

FEDERAL WAGE SYSTEM - ESTABLISHMENT INFORMATION

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The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND YOUR COMPLETED FORM TO THE ADDRESS IN THE INSTRUCTIONS BELOW.

1. ESTABLISHMENT NAME AND ADDRESS <i>(Include Apartment or Suite Number and 9-digit ZIP Code)</i>				2. WAGE AREA							
								3. DATE OF CONTACT <i>(YYYYMMDD)</i>		4. TELEPHONE NUMBER <i>(Include Area Code and Extension)</i>	
5. NAME AND TITLE OF PERSON(S) INTERVIEWED				6. PRODUCT OR SERVICE OF ESTABLISHMENT							
				a. MAJOR INDUSTRY							
				b. SPECIFIC PRODUCTS OR SERVICES							
7. AREA CODE		8. ESTABLISHMENT CODE		9. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE		10. ESTABLISHMENT WEIGHT					
11. TOTAL NUMBER EMPLOYEES IN ESTABLISHMENT		12. TOTAL NUMBER BLUE-COLLAR EMPLOYEES		13. OVERTIME PAY PROVISIONS							
				DAILY		WEEKLY		SUNDAY	HOLIDAY		
				RATE	HOURS	RATE	HOURS	RATE	RATE		
14. NUMBER OF HOURS IN NORMAL WORKWEEK		15. MONTH GENERAL WAGE ADJUSTMENTS ARE NORMALLY EFFECTIVE 99 = NO SET MONTH 1 = JANUARY ETC.		16. CONTRACT OBTAINED <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RATE SHEET		17. NON-PAR CODE					
								18. GENERAL WAGE ADJUSTMENTS			
								19. ADDITIONAL PAY ELEMENTS <i>(Explain in Remarks)</i> <input type="checkbox"/> a. BONUS <input type="checkbox"/> b. LUMP SUM <input type="checkbox"/> c. INCENTIVE			
a. DATE <i>(YYYYMMDD)</i>		b. AMOUNT		c. INCREASE/DECREASE <i>(Enter I or D)</i>		d. INCLUDED IN RATES <i>(X one)</i> YES NO					
						20. COST OF LIVING ALLOWANCE (COLA)					
						a. COLA FORMULA = 1 cent					
						b. BASE PERIOD () 1967=100 () 1982-84=100		d. PAY ON		e. USING CONSUMER PRICE INDEX (CPI) FOR	
						c. INDEX () CPI - U () CPI - W					
21. COLA TIED DIRECTLY TO CPI YES		b. DATE AND AMOUNT OF ADJUSTMENTS				c. FOLD-IN		d. CARRY-OVER			
NO		a. TOTAL AMOUNT BEING PAID		DATE		AMOUNT					
22. REMARKS											
23. PRINTED NAME AND SIGNATURE					24. PRINTED NAME AND SIGNATURE						
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