

CHAPTER 5

SURVEY DOCUMENTS AND FORMS

To ensure efficient and effective implementation of field operations, the BLES has standardized the documents and forms for its establishment surveys. These are as follows:

1. Contract of Services
2. Notice of Termination of Contract of Services
3. Letter of Introduction to Sample Establishment
4. Letter to Sample Establishment with Mailed Questionnaire
5. Letter to Head Office of Sample Establishment
6. Follow-up Letter to Sample Establishment or its Head Office (including refusal)
7. FM-BLES 03-3.23 Evaluation of Training for BLES Survey/s
8. FM-BLES 02-2.1a Supervisor's Control List
9. FM-BLES 02-2.2a Enumerator's Control List
10. FM-BLES 03-3.8 Certificate of Appearance
11. FM-BLES 03-3.10 Enumerator's Weekly Performance Report
12. FM-BLES 03-3.11 Enumerators' Summary Performance Report
13. FM-BLES 03-3.12 General Payroll for Piece-Rate Enumerators
14. FM-BLES 03-3.13 Transmittal of Retrieved/Verified Questionnaires in ONCR
15. FM-BLES 03-3.14 Transmittal of Spoilage Questionnaires in ONCR
16. FM-BLES 03-3.15 Questionnaires for Endorsement to Head Offices
17. FM-BLES 03-3.17 Assessment on the Implementation of Field Operations of BLES Surveys
18. FM-BLES 03-3.9 Sample Respondents with New Names and Addresses
19. OWS Form 1 OWS Verification Form
20. BITS Form 1 BITS Verification Form
21. FM-BLES 03-3.16 Regional Report on the Implementation of BLES Surveys
22. FM-BLES 03-3.24 Enumerator's Evaluation Survey on the Delivery of Questionnaire
23. FM-BLES 03-3.25 Enumerator's Evaluation Survey on the Retrieval of Questionnaire

Copies of these documents/forms are found in this chapter of the manual. The Regional Offices will be provided electronic copies of these or they can access these at the BLES Homepage (www.manila-online.net/bles).

Contract of Services

KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this _____ of _____ 2004 at _____, Philippines by and between:

The _____, an instrumentality of the government of the Republic of the Philippines, represented by _____, hereinafter referred to as the **FIRST PARTY**;

-and-

<Name>, Filipino, of legal age, (marital status), with residence and postal address at <Address>, hereinafter referred to as the **SECOND PARTY**.

WITNESSETH:

That pursuant to the provisions of CSC Memorandum Circular No. 38 (Omnibus Guidelines on Appointments) and the DOLE Administrative Order No. 121, series of 1997, authorizing the contracting of services in the DOLE where manpower is inadequate, to be able to effectively and efficiently deliver services, the following terms and conditions are hereby set:

1. That the **SECOND PARTY** is fully competent to render services as a Project-based Individual - (Area Supervisor or Enumerator) in connection with the conduct of the **2006 Occupational Wages Survey (OWS) and the 2006 BLES Integrated Survey (BITS)** in accordance with the professional qualifications he/she alleged in the attached information sheet.
2. That the **SECOND PARTY** hereby attests that he/she is not related within the third degree of consanguinity or affinity to the: a) hiring authority and /or representative of the **FIRST PARTY**; b) that he/she has not been previously dismissed from government by reason of an administrative offense; c) that he/she has not already reached the compulsory retirement age of sixty-five (65).
3. That the **SECOND PARTY** shall perform work at a time and schedule to be agreed upon by both parties.
4. That the **SECOND PARTY** is specifically contracted by the **FIRST PARTY** to: (enumerate duties and responsibilities of Area Supervisor or Enumerator)
5. That the **FIRST PARTY** for and in consideration of the services rendered agrees to pay the **SECOND PARTY**, on a bi-monthly basis

For Area Supervisor--the amount of _____ and the reimbursement of traveling expenses related to the conduct of the OWS and BITS but not to exceed the amount of _____.

For Enumerator:

- a. the amount of _____ per establishment delivery. An establishment for which no delivery was made due to closure, non-location, duplication, strike, refusal and similar reasons shall also be remunerated the same amount subject to the verification of the establishment status by the Supervisor; and
- b. the amount of _____ for each collected/retrieved OWS or BITS questionnaire, subject to the acceptance of the questionnaire/verification by the Supervisor/Reviewer.

