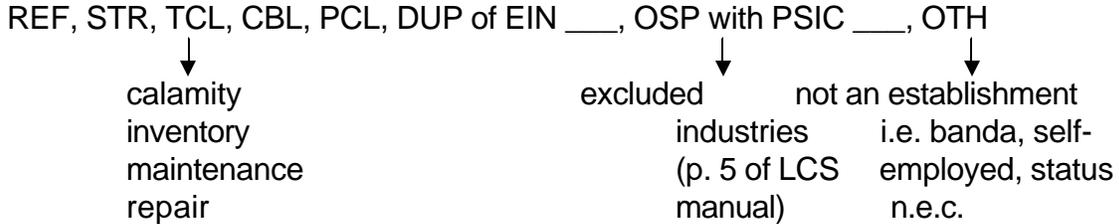


# OFFICE EDITING OF 1998 LCS QUESTIONNAIRES

## For NCR Area Supervisors

**A. SPOILAGE** (Refer to pp. 23-24 of LCS field operations manual for specific instructions)



| IF                           | THEN   |
|------------------------------|--|
| 1. Spoilage is confirmed     | Write status, name of interviewer, supervisor and date accounted on address label of questionnaire. Record status in integrated control list then submit to Tere for computerized status monitoring. |
| 2. Spoilage is not confirmed | Return to enumerator for delivery.   |

**B. TRANSFER TO OUTSIDE NCR**

| IF                                  | THEN  |
|-------------------------------------|---|
| 1. New address is incomplete        | Write CBL, name of interviewer, supervisor and date accounted on address label of questionnaire. Record status in integrated control list then submit to Tere for computerized status monitoring.   |
| 2. New address is complete          | Check if establishment is in provincial control list.   |
| a. Establishment is in the list     | Write DUP of EIN ____ (ONCR establishment), name of interviewer, supervisor and date accounted on address label of questionnaire. Record status in integrated control list then submit to Tere for computerized status monitoring.  |
| b. Establishment is not in the list | Write TRF, new address, name of interviewer, supervisor and date accounted on address label of questionnaire. Record status and new address in integrated control list then submit to Tere for computerized status monitoring and mailing to ONCR (new label should reflect TRF above The Owner/Manager). |

**C. HEAD OFFICE IS OUTSIDE NCR**

Write C/O, address of head office, name of interviewer, supervisor and date accounted on address label of questionnaire. Record status and address of head office in integrated control list then submit to Tere for status monitoring and mailing to ONCR (new label should retain address of establishment in NCR and reflect C/O above The Owner/Manager).

**NOTE:** Keep the questionnaires for the above cases clean so that these can be used for other establishments.

**D. COVER PAGE AND PART A: GENERAL INFORMATION**

## 1. Name and Address of Establishment (below address label)

| IF  | THEN   |
|---|--|
| a. Name   | Accept with or without entry.  |
| b. Address 1/2/3 <ul style="list-style-type: none"> <li>• No entry</li> <li>• With entry</li> </ul> | Accept.<br>Check for <u>completeness</u> of Address 1, Address 2 and Address 3 to facilitate GEO coding. See p. 20 of LCS field operations manual. |

## 2. GEO Code

| IF   | THEN   |
|--|--|
| a. Consistent with address 2 and address 3   | Accept.  |
| b. Inconsistent with address 2 and address 3 | <u>Revise</u> GEO code to 9-digits. If barangay is unknown, then barangay code is 000. |

## 3. PSIC Code

| IF   | THEN   |
|--|--|
| a. Consistent with entries in main economic activity and major products/goods or services (Part A.1)   | Accept.  |
| b. Inconsistent with entries in main economic activity and major products/goods or services (Part A.1) | <u>Validate</u> with establishment then <u>revise</u> PSIC code to 6-alphanumeric code. If in doubt of PSIC code, ask Bebs for assistance.<br><br>Care should be exercised in coding <u>head offices</u> ---holding companies. |

