U.S. Department of Labor
Bureau of Labor Statistics
Data Collection Center
dccaddress
dcccity, dccst dcczip
Phone: dccphone
Fax: faxphone

BLS

January 30, 2021

Attn: Payroll Manager
Con_Firm
Con_Address
Con_City, Con_State Con_Zipcode

Dear Payroll Manager:

Thank you for your willingness to continue participating in the CES survey. You can use this form for keeping a record of your monthly reports, if you wish.

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.**

Your assistance in producing this important information about our nation's economy is greatly appreciated.

Sincerely,

signature

dcccntct
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).

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. Form Approved OMB No. 1220-0111.

► Some Definitions For The Questions On The Next Page That May Be Helpful.

Column 1 EMPLOYEE COUNT

Enter 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.

► **Information We Have For Your Firm:**

Contact: Attn: Payroll Manager2   **Report Number:** reptnum2
Primary Name   **Location:** location
address   **UI Number:**
city, state zipcode   **Industry Code:**
Tel: **Ext:** con_ext

Fax: con_fax   **Email:** email_addr
Report Number: reptnum   **Name of Firm: Primary Name**

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

	Column 1	Column 2
	EMPLOYEE COUNT	WOMEN EMPLOYEE COUNT
Pay period that includes **mon1 12th year1**		
mon2 12th year2		
mon3 12th year3		
mon4 12th year4		
mon5 12th year5		
mon6 12th year6		
mon7 12th year7		
mon8 12th year8		
mon9 12th year9		
mon10 12th year10		
mon11 12th year11		
mon12 12th year12		

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