OCCUPATIONAL EMPLOYMENT REPORT OF SPECIALTY TRADE CONTRACTORS (238000)

In Cooperation with the U.S. Department of Labor

Rev. Aug. 2013
Form Approved
O.M.B. No. 1220-0042

What this report is about: This form asks for information about the occupations and wage ranges of the employees described in Item 3 below. Please complete Items 1 through 5 on this page. Next, please provide the information requested beginning on page 1 for the employees who worked during or received pay for the pay period that included the reference date in Item 3, printed directly above your establishment name. The instructions on pages ii and iii explain how to provide the information.
Please see our website at ***http://www.bls.gov/OES*** for more information on the OES Program, including a display of national, state and metropolitan area employment and wage estimates by occupation.

1 Which of the following options describes the status of the location(s) in Item 3 as of the reference date also printed in Item 3?

- ☐ Operating: Go to item 2.
- ☐ Temporarily closed during the reference period: Report data only for employees paid for work during the reference period. If no employees worked for pay, report "0" in section 4 of this page and return the form in the reply envelope provided.
- ☐ Permanently out of business as of __/__/____: Return the form to the address at the top.
- ☐ Sold or merged: Enter the new name and address below, then go to item 2.

New Name: _____

New Address: _____

_____

2 Our records show that your main products or services are related to those listed below. If they are not, please list your main products or services on the lines provided and continue with the rest of the report.

_____

_____

_____

3 This form asks for information about the employees described below. Our estimate of employment for these employees appears at the top right corner of the label. *Please make any needed address corrections.*

4 How many employees, **both full and part-time,** worked at this location(s) during the pay period that included the reference date printed in Item 3?

Enter the number here… ☐

Include

- Full or part-time paid workers
- Workers on paid leave
- Workers assigned temporarily to other units
- Incorporated firms - paid owners, officers, and staff

Do Not Include

- Contractors and temporary agency employees not on your payroll
- Unpaid family workers
- Workers on unpaid leave
- Unincorporated firms - proprietors, owners, and partners
- Workers not covered by unemployment insurance

Do all employees reported above work at one location?

☐ Yes ☐ No…Enter number of locations ☐

5 Please tell us who to contact if we have questions about your data.

Name: _____

Title: _____

Phone: (_____)_____-_____Ext._____ Date: _____

E-mail address: _____

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