- 6. That provisions for mandatory benefits provided by the Labor Code namely SSS, EC, Phil Health and Pag-IBIG representing the employer share shall form part of the contract price.
- 7. That the **SECOND PARTY** shall not enjoy the benefits of government employees and that his/her services rendered thereunder are not considered as government service.
- 8. That this contract takes effect from _____.
- 9. That notwithstanding the fixed duration of the employment, this contract of services can be terminated anytime by the **FIRST PARTY** for just cause such as but not limited to the unsatisfactory performance of the **SECOND PARTY** and only after due notice to the **SECOND PARTY** at least five (5) days prior to his/her termination.
- 10. That the herein parties do hereby agree and accept that there will be no employee-employer relationship between them during the tenure of this contract of service.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures this ____ day of _____ at _____, Philippines.

FIRST PARTY

SECOND PARTY

SIGNED IN THE PRESENCE OF:

WITNESS

WITNESS

CERTIFIED FUNDS AVAILABLE:

APPROVED BY:

NOTICE OF TERMINATION OF CONTRACT OF SERVICES
Issued to **Mr./Ms.** _____

Based on the evaluation of your performance (see attached) on the conduct of the 2006 Occupational Wages Survey (OWS) and the 2006 BLES Integrated Survey (**BITS**), your output has been noted to be below the requirements of:

☐ Delivery: on the average, 5 establishments per day

☐ Retrieval: on the average, 1 - 2 questionnaires collected per day

Others:

☐ Falsified all or some data in the questionnaire

☐ Forged signature of contact person

☐ Failed to report to Supervisor within two (2) consecutive weeks from last appearance or communication

Your services as PBI-Enumerator is therefore terminated effective _____ in accordance with the following provision/s of your contract:

“9. That notwithstanding the fixed duration of the employment, this contract of services can be terminated anytime by the **FIRST PARTY** for just cause such as but not limited to the unsatisfactory performance of the **SECOND PARTY** and only after due notice to the **SECOND PARTY** at least five (5) days prior to his/her termination.”

Relative to this, you are instructed to turnover your identification card, letter of introduction to sample establishment, survey materials and pending assignments to your Supervisor/s before you can be officially cleared by this office of all obligations and be paid whatever monetary entitlements still due you.

Director

(Date)

LETTER OF INTRODUCTION TO SAMPLE ESTABLISHMENT

Dear Valued Respondent,

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. ____*) is currently conducting joint survey operations for the **2006 Occupational Wages Survey (OWS)** and the **2006 BLES Integrated Survey (BITS)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (hiring/entry and actual rates) of time-rate workers on full time basis in selected occupations in selected non-agricultural industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the BITS is a nationwide establishment survey that aims to generate **an integrated data set on occupational employment pattern, wage and compensation practices**. These data are inputs to studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

In some instances, an establishment was selected as respondent to both surveys, in which case, two (2) questionnaires are provided. Other establishments, however, were selected as sample to only one of the surveys.

In this regard, we request your active participation in one or both of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

We have sent Mr./Ms. _____ of this office to help you in accomplishing the survey form/s.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____

Address:

Contact Person

Tel. No.

Fax No.

E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Director

(Date)

LETTER TO SAMPLE ESTABLISHMENT WITH MAILED QUESTIONNAIRE

The Owner/Manager
Name of Sample Establishment
Address of Sample Establishment

Dear Valued Respondent,

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. ____*) is currently conducting joint survey operations for the **2006 Occupational Wages Survey (OWS)** and the **2006 BLES Integrated Survey (BITS)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

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In this regard, we request your active participation in one or both of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Contact Person
Tel. No.
Fax No.
E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Director

(Date)
encl/as:
2006 OWS EIN _____
2006 BITS EIN _____

LETTER TO HEAD OFFICE OF SAMPLE ESTABLISHMENT

Name of Contact Person in the Establishment
Position
Name of Head Office
Address of Head Office

Dear

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI:* through the DOLE Regional Office No. ____) is currently conducting joint survey operations for the **2006 Occupational Wages Survey** (OWS) and the **2006 BLES Integrated Survey** (BITS). This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

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In some instances, an establishment was selected as respondent to both surveys, in which case, two (2) questionnaires are provided. Other establishments, however, were selected as sample to only one of the surveys.

