Figure 2)

1. EIN	Press CTRL+F to find the desired EIN
2. New Name	See Guidelines on Establishments Naming and Addressing.
3. New Address 1	
4. New GeoCode	Type the corresponding entry for each item as reflected in the questionnaire
5. Head Office Particulars	
Business Name of Establishment	
Contact Person	
Position of Contact person	
Telephone Number	
Head Office Address 1	
Geocode of Head Office	
Head Office Indicator	Select from the list.
6. Batch Number for BITS and OWS	See Batch Label For Retrieved questionnaires <b>NCRx-Rn</b> where x - Reviewer Code <b>ONCRx-Rn</b> n - Sequence no. from 1 to n For Spoilage questionnaires <b>NCRx-Sn</b> where x - Reviewer Code <b>ONCRx-Sn</b> n - Sequence no. from 1 to n
7. Status Code for BITS and OWS	Select from the List
DUP	Enter EIN for DUP, CET, CON
CET	
CON	
OSP	
OTH	
7a. Remarks	Enter as applicable
FOR BITS ONLY	
Main Economic Activity	Type the corresponding entry for each item as reflected in the questionnaire.
Major products / goods or services	
New Industry Code	
New Total Employment	
FOR OWS ONLY	
Main Economic Activity	Type the corresponding entry for each item as reflected in the questionnaire.
Major products / goods or services	
New Industry Code	
Time-rate on Full-time Basis	
Time-rate on Part-time Basis	
Output Rate Workers	
Working Owners and Unpaid Workers	
Total	Entry should be equal to Time-rate on Full-time Basis + Part-time+Output Rate+Working Owners and Unpaid Workers
8. Certification Portion for BITS & OWS	Type the corresponding entry for each item as reflected in the questionnaire.
Name of Contact Person	
Position Title	
Telephone Number	
Fax Number	
E-mail address	
Time spent in answering the questionnaire	Select from the List Less than a day 1-2 days More than 2 days
If more than 2 days specify	Type the corresponding entry for each item as reflected in the questionnaire.

STATUS MONITORING GUIDELINES (cont'd)

Comments on BITS	
On the data provided for the 2007/2008 BITS	Type the corresponding entry for each item as reflected in the questionnaire.
On statistics from previous BITS	
• Employment	Type the corresponding entry for each item as reflected in the questionnaire.
• Wage and Compensation Practices	
• Occupational Injuries	
• Labor Cost of Employees	
Comments on OWS	
On the data provided for the 2008 OWS	Type the corresponding entry for each item as reflected in the questionnaire.
On results of the 2006 OWS	
Presentation/Packaging for BITS and OWS	
Definition of terms	Select from the list
Layout	
Font, color	
Suggestions for improvement	Type the corresponding entry for each item as reflected in the questionnaire.
Participation in Other Government Survey (OWS only)	Check as applicable
If Others is checked	Type the corresponding entry for each item as reflected in the questionnaire.
9. Survey Personnel for BITS and OWS	Type the corresponding entry for each item as reflected in the questionnaire.
Enumerator	
Date	
Area Supervisor	
Date	
Reviewer	
Date	

# **DATA ENTRY GUIDELINES**

- A. 2007/2008 BLES Integrated Survey
- B. 2008 Occupational Wages Survey

Figure 3. BITS Parts I & II Data Entry Screen Format

## PART I: General Information

ITEM OF INQUIRY	GUIDELINES
<b>2. Ownership</b>	<ul style="list-style-type: none"> <li>Type "1" if WHOLLY FILIPINO or "2" if WITH FOREIGN EQUITY or "3" if WHOLLY FOREIGN.</li> </ul>
<b>3. With union</b>	<ul style="list-style-type: none"> <li>Type "1" if YES or "2" if NO.</li> <li>If the answer is NO, there should be no entries in item 3.1 and items 4 to 7. Proceed to item 8 for manufacturing establishments or item 9 for BPO. Otherwise, go to Part II.</li> <li>However, if the answer is NO but there are entries for items 4 to 7, verify this with Senior LEO/reviewer.</li> </ul>
<b>3.1 If yes, please specify scope of bargaining unit</b>	<ul style="list-style-type: none"> <li>Type "1" if SUPERVISORS ONLY or "2" if RANK AND FILE ONLY or "3" if RANK AND FILE INCLUDING SUPERVISORS.</li> <li>Entry is acceptable if there are checks for both SUPERVISORS ONLY and RANK AND FILE ONLY. This may reflect that there are separate unions for both groups. However, if there is check for the RANK AND FILE INCLUDING SUPERVISORS, there must be no other checks for the other choices.</li> </ul>
<b>4. Number of unions</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> </ul>
<b>5. Union membership</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be greater than "0" if there is entry in item 4.</li> <li>Entry here should not exceed or be equal to the entry in total employment (item 1) in Part II.</li> </ul>
<b>5.1. Female members</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should not exceed entry in item 5.</li> <li>Entry here may be equal to or less than entry in item 2.2 in Part II.</li> </ul>
<b>5.2. Union officers</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>There should be entry here if there is entry in item 5.</li> <li>Entry here should not exceed entry in item 5.</li> </ul>
<b>5.2.1 Female officers</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should not exceed entry in item 5.1</li> </ul>
<b>5.2.1.1 Female presidents</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should not exceed entry in item 5.2.1.</li> </ul>



**PART I: General Information (cont'd)**

<b>6. With collective bargaining agreements</b>	<ul style="list-style-type: none"><li>• Type "1" if YES or "2" if NO.</li><li>• There can be entry here if there is entry in item 4.</li><li>• If the answer is YES, item 7 must have an entry.</li><li>• If the answer is NO proceed to item 8 for manufacturing establishments or item 9 for BPO. Otherwise, go to Part II.</li></ul>
<b>7. Workers covered by CBAs</b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected in the questionnaire.</li><li>• Entry here should be other than "0" if answer in item 6 is YES.</li><li>• Entry here can exceed entry in item 5 if there are workers covered by CBAs but are not union members</li></ul>
<b>7.1 Female workers covered</b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected in the questionnaire.</li><li>• Entry here should not exceed entry in item 7.</li><li>• Entry here can exceed entry in item 5.1 if there are female workers covered by CBAs but are not union members.</li><li>• Entry here should not exceed entry in item 2.2 in Part II.</li></ul>
<b>8. Is your establishment part of a global production network (GPN)</b>	<ul style="list-style-type: none"><li>• If there is entry here, verify if PSIC is for manufacturing (DXXXXX).</li><li>• Type "1" if YES or "2" if NO.</li><li>• If answer is YES, parent country/ies should be indicated</li><li>• If answer is NO go to Part II.</li></ul>
<b>9. Please indicate your market</b>	<ul style="list-style-type: none"><li>• If there is entry here, verify if PSIC is for BPO (K721, K7221, K7229, K723, K724, K729, K74996, K74997 and O92112).</li><li>• Type "1" if LOCAL or "2" if INTERNATIONAL or "3" if BOTH.</li></ul>

