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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey** | dol_seal_bw |

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| The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence. | ***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 XXXXXX |
| 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 GOVERNMENT**

**(Work level and scheduling)**

**Address # 1.**

Physical Address  Personal Visit Address  Mailing Address

|  |
| --- |
| Schedule Number(#): |
| Company Name: |
| Secondary Name (Doing Business As): |
| Address: |
| City/State/ZIP: |

**Address # 2.**

Physical Address  Personal Visit Address  Mailing Address

|  |
| --- |
| Company Name: |
| Secondary Name (Doing Business As): |
| Address: |
| City/State/ZIP: |

**Establishment Officials** (Contact List)

|  |  |  |
| --- | --- | --- |
| # 1: Authorizing Supplying | | Title: |
| 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 | |

**NCS Form18-1G (2018)**

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

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| 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 #:**

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| **State:** | **Collection Panel:** | **Sample Number:** |
| **Assigned Employment:** | **Total Employment:** | **PSO Employment:** |
| **NAICS:** |  | |
| **Establishment Description:** | | |
| **Product Description:** | | |

**Collection Information**

|  |  |
| --- | --- |
| Field Economist: | Method of Collection: |
| Collection Date: | Payroll Reference Date: |

**Respondent waived confidentiality  Data obtained electronically**

**Document obtained** (Secondary data source)

|  |  |
| --- | --- |
| Written Permission:  Yes,  No | Name and Title of Official: |
| Date of Permission: | Permission on file at RO:  Yes,  No |

**Status (IDC Wage)**

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| **Establishment Status:** | **Remarks:** |  |
| Usable |  |  |
| On strike |  |  |
| Vacant |  |  |
| 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 | |  | |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **Remarks** |
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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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| **Factor** | **Level** | **Education, experience, other comments** |
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| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTRACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY – Base Leveling Supervisor** | Schedule Number: |  |

**Supervisor**

1st  2nd  3rd  Line Supervisor/Manager

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |
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Highest Level Non-Supervisory Subordinate Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **Remarks** |
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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY – Leveling on Duties**  **and Responsibilities of Supervisor** | Schedule Number: |  |

**Supervisor**

1st  2nd  3rd  Line Supervisor/Manager

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |
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| **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND  COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **U.S. Department of Labor**  **Bureau of Labor Statistics** | **National Compensation Survey**  **Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY – Leveling Summary** | Schedule Number: |  |

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| 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 |  |  |  |  |  |  |  |  |

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| **NATIONAL COMPENSATION SURVEY - Work Schedule** | | |
|  | Schedule Number: |  |

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

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