

IDCF/E-Update

This application accessed through the IDCF Gatekeeper application that requires an account number and password to authenticate. This allows previously entered data to be displayed to the respondent when they enter the NCS E-Update application.

Welcome Page:

Government CIPSEA and OMB Statements



Thank you for your help with the National Compensation Survey's Employment Cost Index. This application allows you to:

- Review the information most recently provided by your establishment.
- Upload files with new earnings or benefit information.
- Note any changes to existing benefit plans.

We appreciate your continued assistance with this important program.

If you have any questions, please contact IDCF QCT at idcf_qct@bls.gov or 202-691-7351 .

Continue →

As a participant in a Bureau of Labor Statistics (BLS) statistical survey, you should be aware that use of electronic transmittal methods in reporting data to the BLS involves certain inherent risks to the confidentiality of those data. Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks.

The BLS is committed to the responsible treatment of the data you report and will take appropriate steps within its ability to protect the confidentiality of those data.

The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence. 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.

We estimate that it will take an average of 40 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.

Form Approved, O.M.B. #1220-0164, Expires

If you have questions or comments about the website, please send e-mail to: E-Update_Help@bls.gov | Version: 2.1

CIPSEA and OMB Statement

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- Note any changes to existing benefit plans.

We appreciate your continued assistance with this important program.

If you have any questions, please contact Dileep Soundararajan at Soundararajan_D@bls.gov or 2026917645 .

Package(s) assigned to you are shown in the table below. Please click the "Select" button by a package ID to continue

| | Package ID | Package Name |
|--------|------------|--------------------|
| Select | 692 | Sched# |
| Select | 99999999 | IDCF Test Schedule |

As a participant in a Bureau of Labor Statistics (BLS) statistical survey, you should be aware that use of electronic transmittal methods in reporting data to the BLS involves certain inherent risks to the confidentiality of those data. Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks.

The BLS is committed to the responsible treatment of the data you report and will take appropriate steps within its ability to protect the confidentiality of those data.

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.

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Data Entry Page:

Benefits

If you have any questions, please contact Dileep Soundararajan at Soundararajan_D@bls.gov or 2026917645 .

General Instructions:

1. Please review the information on each tab below.
2. Update each item as needed in the comment area provided.
3. If you are submitting a file or other document (with earnings or benefit data) please attach it using the "Upload File(s)" button.
4. When you have completed the survey, click the "Submit Completed Survey" button.
5. Test Instructions

Please use the respondent comment boxes to explain changes or corrections to the earnings and/or benefits data you provided.

[Upload File\(s\)](#) [Print](#) [Submit Completed Survey](#)

Benefits

[Save](#)

Work Schedule Date of Expected Change:

(Maximum characters: 1500)

Overtime Premium Pay Date of Expected Change:

(Maximum characters: 1500)

[Save](#)

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Earnings

BUREAU OF LABOR STATISTICS
National Compensation Survey

Home | Update Contact Information | Help | Logout

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General Instructions:

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2. Update each item as needed in the comment area provided.
3. If you are submitting a file or other document (with earnings or benefit data) please attach it using the "Upload File(s)" button.
4. When you have completed the survey, click the "Submit Completed Survey" button.
5. Test Instructions

Hi, Please use the respondent comment boxes to explain changes or corrections to the earnings and/or benefits data you provided.

Upload File(s) | Print | Submit Completed Survey

Earnings | Benefits

Earnings Save

Location

This report covers the following location:

Please enter the current employment for this location

Previous Employment: As of

Current Employment: As of

Please note any changes to the above information in the box below.

1442 characters remaining
(Maximum characters: 1500)

There are two options to provide current earnings information for each occupation:

- **Option 1:** Enter earnings into the table below and then click the "Save" button. Earnings from the *previous* quarter may be copied to the *current* quarter using the . This option is useful if there have been few changes since your last update. However, please ensure that the data are current by making any necessary changes.
- **Option 2:** If you prefer to submit a file (e.g., Microsoft Excel) please click the "Upload File(s)" button above and follow the instructions.

Note: A new earnings row will be added when you click on the "Add Row" button.

Are there any changes to benefits this quarter.

Save

If you have questions or comments about the website, please send e-mail to: E-Update_Help@bls.gov | Version: 2.1

Upload File(s):

BUREAU OF LABOR STATISTICS
National Compensation Survey

Help

Upload File(s)

1. Select Files to Send to BLS

Select the file you wish to send to BLS using the "Browse" button. Repeat the process if you are sending more than one file.

Select your file:

No file chosen

Attached Files:

2. Send Files

Once you have selected the file(s) you want to send to BLS, click the "Send" button to submit your data.

Note: if there are any files you do not wish to send, click the "Delete" button to the left of the file name.

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Update Contact Information:

BUREAU OF LABOR STATISTICS
National Compensation Survey

Home | Update Contact Information | Help | Logout

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General Instructions:
 1. Please review the information on this page.
 2. Update each item as needed in the appropriate field.
 3. If you are submitting a file or other document, please attach it to the survey.
 4. When you have completed the survey, click the "Submit" button.
 5. Test Instructions

Hi, Please use the respondent completion code to identify the respondent.

Earnings

Benefits

Sick Leave

Submit Completed Survey

Save

Department of Labor and benefits for (if employment cost compensation)

Save

Please complete the items below

Name and Address of Person Completing this Form (* Required Field)

* Your Name:

Your Job Title:

* Your Company Name:

* Address:

* City:

* State:

* Zip: Zip Ext:

* Email Address:

* Confirm Email:

* Telephone: Ext:

Fax:

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Confirmation/Thank You Page:

Thank You!

We appreciate your continued participation with BLS in the National Compensation Survey.
 Print a copy of the survey data

[Make additional changes](#)

[IDCF Home Page](#)

[NCS Home Page](#)

Here is a summary of data you provided:

Benefits tab has been updated. ✓

The following files have been attached: ✓

| File Name | Date Added |
|-----------------------------------|------------|
| web heavy language (002) (1).docx | 05-25-2017 |

If you have questions or comments about the website, please send e-mail to: E-Update_Help@bls.gov | Version: 2.1