



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

FORM  
**E-3** (03-16-2009)

**ANNUAL SURVEY OF GOVERNMENT EMPLOYMENT  
MARCH 2009 - SPECIAL DISTRICTS AND LOCAL AGENCIES**

2010

OMB No. 0607-0452: Approval Expires 02/28/2011

**RETURN TO:**

**U.S. Census Bureau  
1201 East 10th Street  
Jeffersonville, IN 47132-0001**

**In correspondence  
pertaining to this report,  
please refer to the User ID  
below the address box.**

Please check here if  
your address has  
changed.

*(Please correct any errors in name, address, and ZIP code above)*

**INTERNET RESPONSE: If you prefer, you may respond  
to this survey via the Internet at the following web  
address: <http://harvester.census.gov/sgenet>  
You will need your User ID to access the Internet form.**

User ID

**DATA SUPPLIED BY**

If additional people assisted in completing this report, please include contact information in "Additional remarks" on page 2.

Name of the person completing the report

Title

Area Code and Phone Number

Extension

Fax

E-mail address

**PAID EMPLOYEES/OFFICIALS**

Please complete this survey form if your agency currently has paid employees/officials.

If your agency has **NO PAID** employees/officials, mark (x) here →  and check the appropriate box below:

This agency **MAY** have paid employees/officials in the future. *Remove*

This agency **IS NOT LIKELY** to have any paid employees/officials in the future. *Remove*

**PART I - FULL-TIME STANDARD WEEKLY HOURS**

What is the average or standard  
number of **weekly** hours of work  
for the **MAJORITY** of your  
full-time employees?

Mark (X) ONE box only

A  39 hours or more    C  34 to 37.4 hours    E  30 to 31.9 hours

B  37.5 to 38.9 hours    D  32 to 33.9 hours

*Less than 30 hours per week  
should be reported as Part-Time.*

Continue on page 2

**PART II - PAY INTERVAL**

1. How frequently are your full-time employees (all or most) paid for their services?

2. How frequently are your part-time employees (all or most) paid for their services?

Mark (X) ONE box only. For multiple pay intervals, see **SPECIAL INSTRUCTIONS** on page 4.

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- M  Monthly
- T  Twice a month
- B  Bi-Weekly
- W  Weekly
- Q  Quarterly
- S  Semi-Annually
- A  Annually

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**PART III - EMPLOYEES, PAYROLL, AND PART-TIME HOURS**

Report data for the ONE PAY PERIOD, which includes March 12, 2009 and corresponds to the pay interval marked in Part II. *2010*  
**If some employees are on a different pay interval from the majority, please report these employees, their payroll, and any part-time hours separately as indicated in the special instructions on page 4.**

**Type of Employee** - Report full-time employees in column (a) and their payroll in column (b) for the pay interval indicated in Part II. Report part-time employees in column (c) and their payroll in column (d) for the pay interval indicated in Part II. Report in column (e) the total hours paid for all part-time employees reported in column (c). If actual hours paid are not available, enter an **estimate**.

| Full-time Employees                                   |  | Part-time Employees                                   |  |  |
|---|--|---|--|--|
| Total number of employees at each pay interval<br>(a) | Gross payroll for employees in column (a)<br>(omit cents)<br>(b) | Total number of employees at each pay interval<br>(c) | Gross payroll for employees in column (c)<br>(omit cents)<br>(d) | Total paid part-time hours for amounts reported in column (d)<br><b>(Estimate if unknown)</b><br>(e) |
| Remove the  |  |   |  |  |
| Remove the  |  |   |  |  |
| Remove the  |  |   |  |  |

**Additional remarks** - Please indicate below any groups of your employees for which you could not supply information or any difficulties you encountered in completing the form. Please provide an explanation for any significant changes to employment or payroll occurring within the last year that would aid in understanding this report.



## DEFINITIONS

**EMPLOYEES** – Persons paid for personal services performed in the indicated pay period, including persons in a paid leave status. **Include** any officials paid on a salary basis; by fees or commissions; on a per meeting basis; or a flat sum quarterly, semiannually, or annually. **Exclude** employees on unpaid leave, unpaid officials, pensioners, and contractors and their employees.