Your office/branch in _____ was chosen as one of our sample respondents for this survey round. Hence, we request for your active participation in our survey/s. We realize that this takes up valuable time as this inquires on data specific to one or in some instances, more of your offices/branches. However, providing us with consolidated data for all your offices will lead to over-representation of sample data and thus result to unreliable data estimates as not all of your offices or branches have been sampled to take part in this survey.

In this regard, we request your active participation in one or both of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Contact Person
Tel. No.
Fax No.
E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,
Director

(Date)
encl/as
2006 OWS EIN _____
2006 BITS EIN _____

FOLLOW-UP LETTER TO SAMPLE ESTABLISHMENT OR ITS HEAD OFFICE (INCLUDING REFUSAL)

Name of Contact Person in the Establishment
Position
Name of Sample Establishment or Head Office
Address of Sample Establishment or Head Office

Dear

Our office, the (Bureau of Labor and Employment Statistics or DOLE Regional Office No. ____)
reiterates our request for your establishment to accomplish our questionnaire/s for the:

- ☐ 2006 Occupational Wages Survey
- ☐ 2006 BLES Integrated Survey

We realize that accomplishing our survey questionnaire/s takes up your valuable time for they could be tedious and requires looking into past records. Nevertheless, your response is most important to enable us to come up with reliable information that can be used by our government in assessing the current labor situation in the country.

On your end, as well, labor statistics are necessary for making sound and informed decisions in your business planning and operations. Our survey results are provided **free of charge** and can be accessed in our website at (<http://www.manila-online.net/bles> or <http://www.bles.dole.gov.ph>).

Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Contact Person
Tel. No.
Fax No.
E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Director

(Date)
encl/as
2006 OWS EIN _____
2006 BITS EIN _____

Enumerator: _____ Area/s of Assignment: _____	Supervisor: _____ Date Accomplished: _____
----------------------------------------------------------------	-------------------------------------------------------------

Note: Enumerators' Training is being evaluated for possible improvement to make it relevant and effective for enumerators. In this regard, your honest assessment would be most valuable in further improving this training.

1. Kindly evaluate the resource person and the session on the following areas: *(Encircle answer)*

Topic/Resource Person	In a scale where 1 - is unsatisfactory and 5 - is excellent, how would you rate the resource person in terms of:				Duration of session
	Time management	Arousing the interest of participants	Mastery of the subject	Method and skill in imparting knowledge	Was the session: 1 – short; 2 – adequate; 3 – long?
Survey 1 (Title of Survey)					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Survey 2 (Title of Survey)					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Survey 3 (Title of Survey)					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Operational Strategy					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Administrative Concerns					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Survey Documents and Forms					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

2. What item/s do you think should have been more thoroughly discussed? *(Check as many as applicable)*

A. On Survey 1 *(Title of Survey)*

☐ Survey Objectives and Uses of the Data
☐ Collection Authority
☐ Confidentiality of Information
☐ Scope and Coverage
☐ Survey Design
☐ Estimation Procedures
☐ Statistics to be Generated
☐ Periodicity and Reference Period
☐ Editing Guidelines
☐ General Instructions
☐ Specific Instructions *(specify)*
☐ Others *(specify)*

B. On Survey 2 *(Title of Survey)*

☐ Survey Objectives and Uses of the Data
☐ Collection Authority
☐ Confidentiality of Information
☐ Scope and Coverage
☐ Survey Design
☐ Estimation Procedures
☐ Statistics to be Generated
☐ Periodicity and Reference Period
☐ Editing Guidelines
☐ General Instructions
☐ Specific Instructions *(specify)*
☐ Others *(specify)*

C. On Survey 3 *(Title of Survey)*

☐ Survey Objectives and Uses of the Data
☐ Collection Authority
☐ Confidentiality of Information
☐ Scope and Coverage
☐ Survey Design
☐ Estimation Procedures
☐ Statistics to be Generated
☐ Periodicity and Reference Period
☐ Editing Guidelines
☐ General Instructions
☐ Specific Instructions *(specify)*
☐ Others *(specify)*

