

Bureau of Labor Statistics U.S Department of Labor Data Collection Center dccaddress2 dcccity2, dccst2 dcczip dccphone2 dccfaxnumber2





February 1, 2021

Attn: Payroll Manager Con\_Firm2 Con\_Address Con\_City2, Con\_State2 Con\_Zipcode2

Dear Payroll Manager:

Thank you for providing your employment, payroll and hours data to the Current Employment Statistics program. Enclosed is your **FAX Report Form**. Please fill out the form *only* for the <u>pay period</u> which includes **the 12<sup>th</sup> of the month** and fax it to the telephone number provided by duedate2.

For each worksite with a pre-printed CES report number and worksite description, report all columns for All Workers and Production Workers separately. If the worksite maintains more than one pay frequency, report for the first pay group in Pay Group 1 and for the second in Pay Group 2. If a worksite has more than 2 pay groups, please call the information number for more information. *Detailed definitions and instructions are provided on the next page*.

Your company was selected as 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.** 

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

Sincerely, signature

dcccntct2 Data Collection Center Manager

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) (I) 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.

#### **Industry Code:** naics city, state zipcode Tel: con\_tel Ext: con\_ext ▶ 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 12<sup>th</sup> Taxes Bonds FICA (Social Security) Pensions of the month. Health insurance Unemployment insurance Pay deferral plans Include: Union dues Exclude: such as 401K Executives and their staff Outside contractors and their Include: Exclude: Full-time and part-time employees Wages and salaries Commissions workers Pensioners Paid holidays, Annual pay for unused leave Salaried officials of Proprietors, owners, or partners of vacation, sick leave, Awards or bonuses not paid each pay corporations unincorporated firms and other paid leave period Trainees Workers on active duty, if **not** Incentive pay • Employer contributions to pay such as Workers on active duty, if receiving pay from employer Bonuses paid each 401K receiving pay from employer Workers on leave without pay for Pay advances, such as vacation pay

- Workers on paid sick leave
- Workers on paid vacation
- Workers on other paid leave
- Unpaid family members **EMPLOYEE COUNT- PRODUCTION WORKERS**

Contact: Attn: Payroll Manager2

**Primary Name** 

address

Fax:

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Number of "All Workers" defined above who are Production Workers. Production Workers include working supervisors or group leaders who may be "in charge" of some employees, but whose supervisory functions are only incidental to their regular work.

▶ Our records show the following information for your firm:

- Include individuals working in: Exclude individuals working in:
- Assembling
- Fabricating
- Janitorial activities
- Maintenance or repair
- Materials handling
- Processing
- Product development Recordkeeping related to
- production
- Shipping or receiving
- Storage or warehousing
- Trucking

- Accounting or finance Advertising
  - Cafeterias
  - Collection and credit

entire pay period

Workers on strike for entire pay period

- Executive, professional, or technical positions
- Force account construction
- Legal
- Medical
- Personnel
  - Product installation or servicing
- Purchasing Recordkeeping not related to production
- Sales and delivery

# Column 2 WOMEN EMPLOYEE COUNT

Number of "All Workers" defined above who are women.

# Column 3 PAYROLL, EXCLUDING COMMISSIONS

Total gross pay earned during the entire pay period. Report separately for All Workers and for Production Workers.

# Report Number: reptnum Location: location **UI Number:**

### Please fax report to: FAXPHONE3

#### PAYROLL, EXCLUDING COMMISSIONS (CONTINUED)

#### Report pay before employee deductions for:

- pay period Overtime pay
- Severance, if paid
- over multiple pay periods
- Severance, if provided as one payment Travel or work-related reimbursements

# Column 4 COMMISSIONS

Report separately for "All Workers" and for "Production Workers".

advances

Payments "in kind"

Retroactive or back pay

- Report for the most recent complete period for which commissions are available, which might be different from the pay period that includes the 12th. 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. Report separately for All Workers and Production 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.

# Column 6 OVERTIME HOURS

Total number of hours for which employees received overtime premiums because they worked more than their regularly scheduled hours. Report separately for All Workers and Production Workers.

- *Include* Saturday, Sunday, 6<sup>th</sup> day, 7<sup>th</sup> day, and holiday hours
- **Exclude** shift differential, hazard, incentive, or similar

# Page 2 of 4

MP MF INT

				premium	S.		Page <b>3</b> of
Reference Month/Year: mon1 year1		1 Employee Count	2 Women Employee Count	3 Payroll, Excluding Commissions	4 Commissions	5 MP Total Hours, including overtime	MF INT Overtime Hours (Whole hours)
Report #• re	ptnum	State: STC					
Pay Group 1	All Workers						
	Production Workers						
Pay Group 2	All Workers						
	Production Workers						
Report #: re	ptnum	State: STC					
Pay Group 1	All Workers						
	Production Workers						
Pay Group 2	All Workers						
	Production Workers						
Report #• re	ptnum	State: STC		-			
Pay Group 1	All Workers						
	Production Workers						
Pay Group 2	All Workers						
	Production Workers						
Report #: re	ptnum	State: STC		•			
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Pay Group 1	All Workers						
	Production Workers						
Pay Group 2	All Workers						
	Production Workers						
Peport #• ro	ptnum	State: STC					
Pay Group 1	All Workers						
	Production Workers						
Pay Group 2	All Workers						
	Production Workers						

Each month report your payroll information for the pay period that includes the  $12^{th}$  of the month. For questions refer to page 2 for the **Column** definitions or call the Help Desk at 1-800-827-2005.