**FULL-TIME EMPLOYEES** – Persons employed during the pay period to work the number of hours per week that represents regular full-time employment. **Include** temporary or seasonal employees who are working the number of hours that represents full-time employment.

**PART-TIME EMPLOYEES** – Persons employed on a part-time basis during the designated pay period. **Include** those daily or hourly employees usually engaged for less than the regular full-time workweek, as well as any part-time paid officials. **Exclude** here, and report as full-time, any temporary or seasonal employees working on a full-time basis during this pay period.

**PAYROLL (GROSS BEFORE DEDUCTIONS)** – Salaries, wages, fees, or commissions earned by employees during (or applicable to) the pay period(s) which includes **March 12, 2009**. **Include** overtime, premium, night differential pay, bonuses, and incentive payments that are paid at regular pay intervals. **Include** amounts withheld for taxes, employee contributions to retirement systems, etc. **Exclude** lump sum payments and the value of living quarters, and subsistence allowances furnished to employees.

*employer share of fringe benefits*  
**If some employees are on a different pay interval from the majority**, please report these employees, their payroll, and part-time hours separately as indicated in the **Special Instructions** on page 4.

**PART-TIME HOURS PAID** – Total hours actually paid during the pay interval for all persons working less than the number of hours that represents full-time employment. **Include** an estimate of hours worked during the pay interval for part-time employees not compensated on an hourly basis.

## GENERAL INSTRUCTIONS

1. Indicate in **Part I** the standard weekly hours of work for most full-time employees.
2. Indicate in **Part II** the length or frequency of your pay interval.
3. Include all current employees whether paid from the general fund or special funds.
4. Report in **Part III** gross payroll amounts for just the ONE PAY PERIOD which includes March 12, 2009.
  - a. **Do not** report cumulative salaries since the beginning of the calendar or fiscal year.
  - b. **Do not** report payroll amounts from last fiscal year.
  - c. **Do not** report the employer costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.
5. Include total paid hours of work for part-time employees in **Part III**, column (e). If actual hours are not known, please enter an estimate.
6. Use the reporting format shown in **SPECIAL INSTRUCTIONS** on page 4 if you have multiple pay intervals.

7. If you are unable to supply any of the information requested in **Part III**, please list in "Additional remarks" the source(s) of the missing information (including address and telephone number). Please provide an explanation for any significant changes to employment or payroll occurring within the last year that would aid in understanding this report.
8. If exact figures are not available, enter estimates and mark with an asterisk.
9. Complete the "Data supplied by" box on the front of the form and return the completed questionnaire in the envelope provided. If additional people assisted in completing this report, please include contact information in "Additional remarks" on page 2.
10. Retain a copy of the completed questionnaire for your records. Thank you.

### SPECIAL INSTRUCTIONS

Report separately in Part III all employees, payrolls, and part-time hours that are on a pay interval different from the one reported in Part II, PAY INTERVAL. Write a pay interval code M, T, B, W, Q, S, or A next to payroll amounts and part-time hours to indicate applicable pay interval.

For example, if your government has fifty (50) full-time employees and seven (7) part-time employees and each is paid at different pay intervals, report data separately as shown in the following example:

| <b>Part III EMPLOYEES, PAYROLL, AND PART-TIME HOURS</b>  |               |                     |              |         |
|--|---------------|---------------------|--------------|---------|
| Full-time employees  |               | Part-time employees |              |         |
| Number   | Payroll       | Number              | Payroll      | Hours   |
| 27   | \$94,500 (M)  | 5                   | \$3,000 (B)  | 300 (B) |
| 15   | \$8,250 (W)   | 2                   | \$10,500 (Q) | 300 (Q) |
| 8  | \$160,000 (A) |                     |              |         |
| <p>In this example, \$94,500 represents the monthly (code M) amount for 27 full-time employees; \$8,250 represents the weekly (code W) amount for 15 full-time employees; and \$160,000 represents the annual (code A) amount for 8 full-time employees; and \$3,000 represents the biweekly (code B) amount for 5 part-time employees; \$10,500 represents the quarterly (code Q) amount for 2 part-time employees.</p> |               |                     |              |         |

*See this form type (E-3)*

**NOTE:** Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of the population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 10 minutes to 1 ½ hours per response, with an average of 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0452, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use Paperwork Project 0607-0452 as the subject.