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**Head Office Processing**

**DA III**

**Supervisor's  
Training Guide**



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**Head Office Processing**

**DA III**

**Supervisor's  
Training Guide**

Prepared by: Census Operations Division  
Social, Institutions and  
Labour Statistics Field



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The purpose of this manual is to provide you (the trainer) with detailed instructions that will enable you to conduct the DA III training program efficiently.

It is extremely important that you do everything possible to ensure that your trainees attain a high degree of knowledge and understanding of their tasks. In doing so, you will be creating a solid framework upon which you and your staff can operate as an efficient and effective processing team.

The manual is divided into four distinct parts:

- Part I, General Techniques of Instruction;
- Part II, Presentation and Training Session Sequence for Clerical Staff;
- Part III, Your Role as a Supervisor
  - A. The Automated Time Recording System (ATRS)
  - B. Supervision and Discipline
  - C. The Form Tracking System (FTS);
- Part IV, Answer Key.





**A. Training Environment**

In order for a training session to be effective, it is important that you provide your trainees with an environment which is as conducive as possible for receiving and understanding the training material and tasks. You can create this environment by applying the following suggestions in preparing for and presenting any of the training sessions:

1. Develop a thorough understanding of the subject.
2. Assemble all of the training materials and/or equipment as required (see "Checklist of Training Material and Equipment"). This should be done prior to the training session.
3. Ensure the training area is well organized by ensuring that each of the trainees have chairs, spare paper, pens and pencils.
4. Have sufficient light in the training area.
5. Ensure that the training area is at a comfortable temperature and free from external distractions as much as possible.

**B. Suggestions for Good Implementation**

There are some general instructions that relate to training as a whole rather than to any particular portion of the Head Office Processing (HOP) training programs. These are:

1. Introduce yourself at the beginning of the session.
2. Be punctual.
3. Be enthusiastic, confident and patient.
4. Speak clearly.
5. Always ensure that all trainees have fully understood the information they have received before proceeding to the next item of training.
6. During the question/answer periods, direct questions to specific trainees, rather than to the class as a whole.
7. Do not name the trainee to whom the question is directed until after the question has been asked.
8. Emphasize to your trainees that, if they do not know the answers to the questions directed to them, they should not be shy to say so. Perhaps the instructions (or questions) were ambiguous and, therefore, should be clarified. No matter how strange the questions are, you will and should try your best to answer.
9. Never be afraid to say "I don't know" when asked a question. You are not expected to remember everything. If you don't know, say so, and add: "I'll make a note of that and find out for you". Then ask your Assistant Processing Manager (APM) for an answer. If he/she doesn't know, he/she will find out for you.
10. Let trainees know that you are there to assist them as much as possible; encourage rather than discourage questions.
11. Make sure your trainees take their normal coffee breaks.
12. Thank trainees for their attention before adjourning a session.

**C. Training Material**

All the training material required for the DA III training program has been prepared for you. The program makes use of the following instructional techniques:

1. oral introduction of topics and review sessions;
2. transparency presentations;
3. self-instruction training guides;
4. practical exercises.

The training program has been designed with the intent of minimizing the amount of oral presentation to be given by you in favour of maximizing the degree of self-instruction by the trainee through the use of workbooks and exercises.

This type of self-instruction program, however, does not in any way lessen the importance of your role as a trainer. It changes, however, your role from that of a lecturer to that of a point of reference for the trainee from which he/she can receive guidance, assistance and encouragement as necessary. The self-instruction workbooks permit the trainee to develop, at his/her own pace, an understanding of the operation and to correct any misunderstandings about the subject without delay.

On the following two pages is a check-list of material and equipment required for the DA III training program. It is suggested that you place a check mark in the appropriate column as each item is obtained. Ensure that you have obtained all necessary materials and equipment before starting the training program.

**D. Check-list of Training Material and Equipment****1. Room, Furniture and Equipment**

- \* Reserved training area
- \* Required number of desks/tables
- \* Required number of chairs
- \* Overhead projector

**2. Manuals and Documentation**

- \* Transparencies for "DA III Overview" presentation
- \* Supply of H-902, Employee Handbook (1 per trainee)
- \* Supply of H-903, Introduction to Census and Head Office Processing (1 per trainee)
- \* Supply of Document Familiarization Kits (1 per team) including: 
  - 2A Questionnaire
  - 2B Questionnaire
  - 2C Questionnaire
  - 2D Questionnaire
  - Form 3, Individual Census Questionnaire
  - Form 4, Missing or Incomplete Questionnaire Card
  - Form 1, Visitation Record
  - Form RRC-318, RRC Shipment Invoice
  - Form RRC-317, Selected Person Document
  - Form RRC-319, Reverse Record Check Questionnaire
  - Form RRC-319A, Supplementary Record of Calls/Visits
  - Form H-332, Document Search Form (related to the phase of training that you are giving)
- \* Supply of H-300A – Procedures Manual and TH-300A – Training Guide (1 per trainee)

At a later date, when training for Phase 2:

Form H-332M, Match Form  
Form H-332P, Processing Edit Form  
Form H-332R, Rework Form

- \* Supply of H-300B – Procedures Manual and TH-300B – Training Guide (1 per trainee)

At a later date, when training for Phase 3:

Form RRC-320, Classification Form

- \* Supply of H-300C – Procedures Manual and TH-300C – Training Guide (1 per trainee)

- \* DA III Supervisor Training Kit containing:

H-903, Introduction to Census and Head Office Processing  
H-301, Supervisor's Manual  
TH-301, DA III – Supervisor's Training Guide

3. Systems

- \* Ensure that all employees are registered in the ATRS.

**Note:** If any problems occur with the ATRS, refer to your APM.

4. Miscellaneous

- \* Supply of pencils, erasers and note pads
- \* Flip charts and stand
- \* Felt markers



**A. List of Activities**

1. Introduction to the Training Session
2. H-902, Employee Handbook
3. Recording the Hours Worked on the Form H-910, the Absences on the Leave Application and Absence Report and the Overtime on the Extra Duty Pay/Shift Work Report and Authorization Form
4. H-903, Introduction to Census and Head Office Processing
5. DA III Overview
6. The Reverse Record Check (RRC) Study

When conducting the DA III training program, you should follow these training instructions very carefully. They are designed, when followed step by step, to make it easier for you to include every aspect of the training efficiently.

Once all trainees have arrived and are seated, introduce yourself and the program.

---

**1. Introduction to the Training Session**

---

Good morning, welcome to the Census Operations Division, and specifically to Head Office Processing. My name is \_\_\_\_\_ and I will be your trainer for the next couple of days.

The operation that you have been assigned to is called DA III, Special Processing, Reverse Record Check (RRC) study. DA is an abbreviation of data analysis.

