



# GENERAL INFORMATION

1. What is the main economic activity and major product/s or good/s produced by your establishment?

2009 PSIC Code:

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(For PSA Use Only)

## A. Main Economic Activity


## B. Major products/goods produced or sold or type of service rendered


**Main economic activity** - activity that contributes the biggest or major portion of the gross income or revenues of the establishment, e.g., mining of metal ores, manufacture of food products, retail trade, education.

**Major products/goods or services** - specific product/goods produced or service given by the establishment, e.g., gold, ice cream, electricity, residential buildings, automotive parts, fastfood, shipping, universal banking, security agencies, private tertiary education, private hospital or motion picture production.

**Establishment** - an economic unit engaged in one or predominantly one kind of economic activity under a single ownership or control at a single fixed location, e.g., mine, factory, store, bank, restaurant.

**For multi-unit enterprises with different outlets and branches** or whose activities are located at different locations, each branch or outlet is considered an establishment.

**For firms engaged in activities which may be physically dispersed** such as mining, construction, real estate development, transportation, communication, etc., the establishment is the **base** from which the personnel operate to carry out their activities or from which they are paid.

ITEM OF INQUIRY	First Quarter 2021		
	January (1)	February (2)	March (3)
<b>I. TOTAL EMPLOYMENT</b>			
<b>II. LABOR TURNOVER</b>			
A. Total Accessions (New Hires) (sum of A.1 and A.2)			
A.1. Expansion of business activity			
A.2. Replacement of separated workers			
B. Total Separations (sum of B.1 and B.2)			
B.1. Layoff and Displacement/Dismissal (Employer-initiated) (sum of a, b, and c)			
a. Business Condition (sum of a.1 to a.9)			
a.1 Lack of Market			
a.2 Financial Loss			
a.3 Reorganization			
a.4 Mergers/Change in Management			
a.5 Project Completion/End of Contract			
a.6 Automation/Modernization/installation of labor-saving devices			
a.7 Retrenchment/Downsizing			
a.8 Closing or Cessation of Operations			
a.9 Others, specify (e.g. due to COVID-19 Pandemic)			
_____			
_____			

**Total Employment** - refers to the number of persons who worked or received pay from the establishment.

This includes the following: 1) **Working Owners** - owners who are actively engaged in the management of the establishment but do not receive regular pay; 2) **Unpaid Workers** - persons working without pay and work for at least 1/3 of the working time normal to the establishment; and 3) **Paid Employees** - include full-time/part-time workers; employees on paid leaves (e.g., sick/vacation/maternity/holiday/study leave); and employees working away from the establishment but paid by and under the control of the firm. **Excluded are workers hired through contractor/agency, workers on indefinite leave, workers paid purely on commission without employer control.**

**Labor Turnover** - refers to the changes in the employment of an establishment resulting from accessions and separations.

**Accessions (New Hires)** - refer to permanent or temporary additions to employment in the establishment due to 1) **expansion of business activity** and 2) **replacement of separated workers and employment resulting from changes in methods/technology of production or service.**

**Separations** - refer to terminations of employment due to a) layoffs or terminations initiated by the employers due to economic reasons (e.g., lack of market, financial losses, redundancy, end of contract) and non-economic reasons (e.g., gross negligence, AWOL) and b) quits or terminations initiated by the employees

ITEM OF INQUIRY	First Quarter 2021		
	January (1)	February (2)	March (3)
<b>II.B. Total Separations (continued)</b>			
b. Management prerogative towards disciplinary action (sum of b.1 to b.6)			
b.1 Absence Without Leave (AWOL)			
b.2 Serious misconduct or willful disobedience			
b.3 Gross and habitual neglect of duties			
b.4 Fraud or willful breach of trust			
b.5 Commission of crime or offense			
b.6 Others, specify _____			
c. Other Reasons (sum of c.1 to c.4)			
c.1 Failure rating on performance			
c.2 Failure to meet agency/establishment's standards			
c.3 Health reasons			
c.4 Others, specify _____			
<b>B.2 Quits (Employee-initiated) (sum of a to c)</b>			
a. AWOL			
b. Retirement			
c. Resignation (sum of c.1 to c.6)			
c.1 Hired by another company			
c.2 To work abroad			
c.3 Family considerations			
c.4 Personal issues			
c.5 To study			
c.6 Others, specify _____			
<b>III. TOTAL AGENCY-HIRED WORKERS (if any)</b>			
<b>III.A. Total Accessions (New Hires) (sum of a to e)</b>			
a. Security Services			
b. Janitorial			
c. Human resource			
d. Finance/Accounting			
e. Others, specify _____			
<b>III.B. Total Separations (indicate reason for separation) (sum of a to e)</b>			
a. _____			
b. _____			
c. _____			
d. _____			
e. _____			

**Agency hired workers** - workers employed by the contractors to perform or complete a job, work or service pursuant to a service agreement within or outside the premises of the establishment. **They are excluded from the total employment of the establishment.**

#### IV. EXISTING JOB VACANCIES AT THE END OF THE QUARTER

(Please specify title of occupation/s. Use additional sheet if necessary)

OCCUPATION TITLE (1)	PSOC Code (For PSA Use Only) (2)	NO. OF VACANCIES (3)
TOTAL		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Job Vacancies** - refer to unfilled job openings which are immediately available for placement and for which active recruitment steps are being undertaken anytime during the reference period.

**EXCLUDE:** Vacancies with the following conditions: a) positions not paid through the establishment's payroll; b) ONLY available to be filled by internal applicants; c) work to be carried out by contractors; and d) to be filled by staff from contract labor agencies.

#### REMARKS/COMMENTS/SUGGESTIONS:

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## CERTIFICATION

This is to certify the accuracy of the data provided in this questionnaire:

Signature over Printed Name: \_\_\_\_\_  
*Last Name First Name Middle Initial*

Position:

Tel. No/Fax No.:

Mobile No.:

E-mail Address:

Thank you for your support and full cooperation to our undertaking.

## SURVEY PERSONNEL

Activity	Name	Signature	Date
Enumerated/Field Edited by:			
Reviewed by:			
Machine Processed by:			