

**SURVEY ON WAGES, SALARIES AND HOURS OF WORK**  
**OCTOBER 2005**

**CONFIDENTIAL**

FOR OFFICIAL USE					
Characteristics of the enterprise	Serial Number of the Enterprise <i>A1</i>	Size of Enterprise	District	Legal Entity	Kind of Economic Activity
					NACE
Columns	1-4	5	6	7	13-17
Codes					

**CHARACTERISTICS OF THE ENTERPRISE**

- Name of the Enterprise .....
- Address .....  
Municipality/Community ..... P.C. ....  
District ..... P.O.Box ..... Telephone ..... Fax No. ....
- Description of Economic Activity.....  
.....  
.....  
.....

**B. INFORMATION RELATING TO THE ENTERPRISE**

B.1 Number of employees employed in the enterprise on the 31<sup>st</sup> October 2005

4 19

Full-time Employees     20-23      Part-time Employees     24-27      Total Number of Employees     28-31

**INSTRUCTIONS FOR THE COMPLETION OF THE QUESTIONNAIRE**

**General**

- The survey covers all employees of each enterprise, i.e. full and part time employees.
- The relevant information should refer to the month of October 2005 for monthly paid employees, and the week 10-16 October 2005 for employees paid on an hourly, daily or weekly basis. The survey does not cover the working proprietors.
- The data for each employee should appear on a separate line.

**Column**

- Enter the Social Insurance Number of the employee.
- State distinctly the occupation of each employee. Avoid such general terms as "skilled worker", "engineer", "technician", but indicate precisely the type of work performed, e.g. clerk, typist, commercial traveler, civil engineer, motor-vehicle mechanic, etc.
- For official use only.
- Sex:** Enter M for male employees and F for female employees.
- Age:** Enter 0 for employees aged 18 and over and U for employees aged under 18.
- Enter the normal hours of work per week.
- Enter the number of normal hours worked and paid for weekly paid employees, e.g. 40 hours should be written 40.00 and 38 ½ hours should be written 38.30 (hours and minutes, excluding overtime).

(Continued in the last page)

**HOURLY, DAILY OR WEEKLY PAID EMPLOYEES**

**PART A**

Page		
W	2	

22 23-25

(1) SOCIAL INSURANCE NUMBER	(2) OCCUPATION (Specify precisely)	(3) Occupation Code	(4) SEX M=Male, F=Female	(5) Age, O=18 years and over U=Under 18 years	(6) Normal hours of work per week (hours and minutes)	(7) Normal hours actually worked (hours and minutes)	NORMAL RATE OF PAY FOR THE WEEK 10-16 OCTOBER, 2005 (Excl. overtime)			OVERTIME (for the week 10-16 Oct. 2005)			EMPLOYER'S CONTRIBUTIONS (for the week 10-16 October 2005)				
							(8) Gross basic weekly Earnings including cost of Living allowance £ Cent	(9) Bonuses & allowances (yearly average) 1/52 £ Cent	(10) Portion (1/52) of 53rd and 54th weeks etc. £ Cent	(11) Hours worked (hours and minutes)	(12) Hours paid for (hours and minutes)	(13) Gross Overtime Earnings £ Cent	(14) Social Insurance Fund £ Cent	(15) Medical Fund £ Cent	(16) Provident/Pension Fund £ Cent	(17) Annual Leave with Pay and Public Holiday Funds £ Cent	(18) Redundancy, Industrial and Social Cohesion Funds £ Cent
26-31		32-35	36	37	38-41	42-45	46-51	52-57	58-63	64-68	69-73	74-79	80-84	85-89	90-95	96-100	101-105

