## U. S. Department of the Interior Assistant Secretary - Indian Affairs

## Labor Force Estimate Report

FOR CALENDAR YEAR: Jan. 1 - Dec. 31, 2008

| Secti               | on I.   | Contact Information  |        |                   |                    |
|---------------------|---------|--|--------|-------------------|--------------------|
|                     |         | ecognized American Indian/Alaska Native Entity:  |        |                   |                    |
| BIA R               | egion   | : State(s):  |        |                   |                    |
| Name                | of Pe   | rson Completing this Report (Type or Print):   | Date:  |                   |                    |
| Title: Telephone #: |         |  | Dute.  |                   |                    |
|                     |         |  |        |                   |                    |
| Secti               | on II   | . Data   | 3.6-1- | Possele           | m-r-1              |
| Row                 | A       | Tribal Enrollment (official tribal membership roll)  | Male   | Female            | Total              |
|                     | В       | Total Service Population for <b>2008</b> (all individuals that are <u>eligible</u> for on-reservation services that the Secretary of the Interior provides to Indian people)   |        |                   |                    |
|                     | B1      | Number in Service Population who are under age 16  |        |                   |                    |
|                     | B2      | Number in Service Population who are age 16 through 64   |        |                   |                    |
|                     | B3      | Number in Service Population who are over age 64   |        |                   |                    |
|                     |         | Labor Force Determination (for Federally recognized individual<br>American Indians and Alaska Natives living within the Service<br>Population who are age 16 and older)        |        |                   |                    |
|                     | C1      | Population NOT AVAILABLE for work  |        |                   |                    |
|                     | C2      | Population AVAILABLE for work, including those not considered to be actively seeking work  |        |                   |                    |
|                     | a       | Population able and willing to work but who are unemployed during the entire year  |        |                   |                    |
|                     | b       | Population employed part time (less than 32 hours total per week), seasonally and/or short-term  |        |                   |                    |
|                     | С       | Population employed full time  |        |                   |                    |
|                     | i       | Population employed in PUBLIC/TRIBAL sector positions  |        |                   |                    |
|                     | ii<br>D | Population employed in PRIVATE sector positions Individuals employed with annual earnings below the Poverty  |        |                   |                    |
|                     | D       | Guidelines (see instructions)  |        |                   |                    |
|                     |         |  |        |                   |                    |
|                     | List s  | I. Date Sources and Comments sources used in collecting data for this report other than from tribal r al count; social service reports; state, county, and/or municipal record |        | xample, us        | ing an             |
|                     |         |  | 7.0.   |                   | :f                 |
|                     | Othe    | r comments related to this report:   | (Att   | ach additional sh | ieet, ii necessary |
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|                     |         |  | (An    | ach additional sh | neet, if necessary |
|                     |         |  | ,      |                   |                    |
| Secti               |         | V. Certification<br>IS REPORT IS CERTIFIED AS BEING ACCURATE BY THE FOL  | LOWING | G OFFICIA         | AL:                |

| Certifying Tribal Official's Signature | Date |
|--|------|