D. On Operational Strategy

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Duties and Responsibilities of Enumerators

<input type="checkbox"/> Survey Respondents

<input type="checkbox"/> General Information (e.g., EIN, PSIC, PSOC, ATE, Status Codes)

<input type="checkbox"/> Delivery of Questionnaires
<input type="checkbox"/> Collection and Field Editing of Questionnaires | <input type="checkbox"/> Field Verification

<input type="checkbox"/> Flow Chart on Delivery, Retrieval, Verification and Review of Questionnaires

<input type="checkbox"/> Flow Chart on Delivery Cases to Sample Establishments Transferred to Known Locations | <input type="checkbox"/> Flow Chart on Delivery Cases to Head Offices of Sample Establishments

<input type="checkbox"/> Others <i>(specify)</i>
<hr/>
<hr/>
<hr/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

E. On Administrative Concerns

- ☐ Work Allocation
- ☐ Monitoring of Performance of Enumerators and Survey Status
- ☐ Outputs and Terms of Payment
- ☐ Pre-Termination of PBI Contract

F. On Survey Documents and Forms *(Please specify)*

FM-BLES 02-2.2a
Revision Code: 0
Effectivity Date: March 26, 2001

ENUMERATOR'S CONTROL LIST: (SURVEY ROUND)
REGION: _____

Page ____ of ____

Name of Enumerator: _____
Area/s of Assignment: _____

Total Establishments: _____
Total Questionnaires (Workload): _____

EIN GEO PSIC ATE	Name/Address of Sample Establishment	Survey Code	Contact Person/ Position	Tel. No.	Date Delivered	Date Retrieved		Status Code	Remarks
						Expected	Actual		

The control lists are integrated for OWS and BITS.

The **Supervisor’s Control List** (FM-BLES 02-2.1a) for ONCR contains the sample establishments to be covered and is sorted by province, city/municipality, and ascending EIN. For NCR, it is sorted by city/municipality, barangay and ascending EIN. The Supervisor should provide the following information in his/her control list.

- **Name of Supervisor**
- **Area/s of Assignment:** province (as applicable), city/municipality of the sample establishments
- **Total Establishments:** number of sample establishments covered in the area/s of assignment *(In NCR, the initial number of establishments of the Supervisor and his/her Enumerators are the same since the Supervisor’s Control List is prepared per Enumerator.)*
- **Received by:** signature of Enumerator upon receipt of workload
- **Date:** date when Enumerator received workload

Prior to delivery of questionnaires:

- **For NCR:** The Enumerator shall be provided with **Enumerator’s Control List** (FM-BLES 02-2.2a) of sample establishments.
- **For outside NCR:** The Enumerator should prepare his/her own control list following the format of the **Enumerator’s Control List** (FM-BLES 02-2.2a). The Supervisor should write the names of the Enumerators in the appropriate columns of his/her control list.

Upon delivery of the questionnaire/s to the establishment, the Enumerator should accomplish the appropriate columns for the following items to facilitate follow-ups and callbacks.

- **CONTACT PERSON/ POSITION**
- **TEL. NO.**
- **DATE DELIVERED**
- **DATE RETRIEVED (Expected):** mutually agreed date of pick-up of the accomplished questionnaire/s, preferably within **15 working days from delivery**.

Upon retrieval of the questionnaire, the Enumerator should accomplish the following for each establishment.

- **DATE RETRIEVED (Actual):** date when the questionnaire was actually picked up by the enumerator from the establishment. In the case of a questionnaire whose status is REF, STR, TCL, CBL, PCL, DUP, OSP or OTH, the **date to be written is the date when the status was confirmed/verified as such by the Supervisor/Designated personnel**.
- **STATUS CODE:** see section 3.5.6 of Chapter 3.
- **REMARKS:** any relevant statement to facilitate the monitoring of the survey/s

Note: The Supervisor and his/her enumerators should confer weekly to see to it that the information pertinent to each establishment in their respective control lists are consistent.

