

FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

Form Approved
OMB No. 3206-0036
Expires Nov 30, 2008

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (3206-0036). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. ESTABLISHMENT NAME AND ADDRESS <i>(Include Apartment or Suite Number and 9-digit ZIP Code)</i>				2. WAGE AREA					
								3. DATE OF CONTACT <i>(YYYYMMDD)</i>	
5. NAME AND TITLE OF PERSON(S) INTERVIEWED				6. PRODUCT OR SERVICE OF ESTABLISHMENT					
				a. MAJOR INDUSTRY					
				b. SPECIFIC PRODUCTS OR SERVICES					
7. AREA CODE		8. ESTABLISHMENT CODE		9. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE		10. ESTABLISHMENT WEIGHT			
11. TOTAL NUMBER EMPLOYEES IN ESTABLISHMENT		12. TOTAL NUMBER BLUE-COLLAR EMPLOYEES		13. OVERTIME PAY PROVISIONS					
				DAILY		WEEKLY		SUNDAY	HOLIDAY
				RATE	HOURS	RATE	HOURS	RATE	RATE
14. NUMBER OF HOURS IN NORMAL WORKWEEK		15. MONTH GENERAL WAGE ADJUSTMENTS ARE NORMALLY EFFECTIVE 99 = NO SET MONTH 1 = JANUARY ETC.		16. CONTRACT OBTAINED <i>(X one)</i>		17. NON-PAR CODE			
				<input type="checkbox"/> YES					
				<input type="checkbox"/> NO <input type="checkbox"/> RATE SHEET					
18. GENERAL WAGE ADJUSTMENTS				19. ADDITIONAL PAY ELEMENTS <i>(Explain in Remarks)</i>					
a. DATE <i>(YYYYMMDD)</i>		b. AMOUNT		c. INCREASE/DECREASE <i>(Enter I or D)</i>		d. INCLUDED IN RATES <i>(X one)</i>			
				<input type="checkbox"/> YES <input type="checkbox"/> NO		a. BONUS b. LUMP SUM c. INCENTIVE			
				20. COST OF LIVING ALLOWANCE (COLA)					
				a. COLA FORMULA					
				= 1c					
				b. BASE PERIOD () 1967 = 100 () 1982-84 = 100		d. PAY ON		e. USING CONSUMER PRICE INDEX (CPI) FOR	
				c. INDEX () CPI - U () CPI - W					
21. COLA TIED DIRECTLY TO CPI		b. DATE AND AMOUNT OF ADJUSTMENTS				c. FOLD-IN		d. CARRY-OVER	
YES		a. TOTAL AMOUNT BEING PAID		DATE		AMOUNT		FOLD-IN	
NO		AMOUNT		DATE		AMOUNT		FOLD-IN	
22. REMARKS									
23. PRINTED NAME AND SIGNATURE					24. PRINTED NAME AND SIGNATURE				
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