

Establishment and Quote Checklist

National Compensation Survey (NCS)

OMB Control No. 1220-0164
Form Expiration: XX/XX/XXXX

U.S. Department of Labor, Bureau of Labor Statistics (BLS)

Schedule Number:

Establishment Name:

Secondary Name:

Establishment Address 1: Physical Mailing Personal Visit

Establishment Address 2: Physical Mailing Personal Visit

Establishment Address 3: Physical Mailing Personal Visit

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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. The BLS estimates that it will take an average of 74 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 BLS, Office of Compensation and Working Conditions at BLS_PRA_Public@bls.gov. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NCS EQ 26-1



RESPONDENT CONTACT INFORMATION

Name 1:

Authorizer

Supplier

Title:

Mailing Address:

Telephone:

FAX:

Email:

Name 2:

Authorizer

Supplier

Title:

Mailing Address:

Telephone:

FAX:

Email:

ESTABLISHMENT DETAILS

Business Type:

Part of Corporation

Standalone

Profit Status:

Profit

Non-Profit

Industry (NAICS Classification):

Total Employment:

PSO Employment:

Collection Date:

QUOTE DETAILS

Job Title:

Time

Incentive

Union

Non-Union

Full-time

Part-time

Job Description:

Occupational Code:

Job Grade/Code:

Work Schedule:

hours/day

hours/week

weeks/year

Supervisory Status:

Lead Worker

First Line

Second Line

Third Line

Highest Level Non-Supervisory Subordinate Position:

Work Level Details:

Knowledge

Job Controls and Complexity

Contacts

Physical Environment