FM-BLES 03-3.8
Revision Code: 1
Effectivity Date: July 1, 2002

CERTIFICATE OF APPEARANCE

CERTIFICATE OF APPEARANCE

This is to certify that Mr./Ms. _____, of the Bureau of Labor and Employment Statistics appeared in this office to (pls. underline) deliver/follow-up/collect/verify the questionnaire/s for:

☐

2006 OWS

☐

2006 BITS

EIN/UIN: _____

Name of Establishment/Labor Organization: _____

Address: (as located by enumerator)

Floor/Bldg./# Street Name: _____

Barangay/City/Municipality: _____

Zip Code/Province: _____

Contact Person/s:

In Sample Respondent

In Head Office

Signature: _____

Name : _____

Position: _____

Tel. No.: _____

Date: _____

Remarks: C/O Head Office New location Others, specify _____

FM-BLES 03-3.10 Revision Code: 2 Effectivity Date: August 23, 2004	ENUMERATOR'S WEEKLY PERFORMANCE REPORT <i>Check only one box:</i> <input type="checkbox"/> Retrieved <input type="checkbox"/> Spoilage Survey: _____	Page ____ of ____
---------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------

Enumerator: Accomplish once a week in duplicate for each survey, and **separately** for RET and spoilage questionnaires. Attach corresponding questionnaires sorted by EIN/UIN and submit to Supervisor. Retain duplicate copy for file.

Supervisor: Turnover spoilage questionnaires to PBI for verification and retrieved questionnaires to Reviewer for editing.

PBI: Return completed form together with questionnaires to Supervisor.

Reviewer: Return completed form to Supervisor together with RFV, OSE, OSP, OTH questionnaires. Retain retrieved questionnaires for batching.

Name and Signature of Enumerator:

Area/s of Assignment:

Period Covered:	Date Submitted:	No. of questionnaires:
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To be accomplished by Enumerator			Status Code After Verification or Editing/Review (to be accomplished by PBI/Reviewer)
EIN/UIN	Name of Respondent	Status Code	

Received by PBI/Reviewer: _____	Received by Survey Supervisor _____
(from Supervisor) Date: _____	(from PBI/Reviewer) Date: _____

FM-BLES 03-3.11 Revision Code: 2 Effectivity Date: Aug. 23, 2004	ENUMERATORS' SUMMARY PERFORMANCE REPORT	Page ____ of ____
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This form should be accomplished by the Supervisor for all surveys not later than two (2) days after payroll period. Refer to Certificates of Appearance for delivered questionnaires and FM-BLES 03-3.10 Enumerator's Weekly Performance Report for verified spoilage and retrieved questionnaires.

Area/s of Assignment:

Payroll Period:

Enumerator's Name (First name, Last Name) <small>List in alphabetical order by last name</small>	Delivered and Verified Spoilage (Respondents)				Retrieved Questionnaires			
	Survey			Total	Survey			Total
	2006 OWS	2006 BITS	Com- mon		2006 OWS	2006 BITS		
Total								

Prepared by: _____

Reviewed by: _____

Date: _____

Date: _____

FM-BLES 03-3.15 Revision Code: 2 Effectivity Date: May 14, 2004	QUESTIONNAIRES FOR ENDORSEMENT TO HEAD OFFICES	Page ____ of ____	
Regional Supervisor: <u>Head Offices in NCR:</u> Accomplish in duplicate for <u>each</u> survey. Retain duplicate for file. Transmit the original copy to BLES together with the corresponding questionnaires, sorted by province and by EIN. Exercise care in writing EIN. <u>Head Offices in ONCR That Have Not Responded to the Survey:</u> Accomplish in duplicate for <u>each</u> survey. Retain duplicate for file. Forward to BLES within 20 days after termination of field operations . Exercise care in writing EIN. NCR Supervisor: List respondents and forward accomplished form to the designated personnel for computerized status monitoring within 10 days from the end of the period of delivery . Exercise care in writing EIN.			
(For ONCR only.) The attached ____ questionnaires are for (encircle only one):		2006 OWS 2006 BITS	
EIN	Name/Address of Sample Establishment	Name/Address of Head Office and Contact Person/Position/Tel. No.	GEOCODE <i>(For BLES use only)</i>
<i>DOLE Regional Office</i>			
Prepared by:		Noted by:	
Signature:		Signature:	
Name:		Name:	
Position:		Position: IMSD Chief	
Date:		Date:	
<i>Prepared by BLES</i>			
Signature:		Position:	
Name:		Date:	

- Notes:
- Bases for NCR Assessment: Points earned relative to performance rate, verification rate, refusal rate and bonus points (10 % of maximum points) for additional workload for each survey.

