## FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

OMB No. 3206-0036 OMB approval expires Apr 30, 2018

The public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (3206-0036). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. 1. ESTABLISHMENT NAME AND ADDRESS (Include Apartment 2. WAGE AREA or Suite Number and 9-digit ZIP Code) 3. DATE OF CONTACT 4. TELEPHONE NUMBER (Include Area Code (YYMMDD) and Extension) FAX 6. PRODUCT OR SERVICE OF ESTABLISHMENT 5. NAME AND TITLE OF PERSON(S) INTERVIEWED a. MAJOR INDUSTRY b. SPECIFIC PRODUCTS OR SERVICES 7. AREA CODE 8. ESTABLISHMENT CODE 9. NORTH AMERICAN INDUSTRY 10. ESTABLISHMENT WEIGHT **CLASSIFICATION SYSTEM (NAICS) CODE** 12. TOTAL NUMBER BLUE-13. OVERTIME PAY PROVISIONS 11. TOTAL NUMBER **EMPLOYEES IN COLLAR EMPLOYEES** DAILY WEEKLY SUNDAY **HOLIDAY ESTABLISHMENT** SAMPS: RATE HOURS RATE HOURS RATE RATE 14. NUMBER OF HOURS IN 15. MONTH GENERAL WAGE ADJUSTMENTS 16. CONTRACT OBTAINED (X one) 17. NON-PAR CODE **NORMAL WORKWEEK** ARE NORMALLY EFFECTIVE 99 = NO SET MONTH 1 = JANUARY ETC. Y = Yes N = No R = Rate Sheet 19. ADDITIONAL PAY ELEMENTS (Explain in Remarks) 18. GENERAL WAGE ADJUSTMENTS c. INCREASE/ d. INCLUDED a. DATE b. AMOUNT (YYMMDD) DECREASE IN RATES a. BONUS b. LUMP SUM c. INCENTIVE (Enter I or D) (Enter Y or N) 20. COST OF LIVING ALLOWANCE (COLA) a. COLA FORMULA = 1 CENT d. PAY ON b. BASE PERIOD e. USING CONSUMER PRICE INDEX (CPI) FOR ) 1967 = 100 ) 1982-84 = 100 c. INDEX ) CPI-U ) CPI - W 21. COLA TIED DIRECTLY TO CPI b. DATE AND AMOUNT OF ADJUSTMENTS d. CARRYc. FOLD-IN OVER a. TOTAL AMOUNT Y or N DATE **BEING PAID AMOUNT** 22. REMARKS P.O. Box: City: State: Zip Code: Zip + 4: **Prior Est Code** Mailing Address: 23. PRINTED NAME AND SIGNATURE 24. PRINTED NAME AND SIGNATURE PAGE 1 OF **PAGES**