E-6

OMB No. 0607-0452: Approval Expires 09/30/98

Name of school district

FORM E-6
(10-4-95)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ANNUAL SURVEY OF GOVERNMENT EMPLOYMENT
OCTOBER 1995 – SCHOOL SYSTEMS

Data supplied by

Name

Title

Mailing address – *Number and street or post office box*

City	State	ZIP Code

Telephone

Area code	Number	Extension

FAX

Area code	Number

In correspondence pertaining to this report, please refer to the Census File Number above your address

(Please correct any error in name, address, and ZIP Code)

RETURN TO

Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001

FROM THE DIRECTOR
BUREAU OF THE CENSUS

We are requesting your help with the Annual Survey of Government Employment. Through this voluntary survey, authorized by Title 13, United States Code, Section 182, we collect data on State and local government employment and payrolls for one pay period in October of each year.

Results of this survey provide the only source of nationwide comprehensive information of this subject. The U.S. Congress, Federal agencies, State and local governments, educational and research organizations, and the general public use these refults. Some of the major uses include:

1. Development of the government purchases of goods and services component of the gross domestic product.
2. Development of the national income accounts.
3. Development of personal income figures for States and county areas.
4. Allocation of certain Federal grant funds.
5. Legislative research.
6. Wage and salary negotiations by State and local governments.
7. Comparative studies of employment by function by State and local governments.

Please help us by completing this form with information from your institution's payroll record(s) and returning the addressed copy in the enclosed envelope (within three weeks, if possible). **The green file copy is for your records.** Prompt and accurate completion of this form will save further effort and correspondence.

If you have any questions, please call the Bureau of the Census' Governments Division on 1–800–242–2184. Thank you for your cooperation. The Bureau of the Census is grateful to you for your help.

Sincerely,

Martha Farnsworth Riche

Martha Farnsworth Riche

NOTE

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of the population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 10 minutes to 1 1/2 hours per response, with an average of 45 minutes per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Associate Director for Administration, Paperwork Reduction Project 0607-0452, Room 3104, FB 3, Bureau of the Census, Washington, DC 20233.

Please complete form on reverse side

DEFINITIONS AND INSTRUCTIONS

EMPLOYEES — Persons paid for personal services performed in the indicated pay period, including persons in a paid leave status, but excluding employees on unpaid leave. **Include** as part-time, school board members or school trustees paid on a per meeting basis or a flat sum quarterly, semiannually, or annually. **Exclude** school board members or school trustees who serve without compensation and any persons providing services on a contract basis rather than as employees of the school system.

Full-Time Employees — Persons employed during this pay period to work the number of hours that represents regular full-time employment. **Include** substitute teachers who worked full-time during the pay period. **Exclude** here, and report as part-time, any employees working on a part-time basis (e.g., bus drivers) even if their employment is regular rather than intermittent or temporary.

Part-Time Employees — Persons employed on a part-time basis during the designated pay period. **Include** all student employees and those daily or hourly employees usually engaged for less than the regular full-time workweek, as well as any part-time intermittent employees **engaged during this period. Exclude** here, and report as full-time, temporary or seasonal employees working on a full-time basis during this pay period.

EMPLOYEES IN FEDERALLY-FUNDED PROGRAMS — Persons paid from Federal grant funds should be reported as employees of this school system.

PAYROLL (GROSS BEFORE DEDUCTIONS) — Salaries, wages, fees, or commissions earned by employees during (or applicable to) the pay period(s) which includes October 12, 1995. **Include** overtime, premium, and night differential pay. **Include** bonuses and incentage payments that are paid at regular pay intervals. **Include** amounts withheld for taxes, employee contributions to retirement systems, etc. **Exclude** lump sum payments. If some employees are on a different pay interval from the majority, please report their payroll and any part-time hours separately as indicated in the **Special Instructions for part III** on page 3.

PART-TIME HOURS PAID — Total hours actually paid during pay interval for all persons working less than the number of hours that represents full-time employment. **Include an estimate** of hours worked during pay period for part-time employees not compensated on an hourly basis.

IF EXACT FIGURES ARE NOT AVAILABLE, ENTER ESTIMATES AND MARK WITH AN ASTERISK

Part I PAY INTERVAL

How frequently are employees of this school system paid for their services?

CENSUS USE ONLY

1. Full-time employees (all or most)
Mark (X) ONE box only

A ☐ Monthly
B ☐ Twice a month
C ☐ Each 2 weeks
D ☐ Weekly
E ☐ Other — *Specify* ↙

2. Part-time employees (all or most)
Mark (X) ONE box only

A ☐ Monthly
B ☐ Twice a month
C ☐ Each 2 weeks
D ☐ Weekly
E ☐ Other — *Specify* ↙

3. Please specify the number of months per year over which the annual salaries of the MAJORITY of the following classes of **full-time** employees are disbursed.

	Months per year
Instructional personnel	
Administrative/clerical employees	
All other salaried employees	

Part II STANDARD WEEKLY HOURS

Indicate the average or standard number of **weekly** hours of work for the MAJORITY of your school system's employees. If full-time instructional employees do not have standard hours of work, consider only noninstructional employees for this question.

