

U.S. Department of Labor
WORK LEVEL FORM (Government)

Bureau of Labor Statistics
National Compensation Survey



The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence.

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.

O.M.B. # 1220-0164
 Expires 4/30/15

We estimate that it will take an average of 25 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 - Leveling

Schedule Number: _____

Quote: _____ Occupation: _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: _____ Establishment Job Title: _____

Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		

Remarks



NATIONAL COMPENSATION SURVEY – Leveling on Duties and Responsibilities of Supervisor Schedule Number: _____

Supervisor

1st 2nd 3rd Line Supervisor/Manager

Quote: _____ Occupation: _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: _____ Establishment Job Title: _____

Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		

Remarks
