

U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



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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, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0189), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

ESTABLISHMENT COLLECTION FORM FOR PRIVATE INDUSTRY (Work level and schedule)

Start Time/End Time:

Address # 1.

☐ Physical Address ☐ Personal Visit Address ☐ Mailing Address

Schedule Number(#):

Company Name:

Secondary Name (Doing Business As):

Address:

City/State/ZIP:

Address # 2.

☐ Physical Address ☐ Personal Visit Address ☐ Mailing Address

Company Name:

Secondary Name (Doing Business As):

Address:

City/State/ZIP:

Establishment Officials (Contact List)

# 1: <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying	Title:
Telephone #:	E-mail:
FAX #:	Address: <input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> COC. <input type="checkbox"/> Mail forms to
# 2: <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying	Title:
Telephone #:	E-mail:
FAX #:	Address: <input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> COC. <input type="checkbox"/> Mail forms to
# 3: <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying	Title:
Telephone #:	Email:
FAX #:	Address: <input type="checkbox"/> 1, <input type="checkbox"/> 2, or <input type="checkbox"/> COC. <input type="checkbox"/> Mail forms to

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

Clearance obtained: <input type="checkbox"/>	Schedule (data) obtained: <input type="checkbox"/>
Company Name:	
Address:	
City/State/ZIP:	

Remarks

[illegible]

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: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Name and Title of Official:
Date of Permission:	Permission on file at RO: <input type="checkbox"/> Yes, <input type="checkbox"/> No

Status (IDC Wage)

Establishment Status:	Remarks:
<input type="checkbox"/> Usable	
<input type="checkbox"/> Refusal	
<input type="checkbox"/> Out of business	
<input type="checkbox"/> Out of scope	
<input type="checkbox"/> No matching jobs	
<input type="checkbox"/> Duplicate	

SMG Notification

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

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

OCCUPATIONAL REQUIREMENTS SURVEY -
Work Schedule

Schedule Number: _____

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

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

Remarks

[illegible]