



U.S. Department of Labor
 Bureau of Labor Statistics
 Data Collection Center
 dccaddress2
 dcccity2, dccst2 dcczip
 Phone: dccphone Fax: faxphone



September 13, 2024

Attn: Payroll Manager
 Con_Firm2
 Con_Address2
 Con_City2, Con_State2 Con_Zipcode2

Dear Payroll Manager:

Thank you for providing your employment data to the Current Employment Statistics program. Enclosed is your **FAX Report Form**. Please fill out the form **only** for the pay period which includes **the 12th of the month** and fax it to the fax number provided by [duedate2](#).

Your response to this report is kept confidential and is used to generate monthly estimates of employment levels and changes, average hourly earnings, and average weekly hours. It also contributes to other statistics including state and local unemployment rates, productivity measures, and the gross domestic product (GDP). Be sure to watch for the release of the national employment situation report on the first Friday of each month. **Your data are included in this important release.**

If any of the information pre-printed on this form is incorrect, or if you have any questions, please contact us at [dccphone2](#).

Sincerely,
 signature
 dccntct2
 Data Collection Center Manager

This report is authorized by law 29 U.S.C.2. We request your cooperation to make the results of this survey comprehensive, accurate, and timely. 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.

Please note this report is mandatory in California, under Title 22 CCR § 320.5-1; in New Mexico, under NMAC 11.3.400.428; in Oregon, under the Oregon Revised Statute 657.660; in South Carolina, under Section 41-29-120 of the Code of Laws of South Carolina (for firms employing more than twenty individuals); and in Puerto Rico, under State Law 15, Sections 5, 6 and 15, amended and approved on April 14, 1931.

We estimate that it will take an average of 10 minutes to complete this form each month including time to review instructions, search existing data sources, gather and maintain the necessary data, and complete and review this information. If you have any comments regarding these estimates or any other aspects of this survey, send them to the Bureau of Labor Statistics, Division of Current Employment Statistics (1220-0011), 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. Form Approved OMB No. 1220-0011.

► Our records show the following information for your firm:

MP MF INT

Con_Firm
 Con_Address
 September 2023

Contact: Attn: Payroll Manager2
 Tel: con_tel Ext: con_ext

Fax790G.dot

Con_City, Con_State Con_Zipcode

Fax: con_fax

Please fax report to: faxphone2

► **Definitions for the Questions on the Next Page**

Column 1 **EMPLOYEE COUNT**

Enter the total number of persons who worked or received pay for any part of the pay period including the 12th of the month.

Include:

- Elected or appointed officials
- Full-time or part-time employees
- Trainees
- Employees on paid vacation
- Employees on paid sick leave
- Employees on other paid leave
- Employees on active duty, if receiving pay from employer

Exclude:

- Institution inmates
- Outside contractors and their employees
- Pensioners
- Employees on active duty, if **not** receiving pay from employer
- Employees on leave without pay the entire pay period
- Employees on strike the entire pay period
- Employees of State and Local school systems

Column 2 **WOMEN EMPLOYEE COUNT**

Enter the number of employees in column 1 who are women.

MP MF INT

Each month report your payroll information for the pay period that includes the 12th of the month. For questions refer to page 2 for the **Column** definitions or call dccphone3.

Reference Month/Year: mon1 year1	1 Employee Count	2 Women Employee Count
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We will send you another form for reporting next month.

Please keep this form to use when the Data Collection Specialist calls you to complete the survey. Thank You!