

EHECS B

Notice is served under Section 26 of the Statistics Act, 1993.

You are obliged by law to fully complete and return this form to the Central Statistics Office.

Explanatory Notes: Please read the instructions carefully before completing this form. If you require any assistance, please see contact details.

Purpose of Survey: The Earnings, Hours & Employment Costs Survey enables the Central Statistics Office to compile regular and timely labour cost indices for the purpose of monitoring change in labour costs in Ireland and across the European Union.

Statutory Basis: The data sought by the Central Statistics Office in this questionnaire is compulsory under the Statistics (Labour Costs Surveys) Order, 2023, (S.I. No 113 of 2023), Council Regulation (EC) No. 450/2003 and Council Regulation (EC) No. 530/1999.

Confidentiality: The information you supply will be treated as strictly confidential under the provisions of the Statistics Act, 1993.

Thank you in advance for your participation in this survey. The latest results from the survey are available on the CSO website at the address www.cso.ie/en/statistics/earnings/earningsandlabourcosts

Contact details:

LoCall: 1890 313 414 (ROI)

0870 876 0256 (UK/NI)

Cork (021) 4535000

E-mail: ehecs@cso.ie

www.cso.ie

Reference Period

Year and quarter

Reference Year

Quarter

Company name

Does the company address differ from the last form submitted?

If yes please enter changes

Yes

No

Please enter O for original return, or A for amended return in the box

A

O

Number of Persons Employed

Please select with respect to Employees, Apprentices/Trainees and Other Persons Engaged in the business during the quarter.

Full Time Employees

Number employed at the start of the quarter

Number employed at the end of the quarter

Part Time Employees

Number employed at the start of the quarter

Number employed at the end of the quarter

Please state the average number of Apprentices/Trainees engaged in the business during the quarter

Please state the average Number of Other Persons Engaged in the business who are not paid a regular wage/salary during the quarter

Please state the number of job vacancies in the business as at last working day of quarter

Please state the number of Employees in this category in receipt of minimum wage or less at end of the quarter

Total Wages & Salaries and Corresponding Paid Hours.

Please provide a breakdown of total wages and salaries for the quarter, rounded to nearest Euro, for full-time and part-time employees separated into Regular, Overtime and Irregular payments. For Apprentices, please enter an overall figure. Give gross figure before any deductions. For each broken down payment figure provided, please enter the corresponding number of paid hours (both worked and not worked)

Full Time Staff

Please state regular wages & salaries (including sick & maternity pay) for full time staff

Please state the overtime paid to full time staff

Please state any irregular bonuses & allowances paid to full time staff

Please state Paid Contracted Hours in this category
Both worked and unworked hours

Please state Paid Overtime Hours in this category
The amount of hours for which overtime has been paid

Please state any irregular bonuses & allowances paid to full time staff

Part Time Staff

Please state regular wages & salaries (including sick & maternity pay) for part time staff

Please state the overtime paid to part time staff

Please state any irregular bonuses & allowances paid to part time staff

Please state Paid Contracted Hours in this category

Please state Paid Overtime Hours in this category

Apprentice

Please state regular wages & salaries (including sick & maternity pay) for apprentice staff

Please state Paid Contracted Hours for apprentice staff

Total Other Contributions

Total Other Employer's Contributions for ALL EMPLOYEES (cost to Employers only).
rounded to the nearest Euro.

Please state the employer's Statutory PRSI (excluding Apprentices/Trainees) contribution

Employer's contributions to pension funds

Other contributions (e.g. Income continuance insurance, study grants)

Redundancy payments paid

Total Social Security Contributions for apprentices/trainees

Total Cost to the Employer of Benefits provided to Employees (excluding Apprentices/Trainees), rounded to the nearest Euro

Total Benefit in Kind

Total Subsidies and Refunds Received for all Employees(including Apprentices/Trainees) rounded to the nearest Euro

All Employees - Include Training & Employment Subsidies (Solás, Youth Employment Support Scheme, etc.) & Refunds from Dept. of Employment Affairs and Social Protection

Comments, Administrative Burden and Contact Details

Please add any comments that would help us to interpret the data provided and avoid further queries:

How many minutes did it take you to collect the data for this form?

Declaration Please note: Queries or future surveys from the CSO may be directed to the email or phone number provided by you.

Position options include ('Accountant', 'Director', 'Executive', 'Financial Controller', 'Manager', 'Owner', 'Secretary', 'Other')

Contact

Details

Name:

Position:

Phone:

Email:

Website:

Eircode of Enterprise:

You will have the opportunity to view and print or save a copy of your answers after submitting this survey.