

## Acknowledgement Receipt

This is to acknowledge the receipt of the following survey materials from the

Bureau of Labor and Employment Statistics:

Survey	Manuals	Addressed Questionnaires	Extra Questionnaires
1st/2nd qtrs. 1999 Employment, Hours			
and Earnings Survey (EHES)			
1999 Industrial Relations at the Workplace Survey (IRWS)			
1998 Labor Cost Survey (LCS)			
<b>DOLE REGIONAL OFFICE NO.</b> _____			
Signature: _____		Position: _____	
Name: _____		Date: _____	

### **CERTIFICATE OF APPEARANCE**

This is to certify that Mr./Ms. \_\_\_\_\_, of the  
Bureau of Labor and Employment Statistics appeared in this office to deliver the questionnaire/s  
for:

1st/2nd quarters 1999 Employment, Hours and Earnings Survey (EHES)  
1999 Industrial Relations at the Workplace Survey (IRWS)  
1998 Labor Cost Survey (LCS)

EIN: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Date: \_\_\_\_\_

**Enumerator’s Control List**  
**2<sup>nd</sup> SEMESTER BLES SURVEYS**

Page \_\_ of \_\_ pages

Name of Enumerator: \_\_\_\_\_  
Area/s of Assignment: \_\_\_\_\_

Establishments: \_\_\_\_\_  
Workload: \_\_\_\_\_

EIN  (1)	Name of Establishment/ Address  (2)	Survey  (3)	Date Delivered  (4)	Contact Person  (5)	Tel. No.  (6)	Callbacks			Date Retrieved		Status  (12)
						1 <sup>st</sup> (7)	2 <sup>nd</sup> (8)	3 <sup>rd</sup> (9)	Expected (10)	Actual (11)	

## CITY / MUNICIPALITY \_\_\_\_\_

[illegible]

Area : \_\_\_\_\_

[illegible]

Area : \_\_\_\_\_

[illegible]

## RECORD ON PAYMENT

## 2nd Semester 1999 BLES Surveys, NCR

Payment Period : \_\_\_\_\_

Area : \_\_\_\_\_

[illegible]

Prepared By: _____	Reviewed By: _____
Position: _____	Position: _____
Date: _____	Date: _____