**U.S. Department of Labor**

Bureau of Labor Statistics

Local Area Unemployment Statistics Program

Request for Atypical or Exception Treatment

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*This report is authorized by law 29 U.S.C. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. We estimate that it will take an average of 2 hours 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 20212O.M.B. 1220-0017*

*Approval expires XX/XX/XXXX*

*Persons are not required to respond unless this form displays a currently valid OMB control number.*

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**1. State** **2. Area 3. Date**

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**4. Nature of Request 5. Series Affected 6. Time Period Affected**

**[ ]  Atypical** **[ ]  Exception** **[ ]  Employment** **[ ]  Unemployment**

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1. **Estimating Problem and Recommended Action (Attach additional sheets and corroborative material as necessary.)**

**Submitted by:** **Title:**

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1. **BLS Action**

**Type of Request**

**[ ] Routine Requests** **[ ] Nonroutine**

**Action**

**[ ]  Regional Office Approved**

**[ ]  Regional Office Approved as Modified**

**[ ]  Regional Office Disapproved**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]  National Office Reviewed and Approved**

**[ ]  National Office Reviewed and Disapproved**

**Name:** **Title**

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**Comments**

LAUS-15