



Republic of the Philippines

Philippine Statistics Authority

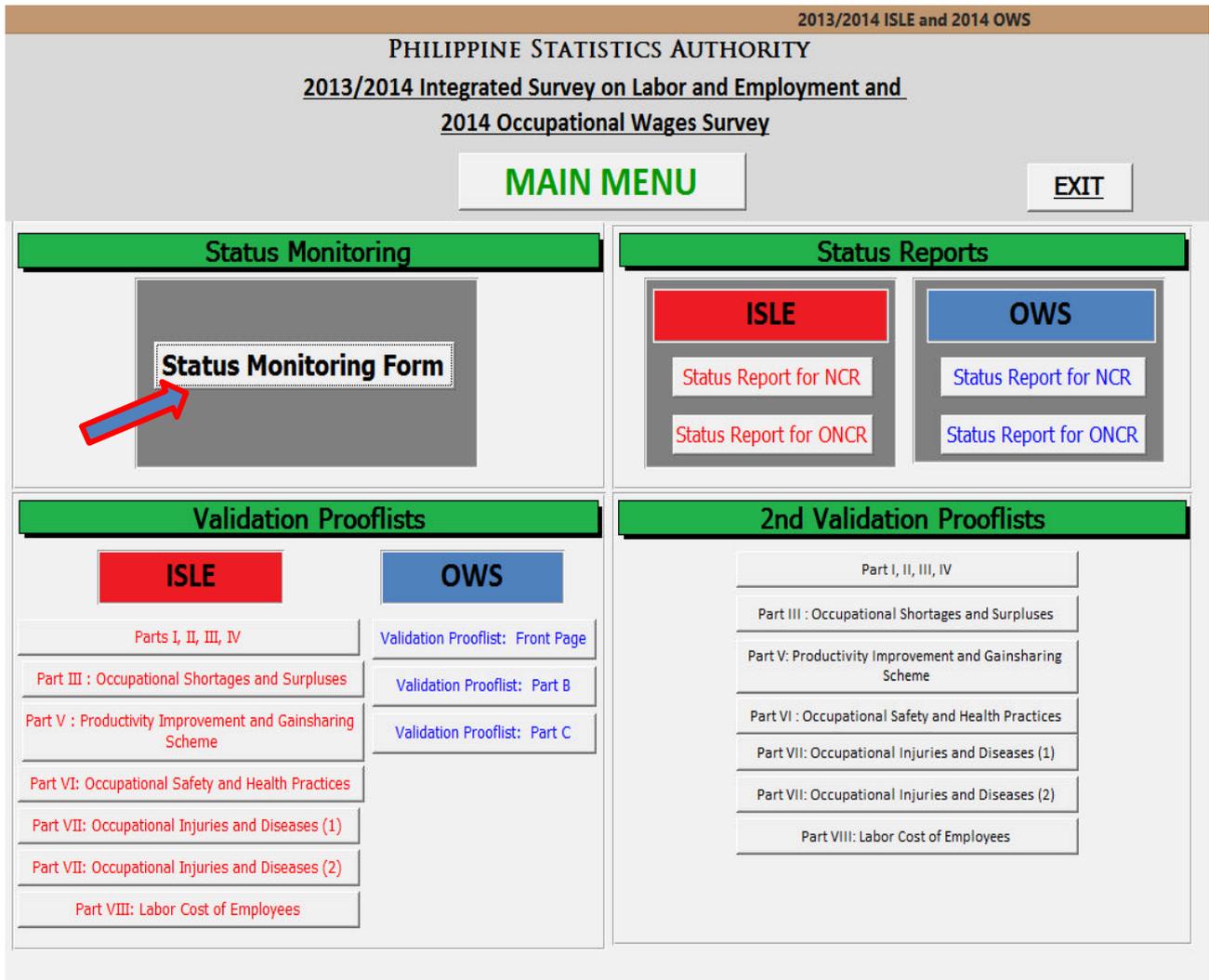
--STATUS MONITORING GUIDELINES--

**2013/2014 INTEGRATED SURVEY
ON LABOR AND EMPLOYMENT
and
2014 OCCUPATIONAL WAGES SURVEY**

June 2014

TO VIEW/SELECT/EDIT DATABASE:

1. To open the Microsoft Access database, click  ISLE_OWS 2013_2014_FINAL.mdb
2. On the **MAIN MENU** (Figure 1), select the appropriate button to go to the desired form/report.
3. Click the **STATUS MONITORING FORM** to update the status.



