

U.S. Department of Labor



Bureau of Labor Statistics  
Local Area Unemployment Statistics Program  
Request for Atypical or Exception Treatment

*This report is authorized by law 29 U.S.C. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely.*

*We estimate that it will take an average of 2 hours to complete this form. If you have any comments regarding these estimates, send them to the Bureau of Labor Statistics, Division of Local Area Unemployment Statistics (1220-0017), 2 Massachusetts Ave., NE, Washington, DC 20212*

O.M.B. 1220-0017  
Approval expires 04/30/2018  
Persons are not required to respond unless this form displays a currently valid OMB control number.

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**1. State** **2. Area** **3. Date**

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**4. Nature of Request** **5. Series Affected** **6. Time Period Affected**

Atypical  Exception  Employment  Unemployment

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**7. Estimating Problem and Recommended Action (Attach additional sheets and corroborative material as necessary.)**

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

**8. BLS Action**

Type of Request

Routine Requests  Nonroutine

Action

Regional Office Approved  
 Regional Office Approved as Modified  
 Regional Office Disapproved

Name: \_\_\_\_\_ Title \_\_\_\_\_

National Office Reviewed and Approved  
 National Office Reviewed and Disapproved

Name: \_\_\_\_\_ Title \_\_\_\_\_

**Comments**

