

FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

OMB No. 3206-0036
OMB approval expires Nov 30, 2024

The public reporting burden to complete this information collection is estimated at 1.5 hours per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to the Department of Defense, ATTN: dodhra.mc-alex.dcpas.mbx.wage@mail.mil. Current information regarding this collection of information -- including all background materials -- can be found at <https://www.reginfo.gov/public/do/PRAMain> by using the search function to enter either the title of the collection (Establishment Information Form) or the OMB Control Number (3206-0036)

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. ESTABLISHMENT NAME AND ADDRESS <i>(Include Apartment or Suite Number and 9-digit ZIP Code)</i>				2. WAGE AREA									
				3. DATE OF CONTACT (YYMMDD)		4. TELEPHONE NUMBER <i>(Include Area Code and Extension)</i> FAX							
5. NAME AND TITLE OF PERSON(S) INTERVIEWED				6. PRODUCT OR SERVICE OF ESTABLISHMENT									
				a. MAJOR INDUSTRY									
				b. SPECIFIC PRODUCTS OR SERVICES									
7. AREA CODE		8. ESTABLISHMENT CODE		9. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE		10. ESTABLISHMENT WEIGHT							
11. TOTAL NUMBER EMPLOYEES IN ESTABLISHMENT		12. TOTAL NUMBER BLUE-COLLAR EMPLOYEES SAMPS:		13. OVERTIME PAY PROVISIONS									
				DAILY		WEEKLY		SUNDAY	HOLIDAY				
				RATE	HOURS	RATE	HOURS	RATE	RATE				
14. NUMBER OF HOURS IN NORMAL WORKWEEK		15. MONTH GENERAL WAGE ADJUSTMENTS ARE NORMALLY EFFECTIVE 99 = NO SET MONTH 1 = JANUARY ETC.		16. CONTRACT OBTAINED <i>(X one)</i> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> Y = Yes N = No R = Rate Sheet		17. NON-PAR CODE							
18. GENERAL WAGE ADJUSTMENTS				19. ADDITIONAL PAY ELEMENTS <i>(Explain in Remarks)</i>									
a. DATE (YYMMDD)		b. AMOUNT		c. INCREASE/DECREASE <i>(Enter I or D)</i>		d. INCLUDED IN RATES <i>(Enter Y or N)</i>		a. BONUS		b. LUMP SUM		c. INCENTIVE	
				20. COST OF LIVING ALLOWANCE (COLA)									
				a. COLA FORMULA = 1 CENT									
				b. BASE PERIOD () 1967 = 100 () 1982-84 = 100		d. PAY ON		e. USING CONSUMER PRICE INDEX (CPI) FOR					
				c. INDEX () CPI - U () CPI - W									
21. COLA TIED DIRECTLY TO CPI		b. DATE AND AMOUNT OF ADJUSTMENTS						c. FOLD-IN		d. CARRY-OVER			
Y or N	a. TOTAL AMOUNT BEING PAID	DATE											
		AMOUNT											
22. REMARKS													
P.O. Box:		City:				State:		Zip Code:		Zip + 4:		Prior Est Code	
Mailing Address:													
23. PRINTED NAME AND SIGNATURE						24. PRINTED NAME AND SIGNATURE							
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