During this session, we will study your role as processing clerks for the Reverse Record Check study.

*(Write "DA III - Special Processing, Reverse Record Check" on the flip chart.)*

Here at HOP, there are three major operations:

*(Write on flip chart.)*

- DA I - Receipt, Registration and Storage
- DA II - Structural Checks and Edits
- DA III - Special Processing

Your training will include various methods of instruction such as presentations, self-instruction training guides, a transparency presentation and some on-the-job training. Interspersed throughout the program will be question/answer periods, multiple choice tests and practical exercises. At the end of this training period, we will take a tour or "walk through" of the HOP operation.

Always remember that I am here to assist you. Never hesitate to ask for clarification on any area that is not completely clear to you. If I do not know the answer, I will find out as soon as possible and get back to you.

Now is the time, during training, to ensure that you fully understand the DA III, RRC procedures.

**2. H-902, Employee Handbook**

---

*(Hold up the Employee Handbook.)*

Now we will have a review on the purpose of the Employee Handbook. Remember, if you have any questions, I will answer them at the end of the presentation.

**REVIEW H-902, Employee Handbook**

Before we go on, does anyone have any questions?

*(If you cannot answer a question, make a note of the question and the trainee's name and obtain the answer later.)*

Give trainees general information concerning:

1. starting and finishing times;
2. coffee breaks and lunch periods;
3. location of cafeteria;
4. location of washrooms;
5. location of Health Unit;
6. telephone number for receiving emergency calls;
7. location of public telephones;
8. how to record attendance, absence and overtime.



---

**3. Recording the Hours Worked on the Form H-910, the Absences on the Leave Application and Absence Report and the Overtime on the Extra Duty Pay/Shift Work Report and Authorization Form**

---

All employees must keep a personal record of their attendance at work on a daily basis. They will report the hours worked on the Form H-910 and get it approved every Friday before 9:30 a.m. Also all absences are to be reported on a Leave Application and Absence Report and the overtime worked on the Extra Duty Pay/Shift Work Report and Authorization Form.

**Exercise 1: Complete the Form H-910**

Elizabeth Moon, a clerk normally assigned to the RRC study under the supervision of Carl Baker, worked full time on the Edit Sample Study on Monday, Tuesday and Wednesday morning. Wednesday afternoon she returned to the RRC, Control Operation. On Thursday, she called in sick. Friday, she worked in the RRC study, Verification Operation, but had to leave at 3:30 p.m., because of her doctor's appointment. She came in Saturday from 8:15 a.m. to 11:30 a.m. and on Sunday from 1:00 p.m. to 2:30 p.m. Help this employee report her hours for the week starting on Monday, September 9, 1996.



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**Form  
 Formule H-910**

Y-A M D-J

Week ending - Semaine se terminant le

Employee name - Nom de l'employé

Employee number - Numéro de l'employé

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi					
Sunday Dimanche					
Monday Lundi					
Tuesday Mardi					
Wednesday Mercredi					
Thursday Jeudi					
Friday Vendredi					
Total week Total des heures pour la semaine					

B-1800-94: 1995-12-08

Supervisor - Surveillant



**Canada**

Complete the Leave Application and Absence Report



Government of Canada / Gouvernement du Canada

LEAVE APPLICATION AND ABSENCE REPORT  
DEMANDE DE CONGÉ ET RAPPORT D'ABSENCE

Type of application - Genre de demande  
 Original or Renewal of / Arriveront to original / Modification de la première demande  
 Amendment to original / Modification de la première demande  
 If amendment, please indicate type of leave (code) and start date of original request / Si s'agit d'une modification, veuillez indiquer le type de congé (code) et la date de la première demande  
 TYPE OF LEAVE (CODE) / TYPE DE CONGÉ (CODE) \_\_\_\_\_ Date of original request / Date de la première demande \_\_\_\_\_ DJ M Y-A

Surname (Print) - Nom de famille (en majuscules) \_\_\_\_\_ Given name / Prénom / Initiales \_\_\_\_\_ S.A. - N.A.S. \_\_\_\_\_

Department - Ministère \_\_\_\_\_ Branch / Division / Section - Direction / Bureau / Section \_\_\_\_\_ Address / Adresse \_\_\_\_\_

Type	Code	From - De				To - Au				Days - Jours	OR - OU	Hours and amounts - Heures et montants
		Hour - Heure	DJ	M	Y-A	Hour - Heure	DJ	M	Y-A			
Vacation / vacances	1 1 0	:			:							
Sick (Uncertified) / Congé de maladie (sans certificat)	2 1 0	:			:							
Sick certified / Congé de maladie (avec certificat)	2 2 0	:			:							
Sick without pay / Congé de maladie non payé	2 3 0	:			:							
Birth / Congé d'anniversaire	3 1 0	:			:							
Compensatory / Compensatoire	8 1 0	:			:							

FOR ALL OTHER LEAVE TYPES SEE REVERSE - VOIR AU VERSO POUR TOUT AUTRE TYPE DE CONGÉ

Family related responsibilities / Obligations familiales		:			:							
Unpaid leave / Congé non payé		:			:							
Leave without pay / Congé non payé		:			:							

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable collective agreement. / Pour tout autre type de congés, indiquez ci-dessous la (les) raison(s) et/ou citez l'article de la convention collective applicable.

Sick leave declaration: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated.  
 Déclaration de congé de maladie: Je déclare sur mon honneur avoir été incapable de remplir les fonctions de mon poste durant toute la période d'absence pour laquelle j'ai demandé un congé.  
 Physicians certificate form M-IV 500 - certificat médical formée SBS 500.  
 Completed and attached / Rempli et annexé  
 To follow / A suivre  
 Unattached - statement attached / Non annexé - déclaration jointe

Employee's signature - Signature de l'employé(e) \_\_\_\_\_ Date \_\_\_\_\_

Request leave as stated above / Je demande un congé tel que la raison indiquée ci-dessus  
 Unpaid work week / Semaine de travail comprise  
 Yes / Oui  
 No / Non

Employee's signature - Signature de l'employé(e) \_\_\_\_\_ Date \_\_\_\_\_

Recommended - Recommandé  
 Supervisor's signature - Signature du superviseur \_\_\_\_\_ Date \_\_\_\_\_  
 Report of accident on duty / Rapport relatif à un accident durant les heures de service  
 Attached / Annexé  
 To follow / A suivre  
 Previously submitted / Soumis antérieurement  
 Approved by authorized officer - Approuvé par l'agent autorisé  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Leave Credits / Solde de congés		Leave recorded / Congé enregistré		Pay form (if applicable) / Formulaire de paye (au besoin)	
Code	Hours / Heures	Code	Hours / Heures	Int.	Date
Int.	Date	Int.	Date	Int.	Date

