

Occupational Employment Statistics – New Workforce Information



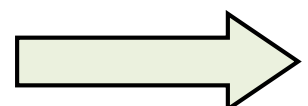
«Merge Record #»

O.M.B. Control #1221-0141
Expires 2/28/2015

- We would like your response **even if you do not have any of the requested information**.
- You can respond by telephone. Call Merrill S. Huhtala, OES Program Manager, at 207-621-5196.
- Please respond by **March XX** to reduce follow-up costs.

Instructions: Please consider the 12 data elements that appear in Column A and, for each item, answer the questions that appear at the top of Columns B and C (if relevant). If you do not know the answer to the question, write "DK" in the box. When finished, please answer the questions on the back of the page.

	A. Employee information (excluding contract workers)	B. Does your company record this information about its employees?	C. If you record this information, would your company be willing to provide it to OES if requested?
1	Job Title	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Job Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Part-time or full-time status (excluding contract workers)	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Both <input type="checkbox"/> Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Hourly or salaried status	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried <input type="checkbox"/> Both <input type="checkbox"/> Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Permanent or temporary status (excluding contract workers)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Both <input type="checkbox"/> Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Fair Labor Standards Act (FLSA) exemption status	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Hours paid for each pay period	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Hire date	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Birth year or birthdate	<input type="checkbox"/> Birth year <input type="checkbox"/> Birthdate <input type="checkbox"/> Both <input type="checkbox"/> Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Race and ethnicity	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Both <input type="checkbox"/> Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No



14. For those elements on the previous page for which your company would NOT be willing to provide data (items checked “No” in Column C), would you please tell us why? *(Please check all applicable boxes.)*

It is company policy not to respond to such requests

It would require too much effort

Privacy/confidentiality concerns

Other: _____

It would take too much time

Instructions: For questions 15 through 18, please answer as if you were willing to provide all of the data requested, even if you reported that your company would NOT be willing to do so (i.e., “no” answers in Column C).

15. Which department or position within your company would best be able to provide the requested data?

Human Resources Payroll Other: _____

16. About how much time would it take to produce a report containing this information? _____

17. What would be the preferred method for transmitting a report containing those data elements that are available for your employees?

Secure file upload Secure email Phone Other: _____

18. OES is working with a number of business software providers to integrate the production of the OES report into their software. To help us better focus our efforts, please tell us what business software or service you use for your human resources and/or payroll data.

Please return this questionnaire in the enclosed return envelope by **March XX**. You can view the data currently produced by OES at <http://www.bls.gov/oes>. If necessary, please update your contact information in the space below. **Thank you for your help in this important research effort.**

«AddressBlock»

Name: _____

Title: _____

Phone: _____

Email: _____

Confidentiality Statement. 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.

Public Burden Statement. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We estimate that completing this form will take an average of 20 minutes. This estimate takes into account time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding this survey, including suggestions for reducing the burden, send them to the Bureau of Labor Statistics, Office of Occupational Employment Statistics, Extra Data Elements Project, 2 Massachusetts Avenue, NE, Room 2135, Washington, DC 20212. The OMB control number for this voluntary survey is 1220-0141 and expires on 02/28/2015. Without a currently valid number BLS would not be able to conduct this survey.