



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, 31 United States Code §§ 1535/FAR 17.5 of the Economy Act. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

O.M.B. #1220-0189
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 (1220-0189), 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 GOVERNMENT
(Work level and scheduling)**

Start Time/End Time:

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: <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying	Title:
Telephone #:	E-mail:
FAX #:	Address: <input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> COC. <input type="checkbox"/> Mail forms to
# 2: <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying	Title:
Telephone #:	E-mail:
FAX #:	Address: <input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> COC. <input type="checkbox"/> Mail forms to
# 3: <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying	Title:
Telephone #:	Email:
FAX #:	Address: <input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> COC. <input type="checkbox"/> Mail forms to

COMPANY DATA

Establishment Information (current data)

Schedule #:

State:	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: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Name and Title of Official:
Date of Permission:	Permission on file at RO: <input type="checkbox"/> Yes, <input type="checkbox"/> No

Status

Establishment Status:	Remarks:
<input type="checkbox"/> Usable	
<input type="checkbox"/> Refusal	
<input type="checkbox"/> Out of business	
<input type="checkbox"/> Out of scope	
<input type="checkbox"/> No matching jobs	
<input type="checkbox"/> Duplicate	

SMG Notification

Reason:	Remarks:
<input type="checkbox"/> Ownership/NAICS change	
<input type="checkbox"/> Part of assigned unit	
<input type="checkbox"/> Collected unit larger than assigned	
<input type="checkbox"/> Employment +/- 20% of assigned	
<input type="checkbox"/> Employment up – business fluctuations	
<input type="checkbox"/> Sampled employment wrong	
<input type="checkbox"/> SMG chose establishment subsample	
<input type="checkbox"/> Overlap (set by system)	
<input type="checkbox"/> Other discrepancy	

**OCCUPATIONAL REQUIREMENTS 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

**OCCUPATIONAL REQUIREMENTS 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)

