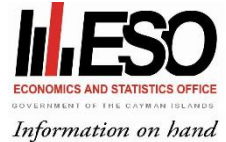


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**THE CAYMAN ISLANDS'
OCCUPATIONAL WAGE SURVEY 2023**



Business ID: _____

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FORM A – Summary of Employment, Allowances and Benefits

Please read the attached **User Guide BEFORE** completing this questionnaire.
Explanations for each question are in the User Guide.

A. Employee Count by Characteristics (full-time and part-time employees but excluding employees on unpaid leave)	
What is the total number of employees in your establishment?	As of September 30th, 2023
a. TOTAL EMPLOYEES	
b. NUMBER OF EMPLOYEES BY SEX	
Total Male	
Total Female	
c. NUMBER OF EMPLOYEES BY IMMIGRATION STATUS	
Caymanian	
Non Caymanian	
of which Permanent Residents	
d. NUMBER OF EMPLOYEES BY TYPE OF COMPENSATION	
Salaried (paid with fixed salary per period)	
Wage Earners (paid per hour or output)	
Commission only (paid by percentage of sales)	
Mixed (salary or wage, plus commission)	
e. NUMBER OF EMPLOYEES BY TERMS OF CONTRACT	
Full time employees with open-ended (no time limit) contracts	
Full time employees with fixed-term contracts	
Part time employees	

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B. Summary of Allowances and Benefits

1. Does your establishment provide the following allowances to some or all employees?

<u>Allowances</u>	<u>Yes</u>	<u>No</u>
Housing (e.g. rent, utilities, accommodation)	<input type="checkbox"/>	<input type="checkbox"/>
Local transportation (e.g. car, gas, airline tickets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to/from home country (vacation/repatriation)	<input type="checkbox"/>	<input type="checkbox"/>
Training/Education	<input type="checkbox"/>	<input type="checkbox"/>
Clothing allowance	<input type="checkbox"/>	<input type="checkbox"/>
Telephone / cell phone	<input type="checkbox"/>	<input type="checkbox"/>

Other Allowances (please specify)

2. Does your establishment provide the following benefits to some or all employees?

<u>Benefits</u>	<u>Yes</u>	<u>No</u>
Bonus	<input type="checkbox"/>	<input type="checkbox"/>
Commission	<input type="checkbox"/>	<input type="checkbox"/>
Gratuities	<input type="checkbox"/>	<input type="checkbox"/>
Pension/Retirement Fund	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Leave	<input type="checkbox"/>	<input type="checkbox"/>
Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Leave	<input type="checkbox"/>	<input type="checkbox"/>
Paternity Leave	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Leave	<input type="checkbox"/>	<input type="checkbox"/>
Compassionate Leave	<input type="checkbox"/>	<input type="checkbox"/>
Study Leave	<input type="checkbox"/>	<input type="checkbox"/>

Other Leave (please specify)

Other Type of Benefit (please specify)

3. Do your employees (some or all) receive tips?



FORM B – CONTINUATION

For ESO Use Only ISIC No.

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Employee Survey ID #	8	9	10	11	12	13	14		
	Type of Worker by Compensation (see codes below)	Type of Employment Contract (see codes below)	Usual/Normal Working Hours (per week)	Total number of actual hours worked during Sept 1 to 30, 2023. (excluding paid overtime and leaves)	Pay Period (see codes below) <i>If the pay period is 2 thru 5, go to Q14</i>	Actual Hourly Rate (per worker)	Total Gross Salary/Wages paid for the month of September 2023 (CI\$)		
							a) Salary/Wages (excluding overtime)	b) Overtime	c) Payment in Kind (excluding allowances)
(Example) 1	S	Open	37.5	155	4	46.45	7,200	554.67	1,687.50

Type of Worker by Compensation Codes: **S** – Salaried **W** – Wage Earner **C** – Commission (only) **M** – Mixed (salary or wage, plus commission)

Type of Employment Contract Codes: **Open** – Full time employees with open-ended (no time limit) contracts **Fixed** – Regular employees with fixed-term contracts **Temp** – Part time Employee

Pay Period Codes: **1** – Daily **2** – Weekly **3** – Fortnightly (every two weeks) **4** – Monthly **5** – Other