## 4. Employees

| IF            | THEN   |
|---------------|--|
| a. No entry   | Accept if there are no entries in Part B. Respondent may be self-employed. Write OTH, (no employees), name of interviewer, supervisor and date accounted on address label of questionnaire.<br><br>If there are entries in Part B, <u>validate</u> with establishment. |
| b. With entry | Accept. Cross out decimals.  |

## 5. Working Owners, Managerial Staff Remunerated Predominantly by a Share of Profits and Unpaid Workers

| IF            | THEN   |
|---------------|--|
| a. No entry   | Accept.  |
| b. With entry | <u>Validate</u> with establishment. There should be entry here <u>only</u> if the persons referred to are: <ul style="list-style-type: none"> <li>• working owners with or without salaries</li> <li>• working managers who are mainly given a share in profits</li> <li>• unpaid family workers</li> <li>• unpaid apprentices/trainees</li> </ul> |

## 6. Employment and ATE Code

Add entries of Part A.2 (employees) and Part A.4 (working owners etc.). Write sum in space provided for Employment on cover page of questionnaire.

| IF  | THEN  |           |               |       |           |         |           |         |             |         |                    |
|---|---|-----------|---------------|-------|-----------|---------|-----------|---------|-------------|---------|--------------------|
| a. Employment is consistent with ATE code   | Accept.   |           |               |       |           |         |           |         |             |         |                    |
| b. Employment is inconsistent with ATE code | <u>Revise</u> ATE code.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ATE 0 1-4</td> <td style="width: 50%;">ATE 5 100-199</td> </tr> <tr> <td>1 5-9</td> <td>6 200-499</td> </tr> <tr> <td>2 10-19</td> <td>7 500-999</td> </tr> <tr> <td>3 20-49</td> <td>8 1000-1999</td> </tr> <tr> <td>4 50-99</td> <td>9 <u>&gt;</u>2000</td> </tr> </table> | ATE 0 1-4 | ATE 5 100-199 | 1 5-9 | 6 200-499 | 2 10-19 | 7 500-999 | 3 20-49 | 8 1000-1999 | 4 50-99 | 9 <u>&gt;</u> 2000 |
| ATE 0 1-4                                   | ATE 5 100-199   |           |               |       |           |         |           |         |             |         |                    |
| 1 5-9                                       | 6 200-499   |           |               |       |           |         |           |         |             |         |                    |
| 2 10-19                                     | 7 500-999   |           |               |       |           |         |           |         |             |         |                    |
| 3 20-49                                     | 8 1000-1999   |           |               |       |           |         |           |         |             |         |                    |
| 4 50-99                                     | 9 <u>&gt;</u> 2000  |           |               |       |           |         |           |         |             |         |                    |

## 7. Hours Actually Worked and/or Paid For

Divide entry by entry in Part A.2 (employees). Accept if answer is within **1,000 to 4,500**. If outside the range, questionnaire is for verification with establishment.  
Cross out decimals.

**E. PART B: DATA ON LABOR COST** (of employees)

- NOTES:** 1. Data here should exclude those of working owners with salaries. They are employers and not employees. Also *excluded* are persons remunerated predominantly by a share of profits. They are not employees as discussed in Part A.2 of the questionnaire.
2. Cross out centavo entries.
3. Except for Remuneration for Time Not Worked, a notation that an entry is consolidated with another entry is not acceptable. For discussion with Tere.
4. If there some data requirements that are not available in the establishment but are with the head office, write C/O and address of the head office on the space provided. Encircle status RFV.

