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

BUREAU OF LABOR STATISTICS
National Compensation Survey

Help | Logout

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. at BLS_PRA_Public@bls.gov.

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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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

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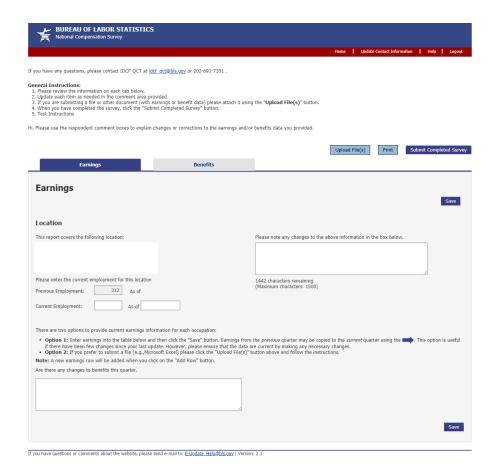
Data Entry Page:

Benefits

BUREAU OF LABOR STATISTICS
National Compensation Survey

Home | Update Contact Information | Help | Logout

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

Benefits

Save

Work Schedule　　　　　　　　　　　　　Date of Expected Change:

(Maximum characters: 1500)

Overtime Premium Pay　　　　　　　　　Date of Expected Change:

(Maximum characters: 1500)

Save

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

Earnings

Upload File(s):

Update Contact Information:

Confirmation/Thank You Page: