**PAY RESEARCH BUREAU**

**Survey on Flexible Hours of Attendance and Flexible Working Arrangement in the Public Sector**

***Please fill in the relevant parts and/or tick (******) the boxes of the Questionnaire, as appropriate.***

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| **PART I: BASIC DATA**   1. Name of Ministry / Department / Organisation: ..........................................................................   .......................................................................................................................................................   1. Number of employees on permanent and pensionable establishment in your organisation:   ……………………………………   1. How does your organisation normally operate to *provide its services*?   ***(Please exclude Departments/Divisions/Sections operating on shift, roster and staggered hours  and those operating in essential services providing 24 hour coverage).***  on a five day week basis    on a six day week basis  **PART II: IMPLEMENTATION OF FLEXIBLE HOURS OF ATTENDANCE**   1. (a) Do you have an *electronic* attendance system in your organisation to monitor the attendance of employees?   Yes  No  (b) If No: (i) the reason thereof?  ………………………………………………………….………….………….……  …………………………………………………………………….………….…….   1. (a) Have you implemented the *Flexible Hours of attendance* in your organisation?   Yes  No  (go to question 2 (c))  (b) If Yes: (i) Since when has it been introduced?  ………………………………………………………….………….………….…  ………………………………………………………….………….………….…  (ii) Does it apply to all staff?  Yes  No  If No, give details:  …………………………………………………………..………….………….…  …………………………………………………………..………….………….…  (iii) List any implementation problem that you have encountered.  ………………………………………………………….………….………….…  ………………………………………………………….………….………….…  (iv) What further improvement can be brought to the current provision?  ………………………………………………………….………….………….  ………………………………………………………….……………………..  (c) If No, the reason(s) thereof?  ………………………………………………………….…………..…………....………  ………………………………………………………….…………..…………....………  (d) (i) Can the provisions of Flexible Hours of Attendance be extended to employees in Workmen’s Group (other than Office Auxiliaries/Senior Office Auxiliaries Cadre)  Yes  No  (ii) If No, the reason(s) thereof?  ………………………………………………………….………….………….…….……  ………………………………………………………….…………………….…………… |
| **PART III: FLEXIBLE WORKING ARRANGEMENT (FWA) - FLEXITIME**   1. (a) Have you implemented the *Flexible Working Arrangement of attendance* in your organisation?   Yes  No  (go to question (c))  (b) If Yes: (i) Since when has it been introduced?  ………………………………………………………….………….………  ………………………………………………………….………….………  (ii) Does it apply to all staff?  Yes  No  If No, give details:  ………………………………………………………….……………………  ………………………………………………………….………….………...  (iii) List any implementation problem that you have encountered.  ………………………………………………………….…………….….…..  ………………………………………………………….…………….….…..  (iv) What consequential amendments have been brought to the prevailing provision?  ………………………………………………………….…………….….…..  ………………………………………………………….…………….….…..  (c) If No, the reason(s) thereof?  ………………………………………………………….………….………….  ………………………………………………………….………….………….  (d) (i) Can the provisions of Flexible Working Arrangement be extended to employees in Workmen’s Group (other than Office Auxiliaries/Senior Office Auxiliaries Cadre)  Yes  No  (ii) If No, the reason(s) thereof?  ………………………………………………………….………….………….……….  …………………………………………………………………….………….……….. |
| **PART IV – GENERAL REMARKS**   1. Comments/suggestions of the Chief Executive Officer (CEO)/Responsible Officer of the Organisation on the issue of Flexible Hours of Attendance and Flexible Working Arrangement that he/she would wish the Bureau to consider in the formulation of new recommendations.   ....................................................................................................................................................  ....................................................................................................................................................  ....................................................................................................................................................  .................................................................................................................................................... |
| **Name of Officer filling in the Questionnaire: . ..................................................................................**  **Grade: ...................................................................................................................................................**  **Signature: ……………………………. Date: …………………………...** |

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