U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.

This report is authorized by law, 31 United States Code §§ 1535/FAR 17.5 of the Economy Act. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

O.M.B. #1220-XX Expires X/XX/XX

We estimate that it will take an average of 54 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-XXXXX), 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.

ESTABLISHMENT COLLECTION FORM FOR PRIVATE INDUSTRY (Work level and schedule)

Start Time/End Time:	
Address # 1.	Personal Visit Address
Schedule Number(#):	
Company Name:	
Secondary Name (Doing Busine	ess As):
Address:	
City/State/ZIP:	
Address # 2.	Personal Visit Address
Company Name:	
Secondary Name (Doing Busine	ess As):
Address:	
City/State/ZIP:	
Establishment Officials (Contact	t List)
# 1: Authorizing Supplying	
Telephone #: FAX #:	E-mail: Address: 1, 2, or COC. Mail forms to
# 2: Authorizing Supplying	Title:
Telephone #: FAX #:	E-mail: Address: ☐1, ☐2, or ☐COC. ☐Mail forms to
# 3: Authorizing Supplying	Title:
Telephone #: FAX #:	Email: Address: 1, 2, or COC. Mail forms to

Central Office Clearance (Complete if clearance and/or data obtained from this source)

Clearance obtained: Schedule (data) obtained:
Company Name:
Address:
City/State/ZIP:
Remarks

COMPANY DATA

Establishment Information (current data)	Schedule #:	
State:	Collection Panel:	Sample Number:
Assigned Employment:	Total Employment:	PSO Employment:
NAICS:		
Establishment Description:		
Product Description:		
Collection Information		
Field Economist:	Method of Collecti	ion:
Collection Date:	Payroll Reference	
	19 1 1 1 1	
☐ Respondent waived confidentiality ☐ Document obtained (Secondary data sour		ed electronically
Written Permission: Yes, No	Name and Title of	
Date of Permission:	Permission on file	at RO: Yes, No
Status (IDC Wage) Establishment Status: Usable On strike Vacant Temporary non response Refusal Out of business Out of scope Abolished No matching jobs Duplicate	Remarks:	
SMG Notification Reason:	Remarks:	
Ownership/NAICS change		
Part of assigned unit		
Collected unit larger than assigned		
Employment +/- 20% of assigned		
Employment up – business fluctuations		
Sampled employment wrong		
SMG chose establishment subsample		
Overlap (set by system)		
Other discrepancy		

Remarks	

OCCUPATIONAL REQUIRE	MENTS SUR	/EY - Leveling Schedule Number:	
Quote: Occupatio	n:		
Establishment Grade:		SOC:	
Establishment Rate Range:		Establishment Job Title:	
Non-supervisory Lead	Supervisory		
Factor	Level	Education, experience, other comments	
KNOWLEDGE			
JOB CONTROLS AND COMPLEXITY			
CONTACTS			
PHYSICAL ENVIRONMENT			
Remarks			

OCCUPATIONAL REQUIR	EMENTS SUF	RVEY - Leveling Schedule Number:
Quote: Occupati	on:	
Establishment Grade:		SOC:
Establishment Rate Range	e:	Establishment Job Title:
Non-supervisory Lead	Supervisory	
Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		
Remarks		

OCCUPATIONAL REQUIR	EMENTS SURV	EY - Leveling	Schedule Numbe	er:	
Quote: Occupation	on:				
Establishment Grade:		;	SOC:		
Establishment Rate Range	e:	Establishmen	t Job Title:		
Non-supervisory Lead	Supervisory				
Factor	Level	Educat	tion, experience, other	comments	
KNOWLEDGE					
JOB CONTROLS AND COMPLEXITY					
CONTACTS					
PHYSICAL ENVIRONMENT					

Quote: Occupation:			
Establishment Rate Range: Establishment Job Title:	lishment Grade: SOC:		
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Non-supervisory Lead Supervisory	ent Rate Range: Establishment Job Title:		
	supervisory Lead Supervisory		
Factor Level Education, experience, other comments	Level Education, experience, other comments		
KNOWLEDGE			
JOB CONTROLS AND COMPLEXITY			
CONTACTS	;		
PHYSICAL ENVIRONMENT	ENVIRONMENT		

OCCUPATIONAL REQUIR	EMENTS SUR	VEY - Leveling Scl	hedule Number:	
Quote: Occupation	on:			
Establishment Grade:		SOC:		
Establishment Rate Range	e:	Establishment Job T	ïtle:	
Non-supervisory Lead	Supervisory]		
Factor	Level	Education, exp	perience, other comments	
KNOWLEDGE				
JOB CONTROLS AND COMPLEXITY				
CONTACTS				
PHYSICAL ENVIRONMENT				
Remarks				
				_ _

OCCUPATION	AL REQUIREMENTS	S SURVEY - Leveling Schedule Number:
Quote:	Occupation:	
Establishme	nt Grade:	SOC:
	nt Rate Range:	Establishment Job Title:
Non-supervi	sory Lead Supervis	sory
Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS A COMPLEXITY	ND	
CONTACTS		
PHYSICAL ENVIRO	DNMENT	

OCCUPATIONAL	REQUIREMENTS SUR	VEY - Leveling Schedule Number:
Quote:	Occupation:	
Establishment G	Grade:	SOC:
Establishment F	Rate Range:	Establishment Job Title:
Non-supervisory	/ Lead Supervisory	
Factor	Level	Education, experience, other comments
KNOWLEDGE		· •
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONM	IENT	
Remarks		

OCCUPATIONAL	REQUIREMENTS SUF	RVEY - Leveling Schedule Number:
Quote:	Occupation:	
Establishment (Grade:	SOC:
Establishment F		Establishment Job Title:
Non-supervisor	y Lead Supervisory	
Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTRACTS		
PHYSICAL ENVIRON	MENT	
Remarks		

OCCUPATIONAL REQUIREMENTS SURVEY -Schedule Number: **Base Leveling Supervisor Supervisor** 1st 2nd 3rd Line Supervisor/Manager Quote: ____ Occupation: ____ Establishment Grade: _____ SOC: ____ Establishment Rate Range: Establishment Job Title: Highest Level Non-Supervisory Subordinate Position **Factor** Level Education, experience, other comments KNOWLEDGE JOB CONTROLS AND COMPLEXITY CONTACTS PHYSICAL ENVIRONMENT Remarks

JOB CONTROLS AND

PHYSICAL ENVIRONMENT

COMPLEXITY CONTACTS

Damarka			
Remarks			

OCCUPATIONAL REQUIREMENTS SURVEY – Leveling Summary

Leveling Factors	QUOTE 1	QUOTE 2	QUOTE 3	QUOTE 4	QUOTE 5	QUOTE 6	QUOTE 7	QUOTE 8
KNOWLEDGE								
JOB CONTROLS AND COMPLEXITY								
CONTACTS								
PHYSICAL ENVIRONMENT								

Remarks	

OCCUPATIONAL REQUIREMENTS SURVEY - Work Schedule

Schedule Number:	

Quote #	Work Schedule #	Description/occupation	Hours/day	Hours/week	Weeks/year	Туре

For "Work Schedule #" note also if Alternate work schedule (Only needed for index schedules)

Remarks	