

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. Data are used to verify estimates used by the Employment and Training Administration in fund allocation.

We estimate that it will take an average of 1 hour to complete this form. If you have any comments regarding these estimates, send them to the Bureau of Labor Statistics, Division of Local Area Unemployment Statistics (1220-0017), 2 Massachusetts Ave., NE, Washington, DC 20212

O.M.B. 1220-0017 Approval expires XXXX, XX, XXXX. Persons are not required to respond unless this form displays a currently valid OMB control number.

Region		Date					
State		ASU Name _					
Area Type (Check one): Labor Marke	Area County	City	Contiguous Census Tr	acts/ MCD's	Other	
Precise Geo	ographical Definition:						
,							
Preparation	Method (Check one): Ind	ependent Estimate Cl	aims/Populatio	n Census-sha	re Othe	er (specify)	
Card 1 Cen	sus Data:						
Employmen	t		.9-26)			(28-36)	
If ASU is ce	nsus-shared, enter name a	nd code of area from which A	SU is derived.				
Name				Area Code	(38-45)		
Employmen	t Ratio (47-54)		U	nemployment Ratio — (50	6-63)		
BLS Use O	nly Below This Line						
ASU Type		State Code		Card 1			
	(65)	(67-68)		(80)			
Card 2							
ASU Code			Prep Switch				
	(1-8)			(16)			
ASU Title							
	(20-73)				Card	(80)	
LAUS-8	(20-13)					(00)	