



**THIS FORM REQUESTS INFORMATION FOR:**

Primary Name  
address  
city, state zipcode  
**For 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 **Attn: Payroll Manager** **Title:**  
**Phone:** **Ext:** **Fax:**  
**E-mail:**

Your report # reptnum2

**FOR MORE INFORMATION:**  
**1-** Data Collection Center

**Attn: Payroll Manager**  
**Con\_Firm**  
**Con\_Address**  
**Con\_City, Con\_State Con\_Zipcode**

**Report column 1-4 for the pay period that includes the 12th of the month. Please see detailed instructions below.**

| Month | 1<br>Employee<br>Count | 2<br>Women<br>Employee<br>Count | 3<br>Faculty<br>Members | 4<br>Reason<br>for Large<br>Changes<br>(Codes below) |
|-------|------------------------|---------------------------------|-------------------------|------------------------------------------------------|
|       |                        |                                 |                         |                                                      |
|       |                        |                                 |                         |                                                      |
|       |                        |                                 |                         |                                                      |
|       |                        |                                 |                         |                                                      |
|       |                        |                                 |                         |                                                      |
|       |                        |                                 |                         |                                                      |
|       |                        |                                 |                         |                                                      |
|       |                        |                                 |                         |                                                      |

**EMPLOYEE COUNT (Column 1) – (continued)**

Who worked only during the school year but received pay for the whole year.

**Include:**

- Counselors, librarians and coaches
- Custodial and cafeteria workers
- Full-time or part-time workers
- Other non-teaching personnel
- Paid members of religious orders
- Students employed on your payroll
- Teachers, administrators and trainees
- Workers on active duty, if receiving pay from employer
- Workers on paid sick or other leave
- Workers on paid vacation

**Exclude:**

- Outside contractors and their employees
- Pensioners
- School trustees and school board members serving without pay
- Volunteers
- Workers on active duty, if **not** receiving pay from employer
- Workers on leave without pay for the entire pay period
- Workers on strike the entire pay period

**WOMEN EMPLOYEE COUNT (Column 2)**

Enter the number of employees from Column 1 who are women.

**FACULTY MEMBERS (Column 3)**

Enter the number of employees from Column 1 who are regular members of the faculty of this institution or school system. Regular members of the faculty are considered to be professional or "certified" employees who have a contractual arrangement (written or otherwise) for one or more years. **Faculty Members** include principals, teachers, superintendents, administrators, librarians, counselors, and other professional personnel.

**REASON FOR LARGE CHANGES (Column 4)**

If employment changed by 25% or more, enter one or two numbers from the list below to explain the change. Otherwise leave Column 4 blank.

**REFERENCE PERIOD**

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

**EMPLOYEE COUNT (Column 1)**

The total number of persons who worked or received pay for any part of the pay period that includes the 12<sup>th</sup> of the month. Include employees

**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) (f) 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.