## PART II: Employment

ITEM OF INQUIRY	GUIDELINES
<b>1. Total Employment</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be the sum of entries in items 1.1, 1.2 and 1.3</li> </ul>
<b>1.1 Working owners</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should not exceed entry in 1.3</li> </ul>
<b>1.2 Unpaid workers</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry should not exceed entry in 1.3</li> <li>If there is no entry here, type "0" (zero).</li> </ul>
<b>1.3 Employees</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry should be the sum of entries in items 1.3.1, 1.3.2 and 1.3.3.</li> </ul>
<b>1.3.1 Managers/ Executives</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>The proportion of this group should not be more than 40 percent of total employment. If entry is not within the range, verify with Senior LEO/reviewer.</li> </ul>
<b>1.3.2 Supervisors/ Foremen</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>The proportion of this group should not be more than 30 percent of total employment. If entry is not within the range, verify with Senior LEO/reviewer.</li> </ul>
<b>1.3.3 Rank and File</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be the sum of entries in items 1.3.3.1 and 1.3.3.2.</li> </ul>
<b>1.3.3.1 Regular workers</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be less than entry in item 1.3.3.</li> </ul>
<b>1.3.3.2 Non-regular workers</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be less than entry in item 1.3.3.</li> </ul>
<b>2. Employment of Specific Group of Workers</b>	
<b>2.1 Young workers</b> <b>2.2 Female workers</b> <b>2.3 Workers paid the minimum wage</b> <b>2.4 Persons with disabilities</b>	<ul style="list-style-type: none"> <li>For each item, type the corresponding numeric entry as reflected in the questionnaire. However, if there is no entry reflected on each item of inquiry, type "0" (zero).</li> </ul>
<b>2.5 Time-rate workers</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be the sum of entries in items 2.5.1 and 2.5.2.</li> </ul>
<b>2.5.1 Full-time workers</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be less than entry in item 2.5.</li> </ul>

## PART II: Employment (cont'd)

<b>2.5.1.1. Hourly</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry reflected in the questionnaire.</li> <li>• Entry here should be less than entry in item 2.5.1.</li> <li>• Entry here should be equal to entry in item 2.5.1 if there are no daily or monthly workers.</li> <li>• If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).</li> </ul>
<b>2.5.1.2 Daily</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry reflected in the questionnaire.</li> <li>• Entry here should be less than entry in item 2.5.1.</li> <li>• Entry here should be equal to entry in item 2.5.1 if there are no hourly or monthly workers.</li> <li>• If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).</li> </ul>
<b>2.5.1.3 Monthly</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry reflected in the questionnaire.</li> <li>• Entry here should be less than entry in item 2.5.1.</li> <li>• Entry here should be equal to entry in item 2.5.1 if there are no daily or hourly workers.</li> <li>• If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).</li> </ul>
<b>2.5.2 Part-time workers</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry reflected in the questionnaire.</li> <li>• Entry here should be less than entry in item 2.5.</li> <li>• If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).</li> </ul>
<b>2.6. Commission workers</b> <b>2.7. Expatriate workers</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry in the corresponding item reflected in the questionnaire.</li> <li>• If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).</li> </ul>
<b>2.8. Non-regular workers</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry reflected in the questionnaire.</li> <li>• Entry here should be the sum of entries in items 2.8.1 – 2.8.5</li> <li>• Entry here should be similar to entry in item 1.3.3.2. However, if entry is different from that in item 1.3.3.2, sum of details should prevail.</li> <li>• Adjust accordingly affected entries, e.g. items 1.3.3.2, 1.3.3 and item 1</li> </ul>

**PART II: Employment (cont'd)**

<b>2.8.1. Probationary workers</b> <b>2.8.2 Casual workers</b> <b>2.8.3 Contractual/ project-based workers</b> <b>2.8.4 Seasonal workers</b> <b>2.8.5 Apprentices/learners</b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected in the questionnaire for each of the corresponding items.</li><li>• If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).</li></ul>
<b>2.9 Agency-hired workers</b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected in the questionnaire</li><li>• Entry here should be the sum of entries in items 2.9.1 – 2.9.10</li><li>• If there is no entry reflected on the corresponding item of inquiry, type "0" (zero).</li></ul>
<b>2.9.1 Security services</b> <b>2.9.2 Janitorial</b> <b>2.9.3 General administrative</b> <b>2.9.4 Marketing/sales</b> <b>2.9.5 Packaging</b> <b>2.9.6 Transport services</b> <b>2.9.7 Production/assembly</b> <b>2.9.8 Research and development</b> <b>2.9.9 IT services</b> <b>2.9.10 Others</b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected for applicable items in the questionnaire.</li></ul>
<b>3. Engaged in outsourcing or sub-contracting?</b>	<ul style="list-style-type: none"><li>• Type "1" if YES or "2" if NO.</li><li>• If answer is YES, supply a check mark for applicable items. Otherwise, go to Part III.</li></ul>
<b>3.1 Is your subcontractor a BPO provider?</b>	<ul style="list-style-type: none"><li>• Type "1" if YES, "2" if NO or "3" if DON'T KNOW to applicable items.</li></ul>

Microsoft Access - [frm\_part3 : Form]

FileEditViewInsertFormatRecordsToolsWindowHelpAdobe PDF

Type a question for help

PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES

Reference Date: June 30, 2008

EIN

Batch No.

