U.S. Department of Labor Bureau of Labor Statistics

Start Time/End Time:

Occupational Requirements Survey



The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence.

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 Expires 08/31/18

We estimate that it will take an average of 54 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 GOVERNMENT (Work level and scheduling)

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:	Address # 1.	
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:	Physical Address Personal \	Visit Address Mailing Address
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:	Schedule Number(#):	
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:	Company Name:	
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:	Secondary Name (Doing Business As):	
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Secondary Name (Doing Business As): Address: City/State/ZIP: Establishment Officials (Contact List) # 1:		Visit Address Mailing Address
Address: City/State/ZIP: Establishment Officials (Contact List) # 1:	Company Name:	
City/State/ZIP: Establishment Officials (Contact List) # 1:AuthorizingSupplyingTitle: Telephone #:E-mail:Address:1,2, orCOCMail forms to	Secondary Name (Doing Business As):	
# 1: Authorizing Supplying Telephone #: E-mail: FAX #: Address: 1, 2, or COC. Mail forms to # 2: Authorizing Supplying Telephone #: E-mail: FAX #: Address: 1, 2, or COC. Mail forms to # 3: Authorizing Supplying Title: # 3: Authorizing Supplying Title: E-mail: FAX #: Address: 1, 2, or COC. Mail forms to # 3: Authorizing Supplying Title: Email:	Address:	
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Telephone #: FAX #: Address:1,2, orCOCMail forms to # 2:AuthorizingSupplying	Establishment Officials (Contact List)	
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FAX #: Address: 1, 2, or COC. Mail forms to # 3: Authorizing Supplying Telephone #: Email:	# 2: Authorizing Supplying	Title:
Telephone #: Email:		
	# 3: Authorizing Supplying	Title:

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

Clearance obtained:	Schedule (data) obtained:
Company Name:	
Address:	
City/State/ZIP:	
Remarks	

COMPANY DATA

Establishment Information (current data)	Schedule #:	
State:	Collection Panel:	Sample Number:
Assigned Employment:	Total Employment:	PSO Employment:
NAICS:		·
Establishment Description:		
Product Description:		
Collection Information	M (1 1 6 0 11 1	
Field Economist:	Method of Collect	
Collection Date:	Payroll Reference	Date:
Respondent waived confidentiality	☐ Data obtaine	ed electronically
☐ Document obtained (Secondary data sour	rce)	·
Written Permission: Yes, No	Name and Title of	· Official:
Date of Permission:	Permission on file	
Date of Formicolon.	1 difficulties of the	- tat 100, 100, 110
Status (IDC Wage) Establishment Status:	Remarks:	
Usable		
On strike		
☐ Vacant		
Temporary non response		
Refusal		
Out of business		
Out of scope Abolished		
☐ No matching jobs		
Duplicate	- 	
☐ Duplicate		
SMG Notification		
Reason:	Remarks:	
Ownership/NAICS change		
Part of assigned unit		
Collected unit larger than assigned		
☐ Employment +/- 20% of assigned		
☐ Employment up – business fluctuations		
☐ Sampled employment wrong		
☐ SMG chose establishment subsample		
Overlap (set by system)		
Other discrepancy		

Remarks	

OCCUPATIONAL REQUIRE	EMENTS SUR	RVEY - Leveling Schedule Number:
Quote: Occupation	on:	
Establishment Grade:		SOC:
Establishment Rate Range	:	Establishment Job Title:
Non-supervisory⊡ Lead⊡] Supervisory[]
Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		
Remarks		

Quote: Occupatio	:	
Establishment Grade:		
Establishment Rate Range:	Establishment Job Title:	
Non-supervisory☐ Lead☐	Supervisory□	
Factor	Level Education, experience, other comments	
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		
Remarks		

OCCUPATIONAL REQUIR			
Quote: Occupation			
Establishment Grade:			
Establishment Rate Range		Establishment Job Title:	
Non-supervisory☐ Lead☐	_ Supervisory[_]		
Factor	Level	Education, experience, other comments	
KNOWLEDGE			
JOB CONTROLS AND COMPLEXITY			
CONTACTS			
PHYSICAL ENVIRONMENT			

