

National Compensation Survey

Employment Cost Index

Month Year Update

Schedule # - 999999

{Index wage – Gov.}

Thank you for your assistance with the Employment Cost Index (ECI). Please supply individual wages, including commissions and production bonus payments, for each worker currently in the listed occupations within one week of receiving this package. **Include scheduled changes effective before the reference date of MONTH 12, YEAR.** Document any significant changes in numbers of workers or wages since your last report.

There are several reporting options available:

- Secure file transfer over the internet – <https://www.BLSCompdata.bls.gov>
- Email to BLSCompdata@bls.gov
- Fax the completed form to 999-999-9999
- Mail a printed report or the completed form

Data can be reported in any standard format, but be sure to include your schedule number, 999999, on any reports or emails.
If you have any questions, please contact: XXXX XXXXXX at 999-999-8888.

Please correct name, title, or address, as needed.

Prepared by:

Name _____
Title _____
Telephone: _____

Date Prepared: _____

Respondent Name
Respondent Title
Company Name
Company Name 2
Address1
Address2
City, State Zip

As entered by the regional office

As a participant in a Bureau of Labor Statistics (BLS) statistical survey, you should be aware that use of electronic transmittal methods in reporting data to the BLS involves certain inherent risks to the confidentiality of those data. Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks.

The BLS is committed to the responsible treatment of the data you report and will take appropriate steps within its ability to protect the confidentiality of those data.

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 XXXXXXXX

We estimate that it will take an average of 20 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.

NCS- 9G Form

(NOTE: This is a computer-generated form that provides prior earnings data to, and requests updated earnings data from survey respondents)

Bureau of Labor Statistics **U.S. Department of Labor** Survey Area, State
 National Compensation Survey Schedule: XXXXXXX

Locat ion:	City of XXX XX MAIN STREET CITY, STATE ZIPXXX	Previous employment : XXX			Current employment:		
		For payroll of: 9/12/18			For payroll of: _ / _ / _		
Quo te #	Title and description of selected occupations	Compa ny Job Code	Previous Data		Current Data		
			Straight time	Hours	Earnings	Actu al Hour ly rate	Straight- time
1	Asst. Research	XX1 2.	40. 00	949.0 0			
		.	40. 00	1023. 00	1		
2	City Engineer III	XX2 3	40. 00	2438. 00	1		
			40. 00	2478. 00	1		
3	City Engineering Specialist	XX4 4.	40. 00	1129. 00	1		
			40. 00	1136. 00	1		
			40. 00	1190. 00	1		

