



Bureau of Labor Statistics
 U.S Department of Labor
 Data Collection Center
 dccaddress2
 dcccity2, dccst2 dcczip
 Phone: dccphone
 Fax: faxphone



January 30, 2021

Attn: Payroll Manager
 Con_Firm2
 Con_Address2
 Con_City2, Con_State2 Con_Zipcode2

Dear Payroll Manager:

Thank you for providing your employment, payroll and hours data to the Current Employment Statistics program. Enclosed is your **FAX Report Form**. Please fill out the form **only** for the pay period which includes **the 12th of the month** and fax it to the fax number provided by [duedate2](#).

For each worksite with a pre-printed CES report number and worksite description, report all columns for All Workers and Production, Construction or Nonsupervisory Workers separately. If the worksite maintains more than one pay frequency, report for the first pay group in Pay Group 1 and for the second in Pay Group 2. If a worksite has more than 2 pay groups, please call the information number for more information. *Detailed definitions and instructions are provided below.*

Your response to this report is kept confidential and is used to generate monthly estimates of employment levels and changes, average hourly earnings, and average weekly hours. It also contributes to other statistics including state and local unemployment rates, productivity measures, and the gross domestic product (GDP). Be sure to watch for the release of the national employment situation report on the first Friday of each month. **Your data are included in this important release.**

If any of the information pre-printed on this form is incorrect, or if you have any questions, please contact us at [dccphone2](#).

Sincerely,

signature

dccntct2

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.

► **Our records show the following information for your firm:**

MP	MF	INT
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Con_Firm
 Con_Address
 Con_City, Con_State Con_Zipcode

Contact: Attn: Payroll Manager2
Tel: con_tel **Ext:** con_ext
Fax: con_fax

Please fax report to: faxphone2

► **Definitions for the Questions on the Next Page**

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.

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

MP	MF	INT
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Reference Month/Year: mon1 year1	1 Employee Count	2 Women Employee Count
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We will send you another form for reporting next month.

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