OCCUPATIONAL EMPLOYMENT REPORT (uuuuuu)

In Cooperation with the U.S. Department of Labor Form Approved O.M.B. No. 1220-0042

What this report is about: This form asks for information about the occupations and wage ranges of the employees described in Item 2 below. Please complete Items 1 through 5 on this page. Next, please provide the information requested beginning on page 1 for the employees who worked during or received pay for the pay period that included the reference date in Item 2, printed directly above your establishment name. The instructions on pages ii and 1 explain how to provide the information.

Please see our website at *http://www.bls.gov/OES* for more information on the OES Program, including a display of national, state and metropolitan area employment and wage estimates by occupation.

1	Which of the following options describes the status of	the location(s) in Item 2 as of the refere	ence date also printed in Item 2?
	Operating: Go to item 2.		
	Temporarily closed during the reference period: Report of employees worked for pay, report "0" in section 4 of this		
	Permanently out of business as of/_/: Return the form to the address at the top. Sold or merged: Enter the new name and address in the box to the right, then go to item 2.	New Name: New Address:	
2	This form asks for information about the employees described in the box to the right. Our estimate of employment for these employees appears at the top right corner of the label. Please make any needed address corrections below.		
3	Our records show that your main products or services are related to those listed in the box to the right. If they are not, please list your main products or services on the lines below and continue with the rest of the report.		
4	How many employees, both full and part-time, worked at this location(s) during the pay period that included the reference date printed in Item 2? Enter the number here: Do all employees reported above work at one location? Yes NoEnter number of locations:	 Include Full or part-time paid workers Workers on paid leave Workers assigned temporarily to other units Incorporated firms - paid owners, officers, and staff 	Do Not Include Contractors and temporary agency employees not on your payroll Unpaid family workers Workers on unpaid leave Unincorporated firms - proprietors, owners, and partners Workers not covered by unemployment insurance
5	Please tell us who to contact if we have question Name: Title: Phone: (FOR OFFICE USE ONLY

Instructions for Reporting	ng by Occupation	
Report employees in the occupations in we For example: An employee trained as a second control of the contro		occupations for which they have been trained. drafter, should be reported as a drafter.
Report each employee only once in the oc performs work in two or more occupation employees in the occupation in which the	ns. If there is no measurable o	
Use the description of duties along with the Do not rely on job titles alone.	e job titles to determine where	to place employees.
Report apprentices and trainees in the journal they are not in training for the occupation		ined. Report helpers separately because
Report part-time workers in the job they per	erform.	
Professionals who directly supervise other occupation as the workers they supervise	· · · · · · · · · · · · · · · · · · ·	pations should be classified in the same supervises other drafters is classified as a drafter.
	30 percent or more of their time upervisory duties who spend le	ning, Production, Maintenance, and e performing supervisory duties should be ess than 80 percent of their time supervising
Instructions for Reportir	ng Wage Informati	on
For all employees:		
Please use the hourly and annual wage		
by hour or year (bi-weekly, or monthly		
For part-time workers, please report the		
For tip, commission, and piece-rate work		ings (base pay plus tips,
commissions, or piece rates), and repo		(40 bayya may yasak) mlagag yanayt
For salaried workers who do not work a wages on an hourly basis. For worker report their annual salary.		
Include and/or exclude from pay as follo	ws:	
Include as pay:	Exclude as pay:	
Base Rate	Attendance Bonus	Overtime Pay
Commissions	Back Pay	Perquisites
Tips	<pre>Draw</pre>	Severance Pay
Deadheading Pay	Holiday Premium Pay	Shift Differential
Guaranteed Pay	Jury Duty Pay	Stock Bonuses
Hazard Pay	Lodging Payments	Tool Allowance
Incentive Pay	Meal Payments	Vacation Pay
I Longevity Pay	Merchandise Discounts	Weekend Pay
Piece Rate	Profit Sharing Payment	Uniform Allowance
Portal-to-Portal Rate	Relocation Allowance	🛮 On-call Pay
Production Bonus	Tuition Repayments	Nonproduction Bonus
Cost-of-Living Allowance		(e.g., Holiday Bonus)

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. This report is authorized by law, 29 U.S.C. §2. Your voluntary cooperation is needed to make the results of this report comprehensive, accurate, and timely.

