U.S. Department of Labor
Bureau of Labor Statistics Report on Current Employment Statistics - **Public Administration**
Data Collection Center

Form Approved
O.M.B. No. 1220-0011

This form requests information for:
Primary Name
address
city, state zipcode
Location: location
Industry: **naics**
UI: /

START HERE for Report Number reptnum

About YOU: ***If this information is not correct, please tell the data specialist.***

Your name: Attn: Payroll Manager **Title:**
Phone: **Ext:** **Fax:**
E-mail:

Your report # reptnum2

Attn: Payroll Manager
Con_Firm
Con_Address
Con_City, Con_State Con_Zipcode

FOR MORE INFORMATION:
1- Data Collection Center

Report columns 1-3 for the pay period that includes the 12th of the month. Please see detailed instructions below.

Month	1 Employee Count	2 Women Employee Count	3 Reason for Large Changes (Codes below)

REFERENCE PERIOD
Complete this form monthly for the pay period that includes the 12th day of the month. If you have a weekly or biweekly pay period and the 12th falls on a Saturday, report for the period ending on the 12th. If the 12th falls on a Sunday, report for the pay period starting on the 12th.

EMPLOYEE COUNT (Column 1)
Enter the total number of persons who worked or received pay for any part of the pay period including the 12th of the month.

Include:
- Elected or appointed officials
- Full-time or part-time workers
- Trainees
- Workers on paid vacation
- Workers on paid sick leave
- Workers on other paid leave
- Workers on active duty, if receiving pay from employer

Exclude:
- Institution inmates
- Outside contractors and their workers
- Pensioners
- Workers on active duty, if **not** receiving pay from employer
- Workers on leave without pay the entire pay period
- Workers on strike the entire pay period
- Workers of State and Local school systems

WOMEN EMPLOYEE COUNT (Column 2)
Enter the number of employees in column 1 who are women.

REASON FOR LARGE CHANGES (Column 3)
If employment changed by 25% or more, enter one or two numbers from the list at the bottom of the page to explain the change. Otherwise leave Column 3 blank.

Changes in Employment	
01 Seasonal increase	08 Strike
02 Seasonal decrease	12 Internal reorganization-decrease
03 More business/expansion	13 Internal reorganization-increase
04 Less business/contraction	19 Employment returns to normal
05 Short-term project starting	09 Temporary shutdown
06 Short-term project ending	86 Permanent shutdown
07 Layoff	37 Other reason

This report is authorized by law 29 U.S.C. 2. We request your cooperation to make the results of this survey comprehensive, accurate, and timely. The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Please note this report is mandatory in North Carolina, under Section 96-4(g) (l) of the North Carolina Employment Security Law; in Oregon, under the Oregon Revised Statute 657.660; in Washington, under the Revised Code of Washington sections 50.12.010, 50.12.070, and 50.12.180; and in South Carolina, under Section 41-29-120 of the Code of Laws of South Carolina (for firms employing more than twenty individuals). **Form Approved OMB No. 1220-0011.** We estimate that it will take an average of 6 minutes to complete this form each month including time to review instructions, search existing data sources, gather and maintain the necessary data, and complete and review this information. If you have any comments regarding these estimates or any other aspects of this survey, send them to the Bureau of Labor Statistics, Division of Current Employment Statistics (1220-0011), 2 Massachusetts Avenue, NE, Washington, DC 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.