

U.S. Department of Labor

Bureau of Labor Statistics
Local Area Unemployment Statistics Program
Request for Atypical or Exception Treatment



This report is authorized by law 29 U.S.C. 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 2 hours to complete this form. If you have any comments regarding these estimates, send them to the Bureau of Labor Statistics, Division of Local Area Unemployment Statistics (1220-0017), 2 Massachusetts Ave., NE, Washington, DC 20212

O.M.B. 1220-0017
Approval expires xx/xx/xxxx
Persons are not required to respond unless this form displays a currently valid OMB control number.

1. State

2. Area

3. Date

4. Nature of Request

Atypical Exception

5. Series Affected

Employment Unemployment

6. Time Period Affected

7. Estimating Problem and Recommended Action (Attach additional sheets and corroborative material as necessary.)

Submitted by: _____ Title: _____

8. BLS Action

Type of Request

Routine Requests Nonroutine

Action

Regional Office Approved

Regional Office Approved as Modified

Regional Office Disapproved

Name: _____ Title _____

National Office Reviewed and Approved

National Office Reviewed and Disapproved

Name: _____ Title _____

Comments

