

U.S. Department of Labor EARNINGS FORM (Private Industry)

Bureau of Labor Statistics National Compensation 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 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.

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

O.M.B. # 1220-0164
Expires 4/30/15

We estimate that it will take an average of 20 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 (1220-0164), 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.

QUOTE LIST

Schedule #: _____

Quote #	Status	SOC Code #	Company Job Title and/or Job Code	FT/PT	T/I	U/N	Number of EE.
1							
2							
3							
4							
5							
6							
7							
8							

FT/PT = Full Time/Part Time; T/I = Time/Incentive; U/N = Union/Non-union; EE = Employees

NCS Form 12-2P (September 2012)

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 guide for writing. There are no margins, text, or other markings on the paper.

National Compensation Survey – Earnings (Wages)

ESTABLISHMENT NAME: _____			SCHEDULE #: _____		Page _____ of _____			
LINE #	QUOTE #	IDENTIFICATION OF SURVEY OCCUPATIONS, ESTABLISHMENT JOBS, OR EMPLOYEES FOR WHOM WAGE INFORMATION IS BEING REPORTED ON EACH LINE	Reference Date: _____					
			Source of wage data: _____					
			# HOURS	EARNINGS	# WRKRS	USE	VAL CODE	HIRE DATE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Use Codes:

B = Base rate

A = Add-on (\$ and cents)

P = Percent (% of base rate)

Validation (VAL) Codes:

BC, RC, NW, LOS, EW,
TOP, BOT, and OTH

Remarks

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or school paper. There are no margins, text, or other markings present.