## BUREAU OF LABOR STATISTICS BUDGET INFORMATION FORM

## U.S. DEPARTMENT OF LABOR

	ete instructions in LMI Coope														
We estimate that it will take an average of 3.5 hours 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 on the estimates  OMB No. 1220-															
or the form, send them to BLS, 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.											not	Approval Expires xx-xx-xxxx			
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CA No.: Title												Phone:			
Fiscal Ye	uration:									Date Completed:					
Col. A	A Col. B			Col.	С	Col. D		Col. E		(	Col. F		Col. G		
Line			FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		FISCAL YEAR TOTAL				
Number	per Program and Cost Category		Staff years Dollars		Staff years Dollars		Staff years Dollars		Staff years Dollars		Staff years Dollars				
Current Employment Statistics (CES)															
1	Program Staff														
2	AS & T Staff														
3	Nonpersonal Services														
4	Total Resources														
Local Area Unemployment Statistics (LAUS)															
5	Program Staff														
6	AS & T Staff														
7	Nonpersonal Services														
8	Total Resources														
Occupat	ional Employment Sta	tistics	(OES)												
9	Program Staff														
10	AS & T Staff														
11	Nonpersonal Services														
12	Total Resources														
Quarterly Census of Employment and Wages (QCEW)															
13	Program Staff														
14	AS & T Staff														
15	Nonpersonal Services														
16	Total Resources														
17	Total LMI Base Prog	rams													

BLS LMI-1A (Revised May 2018)