U.S. Department of Labor
WORK SCHEDULE FORM (Government)

Bureau of Labor Statistics
National Compensation Survey

The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence.	***This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.***	O.M.B. #1220-0164 Expires 4/30/15

We estimate that it will take an average of 10 minutes to complete this form, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NATIONAL COMPENSATION SURVEY - Work Schedule

Schedule Number: _____

Quote #	Work Schedule #	Description/occupation	Hours/day	Hours/week	Weeks/year	Type

For "Work Schedule #" note also if Alternate work schedule (Only needed for index schedules)

NCS Form 12-4G (September 2012)

Remarks