

FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

OMB No. 3206-0036
OMB approval expires Apr 30, 2018

The public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (3206-0036). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. ESTABLISHMENT NAME AND ADDRESS <i>(Include Apartment or Suite Number and 9-digit ZIP Code)</i>				2. WAGE AREA							
				3. DATE OF CONTACT (YYMMDD)		4. TELEPHONE NUMBER <i>(Include Area Code and Extension)</i> FAX					
5. NAME AND TITLE OF PERSON(S) INTERVIEWED				6. PRODUCT OR SERVICE OF ESTABLISHMENT							
				a. MAJOR INDUSTRY				b. SPECIFIC PRODUCTS OR SERVICES			
7. AREA CODE		8. ESTABLISHMENT CODE		9. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE		10. ESTABLISHMENT WEIGHT					
11. TOTAL NUMBER EMPLOYEES IN ESTABLISHMENT		12. TOTAL NUMBER BLUE-COLLAR EMPLOYEES SAMPS:		13. OVERTIME PAY PROVISIONS							
				DAILY		WEEKLY		SUNDAY	HOLIDAY		
				RATE	HOURS	RATE	HOURS				
14. NUMBER OF HOURS IN NORMAL WORKWEEK		15. MONTH GENERAL WAGE ADJUSTMENTS ARE NORMALLY EFFECTIVE 99 = NO SET MONTH 1 = JANUARY ETC.		16. CONTRACT OBTAINED <i>(X one)</i> <input type="checkbox"/> Y = Yes N = No R = Rate Sheet		17. NON-PAR CODE					
18. GENERAL WAGE ADJUSTMENTS				19. ADDITIONAL PAY ELEMENTS <i>(Explain in Remarks)</i>							
a. DATE (YYMMDD)	b. AMOUNT	c. INCREASE/DECREASE <i>(Enter I or D)</i>	d. INCLUDED IN RATES <i>(Enter Y or N)</i>	<input type="checkbox"/> a. BONUS	<input type="checkbox"/> b. LUMP SUM	<input type="checkbox"/> c. INCENTIVE					
				20. COST OF LIVING ALLOWANCE (COLA)							
				a. COLA FORMULA				= 1 CENT			
				b. BASE PERIOD () 1967 = 100 () 1982-84 = 100		d. PAY ON		e. USING CONSUMER PRICE INDEX (CPI) FOR			
				c. INDEX () CPI - U () CPI - W							
21. COLA TIED DIRECTLY TO CPI		b. DATE AND AMOUNT OF ADJUSTMENTS				c. FOLD-IN		d. CARRY-OVER			
Y or N	a. TOTAL AMOUNT BEING PAID	DATE									
		AMOUNT									
22. REMARKS											
P.O. Box:		City:			State:		Zip Code:	Zip + 4:	Prior Est Code		
Mailing Address:											
23. PRINTED NAME AND SIGNATURE					24. PRINTED NAME AND SIGNATURE						
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