

STATISTICS ACT
(Cap. 17:01)

**STATISTICS (SURVEY OF EMPLOYMENT AND EMPLOYEES),
REGULATIONS, 1985**

(Published on 9th August, 1985)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation and commencement
2. Authorisation to conduct a survey
3. Service of questionnaire on persons
4. Questionnaire to be answered
5. Penalties

FIRST SCHEDULE

SECOND SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Finance and Development Planning by section 15 of the Statistics Act, the following Regulations are hereby made —

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <p>1. These Regulations may be cited as the Statistics (Survey of Employment and Employees) Regulations, 1985.</p> | <p>Citation and commencement</p> |
| <p>2. The Government Statistician may direct any authorised officer to conduct a survey on employment and employees in Botswana for the purpose of providing an up-to-date statistical information.</p> | <p>Authorisation to conduct a survey</p> |
| <p>3. (1) The Government Statistician may serve or cause to be served on any person, by an authorised officer, a questionnaire in the form set out in either Schedule I or Schedule II hereto.</p> <p>(2) A questionnaire served in accordance with subregulation (1) shall be accompanied by a Government of Botswana official envelope addressed to the Government Statistician, Central Statistics Office, Private Bag 0024, Gaborone and marked "Statistics".</p> | <p>Service of questionnaire</p> |
| <p>4. (1) Subject to subregulation (2) any person on whom a questionnaire is served shall, within 30 days of receipt of such questionnaire, complete, sign and return it to the Government Statistician enclosed in the official envelope accompanying the questionnaire.</p> <p>(2) Where a person on whom a questionnaire is served is unable for good cause to complete the questionnaire, he shall furnish the information sought in the questionnaire verbally when required to do so by an authorised officer.</p> | <p>Questionnaire to be answered</p> |
| <p>5. Any person who fails to comply with the provisions of regulation 4 shall be guilty of an offence and on conviction thereof shall be liable to a fine of P100 and, in the case of a continuing offence, to a fine of P5 for every day during which the offence is so continued.</p> | <p>Penalties</p> |

SCHEDULE 1

FORM SEE - 1PC

STATISTICS ACT 1967 (Cap 17:01)

STATISTICS (EMPLOYMENT AND EMPLOYEES) REGULATIONS 1985



Central Statistics Office
Private Bag 0024
Gaborone, BOTSWANA

Telephone: Gaborone 2521

REPUBLIC OF BOTSWANA

ANNUAL SURVEY OF EMPLOYMENT AND EMPLOYEES
FOR THE MONTH OF SEPTEMBER 1985

This return should cover only one establishment - that named in the above label. If your business has more than one major activity or operates from more than one location, please submit a separate return for each major activity and location. Please return the completed form in the enclosed reply-paid envelope within 30 days. KEEP ONE COPY FOR YOUR RECORDS.

PART A : EMPLOYMENT AT END OF SEPTEMBER 1985

1. Please amend the name or postal address shown in the label above if these are incorrect.

2. Does this return relate to the business unit and location described in the label above? RT 100

	Yes	-	Continue
	No	-	Please contact the CSO to explain why.

<p>3. As at the end of the month, how many owners, proprietors and unpaid family members were working at the above establishment for at least 15 hours per week? (Exclude paid family members and company directors. These should be included in 4 below.)</p>	<p>Working proprietors and unpaid family workers:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Males</td> <td style="width: 5%;">.....</td> <td style="width: 5%;">(1)</td> </tr> <tr> <td>Females</td> <td>.....</td> <td>(2)</td> </tr> <tr> <td>Total</td> <td>.....</td> <td>(3)</td> </tr> </table>	Males	(1)	Females	(2)	Total	(3)						
Males	(1)														
Females	(2)														
Total	(3)														
<p>4. As at the end of the month, how many paid employees were on the payroll of the above establishment? (Include all employees, whether casual, temporary or permanent, or whether they are paid on a monthly, weekly, hourly or any other basis. Include those temporarily absent on pay who will return to work after their absence. Submit a separate return for employees at any other establishment.)</p>	<p>Paid employees:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Citizen - Males</td> <td style="width: 5%;">.....</td> <td style="width: 5%;">(4)</td> </tr> <tr> <td>Females</td> <td>.....</td> <td>(5)</td> </tr> <tr> <td>Non citizen - Males</td> <td>.....</td> <td>(6)</td> </tr> <tr> <td>Females</td> <td>.....</td> <td>(7)</td> </tr> <tr> <td>Total paid employees</td> <td>.....</td> <td>(8)</td> </tr> </table>	Citizen - Males	(4)	Females	(5)	Non citizen - Males	(6)	Females	(7)	Total paid employees	(8)
Citizen - Males	(4)														
Females	(5)														
Non citizen - Males	(6)														
Females	(7)														
Total paid employees	(8)														

