

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

FORM

Attachment 1

2015 ANNUAL SURVEY OF PUBLIC EMPLOYMENT & PAYROLL March 2015 - Municipalities, Counties, Townships

E-4 (04-13-20	15)		OMB No	. 0607-0452: Approval Expir	es 09/30/2015
DUE DATE:					
RETURN TO:					
U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-000					
Need help or have questions?					
Visit census.gov/govs/apes					
• Call 1-800-832-2839 weekdays, 7AM to 5PM ET					
Email ewd.employment.survey@census.go	v				
In correspondence pertaining to this report, please refer to the User ID below the address box.					
REPORT ONLINE: It's fast a to this survey via the Interne address using the supplied U respond.census.gov/aspep	et at the following Web User ID and Password:		er ID:		
	GENE	RAL INSTRUCTION	IS		
Please use a black or blue	ballpoint pen. Do no	ot use pencil or felt tip	pen.		
ls the addressee title/d Mark "X" only one box.	epartment and maili	ng address the same as	s shown in	the address label?	
Yes – Go to 2		No – Enter correct inform	mation belov	N	
Addressee Title or Depar	tment				
ATTN:					
Street 1					
Street 2					
City		Stat	te Zip C	Code	



If more than two payroll codes need to be reported, please fill out this survey online. To continue filling it out on paper, photocopy the pages where you need to record more than two payroll codes, use the copies to fill out the additional information, and return them with the form.

Include

Employees

- · Current employees in paid leave status whether paid from the general, special, or Federal grant funds
- All elected or appointed officials paid any amount of pay or stipend (even small amounts of \$25 per meeting or \$100 annually) or paid on salary basis; by fees or commissions; on a per meeting basis; or a flat sum quarterly, semi-annually, or annually
- Temporary or seasonal employees working the number of hours that represent full-time employment should be reported as full-time employees
- Temporary or seasonal employees working less than the regular, full-time workweek should be reported as part-time employees

Payroll

- Salaries, wages, fees or commissions, as well as overtime, premium, and night differential pay
- Bonuses and incentive payments that are paid at regular pay periods
- Amounts withheld for taxes, employee contributions to retirement systems, etc.

Hours

 An estimate of hours worked during the pay period for part-time employees, not compensation on an hourly basis

Exclude

Employees

- Employees on unpaid leave, unpaid officials, pensioners, and contractors and their employees
- School system employees and payrolls

Payroll

 Lump sum payments and the value of living quarters and subsistence allowances furnished to employees

Do not report

- Cumulative salaries since the beginning of the calendar or fiscal year
- Payroll amounts from last fiscal year
- Employer costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.

			Payroll Codes			
W = Weekly;	B = Bi-Weekly;	T = Twice a Month;	M = Monthly;	Q = Quarterly;	S = Semi-Annually;	A = Annually

A. CENTRAL GOVERNMENT ADMINISTRATION

1. Financial administration 023

Include

- Employees of treasurer's, auditor's or comptroller's office
- Tax assessment, tax billing and collection employees
- Budgeting and purchasing employees
- Employees of central accounting offices
- Information technology employees
- Similar financial administration employees

a. Full-time employees and gross payroll

Full-time Payroll Code	Number of Full-time Employees	Gros \$Bil.	ss Payroll for Mil.	r Full-time Em Thou.	ployees Dol.

b. Part-time employees, gross payroll, and hours

Part-time Payroll Number of Code Part-time Employees	Gros \$Bil.	s Payroll fo Mil.	r Part-time Em Thou.	ployees Dol.	Part-time Hours Paid
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	Full-time Payroll Code	Number Full-time Emp		Gro \$Bil.	oss Payroll for Mil.	Full-time Emp Thou.	loyees Dol.		
b.	Part-ti	me employee	es, gross p	pavroll, a	and hours				
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A = Annually

Pavroll Codes M = Monthly;

Employees performing maintenance of homes and other institutions for the needy

Q = Quarterly;

S = Semi-Annually;

PART 2 - EMPLOYEES, PAYROLL, AND PART-TIME HOURS - (Continued)

T = Twice a Month;

B = Bi-Weekly;

D. SOCIAL SERVICES AND INCOME MAINTENANCE

W = Weekly;

Include

10. Public welfare 079



W = Weekly;

12. Hospitals 036 Include

Exclude

in item 6.)

Full-time

Payroll

Code

PART 2 - EMPLOYEES, PAYROLL, AND PART-TIME HOURS - (Continued)

treatment of handicapped persons

a. Full-time employees and gross payroll

Number of

Full-time Employees

Maternity and children hospital employees

B = Bi-Weekly;

emotionally disturbed

T = Twice a Month;

Pavroll Codes

Q = Quarterly;

S = Semi-Annually;

A = Annually

M = Monthly;

· Employees of facilities providing inpatient medical care and institutions primarily for care and

Nursing home and welfare institution employees (should be reported in item 10.)

\$Bil.

Employees of institutions for the custody, treatment or general care of the mentally insane or

Employees of hospitals for criminally insane operated by correctional agency (should be reported

Mil.

Gross Payroll for Full-time Employees

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Dol.









PART 2	– EMPL	OYEES	S, PAYROLL, A	ND PART	-TIME HC	OURS - (Coi	ntinued)			
						Payroll Code	es			
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		clude • Emp	loyees of law li	braries <i>(sho</i>	ould be re	ported in ite	em 3.)			
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		Full-time Payroll Code	Number Full-time Emp		Gros \$Bil.	ss Payroll fo Mil.	r Full-time Emp Thou.	loyees Dol.		
	b.	Part-t	ime employee	s, gross p	ayroll, ar	nd hours				
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W = Weekly;	B = Bi-Weekly;	T = Twice a N		Payroll Codes M = Monthly;	Q = Quarterly	; S = Semi-A	nnually; A = Annually
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4 Use this space for any explanations that may be essential in understanding the reported data.

Include

- · Any significant changes to employment or payroll occurring within the last year
- Groups of employees for which you were unable to supply information
- A note if the majority of the full-time employees work more than 40 hours per week

PART 4 – CONTACT INFORMATION

5 Who should be contacted to answer questions about data reported on this form?

Name of contact person - Please print		Title of contact person - Please print
Area code and phone number	Extension	Area code and fax number
000 000 0000		
Email Address - Please print		Date form was completed (MM) (DD) (YYYY)

Thank you for completing this form. Retain a copy of the completed questionnaire for your records.

NOTE: The U.S. Census Bureau receives its authorization to conduct this survey from Title 13, United States Code, Sections 161 and 182. This form has been approved by the Office of Management and Budget (OMB) and given the number 0607-0452. Please note the number displayed in the upper right-hand corner of this form. Display of this number confirms that we have approval from OMB to conduct this survey. If this number was not displayed, under the Paperwork Reduction Act, we could not request your participation in this voluntary survey. Information provided on this questionnaire compiled from or customarily provided in public records are exempt from confidential treatment as cited in Title 13, United States Code, Section 9(b).

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 15 minutes to 15 hours per response, with an average of 1½ hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: ECON Survey Comments 0607-0452, U.S. Census Bureau, 4600 Silver Hill Road, EMD-8K122, Washington, DC 20233. You may e-mail comments to ECON.Survey.Comments@census.gov; use ECON Survey Comments 0607-0452 as the subject.

