National Compensation 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. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

O.M.B. #1220-0164 Expires XXXXXXX

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 (1220-0164), 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)

| Aut | Physical Address | Personal Visit Address | Mailing Address | | | | |
|-----|--|---------------------------|--------------------------|--|--|--|--|
| | Schedule Number(#): | | | | | | |
| Ī | Company Name: | | | | | | |
| Ī | Secondary Name (Doing Business As): | | | | | | |
| Ī | Address: | | | | | | |
| Ī | City/State/ZIP: | | | | | | |
| Add | Address # 2. Personal Visit Address Mailing Address | | | | | | |
| | Company Name: | | | | | | |
| | Secondary Name (Doing Busine | ss As): | | | | | |
| | Address: | | | | | | |
| | City/State/ZIP: | | | | | | |
| Est | ablishment Officials (Contact | List) | | | | | |
| | # 1: Authorizing Supplying | | Title: | | | | |
| | Telephone #: FAX #: | E-mail: Address: ☐1, [| | | | | |
| | # 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, [| | | | | |

NCS Form18-1P (2018)

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

| Clearance obtained: Schedule (data) obtained: |
|---|
| Company Name: |
| Address: |
| City/State/ZIP: |
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| Remarks |
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COMPANY DATA

| Establishment Information (current data) | Schedule #: | |
|---|-----------------------|-----------------|
| State: | Collection Panel: | Sample Number: |
| Assigned Employment: | Total Employment: | PSO Employment: |
| NAICS: | | |
| Establishment Description: | | |
| Bud a Burning | | |
| Product Description: | | |
| | | |
| | | |
| Collection Information | | |
| Field Economist: | Method of Collection: | |
| Collection Date: | Payroll Reference Da | |
| Composition Batter. | r agree received by | uo. |
| | | |
| Respondent waived confidentiality | Data obtained | electronically |
| | | • |
| Document obtained (Secondary data so | urce) | |
| | | |
| Written Permission: Yes, No | Name and Title of Of | |
| Date of Permission: | Permission on file at | RO: Yes, No |
| | • | |
| | | |
| Status (IDC Wage) | | |
| Establishment Status: | Remarks: | |
| Usable | Remarks: | |
| On strike | | |
| | | |
| Vacant Temperary papers | | |
| Temporary non response | | |
| Refusal | | |
| Out of business | | |
| Out of scope | | |
| Abolished | | |
| No matching jobs | | |
| Duplicate | | |
| | | |
| | | |
| 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 | | |
| United discrepanity | | |
| | | |

| Remarks | |
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| NATIONAL COMPENSATION | SURVEY - Leveling | Schedule Number: | |
|--------------------------------|-------------------|---------------------------------------|--|
| Quote: Occupation: | | <u> </u> | |
| Establishment Grade: | | SOC: | |
| Establishment Rate Range: | Establis | shment Job Title: | |
| Factor | Level | Education, experience, other comments | |
| KNOWLEDGE | | · • | |
| JOB CONTROLS AND COMPLEXITY | | | |
| CONTACTS | | | |
| PHYSICAL ENVIRONMENT | | | |
| Remarks | | | |

