



**Bureau of
Labor and
Employment
Statistics**

1998 LABOR COST SURVEY

**NSCB Approval No.
BLES-9907-01**
Expires on March 31, 2000

Status code

RET1 RFV1 RET2
REF STR TCL
CBL PCL
DUP of EIN _____
OSP with PSIC _____
OTH _____

For BLES use

RET1 RFV1 RET2
REF STR TCL
CBL PCL OSE
DUP of EIN _____
OSP with PSIC _____
CON with EIN _____
OTH _____
Employment _____

In correspondence, please quote this reference number.

Please write below any corrections in the address label.

Name: _____

Address1: _____

Address2: _____

Address3: _____

**PLEASE
READ
CAREFULLY**



Purpose of Survey

Your establishment has been selected to participate in the Labor Cost Survey (LCS). The main objective of this survey is to compile statistics to measure the **level and composition of labor cost** in the country. Statistics on labor cost are useful in wage negotiations and wage policy formulation and are important in determining the viability of domestic industries and their competitiveness in international trade.

Coverage

Your report should include data **only** for the establishment in the address box to avoid multiple reporting as your other branches may have also been selected to participate in our survey. The provision of data specific to your establishment will allow us to come up with accurate estimates of labor cost by industry, employment size and region.

Reference period

The reference period of the LCS is calendar year **1998**.

Collection Authority

The information asked for is collected under authority of **Executive Order 126**, creating the Bureau of Labor and Employment Statistics, one of the major data producing agencies of the government. This is our first survey on labor cost and the next LCS will be conducted in 2003. As such, your cooperation in this initial undertaking is needed to come up with reliable estimates of labor cost in the Philippines.

Authorized Field Personnel

The **BLES** will supervise the data gathering in Metro Manila. For the rest of the country, our office has hired personnel, under the supervision of the **DOLE Regional Offices**, to undertake the field operations of the survey.

Confidentiality

All information from your establishment will be integrated with others and will be disseminated only in summaries or statistical tables. Your completed form remains **confidential** to the Bureau and will not be used for purposes other than statistical.

Due Date

Please complete this form and return it on the **date agreed upon** by your establishment and our designated data collector.

Availability of Results

Preliminary results of the survey may be made available upon request by **June 2000**. Final data will be disseminated before the end of that year.

Assistance Available

If you have problems completing this form or feel you may have difficulties meeting the due date, contact:

For Metro Manila: Labor Standards Statistics Division, BLES
3/F DOLE Bldg.,
General Luna, Intramuros
1002 Manila

Telefax: 527-3489
E-mail: lssd@manila-online.net

Outside Metro Manila:

Name:
Address:
Tel. No.
Fax No.
E-mail:

PART A: GENERAL INFORMATION

Reference Period: January 1-December 31, 1998

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

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

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

Employees include:

- salaried directors, managers and executives
- full-time, part-time, casual, contractual, seasonal, piece-rate workers and project-based employees
- paid apprentices and trainees
- persons on paid vacation, sick, maternity, paternity, service incentive leave and other paid leaves
- persons working away from the establishment but paid by and under its control
- workers on strike

These exclude:

- working owners
- managerial staff remunerated predominantly by a share of profits
- unpaid workers
- silent or inactive partners
- members of the board of directors paid solely for attendance at meetings
- persons receiving commissions only and without employer control
- consultants and persons on retainer basis
- contractor/agency hired workers
- homeworkers
- workers on indefinite leave
- laid off workers for six (6) months or more

Hours actually worked include:

- normal/regular hours of work
- overtime
- time spent at the place of work such as the preparation of workplace, repairs, maintenance, preparation and cleaning of tools, preparation of receipts, time sheets and reports
- time spent at the place of work waiting or standing by for reasons such as lack of supply of work, breakdown of machinery or accident, or time during which no work is done but for which payment is made
- time corresponding to lunch/meal breaks of less than one hour and to short rest periods at the workplace including tea and coffee breaks/meriendas

Hours paid for but not worked include paid hours spent away from work due to:

- vacation and sick leaves
- regular holidays and paid rest days/special days
- maternity and paternity leaves
- service incentive leave and other paid leaves
- travel time in connection with employer's business

These exclude:

- lunch/meal breaks of one hour or more
- time spent on travel from home to workplace and vice versa

1. During the reference year, what was the main economic activity of your establishment?

Main Economic Activity: _____

Major Product/s, Goods or Services: (in order of importance) _____

Main economic activity - refers to the activity that contributes the biggest or major portion of the gross income or revenues of the establishment.