| VARIABLE   | TO CHECK                                      | INSTRUCTIONS   |
|--|---|--|
| <b>1. Direct Wages and Salaries (cash payments)</b>  |   |  |
| a. Payment for normal/regular working time (basic pay)   | Divide entry by entry in Part A.2 (employees) | Accept if answer is within 30,000 to 180,000<br>To check further: divide entry by 12 (months). If the monthly pay falls within the acceptable range of 3a, accept. |
| b. Commissions and share of employees in service charges   |   | } Accept with or without entry.  |
| c. Overtime, night shift and premium pay   |   |  |
| d. Payments under bonus, productivity and other incentive schemes made on a monthly or more frequent basis         |   |  |
| e. Cost of living allowances and other guaranteed and regularly paid allowances                                    |   |  |
| <b>2. Remuneration for Time Not Worked</b>   |   | Accept with or without entry.<br>Accept notation that data is included with 1a.  |
| <b>3. Bonuses and Gratuities</b>   |   |  |
| a. 13 <sup>th</sup> month pay, year-end, seasonal and similar one-time payments made at annual or longer intervals | Divide entry by entry in Part A.2 (employees) | Accept if answer is within 2,500 to 60,000   |
| b. Profit sharing bonuses (of employees in Part A.2)   |   | } Accept with or without entry.  |
| c. Additional payments in respect of vacation, supplementary to normal vacation pay                                |   |  |

| VARIABLE   | TO CHECK                                      | INSTRUCTIONS  |
|--|---|---|
| <b>4. Food, Drink, Fuel and Other Payments in Kind</b><br>(NOTE: Fuel refers to that used for household consumption and not for motor vehicles)                          |   | Accept with or without entry.   |
| <b>5. Cost of Workers' Housing Shouldered by Employer</b>  |   |   |
| a. Cost for establishment-owned dwellings  |   | Accept with or without entry.<br>For verification if entry runs to millions of pesos. The data might include the cost/worth of the building/housing facility.   |
| b. Cost for dwellings not-owned by establishment and other housing costs (housing allowances, rents and subsidies)   |   | Accept with or without entry.   |
| <b>6. Employer' Social Security Expenditures</b>   |   |   |
| a. Compulsory social security contributions (SSS, GSIS, MEDICARE, PAG-IBIG, State Insurance Fund)  | Divide entry by entry in Part A.2 (employees) | Accept if answer is within 2,000 to 10,000  |
| b. Collectively agreed and contractual and non-obligatory contributions to private social security schemes and insurance   |   | Accept with or without entry.   |
| 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.) |   |   |
| d. Cost of medical care and health services  |   | Accept with or without entry.<br>For verification if entry is unusually <u>high</u> e.g. millions of pesos particularly if PSIC is N85 (hospital/clinic). The data might include the cost/worth of the building/medical facility. |
| e. Retirement and termination/separation pay   |   | Accept with or without entry.   |

| VARIABLE  | INSTRUCTIONS  |
|---|---|
| <b>7. Cost of Training</b>  | Accept with or without entry.<br>For verification if entry is unusually <u>high</u> e.g. millions of pesos. particularly if PSIC M81 (school). The data might include the cost/worth of the building/training facilities. |
| <b>8. Cost of Welfare Services</b>  | Accept with or without entry.<br>For verification if entry is unusually <u>high</u> e.g. millions of pesos. The data might include the cost/worth of the building/welfare facilities for employees.                       |
| <b>9. Other Labor Costs</b><br><br>Examples of these are the following: <ul style="list-style-type: none"> <li>• Reimbursements/per diems (travel, entertainment, meals and other expenses of employees)</li> <li>• Shuttle service/transport provided by employer</li> <li>• Uniform/work clothes/personal protective equipment i.e. safety shoes, eye goggles, etc.</li> <li>• Advertisements/classified ads for vacancies in the establishment</li> <li>• Medical or physical examinations for prospective employees (pre-employment)</li> </ul> | Accept with or without entry.   |

## F. CONSOLIDATED REPORTS (For Discussion With Tere)

## G. CERTIFICATION

1. Check that information on contact person and enumerator is provided.
2. Accomplish supervisor information.

**SUBMIT SPOILAGE, TRF AND EDITED QUESTIONNAIRES TO TERE**