<i>Performance Rate</i>		Verification Rate		Refusal Rate		Formulas Used (for purposes of performance assessment)	
<u>Points</u>		<u>Points</u>		<u>Points</u>			
25	90% and over	15	0 percent	10	2% or less	% Accounted	= (Total Accounted / Sample Questionnaires) * 100
22	85 - 89	12	> 0 - 1	8	> 2 - 6	Performance Rate	= {Retrieved / [Sample – (Refused + Spoilage)]} * 100
19	80 - 84	9	> 1 - 2	6	> 6 - 10		where Spoilage = Cannot be located, permanently/
16	75 - 79	6	> 2 - 3	4	> 10 - 14		temporarily closed, on strike, duplicate,
13	70 - 74	3	> 3 - 4	2	> 14 - 18		outside industry or employment coverage,
10	65 - 69	0	> 4	0	> 18		inactive (labor organizations), others not
7	60 - 64						eligible for processing
4	55 - 59					Verification Rate	= [For Verification / (Sample - Spoilage)] * 100
1	Below 55					Refusal Rate	= [Refused / (Sample - Spoilage)] * 100
 - For Regional Assessment:

 - Regions are grouped in accordance to number of establishments/labor organizations covered by the survey/s.
 - Bases for assessment: Same as above.
 - Ranking in the group is based on total points earned by each region in all surveys. A maximum of 50 points is given per survey.
 - For NCR assessment, 1st column of the form should be Supervisor/Enumerator.
For Regional assessment, 1st column of the form should be Region/Survey.
 - Points earned and ranking shall be reflected at the end of field operations.

FM-BLES 03-3.9 Revision Code: 1 Effectivity Date: July 1, 2002	SAMPLE RESPONDENTS WITH NEW NAMES AND ADDRESSES	Page ____ of ____			
<p><u>Regional Supervisor:</u> Accomplish in duplicate for <u>each</u> survey. Retain duplicate for file and transmit the original copy to BLES not later than 20 days after the termination of field operations in the region. The list should contain the names of sample respondents with new names and addresses but whose questionnaires have not been accounted for at the close of field operations. Exercise care in writing EIN/UIN.</p> <p><u>NCR Supervisor:</u> List respondents and forward the form immediately to the designated personnel for computerized status monitoring and if there are new reports until the end of the period of delivery. Exercise care in writing EIN/UIN.</p>					
EIN/UIN	Name of Sample Respondent Please check: <input type="checkbox"/> Old <input type="checkbox"/> New	Address of Sample Respondent Please check: <input type="checkbox"/> Old <input type="checkbox"/> New (<u>For ONCR</u> , provide Address 1, Address 2 and Address 3; <u>For NCR</u> , provide Address 1 only)	For BLES Use (accomplish applicable columns only)		
			New GEO Code (barangay level)	New Supervisor	New Enumerator
DOLE Regional Office				BLES	
Prepared by:		Noted by:		Prepared by:	
Signature:		Signature:		Signature:	
Name:		Name:		Name:	
Position:		Position: IMSD Chief		Position:	
Date:		Date:		Date:	

OWS FORM 1 (VERIFICATION FORM)

To Our Valued Respondents: Thank you for accomplishing the 2006 OWS questionnaire. We, however, have some queries regarding the encircled entry/s in the attached questionnaire which need verification/clarification from you. To guide you, we are providing you this form which contains our observation/s for each of the encircled item/s. Should there be a need to revise said entry/s, kindly do so and affix your initial beside the new entry/s in the questionnaire.	
EIN: _____ GEO: _____ PSIC: _____ ATE: _____	NAME OF ESTABLISHMENT: _____ FLOOR/BLDG.: _____ _____ No./STREET/SUBDIVISION: _____ _____ BARANGAY/CITY/MUNICIPALITY: _____ _____ ZIP CODE/PROVINCE: _____
Part A: General Information	
1. MAIN ECONOMIC ACTIVITY/MAJOR PRODUCTS/ GOODS OR SERVICES	
<input type="checkbox"/> No/inadequate description of main economic activity <input type="checkbox"/> No entry for major products/ goods or services	
2. EMPLOYMENT <input type="checkbox"/> No entry	
Part B: Employment and Wage Rates of Time-Rate Workers On Full-time Basis	
1. BASIC PAY <input type="checkbox"/> No entries <input type="checkbox"/> Repetitive entries <input type="checkbox"/> Details do not add up to respective sub-totals in: <input type="checkbox"/> Col. 2 <input type="checkbox"/> Col. 4 <input type="checkbox"/> Col. 6 <input type="checkbox"/> Sub-totals do not add up to Total (<i>sum of cols. 2, 4 and 6</i>) <input type="checkbox"/> Total (<i>sum of cols. 2, 4 and 6</i>) is greater than total employment in Part A.2	
2. ALLOWANCES <input type="checkbox"/> No entries <input type="checkbox"/> Repetitive entries <input type="checkbox"/> Details do not add up to respective sub-totals in: <input type="checkbox"/> Col. 8 <input type="checkbox"/> Col. 10 <input type="checkbox"/> Col. 12 <input type="checkbox"/> Sub-totals do not add up to Total (<i>sum of cols. 8, 10 and 12</i>) <input type="checkbox"/> Total (<i>sum of cols. 8, 10 and 12</i>) is greater than Total reported in Part B.1	
Part C: Employment and Wage Rates of Time-rate Workers on Full-time Basis in Selected Occupations	
1. FOR ESTABLISHMENTS IN PRE-SELECTED INDUSTRIES	<input type="checkbox"/> No data provided (<i>occupational sheet given is appropriate</i>) <input type="checkbox"/> Change in industry classification discovered during review (<i>provide appropriate occupational sheet</i>)
2. OCCUPATION	<input type="checkbox"/> No occupation titles <input type="checkbox"/> Occupations reported not consistent with those in occupational sheet <input type="checkbox"/> Consolidated data provided/not classified by occupation
3. CURRENT WAGE RATES	<input type="checkbox"/> No entry/s in Col./s _____ <input type="checkbox"/> Time unit and monetary value are not consistent <input type="checkbox"/> Cols. 1 and 2 (Basic Pay) <input type="checkbox"/> Cols. 4 and 5 (Allowances) <input type="checkbox"/> Details in col. 3 do not add up to its reported total <input type="checkbox"/> Details in col. 6 do not add up to its reported total
4. TIME-RATE WORKERS ON FULL-TIME BASIS (MALE + FEMALE = BOTH SEXES)	
<input type="checkbox"/> No entries <input type="checkbox"/> No breakdown by sex <input type="checkbox"/> Breakdown by sex does not add up to total	
Received by Supervisor	Verification Accepted by Reviewer
Signature:	Signature:
Date:	Date:

FOR <u> (SEMESTER/YEAR) </u> FIELD OPERATIONS				
DOLE Regional Office No. <u> </u>				
A. Timetable of Field Operations				
Activity	BLES Scheduled Dates		Actual Dates	
Training of PBIs				
Delivery				
Collection				
B. Manpower Complement				
Personnel	BLES Required Manpower		Manpower Utilized	
Total				
Regional Staff				
Area Supervisors				
Enumerators				
C. Fund Utilization (P)				
Object	Interfund Transfer/Current Appropriation	Actual Expenditures		
		Total	From Current Appropriation	From Balance of Previous Surveys
Total				
02				
03				
07				
29				
Training				
Wages				
D. Problems Encountered				
1. Administrative Concerns				
a. Training of Enumerators/Area Supervisors				
b. Manpower Complement including hiring of PBIs				
c. Fund Utilization				
2. Field Operations				
a. Delivery of Questionnaires				
b. Collection/Retrieval of Questionnaires				
On the average, how many callbacks were made to an establishment?_____				

FOR <u> (SEMESTER/YEAR) </u> FIELD OPERATIONS DOLE Regional Office No. <u> </u>	
E. Measures Undertaken by the RO to Solicit Cooperation of Sample Establishments	
F. Suggestions for Improvement of Survey Implementation	
1. Training of Enumerators and Area Supervisors	
2. Manpower Complement	
3. Fund Utilization	
4. Field Operations	
Prepared by:	Noted by:
Signature:	Signature:
Name:	Name:
Position: IMSD Chief	Position: Regional Director
Date:	Date:

To All Enumerators,

The quality of BLES survey data greatly relies on the quality of field operations in which you have been a part of. The Statistics Support Group of BLES has prepared this questionnaire to gather feedback/comments from you that will help us assess the effectiveness of the conduct of Enumerators' Training and the supervision rendered by our technical staff during the delivery of questionnaires.