PART B : REMUNERATION DURING SEPTEMBER 1985

<p>5. What was the total payment made to employees at the establishment during the month? (Include total wages, salaries, allowances, overtime, bonuses and other cash payments and cash benefits paid during the month. Exclude non-cash benefits. Include payments made to employees who left or joined during the month. Report gross earnings before tax or other deductions).</p>	<p>Payments to:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Citizens P</td> <td style="width: 5%;">.....</td> <td style="width: 5%;">(9)</td> </tr> <tr> <td>NonCitizens P</td> <td>.....</td> <td>(10)</td> </tr> <tr> <td>Total payments to employees P</td> <td>.....</td> <td>(11)</td> </tr> </table>	Citizens P	(9)	NonCitizens P	(10)	Total payments to employees P	(11)
Citizens P	(9)								
NonCitizens P	(10)								
Total payments to employees P	(11)								

PART C : UNFILLED VACANCIES AT END OF SEPTEMBER 1985

NOTE: Vacancies are positions for which you are actively recruiting, advertising or otherwise attempting to fill - or would do so if you believe that suitable applicants were available. Exclude vacancies which you are not able to fill due to lack of finance or lack of business. Only unfilled vacancies should be shown. Exclude positions which are already filled - whether filled by expatriates or Batswana.

6. At the end of the month, how many unfilled vacancies did you have at this establishment? (12)

	Total number of unfilled vacancies:	(12)
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PART F : DECLARATION

I, the undersigned, hereby certify that the information supplied in this form is correct and complete to the best of my knowledge and belief.

Date: Signature:

Name and address (BLOCK LETTERS):

.....

..... Telephone:

OFFICE USE ONLY	
Rec'd	
Recorded	
Checked	
Entered	
Filed	

SCHEDULE II

FORM SEE-1P

STATISTICS ACT 1967 (Cap 17:01)

STATISTICS (EMPLOYMENT AND EMPLOYEES) REGULATIONS 1985



Central Statistics Office
Private Bag 0024
Gaborone BOTSWANA

Telephone: Gaborone 2521

REPUBLIC OF BOTSWANA

ANNUAL SURVEY OF EMPLOYMENT AND EMPLOYEES

FOR THE MONTH OF MARCH 1986

This return should cover only one establishment - that named in the above label. If your business has more than one major activity or operates from more than one location, please submit a separate return for each major activity and location. Please return the completed form in the enclosed reply-paid envelope within 30 days. KEEP ONE COPY FOR YOUR RECORDS.

PART A : EMPLOYMENT AT END OF MARCH 1986

1. Please amend the name or postal address shown in the label above if these are incorrect.

2. Does this return relate to the business unit described in the label above? Yes - Continue
No - Please contact the CSO to explain why. RT 100

3. As at the end of the month, how many owners, proprietors and unpaid family members were working at the above establishment for at least 15 hours per week?
(Exclude paid family members and company directors. These should be included in 4 below.)

Working proprietors and unpaid family workers:		
Males	.....	(1)
Females	.....	(2)
Total	.....	(3)

4. As at the end of the month, how many paid employees were on the payroll of the above establishment?
(Include all employees, whether casual, temporary or permanent, or whether they are paid on a monthly, weekly, hourly or any other basis. Include those temporarily absent on pay who will return to work after their absence. Submit a separate return for employees at any other establishment.)