2. During the reference year, what was the monthly average number of employees in your establishment? _____

To determine the average number of employees during the reference year: **Add** the total number of employees in the payroll periods that include the **last day of each month**, then **divide** by 12.

Example:

January	50	July	53
February	49	August	54
March	48	September	52
April	52	October	52
May	51	November	51
June	50	December	50

Average number of employees for the year:

$$(50+49+48+52+51+50+53+54+52+52+51+50)/12 = 612/12 = 51$$

3. During the reference year, how many hours did your employees actually work and/or were paid for? _____

To determine the total number of employee-hours during the reference year in the absence of actual figures: **Multiply** the monthly average number of employees (reported in item 2) by the normal/regular weekly hours (those hours that apply to the majority of employees) and then by 52. **Add** to this figure the actual (based on records) number of overtime hours of employees on ordinary working days and hours worked of the employees when they were required to work on non-working days (i.e. rest days, regular holidays and special days). **No** deduction should be made for hours paid for but not worked.

Example:

Total employee-hours during the year:

$$(51 \text{ employees} \times 40 \text{ hours/week} \times 52 \text{ weeks/year}) + \text{overtime on ordinary working days} + \text{hours worked on non-working days} = 106,080 + 2,080 + 240 = 108,400$$

4. During the reference year, what was the monthly average number of working owners, managerial staff remunerated predominantly by a share of profits and unpaid workers in your establishment? (Compute as in item 2 with the last day of each month as reference.) _____

PART B: DATA ON LABOR COST

Reference Period: January 1-December 31, 1998

Labor cost refers to the cost incurred by the employer in the employment of labor. The term **labor** refers to employees in the establishment as described in Part A-item 2 of this questionnaire. For each item of labor cost, please report the corresponding amount for the whole year of **1998**, excluding centavos.

1. Direct Wages and Salaries (cash payments by employer to employees before any deductions is made in respect of taxes, contributions of employees to social security and pension schemes, life insurance premiums, union dues and other obligations of employees; these exclude payments/overhead costs which are reimbursements to employees for travel, entertainment, meals and other expenses incurred in conducting the business of the employer.)

- a. *Payment for normal/regular working time* P _____
- b. *Commissions and share of employees in service charges* P _____
- c. *Overtime, night shift and premium pay* P _____
- d. *Payments under bonus, productivity and other incentive schemes made on a monthly or more frequent basis* P _____
- e. *Cost of living allowances and other guaranteed and regularly paid allowances** P _____

*For purposes of this survey, guaranteed and regularly given **house-rent/allowances in cash** should be included in **item 5b**.

2. Remuneration for Time Not Worked* (payments for vacation, sick, regular holiday/rest day/special days, maternity, paternity, service incentive leave and other paid leaves) P _____

*If amount for this item can not be provided separately, indicate on the space provided where it was reported, e.g. Included in item 1a.

