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

Name of police protection agency

FORM E-9
(10-4-95)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ANNUAL SURVEY OF GOVERNMENT EMPLOYMENT
OCTOBER 1995 – POLICE PROTECTION AGENCIES

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 on this subject. The U.S. Congress, Federal agencies, State and local governments, educational and research organizations and the general public use these results. 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 agency'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

Enclosures

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. **Include** officials paid on a salary basis; by fees or commissions; on a per meeting basis; or a flat sum quarterly, semiannually, or annually. **Exclude** employees on unpaid leave, unpaid officials, pensioners, and contractors and their employees.

Full-Time Employees — Persons employed during this pay period to work the number of hours that represents regular full-time employment. **Include** full-time temporary or seasonal employees who are working the number of hours that represents full-time employment.

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

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 incentive payments that are paid at regular pay intervals. **Include** amounts withheld for taxes, employee contributions to retirement systems, etc. **Exclude** lump sum payments and the value of living quarters and subsistence allowances furnished to employees. 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 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* _____

CENSUS USE ONLY

Part II STANDARD WEEKLY HOURS

What is the average or standard number of **weekly** hours of work for the MAJORITY of your agency's full-time employees?

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 marked in part I which includes October 12,1995. Do not report fiscal year payrolls.

Section A — STATE GOVERNMENT AGENCIES

To be completed by state government law enforcement agencies only.

Type of employee	Full-time employees		Part-time employees		
	Number (a)	Payroll *(Omit cents)* (b)	Number (c)	Payroll *(Omit cents)* (d)	Total paid part-time hours for amount reported in column (d) *Estimate if unknown (Omit fractions)* (e)
1. Persons with power of arrest	062				
2. Other employees — All law enforcement employees not included in item 1 above	162				
3. Total — *Sum of items 1 and 2*					

Section B — COUNTY AND OTHER LOCAL GOVERNMENT AGENCIES

To be completed by county sheriffs' offices and other local government agencies only.

Activity *If individual employees are routinely assigned to more than one activity, please prorate employees*	Full-time employees		Part-time employees		
					Total paid part-

deputies are normally rotated between "correction" and "police protection" activities so that 10% are assigned to "corrections" and 90% to "police activities," report 10% of total employees and payroll at "corrections" and 90% at "police protection."	Number (a)	Payroll ***(Omit cents)*** (b)	Number (c)	Payroll ***(Omit cents)*** (d)	amount reported in column (d) ***Estimate if unknown (Omit fractions)*** (e)
1. Police protection **a.** Persons with power of arrest — *Report only police employees here. Report other employees with power of arrest at correction, judicial, etc.*	062				
b. Other employees — All police protection employees not included in item (a) above. *Report school crossing guards as part-time.*	162				
2. Corrections — Jails, reformatories, detention homes, and probation and parole activities for both adults and juveniles. *Report "Lock-up" employees at police protection, above.*	005				
3. Judicial and legal — All court and court related activities of this agency such as court bailiffs and process servers. *Exclude activities of police officers to give testimony — report at police protection above.*	025				
4. Tax and fee collections	023				

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		
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	250	44
1	200 (D)	2	200 (D)	30 (D)
3	2700	5	275	40

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.