Complete the overtime worked on the Extra Duty Pay/Shift Work Report and Authorization Form

		<b>EXTRA DUTY PAY/SHIFT WORK REPORT AND AUTHORIZATION</b> <b>RAPPORT SUR LA PAYSÉ POUR SERVICES SUPPLÉMENTAIRES/TRAVAIL PAR ÉQUIPE ET AUTOHISATION</b>	Month - Mois Year - Année																										
Name (Nom) - Nom de famille (ou matricule)		Initials - Initiales	P# - OUI#	Branch - Section générale	Pay list - Liste de payé	Group - Groupe	S-2 Group - Sous-groupe	Level - Niveau																					
<input type="checkbox"/> Standard Work Week Semaines de travail normales		<input type="checkbox"/> Compressed Work Week Semaines de travail variables		The information you provide on this document is collected by (by) the Government of Canada under the Authority of the Financial Administration Act for the purpose of extra duty pay and otherwise. Personal information will be processed under the provisions of the Privacy Act. Personal information that you provide about another individual may be accessible to him or her under the Privacy Act. Personal information will be stored in the Personal Information Bank of your department. Other information may be accessible or protected as required under the provisions of the Access to Information Act.				Les renseignements que vous fournissez dans le présent document sont recueillis par (par) le Gouvernement du Canada en vertu de la Loi sur l'administration financière afin de payer les heures supplémentaires ou le travail par équipes. Les renseignements personnels seront protégés en vertu de la Loi sur la protection des renseignements personnels. Les renseignements personnels que vous fournissez sur d'autres personnes peuvent être accessibles à ces personnes ou à elles-mêmes en vertu de la Loi sur la protection des renseignements personnels. Les renseignements personnels seront stockés au sein de renseignements personnels de votre ministère. Les Actes renseignements peuvent être accessibles ou protégés selon ce que prescrit la Loi sur l'accès à l'information.																					
<input type="checkbox"/> Part Time Temps partiel		<input type="checkbox"/> Assigned Work Week Semaines de travail désignées																											
SECTION A SECTION B (to be completed by employee - À compléter par l'employé(e))																													
Date	Code Report	Overtime Category	Extra Duty Shift Work Hours		Overtime Code	Payment		Overtime - Number of hours worked or travelled										Standby			# of work days per équipe								
			Start	End		(See Reverse Side)	Rate	Class	Regular Work (Day)			First day of rest			Second subsequent day of rest			Integrated duty		Week Days	Weekends		Sundays						
								1.0	1.5	2.0	1.0	1.5	2.0	1.0	1.5	2.0	1.0	1.5	2.0	1	2	3	4	5	6	7	8	9	10
TOTAL																													
Overtime Authorization Autorisation d'heures supplémentaires			I attest to the validity of the overtime worked as indicated on this form. Je certifie la validité des heures supplémentaires mentionnées comme indiqué sur cette forme.										SECTION C - MANAGER AUTHORIZATION - AUTHORIZATION DU GÉRÉMANAGER																
Supervisor's Signature - Signature du (de la) surveillant(e)			Employee's Signature - Signature de l'employé(e)										Date		Signature		Title												

Proceed now by reviewing the H-903, Introduction to Census and Head Office Processing

#### 4. H-903, Introduction to Census and Head Office Processing

---

*(Hold up the Introduction to Census and Head Office Processing manual.)*

The presentation entitled "Census and Head Office Processing" gave you some information on what a census is and how Statistics Canada takes a census.

Does anyone have any questions?

*(If you cannot answer a question, make a note of the question and the trainee's name and obtain the answer later.)*

Let's review the materials you will encounter while working on the Reverse Record Check.

(i) 2A and 2B questionnaires

*(Show a 2A questionnaire.)*

The 2A questionnaire is a short questionnaire and is used to enumerate 4/5 of all the private dwellings in a given enumeration area (EA).

*(Show a 2B questionnaire.)*

The 2B questionnaire is a long questionnaire and is used to enumerate 1/5 of all the private dwellings in a given enumeration area. Collective dwellings will also be identified in this questionnaire.

(ii) Visitation records (VRs) and VR Library

*(Show a VR.)*

The VR is used to list:

- every private dwelling (occupied and unoccupied) = Section I
- every collective dwelling (occupied and unoccupied) = Section II
- every agricultural holding in an EA = Section III

Each VR is identified by a PROV/FED/EA/VN number and this identification number (ID) is identical to the number on the EA box.

All the VRs are located in the VR Library according to the PROV/FED/EA/VN number, from east to west and are in ascending order.

(iii) EA box

*(Make a mock-up of a box.)*

EA boxes are located in the basement. Access hours to this restricted area are from Monday to Friday, 7:30 a.m. to 4:00 p.m.

EA boxes are placed on shelves following the PROV/FED/EA/VN number. They are in ascending order from left to right and from top to bottom.

We will now have a brief introduction to DA III and its operations.

**5. DA III Overview**

The following slides have been prepared to provide your clerks with a brief introduction to the DA III operation.

Please have a pencil and paper handy in case you wish to make notes or ask questions.

*(At this point, dim the lights and begin the presentation.)*

SLIDE	SUGGESTED COMMENTS
1. DA III	<p>DA, standing for data analysis, is the search for inconsistencies of the captured census data by HOP.</p> <p>As you know, you will be part of the DA III phase of Head Office Processing (HOP).</p>
2. DA III – Special Processing	<p>The DA III – Special Processing is responsible for the processing of several data quality studies.</p> <p>DA III – Special Processing is composed of several other studies:</p> <ul style="list-style-type: none"> <li>- Reverse Record Check (RRC) study;                             <ul style="list-style-type: none"> <li>• Automated Match study;</li> <li>• Collective Dwelling study;</li> </ul> </li> <li>- Vacancy Check study;</li> <li>- Edit Sample study;</li> <li>- Outgoing Error Rate study (Industry and Occupation);</li> <li>- Roster Coverage study; and</li> <li>- 2Cs and Ships.</li> </ul> <p>The work performed involves both manual and automated processing.</p> <p>You will be involved in the largest study, the RRC study.</p>

## 6. The Reverse Record Check (RRC) Study

SLIDE	SUGGESTED COMMENTS
1. RRC study	The RRC main objective is to provide estimates of population and household undercoverage and overcoverage, that is, the number of persons and households missed in the 1996 Census, and the number counted more than once.
2. RRC phases	There are three processing phases, that is: - Initial Search (Phase 1); - Edits and Reworks (Phase 2); and - Classification (Phase 3).
3. Initial Search (Phase 1)	It consists of verifying census questionnaires to locate the Selected Person (SP) and any other household members.
4. Edits and Reworks (Phase 2)	It consists of editing invalid or inconsistent data from Phase 1; researching unresolved addresses from Phase 1 to determine a search area; searching visitation records and subsequently verifying census questionnaires to determine if the SP and/or household members were enumerated at that address.
5. Classification (Phase 3)	To come
6. Phase 1 operations	Control; Clean-up; Visitation Record (VR) Search and Verification
7. Phase 2 operations	Control; Referral; VR Search and Verification
8. Phase 3 operations	To come
9. Phase 1, forms involved	Form RRC-317/Form RRC-319 Form H-332
10. Phase 2, forms involved	Form H-332M Form H-332P Form H-332R
11. Phase 3, form involved	Form RRC-320
12. The Form Tracking System (FTS), version 2.0	This system is specifically designed for the DA III - Special Processing. It will be used in the Reverse Record Check study. The FTS tracks questionnaires and forms as they move between operations and manual form processing activities.



