



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 12<sup>th</sup> 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.

MP MF INT

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

The total number of persons who worked or received pay for any part of the pay period that includes the 12<sup>th</sup> 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.

Each month report your payroll information for the pay period that includes the 12<sup>th</sup> 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	3 Faculty Members
<b>Report #:</b> reptnum <b>State:</b> STC <b>Location:</b> REGlocation <b>UI:</b> ReptUI			
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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!