

National Compensation Survey Employment Cost Index Month Year Update

BIN - XXXXXXXX

{Index benefits summary only – Private industry}

Thank you for your assistance with the Employment Cost Index (ECI). Please supply individual wages, including commissions and production bonus payments, for each worker currently in the listed occupations within one week. Include scheduled changes effective before the reference date of Month 12, Year. Document any significant changes in numbers of workers or wages since your last report. We appreciate your continued assistance with this important program.

There are several reporting options available:

- Secure file transfer over the internet - <https://blscompdata.bls.gov/NCSLite/>
- Fax the completed form to 999-999-9999
- Email to BLSCompdata@bls.gov
- Mail a printed report or the completed form

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.

Data can be reported in any standard form, but be sure to include your BIN#, XXXXXXXX, on any reports or emails.

If you have any questions, please contact: Xxxxxx Xxxxxx at 999-999-8888.

Please correct name, title, or address as needed.

BIN - XXXXXXXX

Prepared by: _____

Title: _____

Telephone: _____

Date Prepared: _____

Respondent Name

Respondent Title

Company Name

Company Name

2

Address 1

Address 2

City, ST Zip

As entered by the regional office.

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.

Form Approved
O.M.B. #1220-0164
Expires XXXX/XXXX

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 at

COMPANY NAME

BIN xxxxxx

WK Work Schedule

Full Time: 8 hours a day, 40 hours a week, 52 weeks a year

1 Overtime Premium Pay

Non-exempt:
Premium 1.5x

Average Annual Hours:
Clerical: 88

2 Vacation

After 1 year - 1 week
After 2 years - 2 weeks
After 5 years - 3 weeks

Salespeople are paid based on their last 6 month average

2022 Expenditure: \$25,760 paid out for 6 salespeople
2023 Expenditure: _____
2023 Gross Payroll: _____

3 Holidays

Store is closed on Easter, Thanksgiving Day, and Christmas Day

Unpaid for Salespeople

Clerical & Warehouse receive 1.5x pay if they work on:
Memorial Day
Labor Day
4th of July

How many people in those two positions work on those holidays?

Notes / Changes

b-XXXXX
r-XXXXX
p-XXXXX
c-XXX
p2 / 2023

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

COMPANY NAME

BIN xxxxxx

Notes / Changes

b-XXXXX
r-XXXXX
p-XXXXX
c-XXX
p2 / 2023

3 Sick Leave

Unpaid for Salespeople

Clerical & Warehouse Supervisor receive 3 paid days and use all 3.

4 Other Leave

Can the employees use vacation for personal days?

07 Nonproduction Bonus

2023: \$250 Christmas bonus

10 Life Insurance

Eligible after 60 days

100% employer paid

\$30,000 flat amount

\$5.40 a month, per employee; 2024 Rate = \$_____/Month

Expected to change
12/2023

11 Health Insurance

Blue Cross Blue Shield, Elig after 60 days

Expected to change
3/2024

continued

COMPANY NAME

BIN xxxxxx

11 Health Insurance - continued

Monthly Premiums

	ER	EE
EE	397.79	24.50
EE+Child	184.27	397.79
EE+Spouse	292.40	397.79
Family	305.76	397.79

Dental and Vision are 100% employee paid

Which plan options are the employees in the selected positions participating?

23 Long Term Disability

Elig: 1 year
 Pays 66% of earnings
 \$5000 monthly maximum (\$100 min)
 100% employer paid

\$0.47 per \$100 of payroll per month; 2024 Rate = ____/\$100/Month

14 Defined Contribution Pension

401k eligibility is 1 year
 Employer matches 50% up to 5%

How much does each employee in the selected positions contribute?

21 Workers' Compensation

What is your worker's compensation rate? ____
 Premium Discount:_____
 Experience Modifier:_____

Notes / Changes

b-XXXXX
r-XXXXXX
p-XXXXX
c-XXX
p2 / 2023

Expected to change
3/2024

Expected to change
3/2024