### Phase 1, Initial Search

#### Introduction

*(Hold up the H-300A – Procedures Manual and the TH-300A – Training Guide.)*

The TH-300A, Training Guide, is used with the H-300A, Procedures Manual. The TH-300A, Training Guide, will refer you to a section in the H-300A, Procedures Manual. Once you have read the section, you will complete the exercises in the TH-300A, Training Guide. Please start by reading the training objectives on page 1 of the TH-300A, Training Guide and then continue with the Introduction on page 5. Once you have completed the exercises, I will review them with you.

*(Refer to H-300A, Procedures Manual, p. 1 - 3 and to TH-300A, Training Guide, p. 5 - 6.)*

#### Description of Documents

*(Hold up the forms package.)*

Each of you should have a package of the forms that you will be using during Phase 1. As you read the description of the documents, refer to the actual form.

*(Refer to H-300A, Procedures Manual, p. 5 - 12 and to TH-300A, Training Guide, p. 9 - 15.)*

#### Control

The Control Operation forms the integral point in the overall work flow. Various questionnaires and forms are processed in this operation. We will now proceed by completing the various exercises and review them together.

*(Refer to H-300A, Procedures Manual, p. 15 - 22 and to TH-300A, Training Guide, p. 19 - 21.)*

#### Clean-up

In the Clean-up Operation, clerical staff will compare all addresses on a Form H-332 and identify if it is an out-of-scope or a duplicate address. Complete the exercises in your training manual. Once you have completed these exercises, we will review them together.

*(Refer to H-300A, Procedures Manual, p. 25 - 27 and to TH-300A, Training Guide, p. 23 - 24.)*

#### VR Search

The VR Search staff will perform manual searches in the visitation records (VRs) to locate various information related to the SP, another household member or another adult. Complete the exercises in your training guide, we will review them together once you have completed them.

*(Refer to H-300A, Procedures Manual, p. 29 - 35 and to TH-300A, Training Guide, p. 27 - 45.)*

#### Verification

The Verification Operation staff will compare the information on the Forms H-332 with the corresponding census questionnaires and code the results on the Forms H-332. Complete the next exercises in your training guide. Once you have completed them, we will review them together.

*(Refer to H-300A, Procedures Manual, p. 37 - 40 and to TH-300A, Training Guide, p. 47 - 54.)*

**Final Review of Phase 1, Initial Search**

You will find a simulation exercise at the end of your training guide to permit you to apply all the theories in your procedures manual, H-300A. Complete this exercise. You can refer to your H-300A, Procedures Manual, as often as you need. Once you have finished this simulation, we will thoroughly review this exercise.





**A. The Automated Time Recording System (ATRS)**

As a supervisor, you are required to register your staff's work hours in an automated system. It will permit the calculation of information relating to the number of hours worked for each of the various operations.

**Exercise 2: The ATRS**

You are the Control Operation Supervisor, your name is John Doe. You have six employees under your supervision. The following forms are your own Form H-910 and your employees' Forms H-910 submitted to you for your approbation and completion of the ATRS. Complete the missing information in the following ATRS screens.

Refer to your H-301, Supervisor's Manual, from pages 22 to 27 and also to Appendix 4, Program element and Phase codes, from the same manual.



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Recensement du Canada de 1996  
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**Form H-910**  
**Formule H-910**

Week ending - Semaine se terminant le 9/6/10/18/1  
Y-A M D-J

Employee name - Nom de l'employé JOHN DOE

Employee number - Numéro de l'employé 18972

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi	2 5 4 1 6	0 0 1 0 0 1 1 0		1.50	
Sunday Dimanche					
Monday Lundi	9 9 1 5 2		7.50		
Tuesday Mardi	2 5 4 1 6	0 0 1 0 0 1 1 0	7.50		
Wednesday Mercredi	2 5 4 1 6	0 0 1 0 0 1 1 0	7.50		
Thursday Jeudi	9 9 9 9 9	0 0 1 0 0 1 1 0	7.50		
Friday Vendredi	2 5 4 1 6	0 0 1 0 0 1 1 0	7.50		
<b>Total week Total des heures pour la semaine</b>			<b>37.50</b>	<b>1.50</b>	

*[Signature]*  
 Supervisor - Surveillant

B-4600-34: 1995-12-08



Statistics Canada / Statistique Canada

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Form H-910  
Formule

Week ending - Semaine se terminant le 9/6/10/18  
Y-A M D-J

Employee name - Nom de l'employé CLEMENT CAYE

Employee number - Numéro de l'employé 19854

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi					
Sunday Dimanche					
Monday Lundi	9191512		7.50		
Tuesday Mardi	2151416	D1910101110	7.50		
Wednesday Mercredi	2151416	D1910101110	4.00		
	2151417	D1910101115	3.5		
Thursday Jeudi	2151416	D1910101112	7.5		
	2151416	D1910101110		1.50	
Friday Vendredi	9191919	D1910101110	0.50		
	2151416	D1910101110	7.00		
Total week Total des heures pour la semaine			37.5	1.50	

8-4600-34; 1995-12-08

Supervisor - Surveillant



Statistics Canada / Statistique Canada

Canada



1996 Census of Canada  
**1996 Work Force Report**

Recensement du Canada de 1996  
**Rapport de l'effectif de 1996**

**Form H-910**  
**Formule**

Week ending - Semaine se terminant le 9/21/01

Employee name - Nom de l'employé Lina Romanello

Employee number - Numéro de l'employé 16590

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi					
Sunday Dimanche					
Monday Lundi	9 19 15 12		7.5		
Tuesday Mardi	2 15 14 16	D 10 10 1 10	7.5		
Wednesday Mercredi	2 15 14 16	D 10 10 1 10	7.5		
Thursday Jeudi	2 15 14 16	D 10 10 1 10	7.5		
Friday Vendredi	2 15 14 16	D 10 10 1 10	7.5		
<b>Total week Total des heures pour la semaine</b>			<b>37.5</b>		