Paid employees:		
Citizen - Males	.....	(4)
Females	.....	(5)
Noncitizen - Males	.....	(6)
Females	.....	(7)
Total paid employees	.....	(8)

PART B : REMUNERATION DURING MARCH 1986

5. What was the total payment made to employees during the month?
(Include total wages, salaries, allowances, overtime, bonuses and other cash payments and cash benefits paid during the month. Exclude non-cash benefits. Include payments made to employees who left or joined during the month, but separately identify these in B below. Report gross earnings before tax or other deductions.)

Payments in cash or by cheque to:		
Citizens	P	(9)
Noncitizens	P	(10)
Total payments to employees	P	(11)

PART C : LABOUR TURNOVER DURING MARCH 1986

NOTE: If you operate more than one establishment in Botswana, exclude transfers from one establishment to another within your business.

6. How many paid employees joined the establishment during the month?

	Citizens	Noncitizens
	..... (16)	..... (17)

7. How many paid employees left the establishment during the month?

	Citizens	Noncitizens
Retirement	..... (20)	..... (21)
Resignation	..... (22)	..... (23)
Dismissal	..... (24)	..... (25)
Other (death, unpaid leave, etc)	..... (26)	..... (27)
Total left	..... (28)	..... (29)

8. What were the total cash or cheque payments during the month to those paid employees who joined or left during the month?

	Citizens	Noncitizens
	P	P
	(30)	(31)

PLEASE COMPLETE PARTS D, E AND F OVERLEAF

PART D : UNFILLED VACANCIES AT END OF MARCH 1986

NOTE: Vacancies are positions for which you are actively recruiting, advertising or otherwise attempting to fill - or would do so if you believed that suitable applicants were available. Exclude vacancies which you are not able to fill due to lack of finance or lack of business. Only unfilled vacancies should be shown. Exclude positions which are already filled - whether filled by expatriates or Batswana.

9. At the end of the month, how many unfilled vacancies did you have at this establishment? Total number of unfilled vacancies: (26)

10. For each vacancy, show the occupation, level of academic qualification required, other skills/training required and years of relevant experience required. For each vacancy with the same occupation and selection criteria, show the total number of such vacancies in Column 5. The total of numbers shown in Column 5 should equal the answer in Question 9 above.

(1) Occupation	(2) Academic qualification required	(3) Other skills or training required	//// ////	(4) Years of experience req'd	(5) Number of such vacancies	OFFICE USE ONLY		
								(33/34)
			201	. . . years				
			202	. . . years				
			203	. . . years				
			204	. . . years				
			205	. . . years				
			206	. . . years				
			207	. . . years				

PART E : LIST OF EMPLOYEES

11. Please provide a full list of the names of all paid employees at this establishment at the end of March 1986. The number of names shown should equal the number shown as "Total paid employees" in Question 4 overleaf, except that employees who left during the month should be excluded. A sample of names will be chosen from this list by the CSO and you will then be asked to give particulars about the selected employees. All replies (including the list of names) will be treated in the strictest confidence and never released to unauthorised people.

The list of names may be entered in the spaces below or you may wish to attach a separate sheet (such as a copy of your payroll sheet for March or a copy of your Local Government Tax sheets for March). As in Question 4, include all employees including temporary, casual, part-time and industrial class workers.

<u>Name</u>	<u>Name</u>
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
23.	24.
25.	26.
27.	28.
29.	30.

PART F : DECLARATION

I, the undersigned, hereby certify that the information supplied in this form is correct and complete to the best of my knowledge and belief.

Date: Signature:

Name and address (BLOCK LETTERS):

.

