

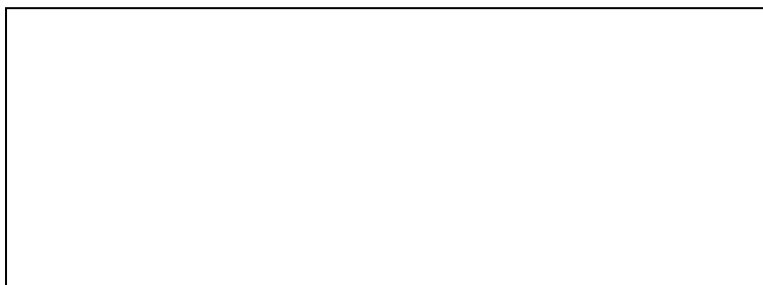
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CONFIDENTIAL

DESPATCHED: 28/06/2019

EMPLOYMENT SURVEY - 2019



Tax Identification Number

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Please correct any errors appearing on this label

Dear Sir/Madam,

Enclosed is a copy of the questionnaire on Employment Survey.

PURPOSE: The Employment Survey provides information on paid employment for the main purpose of assisting the Government and other organizations in planning and decision making.

COLLECTION AUTHORITY: The survey is conducted under the provision of the Statistics Act (Cap 71). In accordance with Section 8 subsection 2 of this Act you are required to complete the questionnaire and return it to the undersigned by the stated due date. Failure to meet this deadline could result in legal action without further notice.

CONFIDENTIALITY OF INFORMATION: Information supplied will be used by the department solely for the preparation of national statistics. Any release of information will be in accordance with the Statistics Act, which prohibits the release of data in a manner that identifies individual establishments or enterprises.

REFERENCE PERIOD: The survey relates **to the last full pay week of June, 2019.**

COVERAGE AND SCOPE: The survey covers employees who work for pay during the reference period. It also includes workers who have a job but are not at work during the reference period e.g. due to temporary illness, vacation or industrial dispute. Information on working proprietors and unpaid family workers should also be included in the survey.

DUE DATE: Please return the completed form in the postage-paid envelope by **31st July 2019.**

HELP AVAILABLE: If you require assistance in completing this form please contact the Fiji Bureau of Statistics either by Telephone or e-mail.

You can also seek assistance from our Regional offices which are located in the following addresses:

		<u>Telephone</u>
Nadi	1 st Floor, Palas Auto Service Building, Nakavu.	670 5959
Ba	Koronubu House, Varadoli.	667 3722
Labasa	Local Timber Building, Damanu Street.	881 3188

Kemueli Naiqama [Mr]
DEPUTY GOVERNMENT STATISTICIAN

1. STREET ADDRESS OF THIS BRANCH/LOCATION: *(Please DO NOT give us the P O Box Number).*

Location Description (Building name, level number, etc.)	
Street name and Lot number	
City/Town/Suburb/Settlement	

2.LEGAL STATUS OF ORGANISATION- *(Please tick ✓ appropriate box)*

1		Individual ownership	2		Partnership
3		Private Limited Company	4		Public Limited Company
5		Co-operative	6		Government owned Trading Entity
7		Statutory Boards	8		Central Government
9		Local Authority	10		Local Government
11		Joint Venture and Consortia	12		Non-profit organization
13		Trusts and Estates	14		Consulates and Foreign
15		Branch of a Company Incorporated Overseas	16		Societies and Associations
17		Other Business Type(specify)			

3. NATURE OF WORK *(Please provide a brief description of the main activity of the establishment).*

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4. GROSS INCOME-List in order of importance, **as a source** of gross income, the principal commodities produced or sold and kinds of work done or services rendered.

1	
2	
3	

5. EMPLOYEE PARTICULARS

(Please state information of the last full pay week in June, 2019)	Male	Female	TOTAL
	Numbers		
Wage Earners			
Salary Earners			
Working Proprietors not paid			
Unpaid Family Workers			
TOTAL			

6. Who should we contact if we have any enquiries about this questionnaire?

Name:	Position:	Signature:
Phone Contact:	E-mail Contact:	