6-4900-34: 1995-12-08

*[Signature]*  
 Supervisor - Surveillant





1996 Census of Canada

1996 Work Force Report

Recensement du Canada de 1996

Rapport de l'effectif de 1996

Form H-910  
Formule

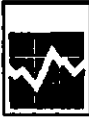
Week ending - Semaine se terminant le 09/11/18  
Y-A M D-J

Employee name - Nom de l'employé CARRIE MELLEGAN Employee number - Numéro de l'employé

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi					
Sunday Dimanche					
Monday Lundi	9191512		7.50		
Tuesday Mardi	2151416	0101010110	7.50		
Wednesday Mercredi	2151416	0101010110	7.50		
Thursday Jeudi	2151416	0101010110	7.50		
Friday Vendredi	2151416	0101010110	7.50		
Total week Total des heures pour la semaine			37.5		

6-4600-34: 1995-12-08

[Signature]  
Supervisor - Surveillant



1996 Census of Canada  
**1996 Work Force Report**

Recensement du Canada de 1996  
**Rapport de l'effectif de 1996**

**Form H-910**  
**Formule**

*P. De Franco*

Week ending - Semaine se terminant le *26/11/96*

Employee name - Nom de l'employé

Employee number - Numéro de l'employé

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi					
Sunday Dimanche	2 1 5 4 6	D Q Q 0 0 1 1 0			3.00
Monday Lundi					
Tuesday Mardi	9 9 9 9	D Q 0 0 1 1 0	7.50		
Wednesday Mercredi	2 1 5 4 6	D Q 0 0 1 1 1	3.50		
	2 1 5 4 6	D Q 0 0 1 2	4.00		
Thursday Jeudi	2 1 5 4 6	D Q 0 0 1 0	7.50		
Friday Vendredi	2 1 5 4 6	D Q 0 0 1 0	7.50		
<b>Total week Total des heures pour la semaine</b>			<b>37.5</b>		<b>3.00</b>

9-4800-34: 1996-12-08

*[Signature]*  
 Supervisor - Surveillant



1996 Census of Canada  
1996 Work Force  
Report

Recensement du Canada de 1996  
Rapport de l'effectif  
de 1996

Form H-910  
Formule

Week ending - Semaine se terminant le <sup>X-A</sup> 8-16 / <sup>M</sup> 10 / <sup>D-J</sup> 11-8

Employee name - Nom de l'employé Riches, Noémie

Employee number - Numéro de l'employé 14896

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi	2   5   4   6	D   Q   0   0   1   0		1.5	
Sunday Dimanche	2   5   4   6	D   Q   0   0   1   1			1.75
Monday Lundi	9   9   5   2		7.50		
Tuesday Mardi	2   5   4   6	D   Q   0   0   1   0	7.5		
	2   5   4   6	D   Q   0   0   1   0		1.00	
Wednesday Mercredi	2   5   4   6	D   Q   0   0   1   0	7.5		
Thursday Jeudi	2   5   4   6	D   Q   0   0   1   0	7.5		
	2   5   4   6	D   Q   0   0   1   0		0.5	
Friday Vendredi	2   5   4   6	D   Q   0   0   1   0	7.5		
Total week Total des heures pour la semaine			37.5	3	1.75

9-4800-94: 1995-12-08

*[Signature]*  
Supervisor - Surveillant



1996 Census of Canada  
**1996 Work Force  
 Report**

Recensement du Canada de 1996  
**Rapport de l'effectif  
 de 1996**

**Form  
 Formule H-910**

Week ending - Semaine se terminant le 9<sup>th</sup> 10<sup>th</sup> 1996

Employee name - Nom de l'employé Isabelle Dupresne

Employee number - Numéro de l'employé 13598

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi					
Sunday Dimanche					
Monday Lundi	9 9 5 2		7.50		
Tuesday Mardi	2 5 4 6 D 1 Q 0 0 1 1 0		7.50		
Wednesday Mercredi	2 5 4 6 D 1 Q 0 0 1 1 0		7.50		
Thursday Jeudi	2 0 2 0 H 1 0 0 0 1 1 1		7.50		
Friday Vendredi	2 0 2 0 H 1 0 0 0 1 1 1		4		
	2 5 4 6 D 1 Q 0 0 1 1 0		3.50		
Total week Total des heures pour la semaine			37.50		

9-4600-04: 1995-12-08

*[Signature]*  
 Supervisor - Surveillant

**ATRS**  
Weekly Work Report

Emp. No.:  
Name:  
FRC: 84300  
Week Ending:  
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00      UNITS REMAINING: 40.00

PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1 9952			8		7.50	7.50

**ATRS**  
Weekly Work Report

Emp. No.:  
Name:  
FRC: 84300  
Week Ending:  
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00      UNITS REMAINING: 40.00

PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1 9952			8		7.50	7.50

**ATRS  
Weekly Work Report**

Emp. No.:  
Name:  
FRC: 84300  
Week Ending:  
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00      UNITS REMAINING: 40.00

PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1 9952			8		7.50	7.50

**ATRS  
Weekly Work Report**

Emp. No.:  
Name:  
FRC: 84300  
Week Ending:  
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00      UNITS REMAINING: 40.00

PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1 9952			8		7.50	7.50

**ATRS  
Weekly Work Report**

Emp. No.:  
Name:  
FRC: 84300

Week Ending:  
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00      UNITS REMAINING: 40.00

PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1 9952			8		7.50	7.50

**ATRS  
Weekly Work Report**

Emp. No.:  
Name:  
FRC: 84300

Week Ending:  
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00      UNITS REMAINING: 40.00

PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1 9952			8		7.50	7.50

**ATRS  
Weekly Work Report**

Emp. No.:  
Name:  
FRC: 84300  
Week Ending:

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00      UNITS REMAINING: 40.00

PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1 9952			8		7.50	7.50



**B. Supervision and Discipline**

Your first role as a supervisor is to supervise clerical staff and to ensure that the work flow of the processing operations is effective and efficient. If needed, in order to maintain a suitable working environment, you must discipline and control your staff in accordance with established procedures.

Exercise 3: General Questions

You will find an answer key to this exercise at the end of the guide.

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Question 1: One of your clerks asks you a question on the operations of the DA III unit. You cannot answer his/her question. How would you deal with this situation?

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Question 2: One of your clerks is very slow. Consequently, you do not meet the production standards set for your operation. How would you deal with this situation?

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**Question 3:** One employee is very fast and consequently his/her production surpasses the average individual quotas. However, sometimes the quality of his/her work is poor. How would you deal with this situation?

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**Question 4:** Name five things you need or have to think of, in order to give an appropriate training session.

