

Form Approved O.M.B. No. 1220-0042 Rev. March 2018

EMAIL: OESSTATE@BLS.GOV REPLY ONLINE AT HTTPS://IDCFOES.BLS.GOV.

Please see our website at <i>https://www.bls.gov/OES</i> for more information on the OES Program, including a display of national, state, and										
 Which of the following options describes the status of the location(s) in Item 3 as of the reference date (also printed in Item 3)? Operating: Go to Item 2. Temporarily closed during the pay period that included the reference date: Report data only for employees paid for work during the reference period. If no employees worked for pay, report "0" in section 4 of this page and return the form in the reply envelope provided. Permanently out of business as of Sold or merged: Enter the new name and address in the box to the right, then go to Item 2. This form asks for information about the employees described marks for information about the employees described not hose listed below. Un resisting of employment for these employees appars at the top right corner of the label. Please make any needed address corrections in the lower box. This form asks for information about the employees described at this location(s) during the pay period that included the reference date printed in Item 3? Mew many employees, both full- and part-time, worked at this location(s) during the pay period that included the reference date printed in Item 3? Do all employees reported above work at one location? Workers an paid leave Workers on paid leave Workers on paid leave Workers on call films – paid owners, officers, and game:	Please complete Items 1 through 5 on this page. Next, please provide th	e information requested for the employees who worked during or received								
Operating: Go to ltem 2. Temporarily closed during the pay period that included the reference date: Report data only for employees paid for work during the reference period. If no employees worked for pay, report "O" in section 4 of this page and return the form in the reply envelope provided. Permanently out of business as of Return the form in the reply envelope provided. New Name: Sold or merged: Enter the new name and address in the box to the right, then go to ltem 2. 3 This form asks for information about the employees described those listed below. Ut restimate of employment for these employees appears at the top right corner of the label. Please make any needed address corrections in the lower box. Image:	Please see our website at <i>https://www.bls.gov/OES</i> for more informatic metropolitan area employment and wage estimates by occupation.	on on the OES Program, including a display of national, state, and								
4 How many employees, both full- and part-time, worked at this location(s) during the pay period that included the reference date printed in item 3? Include Exclude 4 How many employees, both full- and part-time, worked at this location(s) during the pay period that included the reference date printed in item 3? Include Exclude • Full- or part-time paid workers • Vorkers on paid leave • • • NoEnter number of locations; •	 Operating: Go to Item 2. Temporarily closed during the pay period that included the refere reference period. If no employees worked for pay, report "0" in set Permanently out of business as of//: Return the form in the reply envelope provided. Sold or merged: Enter the new name and address in the box to the right, then go to Item 2. 	ence date: Report data only for employees paid for work during the ection 4 of this page and return the form in the reply envelope provided. New Name:								
4 How many employees, both full- and part-time, worked at this location(s) during the pay period that included the reference date printed in Item 3? Include • Full- or part-time paid workers • Full- or part-time paid workers • Workers on paid leave • Workers on paid leave • Vorkers on paid leave • Workers assigned to the units • Unpaid family workers • Do all employees reported above work at one location? • Workers, onficers, and staff • Unpaid family workers • NoEnter number of locations: • Incorporated firms – paid owners, officers, and staff • Workers not covered by unemployment insurance 5 Please tell us who to contact if we have questions about your data. For OFFICE USE FOR OFFICE USE	related to those listed below. If they are not, please list your main products or services in the lower box and continue with the	below. Our estimate of employment for these employees appears at the top right corner of the label. Please make any needed								
 at this location(s) during the pay period that included the reference date printed in Item 3? Enter the number here:										
 at this location(s) during the pay period that included the reference date printed in Item 3? Enter the number here:										
Name:	at this location(s) during the pay period that included the reference date printed in Item 3? Enter the number here: Do all employees reported above work at one location?	 Full- or part-time paid workers Workers on paid leave Workers assigned temporarily to other units Incorporated firms – paid owners, officers, and staff Contractors and temporary agency employees not on your payroll Unpaid family workers Workers on unpaid leave Owners, proprietors, and partners of unincorporated firms Workers not covered by 								
Email address:	Name:	Date: ONLY								

Instructions for Reporting by Occupation

- Report employees in the occupations in which they are working, **not** in occupations for which they have been trained. For example: An employee trained as an engineer, but working as a drafter, should be reported as a drafter.
- Report each employee only once in the occupation that requires the highest level of skill if the employee performs work in two or more occupations. If there is no measurable difference in skill requirements, report employees in the occupation in which they spend the most time.
- Please provide a description of duties along with the job titles to help us determine where to place employees. Do not report job titles alone.
- Report apprentices and trainees in the job for which they are being trained. Report helpers separately because they are not in training for the occupation they are helping.
- Report part-time workers in the job they perform.
- Professionals who directly supervise other workers in professional occupations should be classified in the same occupation as the workers they supervise. For example, a drafter that supervises other drafters is classified as a drafter.
- Workers in Service, Sales, Office and Administrative, Forestry and Farming, Production, Maintenance, and Transportation occupations who spend 80 percent or more of their time performing supervisory duties should be reported as supervisors. Workers with supervisory duties who spend less than 80 percent of their time supervising should be reported with the workers they supervise.

