|  |
| --- |
| U.S. Department of LaborBLS Emblem for 2010-Vert Black 1 color.wmfseal.wmfBureau of Labor StatisticsData Collection Centerdccaddressdcccity, dccst dcczipdccphoneDecember 7, 2010Attn: Payroll ManagerCon\_FirmCon\_AddressCon\_City, Con\_State Con\_ZipcodeDear Payroll Manager:Due to the presence of more than 1 payroll within your firm, we have created a form to account for the additional employment data —Second Pay Group.The attached form is to track and submit employment data for your firm’s Second Pay Group.  Pay Group – 2 should represent those employees on an alternative pay schedule than presented on the previous form.Please keep this form along with the form for Pay Group 1.If you have any questions, please do not hesitate to contact your interviewer listed on the previous form.Thank you in advance for your cooperation. Your assistance in producing this important information about our nation’s economy is greatly appreciated.Sincerely,Ron ReiersondcccntctData Collection Center Manager |

► **Definitions for the Questions on the Next Page**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Column 1 EMPLOYEE COUNT – All Workers**Total number of persons in this pay group who worked or received pay for any part of the pay period that includes the 12th of the month.

|  |  |
| --- | --- |
| **Include:** | **Exclude:** |
| * Executives and their staff
 | * Outside contractors and their employees
 |
| * Trainees
 | * Pensioners
 |
| * Salaried officials of corporations
 | * Proprietors, owners, or partners of unincorporated firms
 |
| * Full-time and part-time workers
 | * Workers on active duty, if NOT receiving pay from employer
 |
| * Workers on active duty, if receiving pay from employer
 | * Workers on leave without pay for entire pay period
 |
| * Workers on paid sick leave
 | * Workers on strike for entire pay period
 |
| * Workers on paid vacation
 | * Unpaid family members
 |
| * Workers on other paid leave
 |  |

**EMPLOYEE COUNT – Nonsupervisory Workers**Number of “All Workers” defined above who are not supervisory workers. “Nonsupervisory workers” includes every employee EXCEPT those whose major responsibility is to supervise, plan, or direct the work of others.**Exclude:*** Department heads
* Executives
* Managers
* Officers
* Superintendents

**Column 2 WOMEN EMPLOYEE COUNT**Number of “All Workers” as defined above who are women.**Column 3 PAYROLL, EXCLUDING COMMISSIONS**Total gross pay earned during the entire pay period that includes the 12th of the month. Report separately for “ALL WORKERS” and for “Nonsupervisory Workers”.**Column 3 PAYROLL, EXCLUDING COMMISSIONS (continued)****Report pay BEFORE employee deductions for:**

|  |  |
| --- | --- |
| * Taxes
 | * Bonds
 |
| * FICA (Social Security)
 | * Pensions
 |
| * Health insurance
 | * Unemployment insurance
 |
| * Pay deferral plans such as 401K
 | * Union dues
 |

|  |  |
| --- | --- |
| **Include:** | **Exclude:** |
| * Wages and salaries
 | * Commissions
 |
| * Paid holidays, vacation, sick
 | * Annual pay for unused leave
 |
| * leave, and other paid leave
 | * Awards or bonuses not paid each pay period
 |
| * Incentive pay
 | * EMPLOYER contributions to pay such as 401K
 |
| * Bonuses paid EACH pay period
 | * Pay advances, such as vacation pay advances
 |
| * Overtime pay
 | * Payments “in kind”
 |
| * Tips, if included on W-2s
 | * Retroactive or back pay
 |
| * Severance, if paid over multiple pay periods
 | * Severance, if provided as one payment
 |
|  | * Travel or work-related reimbursements
 |

**Column 4 COMMISSIONS, PAID AT LEAST ONCE A MONTH**Report separately for “All Workers” and for “Nonsupervisory Workers”.* Report for the most recent COMPLETE period for which commissions are available, which might be different from the pay period that includes the 12th of the month. Enter 0 if none paid for the period or pay group.
* ***Exclude*** base pay, drawing accounts, or basic guarantees.

