## **Bureau of Labor Statistics**National Compensation Survey ADA Statement | Privacy Policy | Logout National Compensation Survey Help 🚾 Welcome to the Internet reporting site for the National Compensation Survey. Use your schedule number to enter the site and to send us your data. Please enter your Schedule Number: Forgot schedule number? In order to prevent unauthorized access, please type the letters you see into the field below. Can't see the letters? WARNING! You are using an Official United States Government System, which may be used only for authorized purposes. Unauthorized modification of any information stored on this system may result in criminal prosecution. The Government may monitor and audit the usage of this system, and all persons are hereby notified that the use of this system constitutes consent to such monitoring and auditing. Unauthorized attempts to upload information and/or change information on these web sites are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec. 1001 and 1030. I Accept Maintenance activities may be conducted on Sundays from noon to 6:00 p.m. Eastern Time in order to keep the Internet Data Collection Facility (IDCF) at its peak performance and to cause as little disruption in service as possible to our customers. If the system is unavailable, please try back at a later time. Please read: Due to security reasons, your session will time out after 30 minutes of system inactivity. You will need to logon to the website again to continue. If you have questions or comments please send e-mail to: BLSCompData@bls.gov Updated: Wednesday, July 07, 2010 URL: https://blscompdatat.bls.gov/default.asp

## National Compensation Survey

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Dear Employer,

Welcome to the BLSCompData Internet data reporting page.



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 4 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.

If you have questions or comments please send e-mail to: BLSCompData@bls.gov

URL: https://blscompdatat.bls.gov/NCSLite/content/index.jsp

Company Details	
*Your Name:	Why?
*Your Job Title:	Your name, title, and
*Your Company Name:	company name are needs to verify which company the data are from. There are also optional fields to
Address:	allow corrections to the address we have on file. We will use that address
City:	send a copy of the surveresults and future update requests.
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Enter Your	Why?
Current Employment: Payroll Date for Current Employment: Message:	Total employment and average reference date a two of the statistics we include in the survey. Ent the current employment (head count), and the corresponding payroll da of the data.  If reporting data for
	multiple locations, please list them in the "Message box.
	Use the "Message:" box