3. Bonuses and Gratuities

- a. *13th month pay, year-end, seasonal and similar one-time payments made at annual or longer intervals* P _____
- b. *Profit sharing bonuses* P _____
- c. *Additional payments in respect of vacation, supplementary to normal vacation pay* P _____

4. Food, Drink, Fuel and Other Payments in Kind (refer to goods and services, valued at **producer's or wholesale prices**, given to workers as part of their remuneration; these exclude general amenities provided by the employer such as imputed rental value of free/subsidized housing-include cost in **item 5b**, medical services-include cost in **item 6d** and canteen and other welfare services and facilities-include cost in **item 8**.) P _____

5. Cost of Workers' Housing Shouldered by Employer

- a. *Cost for establishment-owned dwellings* (net cost i.e. maintenance expenditures, fees, property taxes, insurance, interest, depreciation and other costs, less grants-in aid, tax rebates, subsidies, etc. received from government and other institutions in respect of **employee housing**; it excludes capital investment on building, equipment or land made during the year and labor cost of personnel employed by the establishment for maintenance and other work related to establishment-owned houses.) P _____
- b. *Cost for dwellings not owned by establishment and other housing costs* (housing allowances, rents, subsidies, etc.) P _____

Note: For purposes of this survey, the **labor cost** of personnel employed in establishment-owned housing, medical care and health, training and welfare facilities for employees of the establishment should be included in the appropriate cost items e.g. direct wages and salaries and **not with the cost of the facilities (items 5a, 6d, 7 and 8)**.

PART B: DATA ON LABOR COST (cont'd.)

6. Employer's Social Security Expenditures

- a. *Compulsory social security contributions* (SSS, GSIS, MEDICARE, PAG-IBIG, State Insurance Fund) P _____
- b. *Collectively agreed, contractual and non-obligatory contributions to private social security schemes and insurance* (e.g. pensions, life/accident/medical/health insurance) P _____
- c. *Direct payments by employer to employees regarded as social security benefits* (in respect of absence from work due to sickness, maternity or employment injury, etc.) P _____
- d. *Cost of medical care and health services* (actual medical care and health expenses incurred by the employer on behalf of its **employees**; it includes net cost i.e. maintenance expenditures, fees, property taxes, insurance, interest, depreciation and other costs, less grants-in aid, tax rebates, subsidies, etc. received from government and other institutions in respect of **establishment-owned building and equipment used for medical care and health services of employees**; it excludes medical/health insurance, capital investment on building, equipment or land made during the year and labor cost of personnel employed by the establishment for the medical care and health of its employees.) P _____
- e. *Retirement and termination/separation pay* P _____

7. Cost of Training (actual training expenses incurred by the employer on behalf of its **employees**; it includes net cost i.e. maintenance expenditures, fees, property taxes, insurance, interest, depreciation and other costs, less grants-in aid, tax rebates, subsidies, etc. received from government and other institutions in respect of **establishment-owned building and equipment used for training of employees**; it includes fees, salaries and other payments for services of outside instructors, payments made to outside training institutions on behalf of the workers and the reimbursement of school fees to workers, etc.; it excludes capital investment on building, equipment or land made during the year and labor cost of training personnel employed by the establishment.) P _____

8. Cost of Welfare Services (actual welfare expenses **other than for housing, medical care and health and training** incurred by the employer on behalf of its **employees**; it includes net cost i.e. maintenance expenditures, fees, property taxes, insurance, interest, depreciation and other costs, less grants-in aid, tax rebates, subsidies, etc. received from government and other institutions in respect of **establishment-owned building and equipment used for welfare of employees** such as canteens, cultural, educational, recreational and related facilities and services; it includes grants to credit unions and cost of related services to employees; it excludes capital investment on building, equipment or land made during the year and labor cost of personnel employed by the establishment in the provision of welfare services.) P _____

9. Other Labor Costs (cost of transport of workers to and from work undertaken by employer, cost of work clothes/uniform, cost of recruitment of employees, and others not classifiable in previous items.)

Please provide specific items of expenditures and corresponding amount.

- a. _____ P _____
- b. _____ P _____
- c. _____ P _____

PART C: CERTIFICATION

Remarks	Person who we should contact if any queries arise regarding this form	Do not fill (For office use)
	Signature: _____ Name: _____ Position: _____ Date: _____ Tel No. _____ Fax No. _____ E-mail: _____	Enumerator: _____ Date: _____ Supervisor: _____ Date: _____ Reviewer: _____ Date: _____

Thank you for accomplishing this form