U.S. Department of Labor EARNINGS FORM (Government)

Bureau of Labor Statistics National Compensation Survey



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.

O.M.B. # 1220-0164 Expires 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 BLS PRA Public@bls.gov. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Schedule #:_

QUOTE LIST

Quote #	Status	SOC Code #	Company Job Title and/or Job Code	FT/ PT	T/ I	U/ N	Number of EE.
1							
2							
3							
4							
5							
6							
7							
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FT/PT = Full Time/Part Time; T/I = Time/Incentive; U/N = Union/Non-union; EE = Employees

NCS Form 24-2G (2024)

Remarks	

National Compensation Survey - Earnings (Wages)

		ISHMENT NAME:		HEDULE #:	Page		of	
		IDENTIFICATION OF SURVEY OCCUPATIONS,	Reference Date:					
		ESTABLISHMENT JOBS, OR EMPLOYEES FOR WHOM WAGE INFORMATION IS	Source of wage data:					
LINE	QUOTE	BEING REPORTED ON EACH LINE	# HOUR	FARMINGS	# WORKER	US	VAL COD	HIRE
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Use Codes: B = Base rate A = Add-on (\$ and cents)			Validation (VAL)Codes	BC, RC, NW, LOS, EW, TOP,				
				: , , , , , , , , ,	BOT, and OTH			
		P = Percent (% of base ra	ate)					

Remarks	
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