|  |
| --- |
| U.S. Department of Labor  seal.wmfBLS Emblem for 2010-Vert Black 1 color.wmf  Bureau of Labor Statistics  Data Collection Center  dccaddress  dcccity, dccst dcczip  dccphone  December 15, 2010  Attn: Payroll Manager  Con\_Firm  Con\_Address  Con\_City, Con\_State Con\_Zipcode  Dear Payroll Manager:  A data collection specialist from the Bureau of Labor Statistics will soon telephone to ask your company’s help with determining the nation’s monthly counts of employment. The person whose name appears below will be the one who will be calling you. The focus of this call will be to gather information about your payroll that includes the 12th day of the month.  The Data Collection Specialist assigned to your business is:  name    telephone number  The call is to explain the reasons for including your company in the production of the nation’s employment numbers and answer any questions you might have. We also want to:   * Confirm your business address and location. * Confirm whether we have the correct state Unemployment Insurance account number (UI#) for your company. * Ask how frequently employees of your company are paid and whether you have more than one payroll.   Your company was selected a part of a scientific sample of businesses throughout the United States. The BLS 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 (Title 5 of Public Law 107-347), the information you provide to the BLS **will not be disclosed in identifiable form without your informed consent.**  Thank you in advance for your cooperation. Your assistance in producing this important information about our nation’s economy is greatly appreciated.  Sincerely,  Ron Reierson  dcccntct  Data Collection Center Manager |
| **► Some Definitions For The Questions On The Next Page That May Be Helpful.**  **column 1 employee count**  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:** | * **Exclude:** | | * 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 | * 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 |   **column 2 WOMEN EMPLOYEE COUNT**  Enter the number of employees in column 1 who are women. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **► 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:** **email addr** | |   **Your Report Number is:** **reptnum**  **► When your payroll is reported for the pay period that includes the date of September 12th we will only ask for answers to these two questions.**   |  |  |  |  | | --- | --- | --- | --- | |  | **Column 1** | **Column 2** | | | **Month** | **EMPLOYEE COUNT** | **WOMEN EMPLOYEE COUNT** | | | Pay period that includes  **September 12th** |  |  | |  |  |   ► **Each following month, we will call for the pay period that includes the 12th of each month. You can keep a record of what’s reported each month below:**   |  |  |  | | --- | --- | --- | | **Month** | **EMPLOYEE COUNT** | **WOMEN EMPLOYEE COUNT** | | Pay period that includes  **October 12th** |  |  | |  |  | | **November 12th** |  |  | |  |  | | **December 12th** |  |  | |  |  | | **January 12th** |  |  | |  |  | | **February 12th** |  |  | |  |  |   **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 contact the Data Collection Specialist listed on page 1 of this form.**  **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. |