National Compensation Survey Employment Cost Index Month Year Update

Schedule # - 999999

Respondent Name

{Wage only – Private industry}

Thank you for your assistance with the National Compensation Survey (NCS). Please supply current individual wages, including commissions and production bonus payments, for each worker currently in the listed occupations. Document any significant changes in numbers of workers or wages since your last report.

There are several reporting options available:

- Secure file transfer over the internet https://www.BLSCompdata.bls.gov
- Email to <u>BLSCompdata@bls.gov</u>
- Fax the completed form to 999-999-9999

Please correct name, title, or address, as needed.

Mail a printed report or the completed form

Data can be reported in any standard format, but be sure to include your schedule number, 999999, on any reports or emails. If you have any questions, please contact: XXXX XXXXXXX at 999-999-8888.

Prepared by: Name Title Telephone: Date Prepared:		Cor Cor Ado Ado	spondent Title mpany Name mpany Name : dress1 dress2 /, State Zip		
As entered by the regi	onal office				
inherent risks to the confidential those risks.	ality of those data. Further, you should be	ou should be aware that use of electronic tra aware that responsible electronic transmittal t and will take appropriate steps within its ab	l practices employe	d by the BLS cannot completely elin	
only and will hold the information and Statistical Efficiency Act (4 without your informed consent.	on in confidence to the full extent permitted by 4 U.S.C. 3572) and other applicable Federal la	gencies, will use the information you provide for solution. In accordance with the Confidential Information, your responses will not be disclosed in identication of 2015, Federal information systems are protected.	nation Protection ifiable form	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
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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.

NCS Form20 -9P (2020)

(NOTE: This is a computer-generated form that provides prior earnings data to, and requests updated earnings data from survey respondents)

Bureau of Labor Statistics National Compensation Survey		U.S. Department of Labor			Survey Area, State Schedule: XXXXXXX				
COMPANY XXX Locatio XX BIG STREET n: CITY, STATE ZIPXXX		Previous employment : XXX For payroll of: 9/12/18			Current employment: For payroll of://				
Quo te #	Title and description of selected occupations	Compa ny Job Code	Previous Data		Current Data				
				raight ime Earnings	Numb er of Work ers	Actu al Hour ly rate		raight- time Earnings	Number of workers
1	Asst. Research	XX1 2.	40. 00 40. 00	949.0 0 1023. 00	1	rute			_
2	Engineer Project III	XX2 3	40. 00 40. 00	2438. 00 2478. 00	1				
3	Engineer/ Specialist	XX4 4.	40. 00 40. 00 40. 00 40.	1129. 00 1136. 00 1190. 00 1206.	1 1 1				

40. 1213. 1 **00** 00 **40.** 1226. 1