



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 12th 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 counts for All Workers and Women Workers. 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

dccntct2
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) (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 COUNTEnter 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

Column 2 WOMEN EMPLOYEE COUNT

Enter the number of employees in column 1 who are women.

Each month report your
the pay period that
month. For questions
Column definitions or
800-827-2005.

Reference Month/Year: mon1 year1	1 Employee Count	2 Women Employee Count
Report #: reptnum State: STC		
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payroll information for
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refer to page 2 for the [
call the Help Desk at 1-