U.S. Department of Labor
Bureau of Labor Statistics

National Compensation Survey

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. #1220-0164 Expires 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)

Clearance obtained: ☐ Schedule (data) obtained: ☐
Company Name:
Address:
City/State/ZIP:

Remarks

COMPANY DATA

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

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)

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	

Remarks

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

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Bureau of Labor Statistics

National Compensation Survey
Leveling Form

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

U.S. Department of Labor
Bureau of Labor Statistics

National Compensation Survey
Leveling Form

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

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Bureau of Labor Statistics

National Compensation Survey
Leveling Form

NATIONAL COMPENSATION SURVEY - Leveling Schedule Number: _____

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTRACTS		
PHYSICAL ENVIRONMENT		

Remarks

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Leveling Form

NATIONAL COMPENSATION SURVEY – Base Leveling Supervisor Schedule Number: _____

Supervisor

1st ☐ 2nd ☐ 3rd ☐ Line Supervisor/Manager

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

Highest Level Non-Supervisory Subordinate Position _____

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

Remarks

U.S. Department of Labor
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National Compensation Survey
Leveling Form

NATIONAL COMPENSATION SURVEY – Leveling on Duties and Responsibilities of Supervisor

Schedule Number: _____

Supervisor

1st ☐ 2nd ☐ 3rd ☐ Line Supervisor/Manager

Quote: _____ Occupation: _____ _____

Establishment Grade: _____ SOC: _____

Establishment Rate Range: Establishment Job Title:

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

Remarks

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Leveling Form

NATIONAL COMPENSATION SURVEY – Leveling Summary Schedule Number: _____

Leveling Factors	QUOTE 1	QUOTE 2	QUOTE 3	QUOTE 4	QUOTE 5	QUOTE 6	QUOTE 7	QUOTE 8
KNOWLEDGE								
JOB CONTROLS AND COMPLEXITY								
CONTACTS								
PHYSICAL ENVIRONMENT								

Remarks

NATIONAL COMPENSATION SURVEY - Work Schedule

Schedule Number: _____

Quote #	Work Schedule #	Description/occupation	Hours/day	Hours/week	Weeks/year	Type

For “Work Schedule #” note also if Alternate work schedule (Only needed for index schedules)

Remarks