

# OFFICE EDITING OF 1998 LCS QUESTIONNAIRES

## For ONCR Questionnaires

### A. RECEIPT OF QUESTIONNAIRES

1. Questionnaires transmitted by the regional offices should be given to Bebs.
  - a. Check the details of the transmittal form against the submitted questionnaires. In case of discrepancy, those in the questionnaire shall prevail. Correct the entries in the transmittal form. i.e. EIN, status, actual number of questionnaires (exclude those outside coverage of regional office/mailed by BLES, if any). Write name/date in reviewer space of the transmittal form.
  - b. If any transmitted questionnaire is outside coverage of RO/mailed by BLES, write on upper right hand portion of cover page of questionnaire---**Note: Outside RO coverage.**
  - c. In the portion for BLES use, encircle the code corresponding to each spoilage questionnaire (REF, STR, TCL, CBL, PCL, DUP of EIN \_\_\_\_, OSP with PSIC \_\_\_\_, OTH with reason) and consolidated reports and CON with EIN \_\_\_\_, if any.
  - d. Submit the transmittal form to Tere together with questionnaires bearing the status enumerated above and those outside RO coverage.
    - File form if no discrepancy (**Folder 1**- Communications to ROs).
    - If with discrepancy or enumerates those outside RO coverage, e-mail/fax corrected form to regional office then file form (**Folder 1**).
    - Edit consolidated reports and CON with EIN \_\_\_\_ and questionnaires outside RO coverage.
    - If consolidated report and CON with EIN \_\_\_\_ or questionnaire outside RO coverage is for verification, send back questionnaire/s to establishment together with verification letter after status monitoring and data entry. Computer file is Communications folder of 1998 LCS (lcs-es). File copy of letter (**Folder 2**-Communications to Establishments).
    - While a questionnaire may be for verification, there may be cases when verification is no longer required, i.e. outside employment coverage. In this instance, write on upper right hand portion of cover page of questionnaire---**Note: No need to verify.** File in **Folder 4**-Not for Verification after status monitoring and data entry.
    - Give questionnaires to Luchie for status monitoring and data entry.
    - File spoilage questionnaires (wooden cabinet), acceptable questionnaires outside RO coverage (wooden cabinet) and acceptable consolidated reports and CON with EIN \_\_\_\_ (**Folder 3**-Consolidated Reports).

2. Other questionnaires received through mail or personally delivered should be given to Tere.
  - a. Acknowledge mailed questionnaire if requested. Computer file is Communications folder of 1998 LCS (lcs-es). File copy of letter (**Folder 2**).
  - b. NCR questionnaire---give to concerned area supervisor
  - c. ONCR questionnaire
    - Edit questionnaire.
    - If the questionnaire is outside coverage of RO/mailed by BLES, write on upper right hand portion of cover page of questionnaire---**Note: Outside RO coverage**
    - Notify regional office as to questionnaires received if within RO coverage (to be done on weekly basis). Computer file is Communications folder of 1998 LCS (lcs-ro). File copy of letter (**Folder 1**).
    - If consolidated report and CON with EIN \_\_\_\_ or questionnaire outside RO coverage is for verification, send back questionnaire/s to establishment together with verification letter after status monitoring and data entry. Computer file is Communications folder of 1998 LCS (lcs-es). File copy of letter (**Folder 2**-Communications to Establishments).
    - While a questionnaire may be for verification, there may be cases when verification is no longer required, i.e. outside employment coverage. In this instance, write on upper right hand portion of cover page of questionnaire---**Note: No need to verify**. File in **Folder 4**-Not for Verification after status monitoring and data entry.
    - Give questionnaires to Luchie for status monitoring and data entry.
    - File spoilage questionnaires (wooden cabinet), acceptable questionnaires outside RO coverage (wooden cabinet) and acceptable consolidated reports and CON with EIN \_\_\_\_ (**Folder 3**-Consolidated Reports).

