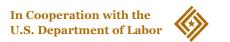
OCCUPATIONAL EMPLOYMENT REPORT (uuuuuu)

Email address:



Form Approved O.M.B. No. 1220-0042 Rev. April 2018

What this report is about: This form asks for information about the occupations and wage ranges of the employees described in Item 3 below. Please complete Items 1 through 5 on this page. Next, please provide the information requested for the employees who worked during or received pay for the pay period that included the reference date in Item 3, printed directly above your establishment name. The instructions on page 2 explain how to provide the information. Please see our website at https://www.bls.gov/OES for more information on the OES Program, including a display of national, state, and metropolitan area employment and wage estimates by occupation. Which of the following options describes the status of the location(s) in Item 3 as of the reference date (also printed in Item 3)? Operating: Go to Item 2. Temporarily closed during the pay period that included the reference date: Report data only for employees paid for work during the reference period. If no employees worked for pay, report "0" in section 4 of this page and return the form in the reply envelope provided. Permanently out of business as of : New Name: \_\_\_\_\_ Return the form in the reply envelope provided. New Address: Sold or merged: Enter the new name and address in the box to the right, then go to Item 2. Our records show that your main products or services are 3 This form asks for information about the employees described related to those listed below. If they are not, please list your below. Our estimate of employment for these employees appears main products or services in the lower box and continue with the at the top right corner of the label. Please make any needed rest of the report. address corrections in the lower box. Include How many employees, both full- and part-time, worked **Exclude** at this location(s) during the pay period that included the Contractors and temporary Full- or part-time paid reference date printed in Item 3? agency employees not on your workers payroll Enter the number here: Workers on paid leave · Unpaid family workers Workers assigned · Workers on unpaid leave temporarily to other units Do all employees reported above work at one location? · Owners, proprietors, and Incorporated firms – paid partners of unincorporated firms owners, officers, and staff lYes · Workers not covered by No - Enter number of locations: unemployment insurance Please tell us who to contact if we have questions about your data. Name: FOR OFFICE USE Ext. Date: **ONLY** Telephone:

# **Instructions for Reporting by Occupation**

- Report employees in the occupations in which they are working, **not** in occupations for which they have been trained. For example: An employee trained as an engineer, but working as a drafter, should be reported as a drafter.
- Report each employee only once in the occupation that requires the highest level of skill if the employee performs work in two or more occupations. If there is no measurable difference in skill requirements, report employees in the occupation in which they spend the **most** time.
- Please provide a description of duties along with the job titles to help us determine where to place employees. Do not report job titles alone.
- Report apprentices and trainees in the job for which they are being trained. Report helpers separately because they are not in training for the occupation they are helping.
- Report part-time workers in the job they perform.
- Professionals who directly supervise other workers in professional occupations should be classified in the same occupation as the workers they supervise. For example, a drafter that supervises other drafters is classified as a drafter.
- · Workers in Service, Sales, Office and Administrative, Forestry and Farming, Production, Maintenance, and Transportation occupations who spend 80 percent or more of their time performing supervisory duties should be reported as supervisors. Workers with supervisory duties who spend less than 80 percent of their time supervising should be reported with the workers they supervise.

## Instructions for Reporting Wage Information

### For all employees:

- Please use the hourly and annual wage rate categories to report employees. If wages are not recorded by hour or year (bi-weekly, or monthly for example), convert them into an hourly wage rate.
- For part-time workers, please report the specific hourly wage rate, not an average.
- For tip, commission, and piece-rate workers, please estimate the earnings (base pay plus tips, commissions, or piece rates), and report the appropriate wage.
- For salaried workers who do not work a standard 2080 hours per year (40 hours per week), please report wages on an hourly basis. For workers who are paid an annual salary by contract, such as airline pilots, report their annual salary.
- Include and/or exclude from pay as follows:

- Base rate
- Commissions
- Tips
- Deadheading pay
- Guaranteed pay
- Hazard pay
- Incentive pay
- Longevity pay
- Piece rate
- Portal-to-portal rate
- Production bonus
- Cost-of-living allowance

### Include as pay: Exclude as pay:

- Attendance bonus
   Overtime pay
- Back pay
- Draw
- Holiday bonus
- Jury duty pay
- Lodging payments
- Meal payments
- Nonproduction bonus
   Weekend pay
- On-call pay

- Perquisites
- · Profit sharing payment
- Relocation allowance
- Holiday premium pay
   Tuition repayments
  - Severance pay
  - Shift differential
  - Stock bonuses
- Merchandise discounts
   Tool allowance

  - Uniform allowance

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 of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent, except in the case of state and local governments. The BLS publishes statistical tabulations from this report that may reveal the information reported by state and local governments. Upon request, however, the BLS will hold the information provided by state and local governments on this report in confidence. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

We estimate that the time required to complete this report will vary from 10 minutes to 2 hours, depending on factors such as the size of the establishment. This includes 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 these estimates or any other aspects of this report, including suggestions for reducing this burden, send them to the U.S. Bureau of Labor Statistics, Division of Occupational Employment Statistics (1220-0042), 2 Massachusetts Ave NE, Suite 2135, Washington, DC 20212. This report is authorized by law, 29 U.S.C. §2. We request your cooperation to make the results of this report comprehensive, accurate, and timely. You do not have to complete this questionnaire if it does not display a currently valid OMB control number. Form Approved, O.M.B. No. 1220-0042.