Instructions for Reporting Wage Information

For all employees:

- Please use the hourly and annual wage rate categories to report employees. If wages are not recorded by hour or year (bi-weekly, or monthly for example), convert them into an hourly wage rate.
- For part-time workers, please report the specific hourly wage rate, not an average.
- For tip, commission, and piece-rate workers, please estimate the earnings (base pay plus tips, commissions, or piece rates), and report the appropriate wage.
- For salaried workers who do not work a standard 2080 hours per year (40 hours per week), please report wages on an hourly basis. For workers who are paid an annual salary by contract, such as airline pilots, report their annual salary.
- Include and/or exclude from pay as follows:

Include as pay:

Exclude as pay:

- Base rate
- Attendance bonus
- Commissions
- Tips
- Deadheading pay
- Guaranteed pay
- Hazard pay
- Incentive pay
- Longevity pay
- Piece rate
- Portal-to-portal rate Production bonus
- Jury duty pay

Back pay

Draw

Lodging payments

Holiday bonus

- Meal payments
- Merchandise discounts
 Tool allowance
- Nonproduction bonus
 Weekend pay
- On-call pay
- Cost-of-living allowance
- 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, except in the case of state and local governments. The BLS publishes statistical tabulations from this report that may reveal the information reported by state and local governments. Upon request, however, the BLS will hold the information provided by state and local governments on this report in confidence. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

We estimate that the time required to complete this report will vary from 10 minutes to 2 hours, depending on factors such as the size of the establishment. This includes 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 these estimates or any other aspects of this report, including suggestions for reducing this burden, send them to the U.S. Bureau of Labor Statistics, Division of Occupational Employment Statistics (1220-0042), 2 Massachusetts Ave NE, Suite 2135, Washington, DC 20212. This report is authorized by law, 29 U.S.C. §2. We request your cooperation to make the results of this report comprehensive, accurate, and timely. You do not have to complete this questionnaire if it does not display a currently valid OMB control number. Form Approved, O.M.B. No. 1220-0042.

- Overtime pay
- Perquisites
- Profit sharing payment
- Relocation allowance
- Holiday premium pay
 Tuition repayments
 - Severance pay
 - Shift differential
 - Stock bonuses

 - Uniform allowance

6 If returning via fax, e	enter the 10 digi	it Sche	dule Nu	ımber (f	ound oi	n the thi	ird line (of the a	ddress	abel in I	tem 3):		-	7	
7 Please use the follo short description of occupation. Refer to space is needed to	duties, the nur the detailed in	nber of nstruct	f emplo ions on	yees fo how to	und in report	each wa by occu	age coli upation	umn, ar and ho ^r	nd the to w to de	otal emp termine	oloymen	t for eac	ch		
				ĺ							GE RAN				
OCCUPATIONAL TITLE AND		A													
DESCRIPTION OF	Hourly (part- time or full-time)	under \$9.25	\$9.25 - 11.74	\$11.75 - 14.74	\$14.75 - 18.74	\$18.75 - 23.99	\$24.00 - 30.24	\$30.25 - 38.49	\$38.50 - 48.99	\$49.00 - 61.99	\$62.00 - 78.74	\$78.75 - 99.99	\$100.00 and over		
DUTIES	Annual Salary (full-time only)	under \$19,240		\$24,440 - 30,679	\$30,680 - 38,999	\$39,000 - 49,919	\$49,920 - 62,919	\$62,920 - 80,079			\$128,960 - 163,799			Total	
EXAMPLE:															
Registered Nurses (RI		Α	В	С	D	E	F	G	н	1	J	к	L	т	
Provide nursing care to sick patients.	or injured						2	4	1					7	
		A	В	С	D	E	F	G	н		J	ĸ	L	т	
												K			
		Α	В	С	D	E	F	G	н	1	J	К	L	Т	
		Α	В	С	D	E	F	G	Н	1	J	К	L	Т	
		Α	В	С	D	E	F	G	Н	1	J	К	L	Т	
		Α	В	С	D	E	F	G	Н	1	J	К	L	Т	
		Α	В	С	D	E	F	G	Н	1	J	К	L	Т	

8 If returning via fax, enter the 10 digit Schedule Number (found on the third line of the address label in Item 3):														
		NUMBER OF EMPLOYEES IN SELECTED WAGE RANGES												
OCCUPATIONAL		(Report Part-time Workers According to an Hourly Rate) A B C D E F G H I J K L T												
TITLE AND DESCRIPTION OF	Hourly (part-	under	\$9.25 -	\$11.75 -	\$14.75 -	\$18.75 -	\$24.00 -	\$30.25 -	\$38.50 -	\$49.00 -	\$62.00 -	\$78.75 -	\$100.00	
DUTIES	time or full-time) Annual Salary (full-time only)		11.74 \$19,240 - 24,439		18.74 \$30,680	23.99 \$39,000 - 49,919		38.49 \$62,920		61.99 \$101,920	78.74 \$128,960 - 163,799	99.99 \$163,800		Total
	(Idil-tille Ofly)	φ19,240 Α	- 24,439 B	- 30,079	- 38,999 D	- 49,919 E	- 02,919	- 80,079	H	- 128,959	- 103,799 J	- 207,999 K		т
		<u>A</u>	B	U	U	E	F	6			J	ĸ	L	
	•	Α	В	С	D	E	F	G	Н	1	J	K	L	Т
		Α	В	С	D	E	F	G	н	1	J	К	L	Т
		Α	В	С	D	E	F	G	н	I.	J	K	L	Т
		Α	В	С	D	E	F	G	Н	1	J	K	L	Т
		Α	В	С	D	E	F	G	Н	1	J	К	L	Т
		Α	В	С	D	E	F	G	Н	1	J	к	L	Т
FOR FIPS Code S OFFICE USE ONLY	Schedule Number	NAICS Code		Unit Total Employment			Reviewed By		Date Reviewed		Total Employment			Т