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THE CAYMAN ISLANDS'
OCCUPATIONAL WAGE SURVEY 2026



Business ID: _____

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FORM A – Summary of Employment, Allowances and Benefits

Please read the attached User Guide BEFORE completing this questionnaire.
Explanations for each question are in the User Guide.

A. Employee Count by Characteristics (full-time and part-time employees but excluding employees on unpaid leave)	
What is the total number of employees in your establishment?	As of September 30th, 2026
a. TOTAL EMPLOYEES	
b. NUMBER OF EMPLOYEES BY SEX	
Total Male	
Total Female	
c. NUMBER OF EMPLOYEES BY IMMIGRATION STATUS	
Caymanian	
Non Caymanian	
of which Permanent Residents	
d. NUMBER OF EMPLOYEES BY TYPE OF COMPENSATION	
Salaried (paid with fixed salary per period)	
Wage Earners (paid per hour or output)	
Commission only (paid by percentage of sales)	
Mixed (salary or wage, plus commission)	
e. NUMBER OF EMPLOYEES BY TERMS OF CONTRACT	
Full time employees with open-ended (no time limit) contracts	
Full time employees with fixed-term contracts	
Part time employees	

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B. Summary of Allowances and Benefits

1. Does your establishment provide the following allowances to some or all employees?

Allowances	Yes	No
Housing (e.g. rent, utilities, accommodation)	☐	☐
Local transportation (e.g. car, gas, airline tickets, etc.)	☐	☐
Transportation to/from home country (vacation/repatriation)	☐	☐
Training/Education	☐	☐
Clothing allowance	☐	☐
Telephone / cell phone	☐	☐
Other Allowances (please specify)		

2. Does your establishment provide the following benefits to some or all employees?

Benefits	Yes	No
Bonus	☐	☐
Commission	☐	☐
Gratuities	☐	☐
Pension/Retirement Fund	☐	☐
Life Insurance	☐	☐
Health Insurance	☐	☐
Disability Insurance	☐	☐
Other Insurance Benefits	☐	☐
Vacation Leave	☐	☐
Sick Leave	☐	☐
Maternity Leave	☐	☐
Paternity Leave	☐	☐
Bereavement Leave	☐	☐
Compassionate Leave	☐	☐
Study Leave	☐	☐

Other Leave (please specify)

Other Type of Benefit (please specify)

3. Do your employees (some or all) receive tips?

☐

☐



FORM B – Employee Characteristics, Work Hours, Remuneration and Benefits

This Form consists of three (3) pages and seventeen (17) questions. Please provide the information under each column for each employee.
To ensure confidentiality, please DO NOT WRITE EMPLOYEE NAMES in Column 1, but use an anonymous ID number for each employee, e.g. 1,2,3 ... etc.
The same ID # must be consistently used for the same employee throughout the 3 pages of the Form. If you need more Forms, please photocopy this original form or download the form from www.eso.ky. Please read the attached User Guide **BEFORE** completing this questionnaire. Please write **N/A** for questions not applicable to the employee.



ALL PERSONS EMPLOYED AS **AT THE END OF SEPTEMBER 2026** should be included in this Form, and ALL data should be as at END September 2026.

1	2	3	4	5a	5b	5c	6	7
Employee Survey ID #	Sex	Age	Immigration Status Code (see codes below)	Education Code (Highest Level Completed) (see codes below)	With Professional Qualification for the Current Job? (Yes or No)	What is the required education level for the job? (see codes below)	Job Title / Occupation	Brief Description of <u>MAIN</u> Duties or Tasks
(Example) 1	F	36	C	Level 5	Yes	Level 3	Food and Beverage manager	Forecasts, plans, and controls the ordering of food and beverages

Immigration Status Codes: **C** – Caymanian **PR** – Permanent Resident **NC** – Non-Caymanian

Education level Codes: **1** – Lower than High School **2** – Completed High School **3** – Completed Technical/Vocational Certificate/License **4** – Completed Associate Degree **5** – Completed Bachelor Degree **6** – Completed Postgraduate Degree (Master’s, PhD. etc.)



FORM B – CONTINUATION



Employee Survey ID #	8	9	10	11	12	13	14		
	Type of Worker by Compensation (see codes below)	Type of Employment Contract (see codes below)	Usual/Normal Working Hours (per week)	Total number of actual hours worked during Sept 1 to 30, 2026. (excluding paid overtime and leaves)	Pay Period (see codes below) If the pay period is 2 thru 5, go to Q14	Actual Hourly Rate (per worker)	Total Gross Salary/Wages paid for the month of September 2026 (CI\$)		
							a) Salary/Wages (excluding overtime)	b) Overtime	c) Payment in Kind (excluding allowances)
(Example) 1	S	Open	37.5	155	4	46.45	7,200	554.67	1,687.50

Type of Worker by Compensation Codes: **S** – Salaried **W** – Wage Earner **C** – Commission (only) **M** – Mixed (salary or wage, plus commission)

Type of Employment Contract Codes: **Open** – Full time employees with open-ended (no time limit) contracts **Fixed** – Regular employees with fixed-term contracts **Temp** – Part time Employee

Pay Period Codes: **1** – Daily **2** – Weekly **3** – Fortnightly (every two weeks) **4** – Monthly **5** – Other



FORM B – CONTINUATION



Employee Survey ID #	15					16					
	Other compensation for the month of September 2026 (CI \$)					Allowances/benefits paid to employees (CI \$)					
	a) Acting or duty allowance	b) Commission	c) Bonus	d) Gratuities	e) Tips (actual or estimate)	a) Housing allowance in Sept 2026	b) Local transportation allowance in Sept 2026	c) Vacation or repatriation transportation assistance for the period Oct 2025 to Sept 2026	d) Training/education assistance for the period Oct 2025 to Sept 2026	e) Value Clothing allowance Sept 2026	f) Other Allowance
(Example) 1	0	0	0	3,875	2,300	0	125	0	3,000	0	0

THANK YOU FOR YOUR COOPERATION