



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 data to the Current Employment Statistics program. Enclosed is your **FAX Report Form**. Please fill out the form **only** for the pay period 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 for All Workers, Women Workers, and Faculty Members. 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 page 2.*

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

dccntct2  
 Data Collection Center Manager

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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.

► **Our records show the following information for your firm:**

MP MF INT

**Contact:** Attn: Payroll Manager2

Primary Name

address

city, state zipcode

**Tel:** con\_tel    **Ext:** con\_ext

**Fax:**

**Report Number:** reptnum

**Location:** location

**UI Number:**

**Industry Code:** naics

**Please fax report to: FAXPHONE3**

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

**Column 1 EMPLOYEE COUNT**

The total number of persons who worked or received pay for any part of the pay period that includes the 12<sup>th</sup> of the month. Include employees who worked only during the school year but received pay for the whole year.

**Include:**

- Counselors, librarians, and coaches
- Custodial and cafeteria workers
- Full-time or part-time workers
- Other non-teaching personnel
- Paid members of religious orders
- Students employed on your payroll
- Teachers, administrators, and trainees
- Workers on active duty, if receiving pay from employer
- Workers on paid sick or other leave
- Workers on paid vacation

**Exclude:**

- Outside contractors and their employees
- Pensioners
- School trustees and school board members serving without pay
- Volunteers
- Workers on active duty, if **not** receiving pay from employer
- Workers on leave without pay for the entire pay period
- Workers on strike the entire pay period

**Column 2 WOMEN EMPLOYEE COUNT**

Enter the number of employees from Column 1 who are women.

**Column 3 FACULTY MEMBERS**

Enter the number of employees from Column 1 who are regular members of the faculty of this institution or school system. Regular members of the faculty are considered to be professional or "certified" employees who have a contractual arrangement (written or otherwise) for one or more years. **Faculty Members** include principals, teachers, superintendents, administrators, librarians, counselors, and other professional personnel.

MP MF INT

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

| Reference Month/Year:<br><b>mon1 year1</b> | 1<br>Employee<br>Count | 2<br>Women<br>Employee<br>Count | 3<br>Faculty<br>Members |
|--|------------------------|---------------------------------|-------------------------|
| Report #: reptnum<br>State: STC            |                        |                                 |                         |
| Report #: reptnum<br>State: STC            |                        |                                 |                         |
| Report #: reptnum<br>State: STC            |                        |                                 |                         |
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| Report #: reptnum<br>State: STC            |                        |                                 |                         |
| Report #: reptnum<br>State: STC            |                        |                                 |                         |