**PART TIME EMPLOYEES**

**MONTHLY PAID EMPLOYEES**

**PART B**

Name of the Enterprise: .....		Telephone: .....		Serial Number 1-4 .....		Page M 4 22 23-25										
or Name of the owner: .....																
(1) SOCIAL INSURANCE NUMBER	(2) OCCUPATION (Specify precisely)	(3) Occupation Code	(4) SEX M=Male, F=Female	(5) Age, O=18 years and over U=Under 18 years	(6) Normal hours of work per week (Hours and minutes)	NORMAL RATE OF PAY FOR OCTOBER, 2005 (Excl. overtime)			OVERTIME (for Oct. 2005)			EMPLOYER'S CONTRIBUTIONS (for October 2005)				
						(8) Gross basic monthly salary including cost of living allowance £ Cent	(9) Bonuses & allowances (Yearly average) 1/12 £ Cent	(10) (1/12) of (13 <sup>th</sup> salary etc.) £ Cent	(11) Hours worked (hours and minutes)	(12) Hours paid for (hours and minutes)	(13) Gross Overtime £ Cent	(14) Social Insurance Fund £ Cent	(15) Medical Fund £ Cent	(16) Provident/Pension Fund £ Cent	(17) Annual Leave with Pay and Public Holiday Funds £ Cent	(18) Redundancy, Industrial and Social Cohesion Funds £ Cent
26-31		32-35	36	37	38-41	46-51	52-57	58-63	64-68	69-73	74-79	80-84	85-89	90-95	96-100	101-105

**INSTRUCTIONS FOR THE COMPLETION OF THE QUESTIONNAIRE (cont'd)**

**Column**

8. **Earnings:** Enter the normal gross pay for each employee (excluding overtime earnings) including the basic pay and cost – of – living allowance, before any deductions e.g., for income tax, social insurance, medical, provident and other funds, etc. have been made. The amount entered in this column should correspond to the number of hours shown in Column 7.

9. **Allowances:** Enter the bonuses and allowances for the month of October 2005 (in the case of monthly paid employees), or for the week 10-16 October (in the case of weekly paid employees), such as rent, shift, noise, and family allowances, commissions, gifts, the value of benefits in kind etc. Reimbursements of travelling, subsistence etc. expenses are excluded. For allowances paid on an annual basis the monthly or weekly portion should be given.

10. For weekly paid employees, enter the 1/52 of the 53rd and 54th weeks etc., if any. For monthly paid employees give the 1/12 of the 13th, 14th salaries, etc.

11,12,13. **Overtime:** For monthly paid employees the overtime hours worked, the hours paid for and overtime earnings for the month of October 2005 should be given. For weekly paid employees give the overtime hours worked and paid for and the overtime earnings for the week 10-16 October, 2005.

14-18. Enter the employer's contributions to the various Social Security Schemes, such as Social Insurance, Medical, Provident Funds, etc.

**C. COST OF LIVING ALLOWANCE**

Does the employer pay cost of living allowance? Circle the appropriate number

3 22

(N.A.= not applicable-where there are no monthly or weekly paid employees)

YES	1
NO	2
N.A.	3

23

MONTHLY  
PAID  
EMPLOYEES

YES	1
NO	2
N.A.	3

24

WEEKLY  
PAID  
EMPLOYEES

A: MONTHLY PAID EMPLOYEES..... %  25-29 OF THE BASIC SALARY

B: WEEKLY PAID EMPLOYEES..... %  30-34 OR WAGE RATE

**D. EXPECTED INCREASE IN BASIC RATES OF PAY DURING THE PERIOD OCTOBER 2005 – OCTOBER 2006**

A: MONTHLY PAID EMPLOYEES..... %  35-38

B: WEEKLY PAID EMPLOYEES..... %  39-42

**Remarks:** .....  
.....  
.....  
.....

Name of person(s) giving the information: .....

Date: .....

**FOR OFFICIAL USE**

Length of interview: Hours Minutes  
43-46

Interviewed by: ..... Date: .....

Checked by: ..... Date: .....

Coded by: ..... Date: .....

Final checking of questionnaire by: ..... Date: .....