



UGANDA BUREAU OF STATISTICS



EMPLOYEE BENEFITS SURVEY, 2016

Name of Establishment/Institution/Organisation:								
ID number:								

Dear Sir/Madam

Purpose of the Survey

This survey will generate vital information in formulation of policies to manage employment benefits and also to ensure that all Ugandan have a minimum social safety net.

Authority

The information is collected under the provisions of **Uganda Bureau of Statistics Act, 1998**.

Confidentiality

The Information provided on this form will remain strictly confidential as per the Uganda Bureau of Statistics Act. It will not be made available to any other person or agency.

For Assistance/Further Information

If you have any difficulties in completing this form, please contact:

Director,
Business and Industry Statistics,
Uganda Bureau of Statistics
Plot 9 Colville Street, Statistics House
P.O Box 7186, Kampala
Telephone: 0414-706016
E-mail: peter.opio@ubos.org

Yours faithfully,

Peter Opio

For: EXECUTIVE DIRECTOR

SECTION 1 : STAFF DETAILS									
No.	Particulars	Code							
1	Name of Interviewer:								
2	Date of Interview: (DD/MM/YY)	D	D	M	M	Y	Y		
3	Name of Supervisor:								
4	Date of Checking by Supervisor: (DD/MM/YY)	D	D	M	M	Y	Y		
5	Name of Editor:								
6	Date of Inspection by Editor: (DD/MM/YY)	D	D	M	M	Y	Y		
7	Results of Interview: (Write appropriate code in the space provided)	Completed= 1; Partially Done= 2; Not Done= 3							

SECTION 2 : GENERAL INFORMATION ABOUT THE ESTABLISHMENT/INSTITUTION/ORGANISATION

2.1 Identification Particulars			
No. (1)	Particulars (2)	Code (3)	
1	Region		
2	District		
3	County/ Municipality		
4	Sub-county/ Division/ Town Council		
5	Parish/ Ward		
6	Village/ Cell		
7	Plot No.		
8	Street Name:		
9	P.O. Box .		
10	Telephone:		
11	Email address:		
12	Name of Contact Person:	Telephone No:	
13	Title of the contact person (Circle the appropriate Code) Accounting Officer.....11 Human Resources Manager.....12 Director.....13 Manager.....14 Accountant.....15 Supervisor.....16 Officer.....17 Other (Specify).....98		

SECTION 3: BASIC INFORMATION ABOUT THE INSTITUTION

3.1	What is the main activity of this establishment/Institution/Organization or nature of your business? -----	ISIC CODE			
3.2	When was this establishment/Institution/ Organization formed <i>(Year when it started operating)</i>				

3.3 (a) Please state the Legal Ownership of the establishment/Institution/ Organization.

Ownership Type (1)	Code (2) <i>(Circle the appropriate code)</i>
Sole Proprietor	1
Partnership	2
Private Limited	3
Public Limited	4
Statutory Corporation	5
Parastatal	6
Government	7
Cooperative	8
Joint Government	9
Religious	10
NGO	11
Not Stated/ Unknown	12
Not Registered	13

3.3 (b) State whether this establishment/Institution/Organization is(Circle the appropriate code)

i) Domestic ----- (1)

ii) Multinational----- (2)

3.4 State the number of staff this Establishment/Institution/Organization employed as at **31st December 2015**

Category	Permanent	Temporary	Casual labourers
(1)	(2)	(3)	(4)
Male			
Female			
Total			

3.5 (a) What kind of benefits does this Establishment/Institution/Organization Offer/have for its employees? *(Multi-response—Please circle all applicable codes)*

Category	Permanent	Temporary	Casual laborers
3.5a.1 Salary	1	1	1
3.5a.2 Wages	2	2	2
3.5a.3 Allowances (transport, lunch, education, etc)	3	3	3
3.5a.4 Gratuity	4	4	4
3.5a.5 Pension	5	5	5
3.5a.6 Lump sum retirement	6	6	6
3.5a.7 Any Other (specify	8	8	8

3.5 (b) Which benefits does the Establishment/Institution/Organization plan to implement?

(Multi-response—Please circle all applicable codes)

Category	Permanent	Temporary	Casual laborers
3.5b.1 Salary	1	1	1
3.5b.2 Wages	2	2	2
3.5b.3 Allowances (transport, lunch, education, etc)	3	3	3
3.5b.4 Gratuity	4	4	4
3.5b.5 Pension	5	5	5
3.5b.6 Lump sum retirement	6	6	6
3.5b.7 Any Other (specify	8	8	8
3.5b.8 None	9	9	9

4a. Is this Establishment/Institution/Organization registered with National Social Security fund (NSSF)?

(Tick where applicable)

Yes No

1	2
---	---

4(b) Please state any other retirement savings scheme which your employees participate in.

(Circle the appropriate)

(Multiple-response—Please circle all applicable codes)

Category	Permanent	Temporary	Casual laborers
4b.1 Mandatory Pension Scheme (Other than NSSF)	1	1	1
4b.2 Provident fund	2	2	2
4b.3 Deposit Administration Policy Scheme	3	3	3
4b.4 Umbrella Retirement Benefit Scheme	4	4	4
4b.5 Other (Specify).....	8	8	8
4b.6 None	9	9	9

4 (c) State the name of the Retirement Savings Scheme? (Answer *required for any response in 4b. Please write in the space provided below:*

4d. How is the retirement savings arrangement set up/governed? *Circle where applicable*

	Code
a. Act of Parliament	1
b. Trust deed	2
c. Deposit Administration Policy Scheme	3
d. Deed of Adherence	4
e. Other Specify.....	8
f. Not Applicable	9

5a. Does this Establishment/Institution/Organization run/operate a staff saving scheme other than a retirement savings plan? *(Tick where applicable)*

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5b. If **Yes** in 5a, what category of saving scheme does this Establishment/Institution/Organization operate?

Circle where applicable

	Code
i. SACCO	1
ii. Investment club	2
iii. Circle (Merry go round)	3
iv. Other (Specify)	8
v. Not Applicable	9

THANK YOU FOR YOUR COOPERATION

Comment from Interviewer:

Remarks by Supervisor:

Interviewers Name: Code:	Supervisors Name: Code:
Signature:	Signature:
Date:	Date: