One (1) Survey only per Respondent Employee Association

**A Study on the Implementation of the Economic and Non-Economic Benefits**

 **in Collective Negotiation Agreement**

**SURVEY QUESTIONNAIRE**

1. Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Agency Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Agency Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Sector:

Government-Owned or Controlled Corporation (GOCC)

 Local Government Unit (LGU)

 National Government Agency (NGA)

 State University or College (SUC)

**For the President of Employees’ Association/ Representative**

1. Name of employees’ organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Position of respondent in the employees’ organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of members: \_\_\_\_\_\_\_ Gender: Male \_\_\_\_\_\_; Female \_\_\_\_\_\_\_
5. Number of rank-and-file employees in the agency: \_\_\_\_\_\_\_\_\_
6. Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Number of years of implementation of the current CNA: 1ST 2ND 3RD

**Survey Proper**

1. Is there a duly constituted Employees’ Organization-Management Consultative Committee (Committee, for brevity) or a similar body? Yes No
2. If yes, what is the composition of the Committee? For both the employees’ organization and management, please indicate position title (in the agency) and designation in the Committee (e.g. Chair, Vice-Chair, Member).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Designation in the Committee** | **Gender** |
|  |  |  | **Male** | **Female** |
| Management |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Employees’ Organization |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. What are the mechanisms in place to ensure implementation of the CNA? Please choose the answers that apply to you. More than one answer is allowed.

The Committee (e. g. Employees Organization – Management Consultative Committee) meets on a regular basis to ensure implementation of the CNA.

We write the management for CNA provision that is not yet implemented.

We hold mass action to demand the management to implement CNA provision that is not yet implemented.

We requested intervention from the Civil Service Commission.

We filed an unfair labor practice case with the Public Sector Labor Management Council.

Other. Please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are all provisions in the CNA fully implemented? Yes No
2. If the answer to Question No. 17 is “**No**”, please list down provisions that are not fully implemented by checking the box corresponding to the answers that apply to you. More than one answer is allowed.

|  |  |
| --- | --- |
| **CNA Provision/s Not Implemented** | **Reason** |
| Agency Fee (Fee collected from non-members who enjoy the benefits under the CNA which is equivalent to the union dues and other fees normally paid by the members of accredited employees’ organization) |  |
| Annual Medical/Physical Examination |  |
| Athletic and Socio-Cultural Activities (Funding of P1,500.00 per employee-participant pursuant to General Appropriations Act) |  |
|  Bulletin Board |  |
|  Check-off (Deduction from the salary of employees in the amount equivalent to the association’s dues, fees, fines and other assessments remitted to the employees’ organization) |  |
|  Clothing/Uniform Allowance |  |
|  CNA Incentive[[1]](#footnote-1) |  |
|  Compensatory Overtime Credit / Compensatory Time-Off |  |
|  Flexi-time |  |
|  Membership to various committees, as follows:Grievance Machinery PRAISE CommitteePersonnel Selection BoardPersonnel Development Committee Employees’ Organization – Management Consultative Committee Performance Management Team Change Management TeamOther/s. Please specify |  |
|  Office Space |  |
|  Overtime Pay |  |
|  Program on Awards and Incentives for Service Excellence (PRAISE) |  |
|  Provident Fund (Establishment and administration) |  |
|  Study Leave |  |
|  Union Time-Off (Allowed to attend general assemblies, meetings, activities, and conferences called by any government agency or other organizations/institutions) |  |
|  Other/s. Please specify |  |

1. Is there an economic benefit provided for in the CNA that was disallowed by the COA? If the answer is **Yes**, please answer Question Nos. 20-22. If the answer is **No**, please proceed to Question No. 23.

Yes No

1. What is the economic benefit under the CNA that was disallowed by the COA? Please choose the answers that apply to you by checking the corresponding boxes and indicate the reason opposite the answer. More than one answer is allowed.

|  |  |
| --- | --- |
| **Disallowed Economic Benefit** | **Reason** |
|  CNA incentive |  |
|  Other. Please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. What are the actions taken by the employees’ organization and/or the management to the address the disallowance?

Disallowed benefit is under appeal with \_\_\_\_\_\_\_\_(please specify, e.g. COA, Court of Appeals, Supreme Court)

Disallowed benefit was refunded by employees.

Other. Please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the status of the disallowed economic benefits?

On appeal with \_\_\_\_\_\_\_\_(please specify, e.g. COA, Court of Appeals, Supreme Court)

Completely refunded by employees.

On-going refund by employees.

Other. Please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the lifespan of your current/present CNA, how much on the average, is the CNA incentive granted to individual employees?

P5,000.00 or less

P5,001.00 – P10,000.00

P10,001.00 – P15,000.00

P15,001.00 – P20,000.00

P20,001.00 – P25,000.00

More than P25,000.00

Note to respondent:

Once accomplished, you may send us this survey questionnaire through:

1. Electronic mail (email) to csc.hrro.survey@gmail.com (scanned/jpeg/word doc/pdf format are acceptable as long as readable)
2. Fax to IRMO at (02) 931-7981 (please inform the recipient that the accomplished survey is for CSC-HRRO)
3. Mail to Director IV Alan F. Alegria Human Resource Relations Office, Civil Service Commission, IBP Road, Constitution Hills, Batasan, Quezon City
1. Refers to cash incentive provided for in CNAs and supplements thereto, which is granted pursuant to PSLMC Resolutions No. 04, s. 2002, PSLMC Resolution No. 02, s. 2003, Administrative Order No. 135, s. 2005, General Appropriations Act, DBM Budget Circular No. 2006-1 dated February 1, 2006, and DBM Budget Circular No. 2016-7 dated December 1, 2016. The CNA incentive for the year is a one-time benefit. [↑](#footnote-ref-1)