**B. COVER PAGE** (Bebs shall edit this page except for Employment.)

IF	THEN
1. Name and Address of Establishment (below address label)	
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. Check for <u>completeness</u> of Address 1, Address 2 and Address 3. Addresses should be in prescribed format (p. 20 of LCS manual).

IF	THEN
2. GEO Code	
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	
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)	Revise PSIC code to 6-alpha-numeric code. Care should be exercised in coding <u>head offices</u> ---holding companies.

### C. ALLOCATION OF QUESTIONNAIRES

#### 1. Bebs

- Assign questionnaires for editing/review. Distribution shall not be region-based but shall consider current staff assignments.
- Monitor performance as in following format. File in **Folder 5** (Staff Performance).

#### RECORD ON ONCR EDITING, 1998 LCS

Batch No.	# of Qn	Assigned to	Date Assigned	Date Completed	Working Days

- Questionnaires that have been edited/reviewed shall be in batches, ready for status monitoring (Luchie) and data entry (Elsa).
  - After status monitoring and data entry of a batch, pull out RFV1 questionnaires. Submit these to Tere for verification with establishments or filing in **Folder 4**.
2. On the average, at least **50 questionnaires shall be reviewed in a day**. Tess, Evelyn, Nancy, Jackie, Avic, and Luchie shall be involved in the review of the questionnaires.

**D. GENERAL INSTRUCTIONS**

1. Use red ball pen for editing. Edit neatly.
2. Cross out decimals (Part A) and centavo entries (Part B).
3. Place a question mark on the right side of an entry/value for verification with establishment.
4. Except for Remuneration for Time Not Worked, a notation that an entry/value is consolidated with another is not acceptable. The same holds true for a remark that an entry/value is available only at the head office. If this occurs, place a question mark after the space provided for the item
5. Encircle the code corresponding to the edited questionnaire in portion for BLES use. The status code of each reviewed questionnaire is either **RET1** (good or acceptable) **or** **RFV1** (at least one item for verification).
6. Accomplish Part C-reviewer/date. Use name not initial to facilitate encoding. If spaces provided have been filled up by regional supervisor, use space beside thank you line.

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

<b>VARIABLE</b>	<b>INSTRUCTIONS</b>
1. Employees	Accept.
2. Working Owners, Managerial Staff Remunerated Predominantly by a Share of Profits and Unpaid Workers	
a. No entry	Accept.
b. No entry	<p>Value should not be unusually <u>high</u>. If in doubt, questionnaire is for verification with establishment.</p> <p>There should be entry here <u>only</u> if the persons referred to are:</p> <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>

VARIABLE	INSTRUCTIONS			
3. 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.				
a. Employment is consistent with ATE code	Accept.			
b. Employment is inconsistent with ATE code	Revise ATE code.			
	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	≥ 2000
4. Hours Actually Worked and/or Paid For Divide entry by entry in Part A.2 (employees). Accept if answer is <b>within 1,000 to 4,500</b> . If outside the range, questionnaire is for verification with establishment.				

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

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 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		

VARIABLE	TO CHECK	INSTRUCTIONS
2. Remuneration for Time Not Worked		Accept with or without entry. Accept notation that data is included in 1a.
3. Bonuses and Gratuities		
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		
4. Food, Drink, Fuel and Other Payments in Kind (NOTE: Fuel refers to that used for household consumption and not for motor vehicles)		Accept with or without entry.
5. Cost of Workers' Housing Shouldered by Employer		
a. Cost for establishment-owned dwellings		Accept with or without entry. 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.
6. Employer' Social Security Expenditures		
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

VARIABLE	INSTRUCTIONS
<b>6. Employer' Social Security Expenditures (cont'd.)</b>	
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. 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.
<b>7. Cost of Training</b>	Accept with or without entry. 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. 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.

VARIABLE	INSTRUCTIONS
<p><b>9. Other Labor Costs</b></p> <p>Examples of these are the following:</p> <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>	<p>Accept with or without entry.</p>