



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



January 30, 2021

Attn: Payroll Manager  
 Con\_Firm  
 Con\_Address  
 Con\_City, Con\_State Con\_Zipcode

Dear Payroll Manager:

A data collection specialist from the Bureau of Labor Statistics (BLS) will soon telephone to ask your company's help with determining the nation's monthly counts of employment. The person whose name appears below will be the one who will be calling you. The focus of this call will be to gather information about your payroll that includes the 12<sup>th</sup> day of the month.

The Data Collection Specialist assigned to your business:	<b>username</b>
Telephone number:	<b>userphone</b>

The call is to explain the reasons for including your company in the production of the nation's employment numbers and answer any questions you might have. We also want to:

- Confirm your business address and location.
- Confirm whether we have the correct state Unemployment Insurance account number (UI#) for your company.
- Ask how frequently employees of your company are paid and whether you have more than one payroll.

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**.

Thank you in advance for your cooperation. Your assistance in producing this important information about our nation's economy is greatly appreciated.

Sincerely,

*signature*

dccntct

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) (1) 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 12<sup>th</sup> 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:**

MP MF INT

<b>Contact:</b> Attn: Payroll Manager2 Primary Name address city, state zipcode	<b>Report Number:</b> reptnum2 <b>Location:</b> location <b>UI Number:</b> <b>Industry Code:</b>
<b>Tel:</b> <b>Ext:</b> con_ext <b>Fax:</b> con_fax	<b>Email:</b> email_addr

Your Report Number is: reptnum

► When your payroll is reported for the pay period that includes the date of mon1 expl 12<sup>th</sup> we will only ask for answers to these two questions.

Month	Column 1 EMPLOYEE COUNT	Column 2 WOMEN EMPLOYEE COUNT
Pay period that includes <b>mon1 12<sup>th</sup> year1</b>		

► Each following month, we will call for the pay period that includes the 12<sup>th</sup> of each month. You can keep a record of what's reported each month below:

Month	EMPLOYEE COUNT	WOMEN EMPLOYEE COUNT
Pay period that includes <b>mon2 12<sup>th</sup> year2</b>		
<b>mon3 12<sup>th</sup> year3</b>		
<b>mon4 12<sup>th</sup> year4</b>		
<b>mon5 12<sup>th</sup> year5</b>		
<b>mon6 12<sup>th</sup> year6</b>		

We will send you another form for reporting after mon6\_footer year6\_footer.

Please keep this form to use when the Data Collection Specialist calls you to complete the survey. Thank You!