Part 4: Safe and Health Practices

1. Were there job vacancies(vacant positions) in your establishment from January 2007 to December 2007? 

Type 1 if YES and 0(zero) for No

If YES, specify total number of vacant positions:

1.1 Of the total number of vacant positions, how many were hard to fill?

For questions 1.1 and 1.2

Part III - Hard to Fill subform

EIN	PSOC	Title of Job/Occupation	No. of Va	No. of Ap	month	year op	month	year f	reason wt	reason_specify	starting s
					0		0				

Record: 1 of 1

Code for Reason Why Hard to Fill:

1 - No applicant, i.e., no per applied for the job

2 - Applicants lack years of experience

3 - Applicants lack competency/skill

4 - Applicants lack of professional license/TESDA Skills Certification

5 - Applicant's expectation of high salary

6 - Location of work schedule problem

7 - Applicant prefer overseas employment

8 - Others (specify)

Part III - Hard to Fill 2 subform

EIN	PSOC	Title of Job/Occupation	Min Educ Level	Code	Main Skill/Area o	Code	Yrs of Ex	TESDA skills

Record: 1 of 1

1.3 Of the total number of vacant positions reported in item 1, how many were easy to fill?

Part III - Easy to Fill subform

PSOC	Title of Job/Occupation	No of Applicants	No of Vacancies	Starting Salary
				0

Record: 1 of 1

2. When was the last time you had vacancy?

3. How do you normally fill up your job vacancies?

Type 1 on box with checked mark.

☐ Word of mouth

☐ Network of relatives, friends, neighbors

☐ Classified ads

☐ Phil-JobNet (DOLE)

☐ Internet (Job Boards)

☐ Public Employment Office (PESO)

☐ Through Labor Unions

☐ Vacancy posting outside firm/schools

☐ Jobs Fair

☐ Private recruitment agency

☐ Promotion within the Company

☐ Others specify:

3. Does your company have a particular school preference in recruiting new staff? 

Type 1 if YES and 0 (zero) for No

If Yes, Please indicate schools:

EIN	Schools

Record: 1 of 1

4. How much is your estimated recruitment cost per job?

Type CODES: 0 - No Cost 1 - Less than P5,000 2 - P5,000 - P9,999 3 - P10,000 to P19,999 4 - P20,000 and over

5. In general, how do you rate the job applicants in terms of the following traits?

Trait	Type 1 - Poor; 2 - Good; 3 - Very Good
Verbal Skill	
Writing Skill (if applicable)	
Computer skill (if applicable)	
Mathematical Skill (if applicable)	
Analytical Thinking/ Reasoning Skill	
English proficiency (if applicable)	
Confidence Level	
Motivation/Disposition	
Personal Appearance	
Ability to fill out application form correctly	
Practical knowledge of the job	
Previous work-related experience	

6. How do you rate the quality of job applicants compared to the previous years? 

Type CODES : 1 - Have improved ; 2 - Have remained the same ; 3 - Have deteriorated

Figure 4. BITS Part III Data Entry Screen Format

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**PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES**

<b>Item of Inquiry</b>	<b>Acceptable Entry</b>
<b><i>1. Were there job vacancies (vacant positions) in your establishment from January 2007 to June 2008?</i></b>	<ul style="list-style-type: none"><li>• Type "1" if YES or "2" if NO.</li><li>• If answer is "YES", the number of vacant positions must be indicated. Otherwise, go to item 2.</li><li>• For the total number of vacant positions, entry here must be the total of entries in the "No of Vacancies" column of items 1.1. and 1.3.</li></ul>
<b><i>1.1 Of the total number of vacant positions, how many were hard-to-fill?</i></b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected in the questionnaire.</li><li>• Entry here should be less than entry in item 1.</li><li>• However, if there is no entry in item 1.3, entry here should be the same with that in item 1.</li></ul>
<b><i>Col. 1 - PSOC Code</i></b>	<ul style="list-style-type: none"><li>• Type the PSOC code indicated for each of the corresponding job/occupation title.</li></ul>
<b><i>Col. 2 - Title of Job/ Occupation</i></b>	<ul style="list-style-type: none"><li>• Type the complete job/ occupation title of the vacant position reflected in the questionnaire.</li></ul>
<b><i>Col. 3 - No. of Vacancies</i></b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected in the corresponding row of job/occupation title.</li><li>• The total number of job vacancies for all job/occupation title should be the same with entry in item 1.1.</li><li>• The total number of job vacancies for all job/occupation titles should be less than or equal to entry in item 1.</li></ul>
<b><i>Col. 4 - No. of Applicants</i></b>	<ul style="list-style-type: none"><li>• Type the numeric entry reflected in the corresponding row of job/occupation title.</li></ul>
<b><i>Col. 5 - Month/Year vacancy was opened</i></b>	<ul style="list-style-type: none"><li>• Type the numeric entry (mm/yy) reflected in the corresponding row of job/occupation title.</li></ul>
<b><i>Col. 6 - Month/Year vacancy was filled-up</i></b>	<ul style="list-style-type: none"><li>• Type the numeric entry (mm/yy) reflected in the corresponding row of job/occupation title.</li></ul>
<b><i>Col. 7 - Reason why hard to fill</i></b>	<ul style="list-style-type: none"><li>• Type the numeric code entry reflected in the questionnaire.</li><li>• If entry has more than one numeric code, consider the first only.</li></ul>
<b><i>Col. 8 - Starting Salary Rate</i></b>	<ul style="list-style-type: none"><li>• Type the numeric entry indicated for the corresponding row of job/occupation title.</li><li>• If there is no entry here, type "0" (zero).</li></ul>

## PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES (cont'd)

<b>1.2 For each of job/ occupation title listed above, please specify the following requirements</b>	
<b>Col. 1 - PSOC Code</b>	<ul style="list-style-type: none"> <li>Entry here should be the same with the entry in the corresponding row in <i>PSOC Code</i> column in item 1.1.</li> </ul>
<b>Col. 2 – Title of Job/ Occupation</b>	<ul style="list-style-type: none"> <li>Entry here should be the same with the entry in the corresponding row in the <i>Vacant Positions</i> column in item 1.1.</li> </ul>
<b>Col. 3 - Minimum Education Level</b>	<ul style="list-style-type: none"> <li>Type the minimum education level indicated for each of the corresponding row of job/occupation title.</li> </ul>
<b>Col. 4 - Code</b>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Col. 5 - Main Skill/ Area of Specialization</b>	<ul style="list-style-type: none"> <li>Type the main skill/area of specialization indicated for each of the corresponding row of job/occupation title.</li> </ul>
<b>Col. 6 - Code</b>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Col. 7 – Yrs. of Experience</b>	<ul style="list-style-type: none"> <li>Type the numeric entry for each of the corresponding row of job/occupation title.</li> </ul>
<b>Col. 8 - TESDA Skills Certification Title</b>	<ul style="list-style-type: none"> <li>Type the TESDA Skills Certification Title indicated for each of the corresponding row of job/occupation title.</li> </ul>
<b>1.3 Of the total number of vacant positions reported in Item 1, how many were easy to fill?</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the questionnaire.</li> <li>Entry here should be less than entry in item 1.</li> <li>However, if there is no entry in item 1.1, entry here should be the same with that in item 1.</li> </ul>
<b>Col. 1 - PSOC Code</b>	<ul style="list-style-type: none"> <li>Type the PSOC code indicated for each of the corresponding job/occupation title.</li> </ul>
<b>Col. 2 - Title of Job/ Occupation</b>	<ul style="list-style-type: none"> <li>Type the complete job/ occupation title of the vacant position reflected in the questionnaire.</li> </ul>
<b>Col. 3 - No. of Vacancies</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the corresponding row of job/occupation title.</li> <li>The total number of job vacancies for all job/occupation title should be the same with entry in item 1.3.</li> <li>The total number of job vacancies for all job/occupation titles should be less than or equal to entry in item 1.</li> </ul>
<b>Col. 4 - No. of Applicants</b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the corresponding row of job/occupation title.</li> </ul>
<b>Col. 5 - Starting Salary Rate</b>	<ul style="list-style-type: none"> <li>Type the numeric entry indicated for the corresponding row of job/occupation title.</li> <li>If there is no entry here, type "0" (zero).</li> </ul>

**PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES**  
**(cont'd)**

<b>2. <i>When was the last time you had vacancy?</i></b>	<ul style="list-style-type: none"><li>• Type the date reflected in the questionnaire.</li></ul>
<b>3. <i>How do you normally fill-up your job vacancies?</i></b>	<ul style="list-style-type: none"><li>• Supply a check mark for entries that are applicable.</li></ul>
<b>4. <i>Does you company have a particular school preference in recruiting new staff?</i></b>	<ul style="list-style-type: none"><li>• Type "1" if YES or "0" if NO.</li><li>• If answer is "YES", type the name of schools indicated in the provided rows.</li></ul>
<b>5. <i>How much is your estimated recruitment cost per job?</i></b>	<ul style="list-style-type: none"><li>• Supply a check mark for entries that are applicable.</li></ul>
<b>6. <i>In general, how do you rate the job applicants in terms of the following traits?</i></b>	<ul style="list-style-type: none"><li>• Type "1" if POOR, "2" if GOOD or "3" if VERY GOOD to applicable items.</li></ul>
<b>7. <i>How do you rate the quality of job applicants compared with the previous years?</i></b>	<ul style="list-style-type: none"><li>• Type "1" if HAVE IMPROVED, "2" if HAVE REMAINED THE SAME or "3" if HAVE DETEREMINED.</li></ul>



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Type a question for help

PART IV: SAFETY AND HEALTH PRACTICES (1)

Reference Date: June 30, 2008

EIN:

Part 4: Safety and Health Practices (cont'd)

Batch Number:

1. Which of the following facilities are available or provided in your establishment?

FACILITIES	1-Yes	2-No
1. Facilities for persons with disability	1	
2. Medical/dental clinic or treatment room	2	
3. Sports/recreational facilities	3	
4. Clean canteen for employees	4	
5. Separate toilets for men and women	5	
6. Pantry (small room used as eating area for employees)	6	
7. Designated smoking area/s	7	
8. Parking space for employee's vehicle	8	
9. Elevator for buildings with at least four floors	9	
10. Unobstructed fire exits at the workplace	10	
11. Pipe-in music at the workplace	11	
12. Well-maintained office building (regular upkeep and repairs are done)	12	
13. Ergonomically designated seats/tools/machines	13	
14. Proper ventilation in work areas	14	
15. Adequate lighting (in work areas, aisles, passageways) including emergency lights	15	
16. Adequate space that allow sufficient freedom of movement to perform duties	16	
17. Adequate aisles/passageways	17	
18. Washing facilities and facilities for changing/storing working clothes	18	
19. Comfortable rest area for workers	19	
20. Separate locker rooms for men and women	20	
21. Proper waste disposal sytem (including chemicals, pesticides ,hazardous materials)	21	
22. Adequate supply of safe drinking water	22	
23. Access to clean and hygienic comfort rooms	23	
24. Availability of water tank and functioning fire extinguishers within reach	24	
25. Adequate exhaust system	25	
26. Others, specify:		

1a. What are the reason/s for the non-provision of some of the facilities mentioned above?

Too costly

Very few workers

Not required by law

No available space

No need/Not necessary

Not applicable/suitable

Others, specify:

2. Below are the different occupational health programs/services relative to the maintenance of safety and health conditions at the workplace, Which programs/services are implemented in your coy.?

