BUREAU OF LABOR STATISTICS
QUARTERLY STATUS REPORT

U.S. DEPARTMENT OF LABOR

We estimate that it will take an average of 1.00 hour to complete this form including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Your response is required to obtain or retain benefits under 29 USC 49L-1. If you have any comments regarding these estimates or any other aspect of this form, including suggestions for reducing this burden, send them to the Bureau of Labor Statistics, Division of Financial Planning and Management (1220-0079), 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No. 1220-0079
Approval Expires xx-xx-xxxx

State Abbreviation:	Program/Activity:
CA Number:	Reference Period:
Funding Amount:	This report indicates 75% completion of work? [ ] Yes [ ] No
Today's Date:	Program/Activity Completion Date:

Milestone *(from Work Statement)*	**Start/Completion Dates** *(from Work Statement)*	**Status** *(If completed, show date)*	**Comments** *(Describe variation from plan)*

Comments (optional):

State Agency Representative:	Phone:
BLS Representative:	Date of Review:

BLS LMI-2B (Revised May 2018)