

E-7

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

FORM E-7  
(03-02-2009)

**ANNUAL SURVEY OF GOVERNMENT EMPLOYMENT  
MARCH 2009 – MAJOR SPECIAL DISTRICTS AND AGENCIES**

**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)

**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

\_\_\_\_\_

**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 15 minutes to 15 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](mailto:Paperwork@census.gov); use Paperwork Project 0607-0452 as the subject.

**DATA SUPPLIED BY**

*Add sentence. Same as F-2 form change*

Name of person completing the report

\_\_\_\_\_

Title \_\_\_\_\_ Area Code and Phone Number \_\_\_\_\_ Extension \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**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

**PART II - PAY INTERVAL**

*Same as F-2 form change*

How frequently are employees paid for their services?  
Provide the payroll amount in Part III for the pay period you indicate here

1. Full-time employees (all or most)

Mark (X) **ONE** box only

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

2. Part-time employees (all or most)

Mark (X) **ONE** box only

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

Continue on page 2



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

Report data for the ONE PAY PERIOD, which includes March 12, 2010 and corresponds to the pay interval marked in Part II. *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 3.*

Function A person working in more than one of the following categories should be reported only once -- in the area of primary responsibility.	Full-time Employees		Part-time Employees		
	Total Number of Employees <i>at each pay interval</i> (a)	Gross payroll for employees in column (a) (omit cents) \$ (b)	Total Number of Employees <i>at each pay interval</i> (c)	Gross payroll for employees in column (c) (omit cents) \$ (d)	Total paid part-time hours for amounts reported in column (d) (Estimate if unknown) (e)
<b>TOTAL - Sum of items 1 through 16</b>					
<b>1. Fire protection</b> - Report paid volunteer firefighters as part-time employees; exclude unpaid volunteers. Report forest fire protection employees in <b>Natural Resources</b> . a. Firefighters - Persons engaged in fire suppression and prevention. Include employees trained in these activities but performing other duties such as dispatching, emergency medical care, etc. 124			P109		
b. All other fire protection employees.					
c. TOTAL - Sum of items 1a and 1b.					
<b>2. Water supply system</b> - Public water supply system operated by your government. Irrigation activities should be reported in <b>Natural resources</b> . 091					
<b>3. Electric power system</b> - Owned and operated by your government. 092					
<b>4. Gas supply system</b> - Owned and operated by your government. 093					
<b>5. Transit system</b> - Owned and operated by your government. 094					
<b>6. Natural resources</b> - Forest fire protection, irrigation, drainage, flood control, forestry, etc. 059					
<b>7. Sewers and sewage disposal</b> - Provision, maintenance, and operation of sanitary and storm sewer systems and sewage disposal plants. Report water supply employees in <b>Water supply system</b> . 080					
<b>8. Solid waste management</b> - Street cleaning, recycling, garbage and refuse collection and disposal, operation of sanitary landfill. 081					
<b>9. Streets and highways</b> - Maintenance, repair, construction, and administration of streets, alleys, sidewalks, roads, highways, and bridges. 044					
<b>10. Airport</b> - Owned and operated by your government. 001					
<b>11. Sea and inland port facilities</b> - Owned and operated by your government. 087					
<b>12. Public welfare</b> - Maintenance of homes and other institutions for the needy, nursing homes, administration of public assistance and veteran services, senior citizen and handicap transportation, and social workers. 079					
<b>13. Health</b> - Public health services, emergency medical services, mental health, alcohol and drug abuse, out-patient clinics, visiting nurses, food and sanitary inspections, animal control, other environmental health activities. 032					
<b>14. Hospitals</b> - Institutions for in-patient medical care. Include all paid student help. Report nursing home and welfare institution employees in <b>Public welfare</b> . 036					
<b>15. Parks and recreation</b> - Parks, playgrounds, swimming pools, auditoriums, museums, marinas, zoos, etc. 061					
<b>16. All other</b> 089					

**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.

*2010* **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 for Part III**.

**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.

*employer share of fringe benefits*

**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 FOR PART III** 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). *on page 3*
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. *Add sentence. Same as F-2 form change.*
10. Retain a copy of the completed questionnaire for your records. Thank you.

**SPECIAL INSTRUCTIONS FOR PART III**

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 ~~three (3)~~ *BA(s)* full-time employees and ~~three (3)~~ part-time employees and each is paid at different pay intervals, report data separately as shown in the following example:

Part III EMPLOYEES, PAYROLL, AND PART-TIME HOURS				
Full-time employees		Part-time employees		
Number	Payroll	Number	Payroll	Hours
1	\$3,500 (M)	1	\$600 (B)	60 (B)
1	\$550 (W)	2	\$10,500 (Q)	300 (Q)
1	\$20,000 (A)			

In this example, \$3,500 represents the monthly (code M) amount for 1 full-time employee; \$550 represents the weekly (code W) amount for 1 full-time employee; and \$20,000 represents the annual (code A) amount for 1 full-time employee; and \$600 represents the biweekly (code B) amount for 1 part-time employee. \$10,500 represents the quarterly (code Q) amount for 2 part-time employees.

*change to match F-1 and F-3 forms.*