*We estimate that it will vary from 30 minutes to 6 hours to complete this report, depending on such factors as the size of the establishment. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates or any other aspects of this report, including suggestions for reducing this burden, send them to the U.S. Bureau of Labor Statistics, Division of Occupational Employment Statistics (1220-0042), 2 Massachusetts Avenue NE, Suite 2135, Washington, DC 20212. Please do not return your questionnaire to this address. Use the enclosed preaddressed envelope or the address provided at the top of the first page to return your completed questionnaire. You do not have to complete this questionnaire if it does not display a currently valid OMB control number.

If returning via facsimile, enter the 10 dig the address label on page i):	jit Schedul	e Number (foun	d at the top of									
Please use the following pages to report the employees found in your firm. Please write in each unique employee by occupation title. If there are multiple employees with the same occupational title, please list them seperately. Include a short description of duties, their wage, and their wage interval (Annual, Bi-weekly, Hourly, or Other). If Other, please provide a brief explanation. Also indicate if this wage includes tips, as well as the the number of hours the employee worked during the reference week. Refer to page ii for detailed instructions on how to report by occupation and how to determine wages. If additional space is needed to report all of the workers in your establishment, please photocopy this page.												
OCCUPATIONAL TITLE AND		eport Part-time W		g to an Ho	urly Rate							
DESCRIPTION OF DUTIES	WAGE OR SALARY	WAGE RATE FREQUENCY	N (If	HOURS WORKED	TIPS INCLUDED (Yes or No)							
XAMPLE:		O Bi-										
Secretaries - Performs administrative duties, typing, and other tasks as needed.	\$12.50	weekly ○ Hourly • Hourly O Other		35	O Yes • No							
		O Annual O Bi-weekly O Hourly O Other			O Yes O No							
		O Annual O Bi-weekly O Hourly O Other			O Yes O No							
		O Annual O Bi-weekly			O Yes							

O Hourly

O Other

O Annual

O Other

O Bi-weekly O Hourly

O Bi-weekly O Hourly

O Bi-weekly O Hourly

O Bi-weekly O Hourly

O Bi-weekly O Hourly O No

O Yes

O No

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returning via facsimile, enter the 10 digit Schedule Number (found at the top of the		 	 	
ddress label on page i):				

OCCUPATIONAL TITLE AND	Report Part-time Workers According to an Hourly Rate							
OCCUPATIONAL TITLE AND DESCRIPTION OF DUTIES	WAGE OF SALARY		. -	EXPLANATION (If "Other")	HOURS WORKED	TIPS INCLUDED (Yes or No)		
	1							
		O Annual O Bi-weel				O Yes		
		O Hourly	,			O No		
		O Other						
	T	O Annual						
		O Bi-week				O Yes		
		O Hourly				O No		
		O Other						
	T T	O Annual				O Yes		
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FOR	FIPS Code	Schedule Number	Total Employment	Reviewed By	Date Reviewed
OFFICE USE ONLY					
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If returning via face	simile, enter the 10 digit	Sched	ule Nu	ımber	(found	at the	top of	the ad	dress la	abel or	n page i):		
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occupational title the total employ occupation and	following pages to re e, a short description ment for each occup how to determine wa blease photocopy this	of duation.	ities, Ref If ad	the n	umbei page i	r of er ii for d	nploy letaile	ees fo	ound in ruction	n each ns on	n wage how to	e colui o repo	mn, ar ort by	
NUMBER OF EMPLOYEES IN SELECTED WAGE RANGES														
OCCUPATIONAL					<u> </u>					rding t	to an F		Rate)	
TITLE AND DESCRIPTION OF DUTIES	Hourly part-time or full-time)	under \$9.25	\$9.25 - 11.49	\$11.50 - 14.49	\$14.50 - 18.24	\$18.25 - 22.74	\$22.75 - 28.74	\$28.75 - 35.99	H \$36.00 - 45.24	\$45.25 - 56.99	\$57.00 - 71.49	\$71.50 - 89.99	\$90.00 and over	Tatal
DOTTES	Annual Salary (full-time only)	under \$19,240	\$19,240 - 23,919		\$30,160 - 37,959	\$37,960 - 47,319	\$47,320 - 59,799	\$59,800 - 74,879	\$74,880 - 94,119	\$94,120 - 118,559	\$118,560 - 148,719	\$148,720 - 187,199		Total Employmer
XAMPLE:														
Secretarie.		Α	В	С	D	Е	F	G	Н	ı	J	К	L	т
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