6 If returning via fax, e	enter the 10 digi	t Sche	dule Nu	mber (f	ound or	n the thi	rd line o	of the ad	ddress I	abel in I	tem 3):		_	$\neg$		
Please use the follo short description of occupation. Refer to space is needed to	duties, the nur the detailed in	nber of	emplo ons on	yees fo how to	und in e	each wa	age coluupation	umn, ar and ho	nd the to w to de	otal emp termine	loymen	t for eac	h			
		NUMBER OF EMPLOYEES IN SELECTED WAGE RANGES (Report Part-time Workers According to an Hourly Rate)														
OCCUPATIONAL TITLE AND		Α	В	С	D	Е	F	G	Н	I	J	K	L	Т		
<b>DESCRIPTION OF</b>	Hourly (part- time or full-time)	under \$9.25	\$9.25 - 11.74	\$11.75 - 14.74	\$14.75 - 18.74	\$18.75 - 23.99	\$24.00 - 30.24	\$30.25 - 38.49	\$38.50 - 48.99	\$49.00 - 61.99	\$62.00 - 78.74	\$78.75 - 99.99	\$100.00 and over			
DUTIES	Annual Salary (full-time only)	under \$19,240	\$19,240 - 24,439	\$24,440 - 30,679	\$30,680 - 38,999	\$39,000 - 49,919	\$49,920 - 62,919	\$62,920 - 80,079			\$128,960 - 163,799			Total		
EXAMPLE:																
Registered Nurses (RN)-		Α	В	С	D	Е	F	G	Н	- 1	J	K	L	Т		
Provide nursing care to sick or injured patients.							2	4	1					7		
		Α	В	С	D	Е	F	G	Н	1	J	K	L	Т		
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		Α	В	С	D	Е	F	G	Н	- 1	J	K	L	Т		
		Α	В	С	D	Е	F	G	Н	I	J	K	L	Т		
		Α	В	С	D	Е	F	G	Н	I	J	K	L	Т		
	-	Α	В	С	D	Е	F	G	Н	- I	J	K	L	Т		
		Α	В	С	D	Е	F	G	Н	- 1	J	K	L	Т		

8 If returning via fax, 6	enter the 10 digi	t Sched	dule Nu	mber (f	ound or	n the thi	ird line d	of the a	ddress I	abel in l	tem 3):				
<del></del>														_	
	NUMBER OF EMPLOYEES IN SELECTED WAGE RANGES														
OCCUPATIONAL		(Report Part-time Workers According to an Hourly Rate)  A B C D E F G H I J K L T													
TITLE AND	Hourly (part-	<b>A</b> under	<b>B</b> \$9.25 -	<b>C</b> \$11.75 -	<b>D</b> \$14.75 -	<b>E</b> \$18.75 -	<b>F</b> \$24.00 -	<b>G</b> \$30.25 -	<b>H</b> \$38.50 -	<b>I</b> \$49.00 -	<b>J</b> \$62.00 -	<b>K</b> \$78.75 -	<b>L</b> \$100.00	- 1	
DESCRIPTION OF	time or full-time)	\$9.25	11.74	14.74	18.74	23.99	30.24	38.49	48.99	61.99	78.74	99.99	and over	Total	
DUTIES	Annual Salary (full-time only)			\$24,440 - 30,679	\$30,680 - 38,999			\$62,920 - 80,079	\$80,080 -101,919	\$101,920 - 128,959	\$128,960 - 163,799	\$163,800 - 207,999	\$208,000 and over	Total	
		Α	В	С	D	Е	F	G	Н	- I	J	K	L	Т	
				-							-				
		Α	В	С	D	Е	F	G	Н	- 1	J	K	L	Т	
	•	Α	В	С	D	Е	F	G	Н	1	J	К	L	Т	
		Α	В	С	D	Е	F	G	Н	I	J	K	L	Т	
		Α	В	С	D	Е	F	G	Н	T	J	K	L	Т	
		Α	В	С	D	Е	F	G	Н	T	J	K	L	Т	
		Α	В	С	D	Е	F	G	Н	- I	J	K	L	Т	
FOR FIPS Code	Schedule Number	NAICS	S Code	Unit Total Employment Reviewed By				wed By	Date R	eviewed		Т			
OFFICE USE ONLY											Total				