U.S. Department of Labor Bureau of Labor Statistics

National Compensation Survey



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 U.S.C. 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

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 XX/XX/ XXXX

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 PRIVATE INDUSTRY (Work level and schedule)

Add	ress # 1 .		
	Physical Address	Personal Visit Address	Mailing Address
	Schedule Number(#):		
	Company Name:		
	Secondary Name (Doing Busin	ness As):	
	Address:		
	City/State/ZIP:		
Add	ress # 2.	Personal Visit Address	☐ Mailing Address
	Company Name:		
	Secondary Name (Doing Busi	ness As):	
	Address:		
	City/State/ZIP:		
Esta	blishment Officials (Contac	: List)	
	# 1: Authorizing Supplyii	ng	Title:
	Telephone #: FAX #:	E-mail: Address:]1,
	# 2: Authorizing Supplying	ng	Title:
	Telephone #: FAX #:	E-mail: Address:	1, 2, or COC. Mail forms to
	# 3: Authorizing Supplying	ng	Title:
	Telephone #: FAX #:	Email: Address:]1,

NCS Form 20-1P (2020)

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

Clearance obtained: Schedule (data) obtained:
Company Name:
Address:
City/State/ZIP:
Remarks

COMPANY DATA

Establishment Information (current data)	Schedule #:	
State:	Collection Panel:	Sample Number:
Assigned Employment:	Total Employment:	PSO Employment:
NAICS:		
Establishment Description:		
Product Description:		
Collection Information		
Field Economist:	Method of Collecti	ion:
Collection Date:	Payroll Reference	
Respondent waived confidentiality	Data obtaine	ed electronically
Decument obtained (Cocondary data co		
Document obtained (Secondary data so	urce)	
Written Permission: Yes, No	Name and Title of	Official:
Date of Permission:	Permission on file	
Date of Fermission.	F CITHISSION ON THE	at RO 163, 110
Chatra (IDC Maga)		
Status (IDC Wage)		
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 fluctuatio	ins	
Sampled employment wrong	113	
SMG chose establishment subsampl	_	
Overlap (set by system)		
Other discrepancy		

Remarks	

NATIONAL COMPENSATION	SURVEY - Leveling	Schedule Number:	
Quote: Occupation:		<u> </u>	
Establishment Grade:		SOC:	
Establishment Rate Range:	Establish	ment Job Title:	
Factor	Level	Education, experience, other comments	
KNOWLEDGE		· •	
JOB CONTROLS AND COMPLEXITY			
CONTACTS			
PHYSICAL ENVIRONMENT			
Remarks			

NATIONAL COMPENSATION	SURVEY - Leveling Schedule Number:
Quote: Occupation:	
Establishment Grade:	SOC:
Establishment Rate Range:	Establishment Job Title:
Factor	Level Education, experience, other comments
KNOWLEDGE	
JOB CONTROLS AND COMPLEXITY	
CONTACTS	
PHYSICAL ENVIRONMENT	

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



NATIONAL COMPENSATION	SURVEY -	Leveling Schedule Number:	
Quote: Occupation:			
Establishment Grade:		SOC:	
Establishment Rate Range:		Establishment Job Title:	
Factor	Level	Education, experience, other comments	
KNOWLEDGE		•	
JOB CONTROLS AND COMPLEXITY			
CONTACTS			
PHYSICAL ENVIRONMENT			

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



Establishment Grade:		SOC:	
Establishment Rate Range:		Establishment Job Title:	
actor	Level	Education, experience, other comments	
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PHYSICAL ENVIRONMENT			
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NATIONAL COMPENSATION	SURVEY - L	_eveling Schedule Number:	
Quote: Occupation:			
Establishment Grade:		SOC:	

Establishment Rate Range:

Establishment Job Title:

Factor	Level	Education, experience, other comments	
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NATIONAL COMPENSATION	N SURVEY	- Leveling Schedule Number:	
Quote: Occupation	n:		
Establishment Grade:			
Establishment Rate Range		Establishment Job Title:	
Factor	Level	Education, experience, other comments	

NATIONAL COMPENSATION Quote: Occupation:	I SURVEY - L	_eveling Schedule Number:	*//
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Bureau of Labor Statisti			*//
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JOB CONTROLS AND COMPLEXITY			

JOB CONTROLS AND COMPLEXITY		
CONTRACTS		
PHYSICAL ENVIRONMENT		
Remarks		
U.S. Department of Lab Bureau of Labor Statistics	Lovolina Form	>
NATIONAL COMPENSATION SU	URVEY - Base Leveling Supervisor Schedule Number:	
Supervisor		
1 st 2 nd 3 rd Line Sup	pervisor/Manager	
Quote: Occupation:		
	SOC:	
	Establishment Job Title:	

Н	Highest Level Non-Supervisory Subordinate Position						
	Factor	Level	Education, experience, other comments	•			
	KNOWLEDGE						

racioi	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		

Remarks	

U.S. Department of Labor Bureau of Labor Statistics

National Compensation Survey Leveling Form



N SURVEY - I	Leveling on Duties Schedule Number:
	SOC: Establishment Job Title:
Level	Education, experience, other comments
Level	Education, experience, other comments
	or e Supervisor/Mai n:

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NATIONAL COMPENSATION SURVEY – Leveling Summary Schedule Number:

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								

Remarks			

NATIONAL COMPENSATION SURVEY - Work Schedule

Schedule Nun	ber:	
Concadio Nan	DCI.	

Quote #	Work Schedule #	Description/occupation	Hours/day	Hours/week	Weeks/year	Туре

For "Work Schedule #" note also if Alternate work schedule (Only needed for index schedules)

Remarks