U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



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, 31 United States Code §§ 1535/FAR 17.5 of the Economy Act. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.	O.M.B. #1220-0189
We estimate that it will take an average of 34 minutes to complete this form, includi sources, gathering and maintaining the data needed, and completing and reviewing the estimate or any other aspect of this survey, including suggestions for reducing this burde of Compensation and Working Conditions (1220-0189), 2 Massachusetts Avenue N.E., to the collection of information unless it displays a currently valid OMB control number	his information. If you have any con- en, please send them to the Bureau of I , Washington, D.C. 20212. You are r	mments regarding this Labor Statistics, Office
ESTABLISHMENT COLLECTION FORM (Work level and sc	-	USTRY
Start Time/End Time:		
Address # 1. Physical Address Personal Visit Address Schedule Number(#):	Mailing Address	
Company Name:		
Secondary Name (Doing Business As):		
Address:		
City/State/ZIP:		
Address # 2.	Mailing Address	
Company Name:		
Secondary Name (Doing Business As):		
Address:		
City/State/ZIP:		
Establishment Officials (Contact List)		
# 1: Authorizing Supplying	Title:	
Telephone #: E-mail: FAX #: Address:		all farmers to

Central Office Clearance (Complete if clearance and/or data obtained from this source)

Clearance obtained: Schedule (data) obtained:
Company Name:
Address:
City/State/ZIP:

Remarks

COMPANY DATA

Establishment Information (current data)	Schedule #:	
State:	Sample Number:	
Assigned Employment:	Total Employment:	
NAICS:		
Establishment Description:		
Product Description:		

Collection Information

Field Economist:	Method of Collection:
Collection Date:	Payroll Reference Date:

Data obtained electronically

Document obtained (Secondary data source)

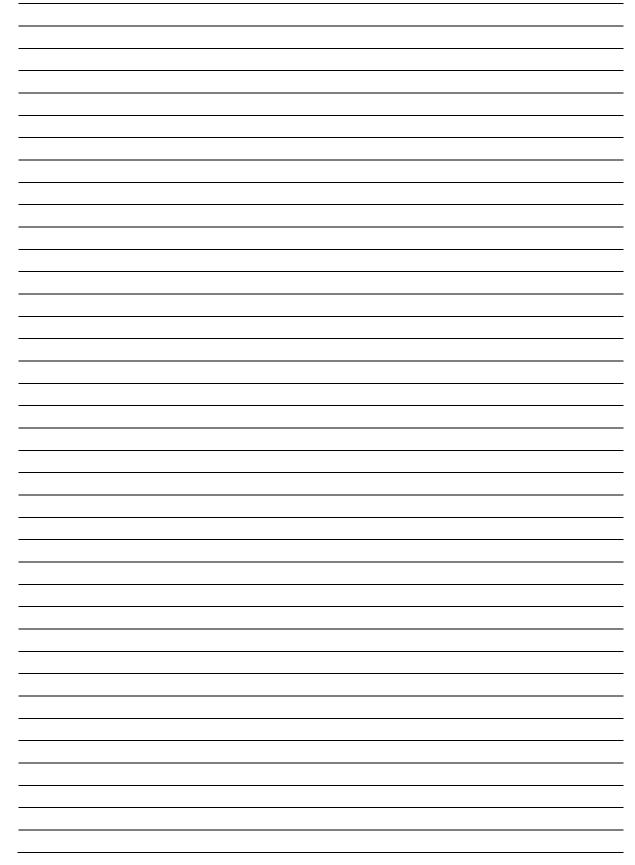
Written Permission: 🗌 Yes, 🗌 No	Name and Title of Official:
Date of Permission:	Permission on file at RO: 🗌 Yes, 🗌 No

Status (IDC Wage)

Establishment Status:	Remarks:
Usable	
Refusal	
Out of business	
Out of scope	
No matching jobs	
Duplicate	

SMG Notification

Reason:	Remarks:
Ownership/NAICS change	
Part of assigned unit	
Collected unit larger than assigned	
Employment +/- 20% of assigned	
Employment up – business fluctuations	
Sampled employment wrong	
SMG chose establishment subsample	
Overlap (set by system)	
Other discrepancy	



OCCUPATIONAL REQUIREMENTS SURVEY - Work Schedule

Schedule Number:

Quote #	Work Schedule #	Description/occupation	Hours/day	Hours/week	Weeks/year	Туре

For "Work Schedule #" note also if Alternate work schedule (Only needed for index schedules)

Remarks

