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| **U.S. Department of Labor****Bureau of Labor Statistics** | **National Compensation Survey** | dol_seal_bw |

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| 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. #1220-0164Expires 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)**

**Address # 1.**

[ ]  Physical Address [ ]  Personal Visit Address [ ]  Mailing Address

|  |
| --- |
| Schedule Number(#): |
| Company Name: |
| Secondary Name (Doing Business As): |
| Address: |
| City/State/ZIP: |

**Address # 2.**

[ ]  Physical Address [ ]  Personal Visit Address [ ]  Mailing Address

|  |
| --- |
| Company Name: |
| Secondary Name (Doing Business As): |
| Address: |
| City/State/ZIP: |

**Establishment Officials** (Contact List)

|  |  |
| --- | --- |
| # 1: [ ] Authorizing [ ] Supplying | Title: |
| Telephone #:FAX #: | E-mail:Address: [ ] 1, [ ] 2, or [ ] COC. [ ] Mail forms to |
| # 2: [ ] Authorizing [ ] Supplying | Title: |
| Telephone #:FAX #: | E-mail:Address: [ ] 1, [ ] 2, or [ ] COC. [ ] Mail forms to |
| # 3: [ ] Authorizing [ ] Supplying | Title: |
| Telephone #:FAX #: | Email:Address: [ ] 1, [ ] 2, or [ ] COC. [ ] Mail forms to |

 **NCS Form20-1P (2020)**

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

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| --- |
| Clearance obtained: [ ]  Schedule (data) obtained: [ ]   |
| Company Name: |
| Address: |
| City/State/ZIP: |

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| **Remarks** |
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**COMPANY DATA**

**Establishment Information** (current data) **Schedule #:**

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| **State:** | **Collection Panel:** | **Sample Number:** |
| **Assigned Employment:** | **Total Employment:** | **PSO Employment:** |
| **NAICS:** |  |
| **Establishment Description:** |
| **Product Description:** |

**Collection Information**

|  |  |
| --- | --- |
| Field Economist: | Method of Collection: |
| Collection Date: | Payroll Reference Date: |

**[ ]  Respondent waived confidentiality [ ]  Data obtained electronically**

**[ ] Document obtained** (Secondary data source)

|  |  |
| --- | --- |
| Written Permission: [ ]  Yes, [ ]  No | Name and Title of Official: |
| Date of Permission: | Permission on file at RO: [ ]  Yes, [ ]  No |

**Status (IDC Wage)**

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| **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 fluctuations |  |
| [ ]  Sampled employment wrong |  |
| [ ]  SMG chose establishment subsample |  |
| [ ]  Overlap (set by system) |  |
| [ ]  Other discrepancy |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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|  **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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|  **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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|  **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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|  **Factor** | **Level** | **Education, experience, other comments** |
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| PHYSICAL ENVIRONMENT |  |  |

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

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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|  **Factor** | **Level** | **Education, experience, other comments** |
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| **U.S. Department of Labor****Bureau of Labor Statistics** | **National Compensation Survey****Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  **Factor** | **Level** | **Education, experience, other comments** |
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| **U.S. Department of Labor****Bureau of Labor Statistics** | **National Compensation Survey****Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  **Factor** | **Level** | **Education, experience, other comments** |
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| **U.S. Department of Labor****Bureau of Labor Statistics** | **National Compensation Survey****Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY - Leveling** | Schedule Number: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |

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|  **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS ANDCOMPLEXITY |  |  |
| CONTRACTS |  |  |
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| **U.S. Department of Labor****Bureau of Labor Statistics** | **National Compensation Survey****Leveling Form** |  |

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| **NATIONAL COMPENSATION SURVEY – Base Leveling Supervisor** | Schedule Number: |  |

**Supervisor**

1st [ ]  2nd [ ]  3rd [ ]  Line Supervisor/Manager

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |
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Highest Level Non-Supervisory Subordinate Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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

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| **NATIONAL COMPENSATION SURVEY – Leveling on Duties****and Responsibilities of Supervisor** | Schedule Number: |  |

**Supervisor**

1st [ ]  2nd [ ]  3rd [ ]  Line Supervisor/Manager

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|  | Quote: |  | Occupation: |  |  |  |

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|  | Establishment Grade: |  | SOC: |  |

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|  | Establishment Rate Range: | Establishment Job Title: |
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|  **Factor** | **Level** | **Education, experience, other comments** |
| KNOWLEDGE |  |  |
| JOB CONTROLS AND COMPLEXITY |  |  |
| CONTACTS |  |  |
| PHYSICAL ENVIRONMENT |  |  |

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

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| **NATIONAL COMPENSATION SURVEY – Leveling Summary** | Schedule Number: |  |

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| Leveling Factors | **QUOTE 1** | **QUOTE 2** | **QUOTE 3** | **QUOTE 4** | **QUOTE 5** | **QUOTE 6** | **QUOTE 7** | **QUOTE 8** |
| KNOWLEDGE |  |  |  |  |  |  |  |  |
| JOB CONTROLS ANDCOMPLEXITY |  |  |  |  |  |  |  |  |
| CONTACTS |  |  |  |  |  |  |  |  |
| PHYSICAL ENVIRONMENT |  |  |  |  |  |  |  |  |

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| **NATIONAL COMPENSATION SURVEY - Work Schedule** |
|   | Schedule Number: |  |

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| Quote # | Work Schedule # | Description/occupation | Hours/day | Hours/week | Weeks/year | Type |
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For “Work Schedule #” note also if Alternate work schedule (Only needed for index schedules)

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