

U.S. Department of Labor
EARNINGS FORM (Private Industry)

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 04-30-2021

We estimate that it will take an average of 20 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.

QUOTE LIST

Schedule #: _____

| Quote # | Status | SOC Code # | Company Job Title and/or Job Code | FT/PT | T/I | U/N | Number of EE. |
|---------|--------|------------|-----------------------------------|-------|-----|-----|---------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

FT/PT = Full Time/Part Time; T/I = Time/Incentive; U/N = Union/Non-union; EE = Employees

National Compensation Survey – Earnings (Wages)

ESTABLISHMENT NAME: _____ SCHEDULE #: _____ Page _____ of _____

| LINE # | QUOTE # | IDENTIFICATION OF SURVEY OCCUPATIONS, ESTABLISHMENT JOBS, OR EMPLOYEES FOR WHOM WAGE INFORMATION IS BEING REPORTED ON EACH LINE | Reference Date: _____ | | | | | |
|--------|---------|---|----------------------------|----------|---------|-----|----------|-----------|
| | | | Source of wage data: _____ | | | | | |
| | | | # HOURS | EARNINGS | # WRKRS | USE | VAL CODE | HIRE DATE |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |

Use Codes:

- B = Base rate
- A = Add-on (\$ and cents)
- P = Percent (% of base rate)

Validation (VAL)Codes:

- BC, RC, NW, LOS, EW,
- TOP, BOT, and OTH