 Telephone:

OFFICE USE ONLY	
Rec'd	
Recorded	
Checked	
Sample	
Entered	
Filed	

SURVEY OF EMPLOYMENT AND EMPLOYEES - PART 6 (Details about selected employees)

Business l-d

1	7	12	11	300
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1. Name of selected employee			
2. Was this person a paid employee in your business at the end of March 1986? (If NO, leave rest of column blank.)	Yes/ No	Yes/ No	19
3. Sex	Male/ Female	Male/ Female	18
4. Age last birthday (years)			10
5. Botswana citizen?	Yes/ No	Yes/ No	20
6. Job title and duties of position held at end of March 1986?			22
7. Highest academic qualifications (State highest Standard or Form passed or highest diploma obtained. State "NIL" if no schooling.)			25
8. What other certificates relevant to his job has the person got? (E.g. typing, motor mechanic trade test)			27
9a. In your opinion, do you think that the employee requires more study or training towards a certificate?	Yes/ No	Yes/ No	30
9b. If so, what sort of training is required?			31
10. Is the person available to be trained if a suitable course were found?	Yes/ No/ Not applicable	Yes/ No/ Not applicable	33
Work experience 11. How many years relevant work experience does your employee have for this job?	None <input type="checkbox"/> Some but under 1 year <input type="checkbox"/> 1 to under 2 years <input type="checkbox"/> 2 " " 5 " <input type="checkbox"/> 5 " " 10 " <input type="checkbox"/> 10 years or more <input type="checkbox"/>	None <input type="checkbox"/> Some but under 1 year <input type="checkbox"/> 1 to under 2 years <input type="checkbox"/> 2 " " 5 " <input type="checkbox"/> 5 " " 10 " <input type="checkbox"/> 10 years or more <input type="checkbox"/>	34
12. For how many years has the person been employed by you?	Under 1 year <input type="checkbox"/> 1 to under 2 years <input type="checkbox"/> 2 " " 5 " <input type="checkbox"/> 5 " " 10 " <input type="checkbox"/> 10 years or more <input type="checkbox"/>	Under 1 year <input type="checkbox"/> 1 to under 2 years <input type="checkbox"/> 2 " " 5 " <input type="checkbox"/> 5 " " 10 " <input type="checkbox"/> 10 years or more <input type="checkbox"/>	35
Wage/Salary 13a. At the last pay-day in March 1986, how much was the person paid? (Show gross pay only - before tax or other deductions and excluding payments in kind.)	Normal gross pay: P Overtime (if any): P Special adjustments this pay: P	Normal gross pay: P Overtime (if any): P Special adjustments this pay: P	40
13b. What period did this pay cover?	TOTAL GROSS PAY : P One week <input type="checkbox"/> One month <input type="checkbox"/> Other (specify)	TOTAL GROSS PAY : P One week <input type="checkbox"/> One month <input type="checkbox"/> Other (specify)	54
Hours worked 14. How many hours does the person ordinarily work (without overtime) each week? (i.e. what are the standard ordinary time hours for this job?)	..... hours per week	..... hours per week	55
15. If overtime payments are recorded in 13a above for this person, how many overtime hours are covered by these overtime payments?	..... overtime hours	..... overtime hours	56
Payments in kind 16. Do you provide the employee with any of these items free or at less than market prices?	Housing <input type="checkbox"/> TICK IF YES Food <input type="checkbox"/> IF YES Clothing (excl. protective clothing) <input type="checkbox"/>	Housing <input type="checkbox"/> TICK IF YES Food <input type="checkbox"/> IF YES Clothing (excl. protective clothing) <input type="checkbox"/>	72
Cash bonuses and other work conditions 17a. Do you provide the employee with any periodic (e.g. annual) bonuses?	Yes/ No	Yes/ No	73
17b. If YES, how much total cash bonus did the employee get during 1986?	Pula	Pula	74
18. Does the person receive full pay if temporarily sick?	Yes/ No	Yes/ No	75
19. Is this employee covered by a pension/retirement benefit scheme through your business?	Yes/ No	Yes/ No	76
20. Is this employee covered by a health insurance or medical aid scheme through your business?	Yes/ No	Yes/ No	77

THANK YOU FOR YOUR CO-OPERATION. NAME OF PERSON COMPLETING THIS FORM: DATE:

MADE this 30th day of July, 1985.

**P.S. MMUSI,
*Vice-President and Minister of Finance and
Development Planning.***