OCCUPATIONAL HEALTH PROGRAMS/SERVICES	1-Yes	2-No
1. Physical fitness program		
2. Availability of first-aid kits		
3. Family planning programs		
4. Free health plan coverage by a health maintenance organization (HMO)		
5. Free health and/or accident insurance by a private insurance company		
6. Free/subsidized medical care other than those provided thru HMO or private insurance		
7. Regular conduct of inspection and maintenance of equipment		
8. Regular monitoring of hazards such as fumes, dust, noise level and heat in work areas		
9. Accident prevention program		
10. Emergency response preparednes program		
11. Substance abuse and employee assistance program		
12. HIV/AIDS policy program		
13. Drug-Free workplace policy/program		
14. Random drug testing		
15. Tuberculosis prevention and control policy/program		
16. Anti-sexual harassment program		
17. Others, specify:		

Encoding Rule:

Codes:  
1 - Yes  
2 - No  
Note:  
Do not leave any  
item blank

Code:  
1 - With Entry  
Note:  
Without entry,  
leave it blank

Codes:  
1 - Yes  
2 - No  
Note:  
Do not leave any  
item blank

16

3. What preventive and control measures on safety and health are being implemented in your establishment?

PREVENTIVE AND CONTROL MEASURES		1-Yes	2-No
1. Appropriate number of trained health and safety officer	1		
2. Institutionalization of health and safety committees	2		
3. Proper storage and labelling for chemicals, pesticides and hazardous materials	3		
4. Emergency/evacuation plan	4		
5. Provision of protective clothing/equipment to employees (e.g. gloves, head gear, etc)	5		
6. Proper posting of safety signages	6		
7. Availability of safety manuals, labels or maintenance procedures	7		
8. Regular maintenance of mechanical and electrical facilities	8		
9. Information or advisory services on occupational safety/health	9		
10. Instruction/training on health and safety	10		
11. Observance of proper operational procedures in doing the job	11		
12. Security measures to reduce exposure to physical danger or violence	12		
13. Use of video camera or alarm system	13		
14. Provision of adequate machine guarding/railing or casing on moving parts	14		
15. Conduct of emergency drills (fire, earthquake, chemical spills, etc.)	15		
16. Availability of safety measures to reduce exposure to radiation and airborne contaminants	16		
17. Conduct of process analysis for potential problems	17		
18. Availability of Materials Data Safety Sheets (MSDS) for chemicals	18		
19. Correction action programs and performance audits	19		
20. Regular pest control treatment	20		
21. Sewage treatment plan	21		
22. Portable/built-in fire extinguishers	22		
23. Others, specify:			

Codes:  
1 - Yes  
2 - No  
Note:  
Do not leave any  
item blank

Figure 5. BITS Part III Data Entry Screen Format

PART IV: SAFETY AND HEALTH PRACTICES

Item of Inquiry	Acceptable Entry
1 Which of the following facilities are available or provided in your establishment?	For item nos. 1-26, to each <b><u>facilities</u></b> , type <ul style="list-style-type: none"><li>1 = for every checked item in the YES column;</li><li>2 = for every checked item in the NO column</li><li>If <b><i>Others</i></b> is chosen, type the corresponding details as specified.</li></ul>
1.1 What are the reasons for the non-provision of some of the facilities mentioned above?	Multiple entries are acceptable, type <ul style="list-style-type: none"><li>1 = for every checked item; Otherwise, leave it blank</li><li>For <b><i>Others</i></b>, enter as specified.</li></ul>
2 Below are the different occupational health programs/services relative to the maintenance of safety and health conditions at the workplace. Which programs/services are implemented in your establishment?	For item nos. 1-17, to each <b><u>occupational health programs</u></b> , type, <ul style="list-style-type: none"><li>1 = for every checked item in the YES column;</li><li>2 = for every checked item in the NO column</li><li>If <b><i>Others</i></b> is chosen, type the corresponding details as specified.</li></ul>
3 What preventive and control measures on safety and health are implemented in your establishment?	For item nos. 1-23, to each <b><u>preventive and control measures</u></b> , type <ul style="list-style-type: none"><li>1 = for every checked item in the YES column;</li><li>2 = for every checked item in the NO column</li><li>If <b><i>Others</i></b> is chosen, type the corresponding details as specified.</li></ul>

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Type a question for help

PART IV: SAFETY AND HEALTH PRACTICES (2)

Reference Date: June 30, 2008

EIN:Batch Number:

Part V: Occupational Injuries

4. Which of the following OHS training/seminars were provided to your employees (last 2 yrs)?

OSH TRAINING/SEMINARS	1-Yes	2-No
1. Family Planning and Reproductive Health		
2. Safety Drills (e.g. fire, earthquake, etc.)		
3. Safe Work Procedures		
4. Safeguarding the Environment		
5. First Aid		
6. Prohibited Drugs		
7. Good Housekeeping (e.g. 5S+1)		
8. General Safety and Health Provisions		
9. General Safety Management		
10. Handling of Hazardous Materials		
11. Principles of Ergonomics (to address muskoskeletal disorders/injuries in the workplace)		
12. Emergency Preparation to Work Hazards		
13. Stress Management		
14. Conflict Management		
15. Total Quality Management		
16. Prescribed Basic Occupational Safety and Health (BOSH) Training		
17. Safety Audit		
18. Health Hazard Evaluation		
19. Accident Investigation		
20. Others, specify:		

4a. Have you availed of the services/assistance of the following agencies in the conduct of any of the above trainings/seminars?

AGENCIES	1-Yes	2-No
1. Regional Offices of Dept. of Labor and Employment (DOLE-ROs)		
2. Bureau of Working Conditions		
3. Occupational Safety and Health Center (OSHC)		
4. Employers Associations (e.g. ECOP, PMAP, PCCI, etc.)		
5. Trade Unions/Federations		
6. Industry Associations		
7. DOLE Accredited Safety Training and Consultancy Organizations		
8. Association of Safety Practitioners of the Phils., Inc. (ASPPi)		
9. NGOs/Universities/Academic Institutions		
10. Others, specify:		

5. Who are responsible in theoverall implementation/monitoring of safety and health practices in your establishment?

<input type="checkbox"/> Managing Proprietor/Owner	
<input type="checkbox"/> General Manager	<input type="checkbox"/> Health Associate Professionals
<input type="checkbox"/> Production/Operations Mgr	<input type="checkbox"/> Health and Safety Committee/Officer
<input type="checkbox"/> Human Resource Manager	<input type="checkbox"/> Labor-Management Committee
<input type="checkbox"/> Industrial Relations Managers	<input type="checkbox"/> Industrial Hygienist
<input type="checkbox"/> Health Professionals	<input type="checkbox"/> Pollution Control Officer
<input type="checkbox"/> Others, specify:	

6. Who are the health personnel in your establishment?

<input type="checkbox"/> Trained First-Aider	<input type="checkbox"/> Dentist
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Nearest clinic/hospital
<input type="checkbox"/> Physician	<input type="checkbox"/> Others,specify:

7. Do you keep OSH records of your employees (work-related injuries, illness, health diseases)?

If yes, what type of records kept:

<input type="checkbox"/> Minutes of meeting of Health and Safety Committee
<input type="checkbox"/> Employees work accident/illness report
<input type="checkbox"/> Annual work accident/illness exposure data
<input type="checkbox"/> Annual medical report

8. How do you communicate to employees safety and health practices in your establishment?

<input type="checkbox"/> General assembly/meetings
<input type="checkbox"/> Poster in conspicuous places
<input type="checkbox"/> Conduct of drills
<input type="checkbox"/> Daily "walk-through" the establishment by senior management officials
<input type="checkbox"/> Labor-management cooperation/council meetings
<input type="checkbox"/> Quality circles/productivity improvement group meetings
<input type="checkbox"/> Newsletter/Staff bulletin
<input type="checkbox"/> Other, specify:

9. Does management consult with employee representatives or union oficers on matters concerning occupational health and safety ?

Encoding Rule:

Codes:

1 - Yes

2 - No

Note:

Do not leave any item blank

Codes:

1 - Yes

2 - No

Note:

Do not leave any item blank

Code:

1 - With Entry

Note:

Without entry, leave it blank

Codes:

1 - Always

2 - Sometimes

3 - Never

4 - Not Applicable

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10. Is your establishment ISO (International Organization Standardization) certified?

10.a. If Yes, check the appropriate box/es on type of ISO certification/s

☐

OHSAS 18001 - Occupational Health and Safety Management

☐

ISO 14001 - Environment Management Standard

☐

ISO 9001:2000 - Quality Management System

☐

ISO 12006 - Building Construction

☐

ISO 22000 - Food Safety Management System

☐

ISO 27001/27002 - Information Security Management

☐

SA 8000 - Social Accountability Standard

☐

Other, specify:

Code:  
1 - With Entry  
Note:  
Without entry,  
leave it blank

Figure 6. BITS Part IV Data Entry Screen Format

PART IV: SAFETY AND HEALTH PRACTICES (cont'd)

Item of Inquiry		Acceptable Entry
4	Which of the following OSH trainings/seminars on safety and health were provided to your employees for the last two (2) years?	For item nos. 1-23, to each <b><i>OSH trainings/seminars</i></b> , type <ul style="list-style-type: none"><li>1 = for every checked item in the YES column;</li><li>2 = for every checked item in the NO column</li><li>If <b><i>Others</i></b> is chosen, type the corresponding details as specified.</li></ul>
4.1	Have you availed of the services/assistance of the following agencies in the conduct of any of the above trainings/seminars?	
5	Who are responsible in the overall implementation/monitoring of safety and health practices in your establishment?	Multiple entries per column are acceptable, type <ul style="list-style-type: none"><li>1 = for every checked item; Otherwise, leave it blank.</li><li>For others, enter as specified.</li></ul>
6	Who are the health personnel in your establishment?	
7	Do you keep OSH records (work-related injuries, illnesses, health diseases and incidence) of your employees?	Accept only one entry, type <ul style="list-style-type: none"><li>1 = for YES;</li><li>2 = for NO</li></ul> If YES, type 1 for every checked item(s). Multiple entries are acceptable.
8	How do you communicate to employees safety and health practices in your establishment?	Multiple entries are acceptable, type <ul style="list-style-type: none"><li>1 = for every checked item; Otherwise, leave it blank.</li><li>For others, enter as specified.</li></ul>
9	Does management consult with employee representatives or union officers on matters concerning occupational health and safety?	Accept only one entry, type <ul style="list-style-type: none"><li>1 = for YES;</li><li>2 = for NO</li></ul>
10	Is your establishment ISO (International Organization for Standardization) Certified?	
10.1	If YES, please check the appropriate box/es on type of ISO certification/s.	If YES, type <ul style="list-style-type: none"><li>1 = for every checked item on type of ISO certifications; Otherwise, leave it blank.</li><li>For others, enter as specified.</li><li>Multiple entries per column are acceptable.</li></ul>

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Type a question for help

Part V: Occupational Injuries

Part VI: Labor Cost

EIN:Batch No:

1. Did your establishment experience any occupational accidents during the year?

2. How many occupational accidents were there?

TYPE OF INJURY (1)	Fatal Cases (2)	Permanent Incapacity		Temporary Incapacity		Cases Without Lost Workdays (7)
	Cases (3)	Lost Workdays (4)	Cases (5)	Lost Workdays (6)		
3. Total (sum of corresponding entries in cols. 2 to 7)						
3.1. Superficial injuries and open wounds						
3.2. Fractures						
3.3. Dislocations, sprains and strains						
3.4. Traumatic amputations						
3.5. Concussion and internal injuries						
3.6. Burns, corrosions, scalds and frostbites						
3.7. Acute poisoning and infections						
3.8. Foreign body in the eye						
3.9. Others						

PART OF THE BODY INJURED (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases without Lost Workdays (5)
4. Total				
4.1. Head				
4.2. Neck				
4.3. Back				
4.4. Trunk or Internal Organs				
4.5. Upper Extremities				
4.6. Lower Extremities				
4.7. Whole Body or Multiple Sites Equally Injured				

Cause of Injury				
5. Total				
5.1. Falls of persons				
5.2. Struck by falling objects				
5.3. Stepping on, striking against or struck by objects, excluding falling objects				
5.4. Caught in or between objects				
5.5. Over-exertion or strenuous movement				
5.6. Exposure to or contact with extreme temp				
5.7. Exposure to or contact with electric current				
5.8. Exposure to or contact with harmful substance				
5.9. Others				

Agent of Injury				
6. Total				
6.1. Buildings, structures				
6.2. Prime movers				
6.3. Distribution systems				
6.4. Hand tools				
6.5. Machines, equipment				
6.6. Conveying/transport/packaging equipment				
6.7. Materials, objects				
6.8. Chemical substances				
6.9. Human, animals, plants, etc.				
6.10. Others				