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**Question 5:** One of your employees has been working for five weeks now and still has not received a pay check. He/she comes to you and starts telling you about his/her financial situation. He/She is a single parent with two children of the age of 7 and 9, has to pay his/her lease, car payments, and the usual bills: telephone, electricity, kindergarten... What would you do?

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**Question 6:** One of your employees is constantly leaving to go to the washroom. However, when he/she comes back, you have sometimes noticed that he/she smells nicotine. What would you do?

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**Question 7:** An employee is using obscene language in the work place each time you assign a task that he/she does not like to do. He/She reacts in a very negative way. Which of the answers below would you choose?

- (a) Advise him/her verbally not to use obscene language. If it still persists, write a note, get him/her to sign it, place it in his/her personal file and provide your Assistant Processing Manager with a copy.
- (b) Ask him/her what he/she likes to do and only give him/her what he/she likes to do.
- (c) Advise him/her verbally not to use obscene language. If it still persists, write a note, get him/her to sign it, place it in his/her personal file and provide your Assistant Processing Manager with a copy. Moreover, explain to him/her that this was the contract offered, and if he/she is not willing to accomplish the required tasks, he/she may put an end to the contract. Failure to achieve satisfactory performance may result in the termination of the employee's contract.

Operational Question

**Question 8:** What are the main studies in HOP? Give a brief description of their use and their goals in DA III.

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*Answer key for Exercise 1, Complete the Form H-910, the Leave Application and Absence Report and the overtime worked on the Extra Duty Pay/Shift Work Report and Authorization Form, Section II, Presentation and Training Session Sequence for Clerical Staff*

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1996 Census of Canada  
**1996 Work Force Report**

Recensement du Canada de 1996  
**Rapport de l'effectif de 1996**

**Form H-910**  
**Formule**

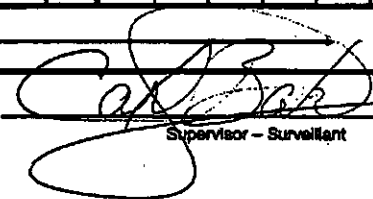
Week ending - Semaine se terminant le 9 <sup>Y-A</sup> 6 <sup>M</sup> 09 <sup>D-J</sup> 1997

Employee name - Nom de l'employé ELIZABETH MODN

Employee number - Numéro de l'employé

	Program element Élément de programme	Phase Étape	Regular hours Heures régulières	Overtime hours Heures supplémentaires	
				3	4
Saturday Samedi	2   5   4   1   6	D   Q   0   0   0   1   0		3.25	
Sunday Dimanche	2   5   4   1   6	D   Q   0   0   0   1   0			1.5
Monday Lundi	1   9   8   1   0	D   Q   0   0   0   1   6	7.5		
Tuesday Mardi	1   9   8   1   0	D   Q   0   0   0   1   6	7.5		
Wednesday Mercredi	1   9   8   1   0	D   Q   0   0   0   1   6	4.0		
	2   5   4   1   6	D   Q   0   0   0   1   0	3.5		
Thursday Jeudi	9   9   9   9	D   Q   0   0   0   1   0	7.5		
Friday Vendredi	2   5   4   1   6	D   Q   0   0   0   1   2	6.5		
	9   9   9   9	D   Q   0   0   0   1   2	1.0		
Total week Total des heures pour la semaine			37.5	3.25	1.5

9-4800-94: 1996-12-06

  
 Supervisor - Surveillant





LEAVE APPLICATION AND ABSENCE REPORT  
DEMANDE DE CONGÉ ET RAPPORT D'ABSENCE

Type of application - Genre de demande  
 Original or Previous one / Amélioration de la première demande  
 Amendment to original / Modification de la première demande  
 If amendment, please indicate type of leave (code) and start date of original request / S'il s'agit d'une modification, veuillez indiquer le type de congé (code) et la date de la première demande  
 TYPE OF LEAVE (CODE) / TYPE DE CONGÉ (CODE)  
 Date of original request / Date de la première demande

Employee (First) - Nom de l'employé (en majuscules): **MCCN**  
 Given name / Prénom - Prénom / Prénoms: **ELIZABETH**  
 SIN-NO: **8721259**

Department - Ministère: **STC**  
 Branch / Division / Section - Direction / Division / Section: **CCD**  
 Address / Adresse: **TUNNEY'S PASTURE**

Type	Code	From - Du				To - Au				Days - Jours	Off - Off	Hours and details - Heures et détails
		Hour - Heure	DJ	M	VA	Hour - Heure	DJ	M	VA			
Vacation Vacances	1110	:				:						
Sick (Uncertified) Congé de maladie (sans certificat)	2110	:				:						
Sick certified Congé de maladie (avec certificat)	2120	:				:						
Sick without pay Congé de maladie non payé	2310	03:15	112	09	916	116:30	112	09	916			17501
Furlough Congé d'achèvement	3110	:				:						
Compensatory Compensatoire	8110	:				:						

FOR ALL OTHER LEAVE TYPES SEE REVERSE - VOIR AU VERSO POUR TOUT AUTRE TYPE DE CONGÉ

Family related responsibilities Obligations familiales	:					:						
Other paid leave Autre congé payé	:					:						
Leave without pay Congé non payé	:					:						

For all other leave types requested, give reason(s) here and/or quote article and sub-article of applicable collective agreement. / Pour tout autre type de congés, indiquez ci-dessous la (les) raison(s) et/ou citez l'article de la convention collective applicable.

*She was sick. Medical certificate personal file.*

Sick leave declaration: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated.  
 Déclaration de congé de maladie: Je déclare sur mon honneur avoir été incapable, par suite de maladie ou de blessure, de remplir les fonctions de mon poste durant toute la période d'absence pour laquelle j'ai demandé un congé.  
 Physicians certificate form N44 500 - certificat médical, formule SBS 500.  
 Completed and attached / Rempli et annexé  
 To follow / À suivre  
 Unobtainable - statement attached / Impossible à obtenir - déclaration annexée  
 Signature: *Elizabeth Moon* Date: *Sept 13 '96*

Recommended - Recommandé  
 Signature: *C. Pe* Date: *Sept 13 '96*  
 Report of accident on duty / Rapport relatif à un accident durant les heures de service  
 Attached / Annexé  
 To follow / À suivre  
 Previously submitted / Soumis antérieurement  
 Approved by authorized officer - Approuvé par l'agent autorisé

I request leave as stated above / Je demande un congé pour la raison indiquée ci-dessus  
 Compressed work week / Semaine de travail comprimée  
 Yes / Oui  
 No / Non  
 Employee's signature - Signature de l'employé(e): \_\_\_\_\_ Date: \_\_\_\_\_

