



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) (l) 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 11 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.

Dear Payroll Manager:

Thank you for providing your employment data to the Current Employment Statistics (CES) program. Enclosed is your **FAX Report Form**. Please fill out the form **only** for the pay period which includes **the 12th of the month** and fax it to the telephone number provided below by [duedate2](#).

Your response to this report is kept confidential and is used to generate monthly estimates of employment levels and changes, average hourly earnings, and average weekly hours. It also contributes to other statistics including state and local unemployment rates, productivity measures, and the gross domestic product (GDP). Be sure to watch for the release of the national employment situation report on the first Friday of each month. **Your data are included in this important release.**

If any of the information pre-printed on this form is incorrect or if you have any questions, please contact us at [dccphone2](#).

FAX Report to: [faxphone2](#)

<p>Con_Firm Con_Address Con_City, Con_State Con_Zipcode</p>	<p>Fax your report form to: faxphone Not later than: duedate</p> <p>Address: Data Collection Center dccaddress dcccity, dccst dcczip</p>
<p>Any questions? Please call: dccphone</p>	

Contact person, in case of questions:	Title: title	Phone Number: phone	Fax Number: fax
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INSTRUCTIONS FOR COMPLETING THIS FORM

REFERENCE PERIOD

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

WOMEN EMPLOYEE COUNT (Column 2)

Number of employees from column 1 who are women.

EMPLOYEE COUNT (Column 1)

Enter the total number of persons who worked or received pay for any part of the pay period including the 12th of the month.

Include:

- Elected or appointed officials
- Full-time or part-time workers
- Trainees
- Workers on paid vacation
- Workers on paid sick leave
- Workers on other paid leave
- Workers on active duty, if receiving pay from employer

Exclude:

- Institution inmates
- Outside contractors and their workers
- Pensioners
- Workers on active duty, if **not** receiving pay from employer
- Workers on leave without pay the entire pay period
- Workers on strike the entire pay period
- Workers of State and Local school systems



Firm Name: Con_Firm1

Contact:

Title: title1

Form Approved
O.M.B. No. 1220-0011

Telephone number: phone1

Fax Number: fax1

This report's reference month and year:

Please fax report to:

by

FOR MORE INFORMATION, CONTACT: Data Collection Center

IMPORTANT: Report column 1-2 for the pay period that includes the 12th of the month.

Report Number	State	Worksite	1 Employee Count	2 Women Employee Count
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If the pre-printed information on this form is incorrect, or you need help filling out this form, please contact us at dccphone3. pc#