

U.S. Department of Labor
EARNINGS FORM (Private Industry)

Bureau of Labor Statistics
Occupational Requirements Survey



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.

***This report is authorized by law, 29 U.S.C. 9.
Your voluntary cooperation is needed to
make the results of this survey
comprehensive, accurate and timely.***

O.M.B. #1220-XXXX
Expires X/XX/XX

We estimate that it will take an average of 20 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-XXXX), 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.

QUOTE LIST

Schedule #: _____

Quote #	Status	SOC Code #	Company Job Title and/or Job Code	FT/PT	T/I	U/N	Number of EE.
1							
2							
3							
4							
5							
6							
7							
8							

FT/PT = Full Time/Part Time; T/I = Time/Incentive; U/N = Union/Non-union; EE = Employees

ORS Form 2 PP-2P (XXXX-2014)

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

Occupational Requirements Survey – Earnings (Wages)

ESTABLISHMENT NAME: _____			SCHEDULE #: _____		Page _____ of _____			
LINE #	QUOTE #	IDENTIFICATION OF SURVEY OCCUPATIONS, ESTABLISHMENT JOBS, OR EMPLOYEES FOR WHOM WAGE INFORMATION IS BEING REPORTED ON EACH LINE	Reference Date: _____					
			Source of wage data: _____					
			# HOURS	EARNINGS	# WRKRS	USE	VAL CODE	HIRE DATE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Use Codes:

B = Base rate

A = Add-on (\$ and cents)

P = Percent (% of base rate)

Validation (VAL) Codes:

BC, RC, NW, LOS, EW,
TOP, BOT, and OTH

Remarks

[illegible]