| NATIONAL COMPENSATION | SURVEY - Leveling | Schedule Number: |
|---------------------------|-------------------|-------------------------------|
| Quote: Occupation: | | |
| Establishment Grade: | SO | C: |
| Establishment Rate Range: | Establishment Jo | |
| Factor | Level Educatio | n, experience, other comments |
| (NOWLEDGE | | |
| IOB CONTROLS AND | | |
| CONTACTS | | |
| PHYSICAL ENVIRONMENT | | |
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| VATIONAL COMPLNSATION | SURVEY - Leveling | Schedule Number: |
|---------------------------|-------------------|---------------------------------------|
| Quote: Occupation: | | |
| Establishment Grade: | | SOC: |
| Establishment Rate Range: | Establis | hment Job Title: |
| Factor | Level | Education, experience, other comments |
| NOWLEDGE | | |
| OB CONTROLS AND | | |
| CONTACTS | | |
| PHYSICAL ENVIRONMENT | | |
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| ATIONAL COMPENSATION | SURVEY - Lo | eveling Schedule Number: |
|------------------------------|-------------|---------------------------------------|
| Quote: Occupation: | | |
| Establishment Grade: | | SOC: |
| Establishment Rate Range: | | Establishment Job Title: |
| actor | Level | Education, experience, other comments |
| NOWLEDGE | | , , |
| DB CONTROLS AND DMPLEXITY | | |
| ONTACTS | | |
| HYSICAL ENVIRONMENT | | |
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| NATIONAL CO | MPENSATION : | SURVEY - Leveling | Schedule Number: |
|-----------------|---------------|-------------------|---------------------------------------|
| Quote: | Occupation: | | |
| Establishmen | t Grade: | | SOC: |
| Establishmen | t Rate Range: | Establisl | hment Job Title: |
| Factor | | Level | Education, experience, other comments |
| KNOWLEDGE | | | |
| JOB CONTROLS A | ND | | |
| CONTACTS | | | |
| PHYSICAL ENVIRO | DNMENT | | |
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| NATIONAL CO | MPENSATION | SURVEY - Leveling | Schedule Number: |
|-----------------|----------------|-------------------|---------------------------------------|
| Quote: | Occupation: | | |
| Establishmen | nt Grade: | | SOC: |
| Establishmen | it Rate Range: | Establish | ment Job Title: |
| Factor | | Level | Education, experience, other comments |
| KNOWLEDGE | | | |
| JOB CONTROLS A | AND | | |
| CONTACTS | | | |
| PHYSICAL ENVIRO | TNAMNC | | |
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| NATIONAL COMPENSATION | SURVEY - Leveling | Schedule Number: |
|--------------------------------|-------------------|---------------------------------------|
| Quote: Occupation: | | |
| Establishment Grade: | | SOC: |
| Establishment Rate Range: | Establi | shment Job Title: |
| Factor | Level | Education, experience, other comments |
| KNOWLEDGE | | |
| JOB CONTROLS AND COMPLEXITY | | |
| CONTACTS | | |
| PHYSICAL ENVIRONMENT | | |
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National Compensation Survey Leveling Form



Schedule Number:

| Quote: Occupation: | | | |
|--|-------|---|---|
| Establishment Grade: | | SOC: | |
| Establishment Rate Range: | | Establishment Job Title: | |
| Factor | Level | Education, experience, other comment | S |
| KNOWLEDGE | | | |
| JOB CONTROLS AND COMPLEXITY | | | |
| CONTRACTS | | | |
| PHYSICAL ENVIRONMENT | | | |
| | | | |
| U.S. Department of La Bureau of Labor Statistic | | National Compensation Survey Leveling Form | |

Schedule Number:

NATIONAL COMPENSATION SURVEY – Base Leveling Supervisor

| Supervisor | | |
|--|----------------------|---------------------------------------|
| 1 st 2 nd 3 rd Line | e Supervisor/Manager | |
| Quote: Occupation: | | |
| Establishment Grade: | | SOC: |
| Establishment Rate Range: | Establish | nment Job Title: |
| | | |
| Factor | Level | Education, experience, other comments |
| KNOWLEDGE | | |
| JOB CONTROLS AND COMPLEXITY | | |
| CONTACTS | | |
| PHYSICAL ENVIRONMENT | | |
| Remarks | | |
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| NATIONAL COMPENSATION and Responsibilities of Supervisor | | - Leveling on Duties Schedule Number: | |
|--|---------------------------|---------------------------------------|---|
| Supervisor 1 st 2 nd 3 rd Lin Quote: Occupation | : | | |
| Establishment Grade: | Establishment Grade: SOC: | | |
| Establishment Rate Range: | | Establishment Job Title: | |
| Factor | Level | Education, experience, other comments | _ |
| KNOWLEDGE | | | |
| JOB CONTROLS AND COMPLEXITY | | | |
| CONTACTS | | | |
| PHYSICAL ENVIRONMENT | | | |
| Remarks | | | |



NATIONAL COMPENSATION SURVEY - Work Schedule

| Schedule Number: | |
|------------------|--|
| Concadic Namber. | |

| Quote # | Work Schedule # | Description/occupation | Hours/day | Hours/week | Weeks/year | Туре |
|---------|-----------------|------------------------|-----------|------------|------------|------|
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For "Work Schedule #" note also if Alternate work schedule (Only needed for index schedules)

| Remarks | |
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