7. Occupational Diseases	
7.1. Occupational dermatitis (including skin conditions due to chemical agents which are skin irritants and sensitizers)	
7.2. Bronchial asthma (due to exposure to allergies in the working environment)	
7.3. Acute poisonings (due to exposure to chemical toxic substances)	
7.4. Heat stroke, cramps, exhaustion (due to exposure to excessive heat)	
7.5. Chilblain, frostbite, freezing (due to exposure to excessive cold)	
7.6. Deafness (loss of or decreased hearing due to excessive exposure to noise)	
7.7. Infections (due to exposure to biologic hazards/agents, ex. anthrax, rabies, hepatitis A,B,C,D PTB Pneumonia)	
7.8. Cataract (due to exposure to glare of or rays from molten glass or red hot metal)	
7.9. Cardio-vascular diseases (cardiac injury or acute attack precipitated by unusual strains of work)	
7.10. Essential hypertension (primary hypertension that cause impairment of function of kidneys, ears, eyes etc.	
7.11. Peptic ulcer (due to prolonged emotional or physical stress at work)	
7.12. Work-related musculoskeletal diseases (caused or made worst by work such as exposure to forceful exertions)	
7.13. Others (specify)	

8. Did any of your workers experience commuting accidents in 200??

8.1. How many commuting accidents were there?

8.2. How many workers were injured?

9. How many hours were actually worked by all employed persons in your establishment in 200??

Average Employment

Regular working hours per day

Days actually worked during the year

Total overtime hours on regular working days of all persons who rendered overtime

Total hour worked on rest days, special days and regular holidays of all persons who rendered worked on these days

Hours actually worked

Figure 7. BITS Part V Data Entry Screen Format

PART V: OCCUPATIONAL INJURIES AND DISEASES

For Items 1 and 8. Select from the list

For Items 2-7 and 8.1 – 9. Type the corresponding entry as reflected in the questionnaire.

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Type a question for help

PART VI: LABOR COST OF EMPLOYEES

Status Monitoring

Reference Period: Calendar Year 2007

EIN:Batch:

1. Reference period if other than calendar year (month/year)

Start:End:

2. Labor Cost Component

2.1 Direct wages and salaries (in cash)

2.1.1 Pay for normal/regular working time

2.1.2 Commissions of employees and their share in service charges

2.1.3 Overtime, night shift and premium pay

2.1.4 Payments under bonus, productivity, performance and other incentive schemes (regular payments on the basis of work performed or current output)

2.1.5 Cost of living allowances and other guaranteed and regularly paid allowances (exclude housing allowances and rents in cash which should be reported in item 2.5.2)

2.2 Remuneration for time not worked

2.3 Bonuses and gratuities

2.3.1 Year-end, seasonal and other one-time bonuses (Mid-year/Christmas bonus, 13th/14th/15th month pay and the like)

2.3.2 Overtime, night shift and premium pay

2.3.3 Additional payments in respect of vacation, supplementary to normal vacation pay

2.4 Payments in kind (e.g. ordinary clothing and footwear)

2.5 Cost of workers' housing shouldered by employer

2.5.1 Cost for establishment-owned dwellings

2.5.2 Cost for dwellings not owned by establishment and other housing costs (housing allowances, rents, subsidies, etc)

2.6 Employer's social security expenditures (exclude employees' share)

2.6.1 Compulsory social security contributions (SSIS, SSS, Philhealth, PAG-IBIG, ECC)

2.6.2 Collectively agreed, contractual and non-obligatory contributions to private social security schemes and insurance (e.g. pension, life, accident, medical and health, hospitalization)

2.6.3 Direct payments by employer to employees regarded as social security benefits (in respect of absence from work due to sickness, maternity or occupational injury)

2.6.4 Cost of medical care and health services

2.6.5 Retirement and termination/separation pay

2.7 Cost of training

2.8 Cost of welfare services

2.9 Other labor costs

2.9.1 Cost of work clothes/protective gear

2.9.2 Transport of workers to and from work undertaken by employers

2.9.3 Recruitment cost

2.9.4 Others (specify)

3. Hours actually worked by all employees in 2007

To estimate for total hours actually worked (in the absence of actual record on hours worked):

Average number of employees

Regular working hours per day Ex. 6,7,8 or 12

Days actually worked during the year Ex. 250 or 302

Total overtime hours on regular working days of all employees who rendered overtime work

Total hours worked on rest days, special days and regular holidays of all employees who rendered work on these days

Hours actually worked

To compute for average number of employees for CY 2007, use the same method as in Part V-Item 9.

3. Percent share of labor cost to total cost {1= with entry} {0= no entry}

Less than 5%

5%-9%

10%-19%

20%-29%

30% or more (specify)

Figure 8. BITS Part VI Data Entry Screen Format

PART VI : LABOR COST

For items 1 to 3. Type the corresponding entry for each item as reflected in the questionnaire.

For item 4, enter 1 if with checkmark and 0, if without check mark, if 30% or more is checked, type the corresponding entry as reflected in the questionnaire.

B. OCCUPATIONAL WAGES SURVEY

BUREAU OF LABOR AND EMPLOYMENT STATISTICS  
2008 OCCUPATIONAL WAGES SURVEY  
FORM BASIC PAY

Go To ALLOWANCES

Go To PART C

EIN: BATCH NO:

PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS  
ON FULL-TIME BASIS

Hourly Rate

Basic Pay	Full-time Workers
Below 14.38	
14.38 - 19.16	
19.17 - 23.95	
23.96 - 28.75	
28.76 - 33.54	
33.55 - 38.33	
38.34 - 43.12	
43.13 - 47.92	
47.93 - 52.71	
52.72 - 57.50	
57.51 - 62.29	
62.30 - 67.08	
67.09 - 71.87	
71.88 - 76.66	
76.67 - 81.45	
81.46 - 86.24	
86.25 - 91.03	
91.04 - 95.82	
95.83 - 100.61	
100.62 - 105.40	
105.41 - 110.19	
110.20 - 114.98	
114.99 - 119.77	
119.78 and over	
Sub-total	