**Column 5 HOURS, INCLUDING OVERTIME**Total number of hours for which employees received pay during the entire pay period that includes the 12th of the month. Report separately for “All Workers” and “Nonsupervisory Workers”.* ***Include*** overtime; stand-by or reporting time; and hours not worked, but for which workers received pay (holidays, vacations, sick leave, etc.)
* Report hours for salaried and commission-only employees based on their standard work week.
* ***Do not*** convert overtime or other premium hours to straight-time equivalent hours.
 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **► Information We Have For Your Firm:**

|  |  |
| --- | --- |
| Primary Name | **Location for this report:** location |
| address | **Your State Unemployment Insurance #:**   |
| city, state zipcode | **Industry Code:** **naics**  |
| **Tel:       Ext:** | **Fax:** |
| **Email:** |

**Your Report Number is: reptnum Pay Group - 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** |
| **Month** |  | **EMPLOYEE COUNT** | **WOMEN EMPLOYEE COUNT** | **PAYROLL, EXCLUDING COMMISSIONS**(Whole dollars) | **COMMISSIONS, PAID AT LEAST ONCE A MONTH**(Whole dollars) | **HOURS, INCLUDING OVERTIME**(Whole hours) |
| Pay period that includes**June 12th 2009** | All Workers |  |  | **$** | **$** |  |
| Nonsupervisory Workers |  | Not applicable. Data not collected | **$** | **$** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** |  | **EMPLOYEE COUNT** | **WOMEN EMPLOYEE COUNT** | **PAYROLL, EXCLUDING COMMISSIONS**(Whole dollars) | **COMMISSIONS, PAID AT LEAST ONCE A MONTH**(Whole dollars) | **HOURS, INCLUDING OVERTIME**(Whole hours) |
| Pay period that includes**July 12th**  | All Workers |  |  | **$** | **$** |  |
| Nonsupervisory Workers |  | Not applicable. Data not collected | **$** | **$** |  |
| **August 12th**  | All Workers |  |  | **$** | **$** |  |
| Nonsupervisory Workers |  | Not applicable. Data not collected | **$** | **$** |  |
| **September 12th**  | All Workers |  |  | **$** | **$** |  |
| Nonsupervisory Workers |  | Not applicable. Data not collected | **$** | **$** |  |
| **October 12th**  | All Workers |  |  | **$** | **$** |  |
| Nonsupervisory Workers |  | Not applicable. Data not collected | **$** | **$** |  |
| **November 12th**  | All Workers |  |  | **$** | **$** |  |
| Nonsupervisory Workers |  | Not applicable. Data not collected | **$** | **$** |  |

**We will send you another form for reporting after November 2009.****Please keep this form to use when the Data Collection Specialist calls you to complete the survey. Thank You!**BLS Emblem for 2010-Vert Black 1 color.wmfseal.wmf**Thank you for your help! The Bureau of Labor Statistics (BLS) will use the information you provide in determining the nation’s job count as part of the Current Employment Statistics (CES) program.** **The CES is the nation’s monthly indicator of employment trends. This monthly report of the nation’s employment is depended on by the Federal Reserve, government agencies, banks, and others to assess the nation’s economy and to help you make decisions about your operations.****On the first Friday of every month major media outlets across the country publish the nation’s job count. BLS is responsible for compiling these statistics from information gathered from thousands of firms like yours. This statistic, along with other leading economic indicators produced by BLS provides businesses with information critical in planning for growth and success.****You can find data from the Current Employment Statistics program, along with information from other BLS programs, on our web site,** [**http://www.bls.gov/**](http://www.bls.gov/)**.** **If you have any questions about reporting or the CES program, please call us at 1-800-827-2005.****Our Frequently Asked Questions page is located at:** <http://www.bls.gov/respondents/ces/home.htm>.**Your assistance in maintaining the quality of our nation’s economic data is greatly appreciated.**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 10 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. |