

**OCCUPATIONAL
EMPLOYMENT
REPORT**

STATE DEPARTMENT OF LABOR
LABOR MARKET INFORMATION DIVISION, OES
PHONE: 800-555-5505, FAX: 800-555-5555
123 MAIN ST RM 456
CITYVILLE, STATE 12345

In Cooperation with the
U.S. Department of Labor



Form Approved O.M.B. No. 1220-0042
Rev. July, 2019

THIS REPORT IS MANDATORY UNDER SECTION 51-1212 OF THE OFFICIAL CODE OF STATE NAME.

What this report is about: This form asks for information about the occupations and wage ranges of the employees described in Item 3 below. Please complete Items 1 through 5 on this page. Next, please provide the information requested for the employees who worked during or received pay for the pay period that included the reference date in Item 3, printed above your establishment name. The instructions on page 2 explain how to provide the information.

Please see our website at <https://www.bls.gov/OES> for more information on the OES Program, including a display of national, state, and metropolitan area employment and wage estimates by occupation.

1 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 ___/___/___: 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. →

New Name: _____

New Address: _____

2 Our records show that your main products or services are related to those listed below. If they are not, please list your main products or services in the lower box and continue with the rest of the report.

3 This form asks for information about the employees described below. Our estimate of employment for these employees appears at the top right corner of the label. Please make any needed address corrections in the lower box.

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?

Enter the number here:

Do all employees reported above work at one location?

Yes

No...Enter number of locations:

- | | |
|--|--|
| <p>Include</p> <ul style="list-style-type: none"> • Full- or part-time paid workers • Workers on paid leave • Workers assigned temporarily to other units • Incorporated firms – paid owners, officers, and staff | <p>Exclude</p> <ul style="list-style-type: none"> • 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 unemployment insurance |
|--|--|

5 Please tell us who to contact if we have questions about your data.

Name: _____

Title: _____

Telephone: _____ Ext. _____ Date: _____

Email address: _____

FOR OFFICE USE
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 for each employee, 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:

- Base Rate
- Commissions
- Tips
- Deadheading Pay
- Guaranteed Pay
- Hazard Pay
- Incentive Pay
- Longevity Pay
- Piece Rate
- Portal-to-Portal Rate
- Production Bonus
- Cost-of-Living Allowance

Exclude as pay:

- Attendance Bonus
- Back Pay
- Draw
- Holiday Bonus
- Holiday Premium Pay
- Jury Duty Pay
- Lodging Payments
- Meal Payments
- Merchandise Discounts
- Nonproduction Bonus
- On-call Pay
- Overtime Pay
- Perquisites
- Profit Sharing Payment
- Relocation Allowance
- Tuition Repayments
- Severance Pay
- Shift Differential
- Stock Bonuses
- Tool Allowance
- Weekend Pay
- Uniform Allowance

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.

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 (44 USC Section 3561 et seq.) 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.

6 If returning via fax, enter the 12 digit IDCF number (printed above the address in Item 3):

7 Please use the following pages to report the employees found in your firm. Please write in each unique occupational title, a short description of duties, the number of employees found in each wage column, and the total employment for each occupation. Refer to the detailed instructions on how to report by occupation and how to determine wages. If additional space is needed to report all of the workers in your establishment, please photocopy this page.

OCCUPATIONAL TITLE AND DESCRIPTION OF DUTIES	NUMBER OF EMPLOYEES IN SELECTED WAGE RANGES (Report Part-time Workers According to an Hourly Rate)													Total
	A	B	C	D	E	F	G	H	I	J	K	L	T	
	Hourly (part-time or full-time) under \$9.25	\$9.25 - 11.99	\$12.00 - 15.49	\$15.50 - 19.74	\$19.75 - 25.49	\$25.50 - 32.74	\$32.75 - 41.99	\$42.00 - 53.99	\$54.00 - 69.49	\$69.50 - 89.49	\$89.50 - 114.99	\$115.00 and over		
Annual Salary (full-time only)	under \$19,240	\$19,240 - 24,959	\$24,960 - 32,239	\$32,240 - 41,079	\$41,080 - 53,039	\$53,040 - 68,119	\$68,120 - 87,359	\$87,360 - 112,319	\$112,320 - 144,559	\$144,560 - 186,159	\$186,160 - 239,199	\$239,200 and over		

EXAMPLE:

<i>Registered Nurses (RN)- Provide nursing care to sick or injured patients.</i>	A	B	C	D	E	F	G	H	I	J	K	L	T
						2	4	1					7
	A	B	C	D	E	F	G	H	I	J	K	L	T
	A	B	C	D	E	F	G	H	I	J	K	L	T
	A	B	C	D	E	F	G	H	I	J	K	L	T
	A	B	C	D	E	F	G	H	I	J	K	L	T
	A	B	C	D	E	F	G	H	I	J	K	L	T

8 If returning via fax, enter the 12 digit IDCF number (printed above the address in Item 3):

OCCUPATIONAL TITLE AND DESCRIPTION OF DUTIES	NUMBER OF EMPLOYEES IN SELECTED WAGE RANGES (Report Part-time Workers According to an Hourly Rate)													Total
	A	B	C	D	E	F	G	H	I	J	K	L	T	
	Hourly (part-time or full-time) under \$9.25	\$9.25 - 11.99	\$12.00 - 15.49	\$15.50 - 19.74	\$19.75 - 25.49	\$25.50 - 32.74	\$32.75 - 41.99	\$42.00 - 53.99	\$54.00 - 69.49	\$69.50 - 89.49	\$89.50 - 114.99	\$115.00 and over		
Annual Salary (full-time only)	under \$19,240	\$19,240 - 24,959	\$24,960 - 32,239	\$32,240 - 41,079	\$41,080 - 53,039	\$53,040 - 68,119	\$68,120 - 87,359	\$87,360 - 112,319	\$112,320 - 144,559	\$144,560 - 186,159	\$186,160 - 239,199	\$239,200 and over		

A	B	C	D	E	F	G	H	I	J	K	L	T

A	B	C	D	E	F	G	H	I	J	K	L	T

A	B	C	D	E	F	G	H	I	J	K	L	T

A	B	C	D	E	F	G	H	I	J	K	L	T

A	B	C	D	E	F	G	H	I	J	K	L	T

A	B	C	D	E	F	G	H	I	J	K	L	T

A	B	C	D	E	F	G	H	I	J	K	L	T

FOR OFFICE USE ONLY	IDCF Number	NAICS Code	Unit Total Employment	Reviewed By	Date Reviewed	Total Employment	T