



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_Address
 Con_City2, Con_State2 Con_Zipcode2

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 12th day of the month.

The Data Collection Specialist assigned to your business:
 Telephone number:

username
userphone

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 locations.
- 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

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
----	----	-----

Contact: Attn: Payroll Manager2

Con_Firm

Con_Address

Con_City, Con_State Con_Zipcode

Tel: con_tel **Ext:** con_ext

Fax: con_fax

Email: email_addr

► 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 Data Collection Specialist listed on page 1 of this form.

Reference Month/Year: mon1 year1	1 Employee Count	2 Women Employee Count
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		
Report #: reptnum State: STC Location: REGlocation UI: ReptUI		

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!