



Report of Federal Employment and Wages - BLS 3021



Form Approved, O.M.B. No. 1220-0134
In Cooperation with the U.S. Department of Labor

STATE OF UTANA

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1 This report is authorized by law, 5 U.S.C. 8501-8509, and is required by each federal agency with employees covered by the UCFE program. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

2 FEDERAL AVIATION ADMINISTRATION
DIVISION OF INVESTIGATIONS
1234 CONSTITUTION AVE
SAN FRANCISCO CA 12345-6789

QUARTERLY REPORT INFORMATION

UCFE NUMBER : 1234567890
QUARTER ENDING : JUNE 30, 2022
DUE DATE : JULY 31, 2022

Please update address and contact information in the address block shown at the left.

3 WORKSITES **SEE INSTRUCTIONS ON THE BACK OF THIS PAGE**

OFFICE USE	WORKSITE NAME STREET ADDRESS (physical location) CITY, STATE, AND ZIP CODE WORKSITE DESCRIPTION (site name, base number, etc)	NUMBER OF EMPLOYEES (subject to UCFE laws) During the Pay Period Which Includes the 12th of the Month			QUARTERLY WAGES OF WORKSITE (on all payrolls) Round to the nearest dollar
		APR	MAY	JUN	
00001 000005 926120 001	FAA-DIVISION OF INVESTIGATIONS 3324 PALISADES PKWY PALISADES CA 12345-9876 FIELD OFFICE SITE 12345				.00
COMMENTS:					
00002 000025 926120 003	FAA-DIVISION OF INVESTIGATIONS 2234 PACIFIC ROAD, BUILDING 2 LOS ANGELES CA 12349 FIELD OFFICE SITE 54322				.00
COMMENTS:					
00003 000125 926120 005	FAA-DIVISION OF INVESTIGATIONS *** Address Unknown -- Please Provide ***				.00
COMMENTS:					
00004 000003 926120 007	FAA-DIVISION OF INVESTIGATIONS 123 MARIPOSA PKWY MARIPOSA CA 12347-2347 FIELD OFFICE SITE 71A				.00
COMMENTS:					
					.00
COMMENTS:					
					.00
COMMENTS:					
TOTALS					.00

CONTACT PERSON (for questions regarding this report). Please print.

NAME: _____ TITLE: _____

VOICE PHONE: (____) _____ Ext. _____ FAX NUMBER: (____) _____ DATE: _____

INSTRUCTIONS

DUE DATE: Please return this form or a computer-generated facsimile by **JULY 31, 2022**

Please follow these steps to prepare your Report of Federal Employment and Wages. Contact the Agency listed in Step 5 if you have any questions or if you need additional information.

1. Review the agency name, contact name, and mailing address and make any necessary corrections (Section 2).
2. The Worksites list (Section 3) shows the individual worksites (business locations) that appear in our files for this state. Please read across the row for each worksite and do the following:
 - **NAME/ADDRESS/DESCRIPTION:** Review the name and physical location address for each worksite and make any necessary corrections. Review the description below the physical location to be sure it uniquely identifies each worksite (site name, base number, etc.). If there is no printed description, please enter a unique identifier for the site.
 - **EMPLOYMENT:** Enter employment for each month of the quarter. Employment is the total number of full-time, part-time, and intermittent civilian employees who worked during or received pay **for the pay period which includes the 12th of the month**. Include all employees who were subject to Unemployment Compensation for Federal Employees (UCFE) and employees paid for various types of leave (annual, sick, etc.) taken **during the pay period including the 12th**.
 - **WAGES:** Enter wages paid during the quarter (on all payrolls) for each worksite. **Round wages to the nearest dollar.**
 - **COMMENTS:** Explain any large changes in employment or wages. Changes might result from layoffs, bonuses, seasonal increases or decreases, or similar events.
 - **CLOSED:** If a worksite has been closed, or is otherwise inactive, use the Comments section to show the date closed.
3. Is the list in Section 3 complete? That is, does the agency operate any worksites in this state that do not appear on the form, such as newly-opened worksites?

MISSING WORKSITES: Provide the following information for each additional worksite. You may use available blank lines or attach a separate page. If you are not sure how to report a worksite or employee, please call the office listed in Step 5 of these instructions.

- a. The agency name, street or physical location address (NO POST OFFICE BOXES), city, state, and zip code
- b. A unique description or identifier for each worksite (e.g., site name, base number, or similar description)
- c. The number of employees for each month of the quarter, and quarterly wages
- d. The county, township, city, independent city, or similar geographic area in which the worksite is located
- e. The main business activity at the worksite

In addition, if any of these worksites were transferred from another agency, please provide:

- f. The name of the agency that transferred the worksite
- g. The effective date of the transaction

4. Complete the Totals section at the end of the list. For each month, sum the number of employees at all worksites. Then sum the wages for the quarter at all worksites.
5. Using the enclosed envelope, return your completed form to:

UTANA DEPARTMENT OF LABOR AND INDUSTRY
 DIVISION OF RESEARCH AND STATISTICS - QCEW/UCFE REPORT
 12345 CENTER STREET, ROOM 200
 SOMECITY, UA 12345-9876
 PHONE: 1-123-321-4321 FAX: 123-321-4421 INTERNET: [htt](http://w.utana.dol.gov)

w.utana.dol.gov

GENERAL INFORMATION

PURPOSE OF THIS REPORT

This Report of Federal Employment and Wages (RFEW) collects employment and wages by individual work location in this State. Data from the RFEW enable our agency to monitor and analyze conditions of business activities by geographic area and industry in this State. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Compensation for Federal Employees program purposes, and other purposes in accordance with law.

PAPERWORK REDUCTION ACT STATEMENT

We estimate that this form will take from 10 minutes to 60 minutes to complete per response, with an average of 22 minutes. This includes 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 these estimates or any other aspect of this form, send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover, Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. The OMB control number for this survey is 1220-0134. Without a currently valid OMB control number, BLS would not be able to conduct this survey.