

# Attachment 1



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

Worksheet

**E-1** (12-29-2015) Draft 3

## 2016 ANNUAL SURVEY OF PUBLIC EMPLOYMENT & PAYROLL March 2016 – State Agencies

OMB No. 0607-0452: Approval Expires 11/30/2018

### DUE DATE:

### WORKSHEET

DO NOT use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting online.

Return to [respond.census.gov/aspep](http://respond.census.gov/aspep) when you are ready to report online.

### RETURN TO:

U.S. Census Bureau  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

### 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.gov

In correspondence pertaining to this report, please refer to the User ID below the address box.

**REPORT ONLINE:** It's fast and secure. Respond to this survey via the Internet at the following Web address using the supplied User ID and Password: [respond.census.gov/aspep](http://respond.census.gov/aspep)

User ID:

Password:

### GENERAL INSTRUCTIONS

**1** Is the addressee title/department and mailing address the same as shown in the address label?

Mark "X" only one box.

Yes – Go to **2**

No – Enter correct information below

Addressee Title or Department

ATTN:

Street 1

Street 2

City

State

Zip Code

Please continue on the next page

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**PART 1 – FULL-TIME EMPLOYEES STANDARD WEEKLY HOURS**

**2 Approximately how many hours per week do the majority of the full-time employees work?**

**Include**

- Persons paid to work the number of hours that represents regular, full-time employment
- Temporary or seasonal employees who are working the number of hours that represents regular, full-time employment

**Exclude**

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

Mark "X" only one box.

A <input type="checkbox"/>	40 hours	C <input type="checkbox"/>	34 to 37.4 hours	E <input type="checkbox"/>	30 to 31.9 hours
B <input type="checkbox"/>	37.5 to 39.9 hours	D <input type="checkbox"/>	32 to 33.9 hours	F <input type="checkbox"/>	No Full-Time Employees

**PART 2 – EMPLOYEES, PAYROLL, AND PART-TIME HOURS**

**HOW TO REPORT DOLLAR FIGURES**

**CORRECT** marking example – Please print all information clearly in ordinary characters. (Use care to keep characters in their respective boxes.)

\$Bil.		Mil.	1	2	3	Thou.	4	5	6	Dol.	7	8	0
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**INCORRECT** marking example – Do not put slashes through "0" or "7".

\$Bil.		Mil.		Thou.		Dol.	7	8	9	0
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**3 For each applicable pay period that includes March 12, 2016, what were the TOTAL number of employees and TOTAL gross payroll amounts for both full-time and part-time employees? Please also report the number of part-time hours paid for each applicable pay period with part-time employees.**

**Payroll Codes**

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

**EXAMPLE**

If all full-time employees are paid bi-weekly, please provide the one bi-weekly payroll that includes March 12, 2016.

**A. Full-time employees and gross payroll**

Full-time Payroll Code	Number of Full-time Employees	Gross Payroll for Full-time Employees			
		\$Bil.	Mil.	Thou.	Dol.
B	156			295	932

If some part-time employees are paid bi-weekly and some part-time employees are paid monthly; please provide the data for the bi-weekly payroll that includes March 12, 2016 for the employees paid bi-weekly and the monthly data for the month of March for the employees paid monthly.

**B. Part-time employees, gross payroll, and hours**

Part-time Payroll Code	Number of Part-time Employees	Gross Payroll for Part-time Employees				Part-time Hours Paid
		\$Bil.	Mil.	Thou.	Dol.	
B	103			63	077	2252
M	41			55	590	1985

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

**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

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. Full-time employees and gross payroll**

Full-time Payroll Code	Number of Full-time Employees	Gross Payroll for Full-time Employees			
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**B. Part-time employees, gross payroll, and hours**

Part-time Payroll Code	Number of Part-time Employees	Gross Payroll for Part-time Employees				Part-time Hours Paid
		\$Bil.	Mil.	Thou.	Dol.	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**PART 3 – REMARKS**

**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 worksheet?**

Name of contact person - Please print

Title of contact person - Please print



Area code and phone number

Extension

Area code and fax number

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Email Address - Please print

Date form was completed

(MM)

(DD)

(YYYY)

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**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 10 minutes to 1½ hours per response, with an average of 20 minutes 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](mailto:ECON.Survey.Comments@census.gov); use ECON Survey Comments 0607-0452 as the subject.

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