OCCUPATIONAL R	EQUIREMENTS SUR	VEY - Leveling	Schedule Number:	
Quote: C	Occupation:			
Establishment Gra	ade:	SC	OC:	
Establishment Ra	te Range:	Establishment J	ob Title:	
Non-supervisory	☐ Lead☐ Supervisory☐			
Factor	Level	Education	n, experience, other comme	ents
KNOWLEDGE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
JOB CONTROLS AND COMPLEXITY				
CONTACTS				
PHYSICAL ENVIRONME	NT			
Remarks				

OCCUPATIONAL REQUIRE	EMENTS SU	RVEY - Leveling	Schedule Number:	_
Quote: Occupation	on:			
Establishment Grade:		so	OC:	
Establishment Rate Range):	Establishment Jo	ob Title:	
Non-supervisory⊡ Lead⊡] Supervisory[
Factor	Level	Education	n, experience, other com	ments
KNOWLEDGE				
JOB CONTROLS AND COMPLEXITY				
CONTACTS				
PHYSICAL ENVIRONMENT				
Remarks				
			_	

OCCUPATIONAL	REQUIREMENTS SUR	RVEY - Leveling Schedule Number:	
Quote:	Occupation:		
Establishment G	rade:	SOC:	
Establishment R	ate Range:	Establishment Job Title:	
Non-supervisory	☐ Lead☐ Supervisory☐		
Factor	Level	Education, experience, other comments	
KNOWLEDGE		·	
JOB CONTROLS AND COMPLEXITY			
CONTACTS			
PHYSICAL ENVIRONM	ENT		
Remarks			

OCCUPATIONAL	REQUIREMENTS SURV	EY - Leveling Schedule Number:
Quote:	Occupation:	
Establishment (Grade:	SOC:
Establishment F	Rate Range:	Establishment Job Title:
Non-supervisor	y Lead Supervisory	
Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRON	MENT	

OCCUPATIONAL REQUIR	REMENTS SUR	RVEY - Leveling Schedule Number:
Quote: Occupa	tion:	
Establishment Grade:		SOC:
Establishment Rate Ranç	ge:	Establishment Job Title:
Non-supervisory⊡ Lead	☐ Supervisory☐	
Factor	Level	Education, experience, other comments
KNOWLEDGE		
JOB CONTROLS AND COMPLEXITY		
CONTRACTS		
PHYSICAL ENVIRONMENT		

OCCUPATIONAL REQUIREMENTS SURVEY - Base Leveling Supervisor	Schedule Number:
Supervisor	
st 2 nd 3 rd Line Supervisor/Manager	r
Quote: Occupation:	
Establishment Grade:	SOC:
Establishment Rate Range: Es	stablishment Job Title:
Highest Level Non-Supervisory Subordinate Position	·
Factor Level	Education, experience, other comments
KNOWLEDGE	
JOB CONTROLS AND COMPLEXITY	
CONTACTS	
PHYSICAL ENVIRONMENT	
Remarks	
-	<u> </u>

OCCUPATIONAL REQUIRE Leveling on Duties and Respons		Schedule Number:
Supervisor		
st 2 nd 3 rd Li	ne Supervisor/Manager	
Quote: Occupation	n:	
Establishment Grade:		SOC:
Establishment Rate Range	: Estab	olishment Job Title:
Factor	Level	Education, experience, other comments
KNOWLEDGE		addation, experience, curior commente
JOB CONTROLS AND COMPLEXITY		
CONTACTS		
PHYSICAL ENVIRONMENT		
Remarks		

OCCUPATIONAL REQUIREMENTS SURVEY – Leveling Summary

Leveling Factors	QUOTE 1	QUOTE 2	QUOTE 3	QUOTE 4	QUOTE 5	QUOTE 6	QUOTE 7	QUOTE 8
KNOWLEDGE								
JOB CONTROLS AND COMPLEXITY								
CONTACTS								
PHYSICAL ENVIRONMENT								

Remarks

OCCUPATIONAL REQUIREMENTS SURVEY - Work Schedule

Schedule Number	•
Ochicadic Namber	•

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

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

Remarks	