

# National Compensation Survey Employment Cost Index Month Year Update

BIN - XXXXXXXX

{Wage 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](mailto: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: \_\_\_\_\_

Respondent Name

Title: \_\_\_\_\_

Respondent Title

Telephone: \_\_\_\_\_

Company Name

Company Name 2

Date Prepared: \_\_\_\_\_

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. #1220-016  
Expires XX/XX/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](mailto: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.

**Bureau of Labor Statistics**

**U.S. Department of Labor**

**National Compensation Survey Schedule: xxxxxx**

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OMB No. 1220-0164  
Expiration date: 05/31/2024

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 (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.

Location: COMPANY NAME Secondary Name Address City, ST Zip	Previous employment: xx  Previous payroll date: xx/xx /xxxx	Current employment: _____  For payroll of: ____ / ____ / ____	b-XXXXXX r-XXXXXX s-XXXXXX p-XXXXXX c-XXX p2 / 2023
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Quote #	Title and description of selected occupations	Previous Data			Current Data			
		Straight-time		Number of Workers	Actual Hourly Rate	Straight-time		Number of Workers
		Hours	Earnings			Hours	Earnings	
1	<b>Salesperson</b> (full time, incentive, nonunion)							
	Job Code							
	Base earnings	80.00	900.00	1				
	Add-on	80.00	1,256.00					
	Base earnings	80.00	227.00	1				
	Add-on	80.00	1,211.00					
	Base earnings	73.00	457.00	1				
	Add-on	73.00	1,284.00					
	Base earnings	80.00	1,505.00	1				
	Add-on	80.00	1,215.00					
	Base earnings	75.00	0.00	1				
	Add-on	75.00	1,857.00					
2	<b>Clerical</b> (full time, time, nonunion)							
	Job Code							
		1.00	15.25	1				
		1.00	12.85	1				
3	<b>Warehouse Supervisor</b> (full time, time, nonunion)							
	Job Code							
		80.00	1,908.00	1				
		80.00	1,347.00	1				
		72.00	1,610.00	1				
		80.00	2,210.00	1				

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