2013/2014 ISLE and 2014 OWS

PHILIPPINE STATISTICS AUTHORITY
2013/2014 Integrated Survey on Labor and Employment and
2014 Occupational Wages Survey

MAIN MENU **EXIT**

Status Monitoring

Status Monitoring Form

Status Reports

ISLE **OWS**

Status Report for NCR Status Report for NCR

Status Report for ONCR Status Report for ONCR

Validation Prooflists

ISLE **OWS**

Parts I, II, III, IV Validation Prooflist: Front Page

Part III : Occupational Shortages and Surpluses Validation Prooflist: Part B

Part V : Productivity Improvement and Gainsharing Scheme Validation Prooflist: Part C

Part VI: Occupational Safety and Health Practices

Part VII: Occupational Injuries and Diseases (1)

Part VII: Occupational Injuries and Diseases (2)

Part VIII: Labor Cost of Employees

2nd Validation Prooflists

Part I, II, III, IV

Part III : Occupational Shortages and Surpluses

Part V: Productivity Improvement and Gainsharing Scheme

Part VI : Occupational Safety and Health Practices

Part VII: Occupational Injuries and Diseases (1)

Part VII: Occupational Injuries and Diseases (2)

Part VIII: Labor Cost of Employees

Figure 1. Main Menu

4. On the **STATUS MONITORING SCREEN** (Figure 2), both 2013/2014 ISLE and 2014 OWS questionnaire parts are included on the top left and right sides, respectively.

2013/2014 ISLE and 2014 OWS Status Monitoring

PHILIPPINE STATISTICS AUTHORITY
2013/2014 Integrated Survey on Labor and Employment
and 2014 Occupational Wages Survey

STATUS MONITORING

for ISLE Only **for OWS Only**

Part I II III and IV V VI-A VI-B VII-A VII-B VIII Main Menu Go to Basic Pay

Business Name:
 New Name of Establishment:
 Address 1:
 New Address 1:
 EIN:
 Geographic Codes:

HEAD OFFICE PARTICULARS (if Questionnaire is endorsed to Head Office)

Business Name:
 Contact Person: Tel. No.:
 Position of Contact Person:
 Head Office Address 1:
 Geocode of Head office: HQ_Indicator:

Batch No. for ISLE: Batch No. for OWS:

GENERAL INFORMATION

| ISLE | OWS | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|--------------|------|-----|------|-----|----------------------|----------------------|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| <p>June 2014 <input type="text"/> CY 2013 <input type="text"/> Questionnaire paid: <input type="checkbox"/></p> <p>Status Code: <input type="text"/> Date: <input type="text"/></p> <p>DUP of EIN: <input type="text"/> CET with EIN: <input type="text"/> CON with EIN: <input type="text"/> OSP w/ PSIC: <input type="text"/> OTH (specify): <input type="text"/></p> <p>Industry Code: <input type="text" value="D35100"/></p> <p>Total Employment: <input type="text" value="535"/></p> <p>Main Economic Activity: <input type="text"/></p> <p>Major Products/Goods or Services: <input type="text"/></p> | <p>Status Code: <input type="text" value="CBL"/> Date: <input type="text"/></p> <p>DUP of EIN: <input type="text"/> CET with EIN: <input type="text"/> CDN with EIN: <input type="text"/> OSP w/ PSIC: <input type="text"/> OTH (specify): <input type="text"/></p> <p>Industry Code: <input type="text" value="D35100"/></p> <p>Total Employment: <input type="text" value="535"/> 92 + <input type="text" value="2"/> + <input type="text" value="0"/> + <input type="text" value="2"/> + <input type="text" value="0"/> = 96</p> <p>Time-rate on Full-time Basis: <input type="text"/> Time-Rate on Part-time Basis: <input type="text"/> Output Rate Workers: <input type="text"/> Workers Purely on Commission: <input type="text"/> Working Owners and Unpaid Workers: <input type="text"/></p> <p>Main Economic Activity: <input type="text"/></p> <p>Major Products/Goods or Services: <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATION | | | | | | | | | | | | | | | | | | | | | |
| <p>Contact Person: <input type="text"/> Position Title: <input type="text"/> Fax Number: <input type="text"/> Phone Number: <input type="text"/> E-mail Address: <input type="text"/></p> | <p>Contact Person: <input type="text"/> Position Title: <input type="text"/> Fax Number: <input type="text"/> Phone Number: <input type="text"/> E-mail Address: <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | |
| COMMENTS | | | | | | | | | | | | | | | | | | | | | |
| <p>Time spent in answering this questionnaire: <input type="text"/> specify if more than 2 days</p> <p>Comment on data provided: <input type="text"/></p> <p>Employment: <input type="text"/></p> <p>Occupational Shortages and Surpluses: <input type="text"/></p> <p>Training of Workers: <input type="text"/></p> <p>Recruitment and Hiring Practices for Entry-Level Jobs: <input type="text"/></p> <p>Occupational Safety and Health Practices: <input type="text"/></p> <p>Employees Compensation Program: <input type="text"/></p> <p>Occupational Injuries and Diseases: <input type="text"/></p> <p>Presentation /Packaging: <input type="text"/> Suggestions for improvement: <input type="text"/></p> <p>Definition of terms: <input type="text"/> Layout: <input type="text"/></p> | <p>Time spent in answering this questionnaire: <input type="text"/> specify if more than 2 days</p> <p>Comment on data provided: <input type="text"/></p> <p>Presentation /Packaging: <input type="text"/> Suggestions for improvement: <input type="text"/></p> <p>Definition of terms: <input type="text"/> Layout: <input type="text"/> Font, color: <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | |
| SURVEY PERSONNEL | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Name</th> <th colspan="2">Enumerator</th> <th colspan="2">Area Supervisor</th> <th>Reviewer-ISLE</th> <th>Reviewer-OWS</th> </tr> <tr> <th>ISLE</th> <th>OWS</th> <th>ISLE</th> <th>OWS</th> <th><input type="text"/></th> <th><input type="text"/></th> </tr> </thead> <tbody> <tr> <td>Date</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | Name | Enumerator | | Area Supervisor | | Reviewer-ISLE | Reviewer-OWS | ISLE | OWS | ISLE | OWS | <input type="text"/> | <input type="text"/> | Date | <input type="text"/> | |
| Name | | Enumerator | | Area Supervisor | | Reviewer-ISLE | Reviewer-OWS | | | | | | | | | | | | | | |
| | ISLE | OWS | ISLE | OWS | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | |
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | |

Figure 2. Status Monitoring

STATUS MONITORING GUIDELINES (Figure 2)

| ITEMS OF INQUIRY | GUIDELINES |
|--|--|
| 1. EIN | Press CTRL+F or click the icon  the desired EIN |
| 2. New Name 3. New Address 1 | See Guidelines on Establishments Naming and Addressing. |
| 4. New GeoCode | Type the corresponding entry for each item as reflected in the questionnaire |
| 5. Head Office Particulars | |
| <i>Business Name of Establishment</i> | |
| <i>Contact Person</i> | |
| <i>Position of Contact person</i> | |
| <i>Telephone Number</i> | |
| <i>Head Office Address 1</i> | |
| <i>Geocode of Head Office</i> | Select from the list. |
| 6. Batch Number for ISLE and OWS | See Batch Label For Retrieved questionnaires NCRx-Rn where x - Reviewer Code ONCRx-Rn n - Sequence no. from 1 to n For Spoilage questionnaires NCRx-Sn where x - Reviewer Code ONCRx-Sn n - Sequence no. from 1 to n |
| 7. Status Code for ISLE and OWS | Select from the List |
| DUP CET CON OSP OTH | Enter EIN for DUP, CET, CON Enter Industry Code Specify reason |
| 7a. Questionnaire Paid and Date | Type the entry as reflected in the Supervisor's Control List. |
| 7b. Remarks | Enter as applicable |
| FOR ISLE ONLY | Type the corresponding entry for each item as reflected in the questionnaire. |
| <i>Main Economic Activity</i> | |
| <i>Major products / goods or services</i> | |
| <i>New Industry Code</i> | |
| <i>New Total Employment</i> | Type the corresponding entry for each item as reflected in the questionnaire. |
| FOR OWS ONLY | |
| <i>Main Economic Activity</i> | |
| <i>Major products / goods or services</i> | |
| <i>New Industry Code</i> | |
| <i>Time-rate on Full-time Basis</i> | |
| <i>Time-rate on Part-time Basis</i> | |
| <i>Output Rate Workers</i> | |
| <i>Workers Purely on Commission</i> | |
| <i>Working Owners and Unpaid Workers</i> | Entry should be equal to Time -rate on Full-time Basis + Part-time+Output Rate+Workers Purely on Commission+ Working Owners and Unpaid Workers |
| <i>Total</i> | |

STATUS MONITORING GUIDELINES (cont'd.)

| ITEMS | GUIDELINES |
|--|---|
| 8. Certification Portion for ISLE& OWS | |
| <i>Name of Contact Person</i> | Type the corresponding entry for each item as reflected in the questionnaire. |
| <i>Position Title</i> | |
| <i>Telephone Number</i> | |
| <i>Fax Number</i> | |
| <i>E-mail address</i> | |
| <i>Time spent in answering the questionnaire</i> | Select from the List Less than a day 1-2 days More than 2 days |
| <i>If more than 2 days specify</i> | Type the corresponding entry for each item as reflected in the questionnaire. |
| Comments on ISLE | |
| <i>On the data provided for the 2013/2014 ISLE</i> | Type the corresponding entry for each item as reflected in the questionnaire. |
| <i>On statistics from previous BITS</i> | |
| <ul style="list-style-type: none"> • <i>Employment</i> • <i>Occupational Shortages and Surpluses</i> • <i>Recruitment and Hiring Practices for Entry-Level Jobs</i> • <i>Occupational Safety and Health Practices</i> • <i>Employees' Compensation Program</i> • <i>Occupational Injuries & Diseases</i> • <i>Labor Cost of Employees</i> | Type the corresponding entry for each item as reflected in the questionnaire. |
| Comments on OWS | |
| <i>On the data provided for the 2014 OWS</i> | Type the corresponding entry for each item as reflected in the questionnaire. |
| <i>On results of the 2012 OWS</i> | |
| Presentation/Packaging ISLE and OWS | |
| Definition of terms | Type the corresponding entry for each item as reflected in the questionnaire. |
| Layout | |
| Font, color | |
| Suggestions for improvement | |
| 9. Survey Personnel for ISLE and OWS | |
| Enumerator | Type the corresponding entry for each item as reflected in the questionnaire. |
| Date | |
| Area Supervisor | |
| Date | |
| Reviewer | |
| Date | |