Leave Code / Code de congé	Hours / Heures	Leave recorded / Congé enregistré	Pay form (if applicable) / Formulaire de paye (au besoin)
Init. /	Date /	Init. /	Date /



Government of Canada / Gouvernement du Canada

LEAVE APPLICATION AND ABSENCE REPORT / DEMANDE DE CONGÉ ET RAPPORT D'ABSENCE

Type of application - Genre de demande  
 Original or Première du  
 Amendment to original / Modification de la première demandée  
 If amendment, please indicate type of leave (code) and start date of original request / Si s'agit d'une modification, veuillez indiquer le type de congé (code) et la date de la première demande  
 TYPE OF LEAVE (CODE) / TYPE DE CONGÉ (CODE) \_\_\_\_\_ Date of original request / Date de la première demande: DJ | M | Y-A

Surname (Prén) - Nom de famille (en respectant) : MOON  
 Given name / Prénom - Prénoms : ELIZABETH  
 SUR - N.A.S. : 11 | 8 | 12 | 54

Department - Ministère : STC  
 Branch / Division / Section - Direction / Division / Section : COD  
 Address / Adresse : TUNNEY'S PASTURE

Type	Code	From - De				To - À				Days / Jours	OU	Hours and decimals / Heures et décimales
		Hour / Heure	D-J	M	Y-A	Hour / Heure	D-J	M	Y-A			
Vacation / vacances	110	:				:						
Sick (Uncertified) / Congé de maladie (sans certificat)	210	:				:						
Sick certified / Congé de maladie (avec certificat)	220	:				:						
Sick without pay / Congé de maladie non payé	230	13:30	13	09	916	04:30	13	09	916			11.00
Unlough / Congé d'ancienneté	310	:				:						
Compensatory / Compensatoire	810	:				:						

FOR ALL OTHER LEAVE TYPES SEE REVERSE - VOIR AU VERSO POUR TOUT AUTRE TYPE DE CONGÉ

Family related responsibilities / Obligations familiales	:					:						
Other paid leave / Autre congé payé	:					:						
Leave without pay / Congé non payé	:					:						

For all other leave types requested, give reason(s) here and/or quota article and sub-article of applicable collective agreement. / Pour tout autre type de congés, indiquez ci-dessous la (les) raison(s) et/ou citez l'article de la convention collective applicable.

*Doctor's appointment*

Sick leave declaration: I declare on my honour that due to illness or injury, I was incapable of performing the duties of my position during the entire period of absence for which leave is requested as indicated. / Déclaration de congé de maladie: Je déclare sur mon honneur avoir été incapable, par suite de maladie ou de blessure, de remplir les fonctions de mon poste durant toute la période d'absence pour laquelle j'ai demandé un congé.

Physicians certificate form NHW 500 - certificat médical, formule SBS 500.  
 Completed and attached / Rempli et annexé  
 To follow / A suivre  
 Unobtainable - statement attached / Impossibilité à obtenir - Déclaration annexée

Employee signature - Signature de l'employé(e): *Elizabeth Moon* Date: *Sept 13 '96*

Recommended - Recommandé: *C. Lee* Date: *Sept 13 '96*  
 Supervisor's signature - Signature du superviseur

Report of accident on duty / Rapport relatif à un accident durant les heures de service  
 Attached / Annexé  
 To follow / A suivre  
 Previously submitted / Soumis antérieurement

Approved by authorized officer - Approuvé par l'agent autorisé

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave Credits / Solde de congés Code Code	Hours / Heures	Leave recorded / Congé enregistré	Pay form (if applicable) / Formulaire de paie (au besoin)
_____ Init.	_____ Date	_____ Init.	_____ Date

Employee's signature - Signature de l'employé(e): \_\_\_\_\_ Date: \_\_\_\_\_  
 Yes / Oui  
 No / Non



Answer key for *Exercise 2, The ATRS, Section III, Your Role as a Supervisor*

ATRS Weekly Work Report						
Emp. No.:		18972*				
Name:		DOE, JOHN*				
FRC:		84300				
Week Ending:		961018* 12-18 OCT 96				
TOTAL UNITS NEEDED FOR THIS WEEK:			40.00		UNITS REMAINING: 00.00	
PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1	9952**		8***			7.50****
2	2546	DQ0010	0096		7.50**	
3	9999****	DQ0010	0096		.	
4	2546	DQ0010	0096	3	30.00	
					7.50	
					1.50	

- \* The employee's number and name and the date of production entered following the list incorporated in the system. The F10 key will give you a listing of the requested data.
- \*\* A statutory holiday is automatically entered in the ATRS. In order to be paid, it is necessary to work the day before and/or the day after the statutory holiday.
- \*\*\* The units, hours and conversion data are automatically calculated and entered by the system. Therefore, when entering overtime, the hours entered will be converted to 1 ½ or 2 times the total of hours worked. 1 ½ time, if worked overtime during an evening, after a regular day of work, or during the first day of rest (Saturday). 2 times, if worked overtime during the second day of rest (Sunday).
- \*\*\*\* When entering the program element 9999, the operation "0096" will disappear. Do not forget to enter this information manually.

**ATRS  
Weekly Work Report**

Emp. No.: 19854  
 Name: CAYER, CLÉMENT  
 FRC: 84300  
 Week Ending: 961018                      12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00                      UNITS REMAINING: 00.00

	PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1	9952			8		7.50	7.50
2	2546	DQ0010	0096			11.50	
3	2547	DQ0015	0096			3.50	
4	2546	DQ0012	0096			15.50	
5	9999	DQ0010	0096			7.50	
6	2546	DQ0010	0096		3	1.50	

**ATRS  
Weekly Work Report**

Emp. No.: 16590  
 Name: ROMANOFF, ZINAF  
 FRC: 84300  
 Week Ending: 961018                      12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00                      UNITS REMAINING: 00.00

	PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1	9952			8		7.50	7.50
2	2546	DQ0010	0096			30.00	

ATRS Weekly Work Report							
Emp. No.: 12879							
Name: MELLEGAN, CARRIE							
FRC: 84300							
Week Ending: 961018 12-18 OCT 96							
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00				UNITS REMAINING: 00.00			
PROGRAM	ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1	9952			8		7.50	7.50
2	2546	DQ0010	0096			30.00	

ATRS Weekly Work Report							
Emp. No.: 11359							
Name: DE FRANCO, PETER							
FRC: 84300							
Week Ending: 961018 12-18 OCT 96							
TOTAL UNITS NEEDED FOR THIS WEEK: 40.00				UNITS REMAINING: 00.00			
PROGRAM	ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1	9952			8		7.50	7.50
2	2546	DQ0010	0096			15.00	
3	2546	DQ0011	0096			3.50	
4	2546	DQ0012	0096			4.00	
5	9999	DQ0010	0096			7.50	
6	2546	DQ0010	0096		4	3.00	

