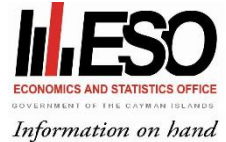


--	--	--	--	--	--	--	--



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



Business ID: _____

Contact: Andrelene Royal
Tel: (345)244-4602
Email: Andrelene.Royal@gov.ky

Contact: Travis Walters
Tel: (345)244-4606
Email: Travis.Walters@gov.ky

Email: occupationalwagesurvey@gov.ky
Website: www.eso.ky

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 July 31st, 2023	As of October 31st, 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		

--	--	--	--	--	--	--	--

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.



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 Oct 1 to 31, 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 October 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

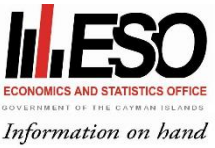
Type of Worker by Compensation Codes: **S** – Salaried **W** – Wage Earner **C** – Commission (only) **M** – Mixed (salary or wage, plus commission)
 Type of Employment Contract Codes: **Open** – Full time employees with open-ended (no time limit) contracts **Fixed** – Regular employees with fixed-term contracts **Temp** – Part time Employee
 Pay Period Codes: **1** – Daily **2** – Weekly **3** – Fortnightly (every two weeks) **4** – Monthly **5** – Other



FORM B – CONTINUATION

For ESO Use Only ISIC No.

--	--	--	--	--	--	--	--



Employee Survey ID #	15					16					
	Other compensation for the month of October 2023 (CI \$)					Allowances/benefits paid to employees (CI \$)					
	a) Acting or duty allowance	b) Commission	c) Bonus	d) Gratuities	e) Tips (actual or estimate)	a) Housing allowance in Oct 2023	b) Local transportation allowance in Oct 2023	c) Vacation or repatriation transportation assistance for the period Nov 2022 to Oct 2023	d) Training/education assistance for the period Nov 2022 to Oct 2023	e) Value Clothing allowance Oct 2023	f) Other Allowance
(Example) 1	0	0	0	3,875	2,300	0	125	0	3,000	0	0

THANK YOU FOR YOUR COOPERATION