

**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.

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