**ATRS**  
**Weekly Work Report**

Emp. No.: 14896  
Name: RICHER, NOÉMIE  
FRC: 84300

Week Ending: 961018                      12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00                      UNITS REMAINING: 00.00

	PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1	9952			8		7.50	7.50
2	2546	DQ0010	0096			30.00	
3	2546	DQ0010	0096		3	3.00	
4	2546	DQ0011	0096		4	1.75	

**ATRS**  
**Weekly Work Report**

Emp. No.: 13598  
Name: DUFRESNE, ISABELLE  
FRC: 84300

Week Ending: 961018                      12-18 OCT 96

TOTAL UNITS NEEDED FOR THIS WEEK: 40.00                      UNITS REMAINING: 00.00

	PROGRAM ELEMENT	PHASE	OPERATION	UNITS	OT CODE	HOURS	CONVERS
1	9952			8		7.50	7.50
2	2546	DQ0010	0096			15.00	
3	2020	H00011	0096			11.50	
4	2546	DQ0010	0096			3.50	

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Answer key for *Exercise 3, General Questions and Operational Question, Section III, Your Role as a Supervisor*

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**Question 1:** Always be honest with your staff, tell them that you do not know the answer at this moment, but you will obtain the correct answer from your Assistant Processing Manager. Never play the "know it all" type.

**Question 2:** Ensure this clerk knows the required standards for the whole operation and in particular his/her individual standards. Ensure this person understands and applies the procedures correctly. If not, re-explain the procedures to this person and do follow-ups. If so, ask why he/she isn't following the procedures accordingly. Help him/her to acquire work habits to increase output.

**Question 3:** Mention that slowing down would improve the quality. Fast but sloppy work results in more rejects, and this slows the process down. Follow up and check this clerk from time to time. Never sacrifice quality for quantity.

**Question 4:** - Prepare yourself adequately.

- Learn the content of your processing procedures. Learn the processing of the operation you are assigned to very well. A good knowledge of the other operations would also be helpful. Knowing your procedures will permit you to better train your employees and to direct them. You will also feel more confident.
- Prepare the materials needed for training: chalk, pens, pencils, papers, erasers, chairs, working tables, flip charts, procedures manuals and training manuals for you and for each of the employees, overhead charts, overhead projector.
- Get the forms you will need: Forms H-910, the Extra Duty Pay/Shift Work Report and Authorization Form, the Employee Attendance Form, and the Leave Application and Absence Report.
- Ask any questions you need to know to your APM. However, if an employee asks you a question that you cannot answer, do not be afraid to say so. Tell him/her you will find out and give him/her an answer later on that day.
- Remember that your APM is always there to assist you with anything that you need.



- Question 5:** Show that you care, that you do understand his/her situation. However, never lend any money to an employee, you are not a bank. Moreover, it may result in this employee never paying you back since you do not have proof that you lend him/her some money.  
Inform him/her that you will inquire on this situation with administration today and that you will tell him/her what you have found out and that you will do a follow-up.
- Question 6:** Try to see how often he/she goes to the washroom and for how long. Also verify if this situation occurs every day or is it only from time to time. If you notice that the situation occurs quite often, you can tell the employee that you have noticed that he/she leaves quite often and ask the employee if he/she has a medical problem. If so, indicate that it would be good to have a medical note attached to his/her file in order to not affect his/her personal appraisal. If not, advise him/her verbally of what you have noticed and for how long you have noticed it. Mention what are the break and lunch hours. Inform him/her of the federal law restricting smoking inside public buildings and the possible fine associated to this prohibited action. If the problem still persists, advise the security guard and tell the guard if the employee is a male or a female and advise your Assistant Processing Manager accordingly.
- Question 7:** (c) Advise him/her verbally not to use obscene language. If it still persists, write a note, get him/her to sign it, place it in his/her personal file and provide your Assistant Processing Manager with a copy. Moreover, explain to him/her that this was the contract offered, and if he/she is not willing to accomplish the required tasks, he/she may put an end to the contract. Failure to achieve satisfactory performance may result in the termination of the employee's contract.

## Question 8:

<b>Main Studies</b>	<b>Brief Description/Use</b>
Automated Match study (AMS)	It is the main overcoverage measurement tool. It identifies pairs of households on the census database with at least two persons in common; the identification is based on sex and birth date.
Collective Dwelling study (CDS)	It measures the overcoverage of persons enumerated in 1996 in both a private and collective dwelling.
Edit Sample study (ESS)	It estimates the initial rate of non-response for the information provided by respondents.
Outgoing Error Rate study (OERS)	It measures the quality of the coding data.
Reverse Record Check (RRC) study	It estimates the number of persons, households and census families missed or enumerated more than once (undercoverage and overcoverage) during the 1996 Census.
Roster Coverage study (RCS)	It estimates the incidence of undercoverage in the census. It will identify persons who were counted, miscounted and missed at the sample addresses.
Vacancy Check (VC) study	It adjusts the census database to account for dwellings that were misclassified by the census as unoccupied.

Main goal of each of these studies: Verify the quality of the census data or seek new ways of conducting the data quality studies for the 2001 Census.

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**Answer key for Exercise 4, The FTS, Section III, Your Role as a Supervisor**

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You are assigned to the Verification Operation as the Supervisor. This morning you had a pile of Forms H-332C in which a couple of Forms H-332D were inserted. Describe how you would process these forms.

- These forms have arrived from the Clean-Up Operation.
- Take the Forms H-332D out of this pile and give them back to the Clean-up Supervisor.
- Take a scanner. Ensure the date is correct and the scanner is empty. If not, before deleting this information, ensure that the data entries were already downloaded into the FTS by contacting the FTS Administrator.
- Use the General Processed Form Protocol.

Scan the:

- Action new bar code
- APM bar code
- Supervisor bar code
- Phase 1 bar code
- Verification Operation bar code
- Verifying Activity bar code
- Clerk's bar code to whom you are giving these forms to be processed
- All Forms H-332C bar codes
- Finally give the Forms H-332C to the concerned clerk

- Once the Forms H-332C have been processed, they will be placed in the box identified for batching.
- You will now use the Shipped Form Protocol.

Scan the:

- Action new bar code
- APM bar code
- Supervisor bar code
- Phase 1 bar code
- OID bar code
- Generic employee bar code
- Forms H-332C bar codes being sent to OID for keying

- Complete the Data Capture Work Ticket Form and send it to OID for the keying of the information.
- When the batch is keyed and ready for pick-up (OID will advise you), bring the pile of documents to the Control Operation and place the forms in the box identified "Forms H-332 to be scanned before filing". The Control Supervisor will scan them into the Filing Cabinet Operation, Filing/Completed Activity.





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