												B No. 3206-0036 B approval expires Nov	v 30, 2024
The public reporting burden to completing and reviewing the expiration date. Send comme alex.dcpas.mbx.wage@mail.u enter either the title of the col	mil. Current info	formation regar Data Collection	arding this collecti on Form) or the C	tion of information – incl OMB Control Number (3	cluding all 3206-0036	background 6)	id materials	s can be found at https:/wv	ww.reginfo.gov/pi	ublic/do/PRAMain by usir	ig the da OMB co l: dodhi ng the इ	ata needed, and the ontrol number and ra.mc- search function to	
1. ESTABLISHMENT NAME						YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. 2. WAGE AREA					3. DATE OF CONTACT (YYMMDD)		
4a. ESTABLISHMENT JOB TITLE						b. UNION AFFILIATION			<b>c</b> .	c. ESTABLISHMENT GRADE			
5. SURVEY JOB TIT	LE					<u>ı                                    </u>			I				
6. AREA CODE	7. ESTA	BLISHME	8. JOB NUMBER		9. FOF	RMAL	10. JOB RATE R	ANGE			11. NUMBER	₹ OF	
	CODE				RATE RANGE Y or N		MINIMUM		MAXIMUM		ESTABLISHED STEP RATES		
12. ESTABLISHED 13. STEP RATES			В МАТСН	14. NUMBER OF EMPLOYEES				TRAIGHT TIME OURLY RATE	16	16. GUARANTEED MINIMUM		17. INCENTI RATE	IVE
	Y = YES N = NO		18. COST OF LIVIN ALLOWANCE (COLA)		G 19. BC			20.	20. LUMP SUM		21. JOB SUB NUMBER		
											I		
22. DESCRIPTION			ТЈОВ										
23. DO ABOVE RATES INCLUDE						REMARK	S						
		N or Y	AN	MOUNT									
COLA		<u> </u>											
BONUS		$\square'$											
LUMP SUM		<u> </u>											
SHIFT PA													
OTHER ADD-ON (Explain)													
25. SIGNATURE					26. SIGNATURE						PAGE OF	PAGES	