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## PEOPLE DATA COLLECTION

### Farm Information

Farm Name and Contact Name
Email Address
Phone Number/s

Season (Year)	2018/2019
Number of Cows Peak Milked	
Milksolids Produced	
Effective HA	
Costs for Milk Company Fines / Losses / Insurance Excess	
Costs for Employment Disputes including settlements, legal and advocate costs	

Equalising Information for tasks that may be contracted out. Do you?

	Circle one	If yes, how many hours per annum does this task take?
Raise young stock (calves 3 – 12 months)	Yes / No	
Winter stock on	Yes / No	
Manage your own feed production outside of standard winter crop	Yes / No	
Manage the application of capital fertiliser yourselves?	Yes / No	

## Employee Information

Please complete one form per employee, for all employees including yourself and any person that may have left during the 2018/2019 season (e.g. owner, on-farm, off-farm support. Seasonal /calf rearers)

Employee										
Role on Farm (circle one)	Owner	Ops Mgr	Admin	Farm Mgr	2IC	Herd Mgr	Asst Herd Mgr	Farm Asst	Relief Team	Calf Rearer
<b>Total Hours worked</b> (enter only those hours associated with this farm e.g. if an Operations Mgr only enter proportion of hours allocated to this farm)										
Annual worked hours										
How did you collected this information (circle one)	Estimated				Time Sheet			Other		
<b>Rate of Pay</b> (excluding house or any housing allowance and any other allowances)										
Remuneration paid for the year based on end of year figures										
Method of payment (circle one)	Drawings		Salary + Drawings		Salary		Hourly Rate		Other	
<b>Kiwisaver</b>										
Enrolled in Kiwisaver	Yes/No									
Is Kiwisaver included in their remuneration package or is it over and above (circle one)	Included in Remuneration package					Paid above Remuneration package				

Housing/Accommodation						
Amount agreed between you and team member for rent on the house						
Value per week of the accomodation if rented on open market						
Tenancy agreement (circle one)	Separate tenancy agreement	Included in employment agreement	Not in farm accomodation	No tenancy agreement and is in farm accommodation	No tenancy agreement	
Other Benefits received						
Please complete list below with their annual value if more space required – put in comments section at end of employee details						
Type of Benefit (circle one)	Wet Weather Gear	Bike	Meat	Firewood	Milk	Company Vehicle
Annual Value						
Non – working days						
Number of rostered days off (these are days that are off work that are not annual leave, stat hol or sick/bereavement leave)						
Number of days off due to sickness						
Number of bereavement days						
Number of Annual Leave days						
Number of other days off for any reason (e.g. parental leave and why)						
Commute time to work (circle one)	Under 3 minutes	10 minutes or under	20 minutes or under	30 minutes or under	Over 30 minutes	

Training								
Examples are attendance at discussion groups and field days, on farm training including teaching new tasks, observation of vet techniques etc								
Number of training days employee received (including both on-farm & off-farm training)								
Amount you have spent on training this year								
Individual Employment Agreement								
Do you have a signed IEA with this employee	Yes / No							
Labour Stability & turnover details								
Was this employee still employed as at 31.05.19?	Yes / No							
What was their start date?								
If they have left during the 2019/2018 season what date did they leave?								
What was their reason for leaving? (Circle one)	Fixed Term contract ended	Family	Career Advancement	Health or Medical	Didn't fit with the culture	Didn't perform to the requirements	Dismissed	Other
Did you expect them to leave or was it a surprise?	Expected / Unexpected							
Comments on any 'other answers you have entered								

## Health and Safety Information

Please complete information on incidents which have occurred over the 2018/2019 season

Employee involved					
Treatment Required (circle one)	No Treatment required	First Aid given at workplace	Medical Treatment by Doctor/A&E	Hospitalisation overnight or more	Fatality
Result of the incident (circle one)	Lost Time & Light Duties	Lost Time	Light Duties	No impact	
<p><b>Lost Time &amp; Light Duties:</b> Employee was unable to return to work for 1 or more days and when they did return they had to do light duties for 1 or more days.</p> <p><b>Lost Time:</b> Employee was unable to return to work for 1 or more days.</p> <p><b>Light Duties:</b> Employee was able to return to work straight away but could only do light/some tasks for 1 or more days.</p> <p><b>No impact:</b> Employee was able to return to work on the day of the incident with no adverse impact on duties.</p>					
Enter number of days employee did not work due to injury					
Any other information that is relevant					