

**Bureau of Labor Statistics
Occupational Requirements Survey**



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 25 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.

Schedule Number:

Quote: Occupation:

Establishment Grade: SOC:

Establishment Rate Range: Establishment Job Title:

Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		

Remarks

[illegible]



Occupational Requirements Survey Leveling Form



Schedule Number:

Quote: _____ Occupation: _____

Establishment Grade: SOC:

Establishment Rate Range: Establishment Job Title:

Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		

Remarks

[illegible]





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Factor	Level	Education, experience, other comments
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JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		

Remarks

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Schedule Number:

Establishment Rate Range: Establishment Job Title:

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Remarks

[illegible]

