



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:

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
 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) (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

The total number of persons who worked or received pay for any part of the pay period that includes the 12th of the month. Include employees who worked only during the school year but received pay for the whole year.

Include:

- Counselors, librarians, and coaches
- Custodial and cafeteria workers
- Full-time or part-time workers
- Other non-teaching personnel
- Paid members of religious orders
- Students employed on your payroll
- Teachers, administrators, and trainees
- Workers on active duty, if receiving pay from employer
- Workers on paid sick or other leave
- Workers on paid vacation

Exclude:

- Outside contractors and their employees
- Pensioners
- School trustees and school board members serving without pay
- Volunteers
- Workers on active duty, if **not** receiving pay from employer
- Workers on leave without pay for the entire pay period
- Workers on strike the entire pay period

Column 2 WOMEN EMPLOYEE COUNT

Enter the number of employees from Column 1 who are women.

Column 3 FACULTY MEMBERS

Enter the number of employees from Column 1 who are regular members of the faculty of this institution or school system. Regular members of the faculty are considered to be professional or “certified” employees who have a contractual arrangement (written or otherwise) for one or more years. **Faculty Members** include principals, teachers, superintendents, administrators, librarians, counselors, and other professional personnel.

MP MF INT

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

Contact: Attn: Payroll Manager2
 Primary Name
 address
 city, state zipcode

Report Number: reptnum2
Location: location
UI Number:
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	Column 3
	EMPLOYEE COUNT	WOMEN EMPLOYEE COUNT	FACULTY MEMBERS
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			