

**FEDERAL WAGE SYSTEM - WAGE DATA COLLECTION**

OMB No. 3206-0036  
OMB approval expires  
20241130

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</b>				<b>2. WAGE AREA</b>				<b>3. DATE OF CONTACT</b> (YYYYMMDD)															
<b>4a. ESTABLISHMENT JOB TITLE</b>				<b>b. UNION AFFILIATION</b>				<b>c. ESTABLISHMENT GRADE</b>															
<b>5. SURVEY JOB TITLE</b>																							
<b>6. AREA CODE</b>		<b>7. ESTABLISHMENT CODE</b>		<b>8. JOB NUMBER</b>		<b>9. FORMAL RATE RANGE</b>		<b>10. JOB RATE RANGE</b>		<b>11. NUMBER OF ESTABLISHED STEP RATES</b>													
						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"></td> <td colspan="2"><b>MINIMUM</b></td> <td colspan="2"><b>MAXIMUM</b></td> </tr> <tr> <td><b>YES</b></td> <td><b>NO</b></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>				<b>MINIMUM</b>		<b>MAXIMUM</b>		<b>YES</b>	<b>NO</b>								
		<b>MINIMUM</b>		<b>MAXIMUM</b>																			
<b>YES</b>	<b>NO</b>																						
<b>12. ESTABLISHED STEP RATES</b>		<b>13. JOB MATCH</b>		<b>14. NUMBER OF EMPLOYEES</b>		<b>15. STRAIGHT TIME HOURLY RATE</b>		<b>16. GUARANTEED MINIMUM</b>		<b>17. INCENTIVE RATE</b>													
		Y = YES N = NO		<b>18. COST OF LIVING ALLOWANCE (COLA)</b>		<b>19. BONUS</b>		<b>20. LUMP SUM</b>		<b>21. JOB SUB-NUMBER</b>													
						TOTAL																	
<b>22. DESCRIPTION OF ESTABLISHMENT JOB</b>																							
<b>23. DO ABOVE RATES INCLUDE</b>						<b>24. REMARKS</b>																	
		NO		YES		AMOUNT																	
<b>COLA</b>																							
<b>BONUS</b>																							
<b>LUMP SUM</b>																							
<b>SHIFT PAY</b>																							
<b>OTHER ADD-ONS</b> <i>(Explain)</i>																							
<b>25. SIGNATURE</b>						<b>26. SIGNATURE</b>				<b>PAGE</b>													
										<b>OF</b>													
										<b>PAGES</b>													