Daily Rate

Basic Pay	Full-time Workers
Below 115.00	
115.00 - 153.33	
153.34 - 191.67	
191.68 - 230.01	
230.02 - 268.35	
268.36 - 306.69	
306.70 - 345.02	
345.03 - 383.36	
383.37 - 421.70	
421.71 - 460.04	
460.05 - 498.38	
498.39 - 536.72	
536.73 - 575.06	
575.07 - 613.40	
613.41 - 651.74	
651.75 - 690.08	
690.09 - 728.42	
728.43 - 766.76	
766.77 - 805.10	
805.11 - 843.44	
843.45 - 881.78	
881.79 - 920.12	
920.13 - 958.46	
958.47 and over	
Sub-total	

Monthly Rate

Basic Pay	Full-time Workers
Below 3,000	
3,000 - 3,999	
4,000 - 4,999	
5,000 - 5,999	
6,000 - 6,999	
7,000 - 7,999	
8,000 - 8,999	
9,000 - 9,999	
10,000 - 10,999	
11,000 - 11,999	
12,000 - 12,999	
13,000 - 13,999	
14,000 - 14,999	
15,000 - 15,999	
16,000 - 16,999	
17,000 - 17,999	
18,000 - 18,999	
19,000 - 19,999	
20,000 - 20,999	
21,000 - 21,999	
22,000 - 22,999	
23,000 - 23,999	
24,000 - 24,999	
25,000 and over	
Sub-total	

TOTAL

Record: 1 of 1  
Establishment Identification Number  
Start 2008 BLES Surveys 2007\_2008 BLES Sur... BLES Survey 2008 : ... FORM\_BASICPAY NUM 6:32 PM

Figure 3. PART B - Screen Layout (Basic Pay)

PART B: EMPLOYMENT AND WAGE  
RATES OF TIME RATE WORKERS  
ON FULL TIME BASIS (Basic Pay)

Type the corresponding entry for each item  
as reflected in the questionnaire

Go To ALLOWANCES

Open Figure 4. Part B – Screen Layout (Allowances)

Go To PART C

Open Figure 5. Part C – Screen Layout

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BUREAU OF LABOR AND EMPLOYMENT STATISTICS  
2008 OCCUPATIONAL WAGES SURVEY  
FORM ALLOWANCES

Go To PART C

EIN: BATCH NO:  
Of the TOTAL reported in Basic Pay, how many received allowances?

Hourly Rate

Allowances	Full-time Workers
Below 1.20	
1.20 - 2.39	
2.40 - 3.59	
3.60 - 4.78	
4.79 - 5.98	
5.99 - 7.18	
7.19 - 8.38	
8.39 - 9.58	
9.59 - 10.78	
10.79 - 11.97	
11.98 - 13.17	
13.18 - 14.37	
14.38 - 15.57	
15.58 - 16.77	
16.78 - 17.97	
17.98 - 19.17	
19.18 - 20.37	
20.38 - 21.57	
21.58 - 22.77	
22.78 - 23.97	
23.98 and over	
Sub-Total	

Daily Rate

Allowances	Full-time Workers
Below 9.58	
9.58 - 19.15	
19.16 - 28.73	
28.74 - 38.31	
38.32 - 47.90	
47.91 - 57.48	
57.49 - 67.07	
67.08 - 76.65	
76.66 - 86.24	
86.25 - 95.82	
95.83 - 105.41	
105.42 - 114.99	
115.00 - 124.57	
124.58 - 134.15	
134.16 - 143.73	
143.74 - 153.31	
153.32 - 162.89	
162.90 - 172.47	
172.48 - 182.05	
182.06 - 191.63	
191.64 and over	
Sub-Total	

Monthly Rate

Allowances	Full-time Workers
Below 250	
250 - 499	
500 - 749	
750 - 999	
1,000 - 1,249	
1,250 - 1,499	
1,500 - 1,749	
1,750 - 1,999	
2,000 - 2,249	
2,250 - 2,499	
2,500 - 2,749	
2,750 - 2,999	
3,000 - 3,249	
3,250 - 3,499	
3,500 - 3,749	
3,750 - 3,999	
4,000 - 4,249	
4,250 - 4,499	
4,500 - 4,749	
4,750 - 4,999	
5,000 and over	
Sub-total	

Total

Record: 1 of 1  
Establishment Identification Number  
Start 2008 BLES Surveys 2007\_2008 BLES Sur... BLES Survey 2008 : ... frmALLOWANCE : F... 6:34 PM

Figure 4. PART B - Screen Layout (Allowances)

<b>PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS ON FULL TIME BASIS (Allowances)</b>	Type the corresponding entry for each item as reflected in the questionnaire
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Go to BASIC PAY

 Open Figure 3. PART B – Screen Layout (Basic Pay)

Go To PART C

 Open Figure 5. Part C – Screen Layout



Microsoft Access - [frmPART\_C]

BUREAU OF LABOR AND EMPLOYMENT STATISTICS  
2008 OCCUPATIONAL WAGES SURVEY  
FORM PART C: SELECTED OCCUPATIONS

EIN:  BATCH N0.:  [Go To Status](#)

EIN:  3 1992 PSOC  0

Occupation:

Hiring/Entry Rate:  0 (H, D or M only)

☐ No Allowance ☐ With Allowance Allowances:  0 (H, D or M only)

0 +  0 =  0

MALE FEMALE Both Sexes

Record:  1 of 1

PSOC Code	Time Unit	Wage Component	Amount	Full-time Workers
0				0

Record:  1 of 1

Establishment Identification Number NUM

Start BLES Survey 2008... frmPART\_C Guidelines 2007\_2008 BLES Sur... untitled - Paint 12:00 PM

Figure 5. Part C – Screen Layout

<b>PART C: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS IN SELECTED OCCUPATIONS</b>	Type the corresponding entry for each item as reflected in the questionnaire
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<a href="#">Go To Status</a>	Open Figure 2. Status Monitoring Screen Layout.
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**NOTE: ANY INCONSISTENCIES THAT MAY ARISE DURING THE ENCODING PROCESS, PLEASE CONSULT YOUR Senior LEOs. DO NOT TRY TO CORRECT THE PROBLEM BY YOURSELF, ERRORS FOUND SHOULD BE RECORDED IN THE FM-BLES 04-4.8 MONITORING OF ACCURACY IN DATA PROCESSING.**