



LOCALITY PAY SYSTEM FOR NURSES AND OTHER HEALTH CARE PERSONNEL DATA COLLECTION AND INSTRUCTIONS

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Your participation is voluntary. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 45 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The purpose of this data collection is to assure that VA nurses are paid an equitable salary.

SECTION I - GENERAL INFORMATION

1a. NAME OF ESTABLISHMENT		1b. ADDRESS <i>(Number and Street)</i>		2. COUNTY/TOWN/INDEPENDENT CITY	
3. CONTACT PERSON		4a. PHONE	4b. TITLE		
5. DATE OF CONTACT	6. SURVEY OCCUPATION OR SPECIALTY		7. TOTAL EMPLOYMENT		
		FTEE		Occupation or Specialty FTEE	
8. SALARY INCREASES Month increases are normally effective:			Effective Date of Last Increase:	Percent:	
			9. NUMBER OF HOURS IN NORMAL WORKWEEK OF OCCUPATION OR SPECIALTY SURVEYED:		

SECTION II - SALARY DATA

SURVEY JOB <i>(GRADE/LEVEL)</i>	ESTABLISHED JOB <i>(TITLE/GRADE)</i>	RATE OF PAY	TYPE

SECTION III - BONUS PAY

Description of Bonus Program and Amount Paid:

SECTION IV - PREMIUM PAY FOR THE OCCUPATION OR SPECIALTY BEING SURVEYED

1. Establishment's current overtime Rate:		2. Establishment's current shift differential:		3. List Establishments differential for:		
Daily	Weekly	PM	Night	Saturday	Sunday	Holiday
4. Does your establishment provide for stand-by/on-call premium pay? <i>(Check one)</i>				If yes, please provide description of premium pay practices and method of calculating payments:		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

REMARKS *(Attach salary table and establishment job descriptions, or prepare summary job description - continue on blank sheet if necessary)*

SECTION V - DATA COLLECTOR(S)

SIGNATURE AND TITLE	DATE	SIGNATURE AND TITLE	DATE

INSTRUCTIONS FOR DATA COLLECTORS

SECTION I - GENERAL INFORMATION

- 1. Establishment name and address:** Enter establishment name and address. Include zip code.
 - 2. County/township/independent city:** Enter the county/township/independent city where the establishment is located.
 - 3. Name and Title of Person Interviewed:** Enter the name and title of the establishment official(s) who furnished the data.
 - 4. Phone:** Enter the phone number of the person interviewed. Include extension.
 - 5. Date of Contact:** Actual date that establishment was contacted for this survey.
 - 6. Survey Occupation or Specialty:** Enter occupation or specialty being surveyed.
 - 7. Establishment employment:** Enter total number of full-time equivalent employees (FTEE) in the establishment. For the occupation or specialty being surveyed, enter the total FTEE employed by the establishment in that occupation.
 - 8. Month General Increases Normally Effective:** Enter the month that general increases are normally effected for this occupation or specialty at the establishment. If increases are given more than once a year, indicate the most recent month of adjustment and explain other increases under remarks.
- Salary Increase Information:** Enter information on effective date and percent of increases granted within the last 12 months and any increases that are expected within the next year.
- 9. Number Hours in Normal Workweek for the Surveyed Occupation or Specialty:** Enter number of hours in the normal workweek. Note under remarks any scheduling practices such as Baylor Plan (registered nurses) or compressed workweek.

SECTION II - SALARY DATA

Enter the title and grade of the survey job and the title and grade of establishment's job. Also enter the salaries paid by the establishment for an employee whose experience and education is comparable to the survey job description and indicate what type of data is being reported (e.g., minimum beginning rate, maximum rate in a range, average, mid-point, etc.).

SECTION III - BONUS PAY

Document the following information: Description of the plan and how bonus payments are determined; amount of bonus paid; and when bonuses are paid.

SECTION IV - PREMIUM PAY FOR THE OCCUPATION BEING SURVEYED

Enter requested information to be used to authorize additional pay under Title 38 United States Code (U.S.C.) 7453(j) and MP-5, part II, chapter 3.

SECTION V - REMARKS

Additional information or further explanation that may be necessary for preceding items.