

U.S. Department of Labor
WORK SCHEDULE FORM (Private Industry)

Bureau of Labor Statistics
National Compensation Survey



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.

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

Form Approved
 O.M.B. #1220-0164
 Expires 1/31/14

We estimate that it will take an average of 10 minutes to complete this form, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NATIONAL COMPENSATION SURVEY - Work Schedule

Schedule Number: _____

Quote #	Work Schedule #	Description/occupation	Hours/day	Hours/week	Weeks/year	Type

For "Work Schedule #" note also if Alternate work schedule (Only needed for index schedules)

NCS Form 11-4P (September 2010)

Remarks