Mark (X) ONE box only

A ☐ 40 hours
B ☐ 37.5 hours
C ☐ 35 hours
D ☐ Other — *Specify hours per week* ↙

CENSUS USE ONLY

Part III EMPLOYEES, PAYROLL, AND PART-TIME HOURS

Report data for the ONE PAY PERIOD which includes October 12, 1995. Do not report fiscal year payrolls.

Section A — ELEMENTARY AND SECONDARY EDUCATION

Report here all employees of your school system except those concerned solely with college and other postsecondary level education (above grade 12), who are to be reported in section B.

Type of employee A person working in more than one of the following categories should be reported only once — in the area of primary responsibility	Full-time employees		Part-time employees		
	Number	Payroll amount for pay period marked in part I *(Omit cents)*	Number	Payroll amount for pay period marked in part I *(Omit cents)*	Total paid part-time hours for amount reported in column (d) *Estimate if unknown (Omit fractions)*

TOTAL — *Sum of items 1 and 2a through 2g*					
1. Instuctional personnel — Teachers, teacher aides, substitute teachers, principals, supervisors of instruction, school librarians, guidance and psychological personnel.	012				
2. All other school system employees — Report as part-time all student employees and other employees whose hours of work are less than standard full-time work hours. *Exclude contractors and employees of contractors.*	212				
a. Administrative and clerical personnel. Paid school board and trustees *(Report as part-time).*					
b. Plant operation, maintenance, and custodial personnel	312				
c. Cafeteria employees	412				
d. Bus transportation employees	512				
e. Health and recreation employees	612				
f. Student employees			712		
g. All other employees	812				

Section B — COLLEGE AND OTHER POSTSECONDARY EDUCATION

Report here only those persons employed in college and other postsecondary level education activities (above grade 12).

Type of employee A person working in more than one of the following categories should be reported only once — in the area of primary responsibility	Full-time employees		Part-time employees		
	Number (a)	Payroll amount for pay period marked in part I *(Omit cents)* (b)	Number (c)	Payroll amount for pay period marked in part I *(Omit cents)* (d)	Total paid part-time hours for amount reported in column (d) *Estimate if unknown (Omit fractions)* (e)
TOTAL — *Sum of items 1 and 2*					
1. Instuctional staff — Employees engaged in college or other postsendary level teaching and related academic (departmental) research, including continuing education and other non-degree programs.	018				
2. All other — All noninstructional employees of your college or other postsecondary level institution (including all paid-student help) — i.e., administrative, clerical, custodial, cafeteria and health personnel; noninstructional employees engaged in organized research; and all other employees of your institution.	016				

Remarks — *Please indicate below any groups of your employees for which you could not supply information or any difficulties you encountered in completing the form.*

See Special Instructions for Part III on page 3

SPECIAL INSTRUCTIONS FOR PART III

Report separately in part III all employees, payrolls, and part-time hours that are on a pay interval different from the one reported in Part I, PAY INTERVAL.

Enter code A, B, C, D, or E next to payroll and part-time hours amounts to indicate applicable pay interval. For example:

Part I PAY INTERVAL

How frequently are employees of this agency paid for their services?

1. Full-time employees (all or most)
Mark (X) ONE box only
A ☐ Monthly
B ☒ Twice a month
C ☐ Each 2 weeks
D ☐ Weekly
E ☐ Other — *Specify* _____

2. Part-time employees (all or most)
Mark (X) ONE box only
A ☐ Monthly
B ☒ Twice a month
C ☐ Each 2 weeks
D ☐ Weekly
E ☐ Other — *Specify* _____

Part III EMPLOYEES, PAYROLL, AND PART-TIME HOURS

Full-time employees		Part-time employees (including student employees)		
Number (a)	Payroll amount for pay period marked in part I *(Omit cents)* (b)	Number (c)	Payroll amount for pay period marked in part I *(Omit cents)* (d)	Total paid part-time hours for amount reported in column (d) *Estimate if unknown (Omit fractions)* (e)
018 2	2100	1	275	50
1	200 (D)	2	200 (D)	34 (D)
3	2700	5	350 (D)	65 (D)

Employees and payroll amounts reported for pay intervals marked (X) in part I above.

Payroll and hours amounts for an interval different from the one reported in part I.

Enter A, B, C, D, or E to indicate the pay interval.

BEFORE RETURNING THE QUESTIONNAIRE, PLEASE CHECK THAT YOU:

- Indicate in part I the length or frequency of your pay period.
- Indicate in part II the standard weekly hours of work for **most** full-time employees.
- Report in part III gross payroll amounts for just the **one** pay period (monthly, weekly, etc.) which included October 12, 1995.
- Include all current employees whether paid from the "general fund" or special funds.
- Include all gross salaries and wages, regardless of the source of funds or how earned.
- Include total paid hours of work for part-time employees in part III, column (e). **If actual hours are unknown, please enter an estimate.**

SPECIAL CAUTIONS:

- Do not report cumulative salaries since the beginning of the calendar or fiscal year.
- Do not report payroll amounts from last fiscal year.
- Do not report in part III the **employer** costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.
- If you have multiple payrolls of different frequencies, please use the reporting format shown in **SPECIAL INSTRUCTIONS FOR PART III** above.
- If you are unable to supply any of the information requested in part III, please list in "Remarks" the source(s) of the missing information (including address and telephone number).
- Complete the "Data supplied by" box on the front of the form and return the completed original questionnaire bearing the identification label. The green file copy is for your records.