



What this report is about: This form asks for information about the occupations and wage ranges of the employees described in Item 3 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 3, 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 3 as of the reference date also printed in Item 3?

Operating: Go to item 2.

Temporarily closed during the reference period: Report data only for employees paid for work during the reference period. If no employees worked for pay, report "0" in section 4 of this page and return the form in the reply envelope provided.

Permanently out of business as of __/__/____: Return the form to the address at the top.

Sold or merged: Enter the new name and address below, then go to item 2.

↙

New Name: _____
New Address: _____

2 Our records show that your main products or services are related to those listed below. If they are not, please list your main products or services on the lines provided and continue with the rest of the report.

3 This form asks for information about the employees described below. Our estimate of employment for these employees appears at the top right corner of the label. *Please make any needed address corrections.*

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 3?

Enter the number here...

| | |
|---|---|
| <p>Include</p> <ul style="list-style-type: none"> ♦ Full or part-time paid workers ♦ Workers on paid leave ♦ Workers assigned temporarily to other units ♦ Incorporated firms - paid owners, officers, and staff | <p>Do Not Include</p> <ul style="list-style-type: none"> ♦ Contractors and temporary agency employees not on your payroll ♦ Unpaid family workers ♦ Workers on unpaid leave ♦ Owners, proprietors, and partners of unincorporated firms ♦ Workers not covered by unemployment insurance |
|---|---|

Do all employees reported above work at one location?
 Yes No...Enter number of locations

5 Please tell us who to contact if we have questions about your data.

Name: _____
 Title: _____
 Phone: (____) _____ - _____ Ext. _____ Date: _____
 E-mail address: _____

FOR
OFFICE
USE ONLY

Instructions for Reporting by Occupation

- Report employees in the occupations in which they are working, **not** in occupations for which they have been trained.
For example: An employee trained as an engineer, but working as a drafter, should be reported as a drafter.
- Report each employee only once in the occupation that requires the **highest** level of skill if the employee performs work in two or more occupations. If there is **no** measurable difference in skill requirements, report employees in the occupation in which they spend the **most** time.
- Use the description of duties along with the job titles to determine where to place employees. Do not rely on job titles alone.
- Report **apprentices** and **trainees** in the job for which they are being trained. Report **helpers** separately because they are not in training for the occupation they are helping.
- Report part-time workers in the job they perform.
- Professionals who directly supervise other workers in professional occupations should be classified in the same occupation as the workers they supervise. For example, a drafter that supervises other drafters is classified as a drafter.
- Workers in Service, Sales, Office and Administrative, Forestry and Farming, Production, Maintenance, and Transportation occupations who spend 80 percent or more of their time performing supervisory duties should be reported as supervisors. Workers with supervisory duties who spend less than 80 percent of their time supervising should be reported with the workers they supervise.

Instructions for Reporting Wage Information

For all employees:

- Please use the hourly and annual wage rate categories to report employees. If wages are not recorded by hour or year (bi-weekly, or monthly for example), convert them into an hourly wage rate.
- For part-time workers, please report the specific hourly wage rate, not an average.
- For tip, commission, and piece-rate workers, please estimate the earnings (base pay plus tips, commissions, or piece rates), and report the appropriate wage.
- For salaried workers who do not work a standard 2080 hours per year (40 hours per week), please report wages on an hourly basis. For workers who are paid an annual salary by contract, such as Airline Pilots, report their annual salary.
- Include and/or exclude from pay as follows:

| Include as pay | Exclude as pay |
|----------------------------|--------------------------|
| □ Base Rate | □ Attendance Bonus |
| □ Commissions | □ Back Pay |
| □ Tips | □ Draw |
| □ Deadheading Pay | □ Holiday Bonus |
| □ Guaranteed Pay | □ Holiday Premium Pay |
| □ Hazard Pay | □ Jury Duty Pay |
| □ Incentive Pay | □ Lodging Payments |
| □ Longevity Pay | □ Meal Payments |
| □ Piece Rate | □ Merchandise Discounts |
| □ Portal-to-Portal Rate | □ Nonproduction Bonus |
| □ Production Bonus | □ On-call Pay |
| □ Cost-of-Living Allowance | □ Overtime Pay |
| | □ Perquisites |
| | □ Profit Sharing Payment |
| | □ Relocation Allowance |
| | □ Tuition Repayments |
| | □ Severance Pay |
| | □ Shift Differential |
| | □ Stock Bonuses |
| | □ Tool Allowance |
| | □ Weekend Pay |
| | □ Uniform Allowance |

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.

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

_____ - ____

7 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 separately. 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 DESCRIPTION OF DUTIES | Report Part-time Workers According to an Hourly Rate | | | | |
|--|--|---------------------|--------------------------|--------------|---------------------------|
| | WAGE OR SALARY | WAGE RATE FREQUENCY | EXPLANATION (If "Other") | HOURS WORKED | TIPS INCLUDED (Yes or No) |

EXAMPLE:

| | | | | | |
|---|---------|---|--|----|--|
| Secretaries - Performs administrative duties, typing, and other tasks as needed. | \$12.50 | weekly <input type="radio"/> Bi-weekly <input checked="" type="radio"/> Hourly <input type="radio"/> Other | | 35 | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|---|---------|---|--|----|--|

| | | | | | |
|--|--|--|--|--|---|
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|--|--|--|---|

| | | | | | |
|--|--|--|--|--|---|
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|--|--|--|---|

| | | | | | |
|--|--|--|--|--|---|
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|--|--|--|---|

| | | | | | |
|--|--|--|--|--|---|
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|--|--|--|---|

| | | | | | |
|--|--|--|--|--|---|
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|--|--|--|---|

| | | | | | |
|--|--|---|--|--|---|
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly | | | <input type="radio"/> Yes <input type="radio"/> No |
|--|--|---|--|--|---|

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

_____ - _____

| OCCUPATIONAL TITLE AND DESCRIPTION OF DUTIES | Report Part-time Workers According to an Hourly Rate | | | | |
|--|--|--|--------------------------|--------------|---|
| | WAGE OR SALARY | WAGE RATE FREQUENCY | EXPLANATION (If "Other") | HOURS WORKED | TIPS INCLUDED (Yes or No) |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |
| | | <input type="radio"/> Annual <input type="radio"/> Bi-weekly <input type="radio"/> Hourly <input type="radio"/> Other | | | <input type="radio"/> Yes <input type="radio"/> No |

| | | | | | | |
|---------------------|-----------|-----------------|------------|-----------------------|-------------|---------------|
| FOR OFFICE USE ONLY | FIPS Code | Schedule Number | NAICS Code | Unit Total Employment | Reviewed By | Date Reviewed |
| | | | | | | |

Total Employment

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