Please accomplish this form and return to your supervisor. Thank you very much.

Statistics Support Group

Note to all Supervisors: Please administer this form to your enumerators a month after start of delivery operations.

Enumerator: _____ Supervisor: _____

Area(s) of Assignment: _____ Number of Workload: _____

Number of Questionnaires Delivered (A month after start of delivery operations) : _____

Date Accomplished: _____

1. How many visits have you made before you completed the delivery of a questionnaire to an establishment?

(a) Minimum: _____

(b) Maximum: _____
2. Generally, how difficult/easy was it to locate the establishments? (Encircle answer)

1 – Very Easy 2 – Easy 3 – Difficult 4 – Very Difficult
3. To what extent did the following factors contribute to the successful delivery of questionnaires? (Check only one for each factor)

Factors	Very Great Extent	Great Extent	Moderate Extent	Less Extent	No Help
Operational Strategy from the Enumerators' Training					
Assistance of Supervisor					
Assistance of Monthly PBI					
Use of Control List					
Use of Maps					
Use of Telephone Directory					
Familiarity with the Area					
Others, specify					

4. What were the common problems you encountered in the delivery of questionnaire?
(Check as many as applicable)

- ☐
- Incomplete/Incorrect Address Labels
- ☐
- Too Many CBL, PCL and TCL Samples
- ☐
- Improper Allocation of Workloads
- ☐
- Uncooperative Establishment Personnel
- ☐
- Ignorance of Establishment about the Survey
- ☐
- Strict Security Personnel in the Establishment
- ☐
- Others *(Please specify)*

5. Comments and Suggestions:

Reviewed by Supervisor:
Signature:
Name:
Position:
Date:

THANK YOU VERY MUCH!!!

To All Enumerators,

The quality of BLES survey data greatly relies on the quality of field operations in which you have been a part of. The Statistics Support Group of BLES has prepared this questionnaire to gather feedback/comments from you that will help us assess the effectiveness of the conduct of Enumerators' Training and the supervision rendered by our technical staff during the retrieval of questionnaires.

Please accomplish this form and return to your supervisor. Thank you very much.

Statistics Support Group

Note to all Supervisors: *Please administer this form to your enumerators three months after start of delivery operations.*

Enumerator: _____ **Supervisor:** _____

Area(s) of Assignment: _____ **Number of Workload:** _____

Number of Questionnaires Retrieved *(Three months after start of delivery operations)* : _____

Date Accomplished: _____

1. How many callbacks have you made before you retrieved a questionnaire from the establishment?

(c) Minimum: _____

(d) Maximum: _____

2. How many visits have you made before you retrieved a questionnaire from the establishment?

(a) Minimum: _____

(b) Maximum: _____

3. Generally, how difficult/easy was it to retrieve the questionnaires? *(Encircle answer)*

1 – Very Easy 2 – Easy 3 – Difficult 4 – Very Difficult

4. To what extent did the following factors contribute to the successful retrieval of questionnaires? *(Check only one for each factor)*

Factors	Very Great Extent	Great Extent	Moderate Extent	Less Extent	No Help
Operational Strategy from the Enumerators' Training					
Establishments' Cooperation					
Assistance of Supervisor					
Completeness of Data Reported					
Consistency of Entries					
Others, specify					

5. What were the common errors you have noted on the retrieved questionnaires during field editing?

Item	Error/s
<i>Survey 1:</i>	
<i>Survey 2:</i>	
<i>Survey 3:</i>	

6. Comments and Suggestions:

Reviewed by Supervisor:

Signature:

Name:

Position:

Date:

THANK YOU VERY MUCH!!!