



This report is authorized by law 29 U.S.C. 2. We request your cooperation to make the results of this survey comprehensive, accurate, and timely. The Bureau of Labor Statistics and the State agencies will use this information for statistical purposes only and will hold it in confidence to the full extent permitted by law. Please note this report is mandatory in California, under Section 320.5 of the Unemployment Insurance Code and Section 320.5.1 through 320.5-28, Title 22 of the California State Administrative Code; in North Carolina, under Section 96-4(g) (I) of the North Carolina Employment Security Law; in Oregon under the Oregon Revised Statute 657.660; in Washington, under the Revised Code of Washington sections 50.12.010, 50.12.070, and 50.12.180; and in South Carolina, under Section 41-29-120 of the Code of Laws of South Carolina (for firms employing more than twenty individuals). **Form Approved OMB No. 1220-0011.**

We estimate that it will take an average of 7 minutes to complete this form each month 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 these estimates or any other aspects of this survey, send them to the Bureau of Labor Statistics, Division of Current Employment Statistics (1220-0011), 2 Massachusetts Avenue, NE, Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number.

**Purpose:** These data are used to generate estimates of employment, hours, and earnings for the nation, States, and areas. For more information on these important economic indicators, visit [www.bls.gov/ces/home.htm](http://www.bls.gov/ces/home.htm), contact BLS, or your State Employment Security Agency.

## Definitions and Instructions for Completing this Form

**Common Reporting Adjustments:** *Please pay special attention to items marked with an asterisk (\*)*

**Reference Period:** Complete this form for the pay period checked in Part B that **includes the 12<sup>th</sup> day of the month**. If you have a weekly pay period and the 12<sup>th</sup> falls on a Saturday, report for the week of the 6<sup>th</sup>-12<sup>th</sup>; if the 12<sup>th</sup> falls on a Sunday report for the week of the 12<sup>th</sup>-18<sup>th</sup>. Report payroll and hours for the entire pay period, regardless of its length.

**Column [1] All Employees:** Enter the **total number of persons who worked or received pay** for any part of the pay period including the 12<sup>th</sup> of the month.

**Include:**

- Full- or part-time employees
- Salaried officials of corporations \*
- Executives and their staff \*
- Persons on paid vacation \*
- Persons on paid sick leave \*
- Persons on other paid leave
- Trainees

**Exclude:**

- Proprietors, owners, or partners of unincorporated firms
- Pensioners
- Unpaid family members
- Persons on strike the entire pay period
- Persons on leave without pay the entire pay period \*
- Armed forces personnel on active duty the entire pay period
- Non-office real estate sales agents working solely for commissions
- Outside contractors and their employees

**Column [2] Women Employees:** Enter the number of employees from Column 1 who are women.

**Column [3] Nonsupervisory Employees:** Enter the number of employees from Column 1 who are nonsupervisory employees. "Nonsupervisory employees" includes **every employee except those whose major responsibility is to supervise, plan, or direct the work of others**

**Exclude:**

- Officers, department heads, managers, executives, superintendents

**Column [4] Nonsupervisory Employee Payroll:** Enter the total **gross pay earned** (excluding commissions) during the entire pay period checked in Part B **for all nonsupervisory employees** in Column 3.

**Report pay before employee deductions for:**

- |  |  |  |   |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>• FICA (Social Security)</li> <li>• Unemployment insurance</li> </ul> | <ul style="list-style-type: none"> <li>• Health insurance</li> <li>• Pensions</li> </ul> | <ul style="list-style-type: none"> <li>• Pay deferral plans such as 401K plans</li> <li>• Taxes</li> </ul> | <ul style="list-style-type: none"> <li>• Bonds</li> <li>• Union dues</li> </ul> |
|--|--|--|---|

**Include:**

- Bonuses paid each pay period \*
- Overtime
- Holidays, vacation, or sick leave
- Other paid leave
- Drawing accounts
- Basic guarantees
- Incentive pay

**Exclude:**

- Bonuses not paid each pay period \*
- Lump sum payments \*
- Retroactive pay \*
- Payments-in-kind
- Travel expenses
- Annual pay for unused leave
- Pay advances, such as vacation pay advances
- Tips
- Commissions (report in Column 5 only)

**Column [5] Commissions of Nonsupervisory Employees:** Enter commissions paid to all nonsupervisory employees in Column 3 during the entire commission period checked in Part C. If your commissions for the current month are not available at the same time as your base payroll, please report commissions for the most recent period for which they are available. If no commissions are paid, check the appropriate box in Part C and leave Column 5 blank.

**Exclude:**

- Base pay, drawing accounts, or basic guarantees

**Column [6] Nonsupervisory Employee Hours:** Enter the **total number of hours paid** during the entire pay period checked in Part B **for all nonsupervisory employees** in Column 3. Do not convert overtime or other premium hours to straight-time equivalent hours.

**Include:**

- Overtime
- Stand-by or reporting time
- Hours not worked, but for which pay was received (holidays, vacations, sick leave, etc.)

**Column [7] Comment Code:** Please enter a comment code, found in Part E, to explain any large changes in your data. (Note: a change of 25% or more in any data element should be considered "large.")

**Current Employment Statistics Report Form**

**U.S. Department of Labor**

<b>Report Number:</b>  <b>Industry Code :</b>	
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**A.** This report is for: If this is incorrect, please contact us.  
 location:

**B.** Nonsupervisory employees are paid:  each week  every 2 weeks  twice a month  once a month

**C.** Nonsupervisory employees are paid commissions:  each week  every 2 weeks  twice a month  
 once a month  no commissions are paid

**D.** Please complete columns 1-7 for the single pay period checked above which includes the 12th of the month.

Reference Period	[1] All Employees	[2] Women Employees	[3] Nonsupervisory Employees	[4] Nonsupervisory Employees Payroll OMIT CENTS	[5] Commissions of Nonsupervisory Employees OMIT CENTS	[6] Nonsupervisory Employees Hours ROUND TO THE NEAREST HOUR	[7] Comment Code (see Part E)
12=DEC				\$	\$		
01=JAN				\$	\$		
02=FEB				\$	\$		
03=MAR				\$	\$		
04=APR				\$	\$		
05=MAY				\$	\$		
06=JUN				\$	\$		
07=JUL				\$	\$		
08=AUG				\$	\$		
09=SEP				\$	\$		
10=OCT				\$	\$		
11=NOV				\$	\$		
12=DEC				\$	\$		

**E. Comment Codes:** Select one of the following codes to explain large changes in your data. Please enter the number in Column 7. (Note: A change of 25% or more in any data element should be considered "large.")

Employment Shifts	Pay Shifts
01 Seasonal increase	20 Wage rate decrease
02 Seasonal decrease	21 Wage rate increase
03 More business (expansion)	22 Increase in percentage of lower-paid employees
04 Less business (contraction)	23 Increase in percentage of higher-paid employees
05 Short-term/specific business project starting	25 Higher hourly earnings for piecework or incentive pay
06 Short-term/specific business project completed	26 Less overtime
07 Layoff	27 More overtime
08 Strike	40 Shorter scheduled workweek
09 Temporary shutdown	41 Longer scheduled workweek
12 Internal reorganization resulting in an employment decrease	45 Majority of workers on paid vacation
13 Internal reorganization resulting in an employment increase	46 Majority of workers on unpaid vacation
19 Employment returns to normal	
83 Leasing arrangement	<b>External Factors</b>
86 Permanent shutdown	50 Adverse weather conditions
	55 Return to normal following adverse weather conditions

**F.** Contact person, in case of questions: Title: Phone Number: FAX Number:  
 Your Name: E-mail Address:

