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# FORM **E-3** (03-10-2009)

### ANNUAL SURVEY OF GOVERNMENT EMPLOYMENT MARCH 2009 – SPECIAL DISTRICTS AND LOCAL AGENCIES

OMB No. 0607-0452: Approval Expires 02/28/2011

19039015

RETURN TO:							
U.S. Census Bureau							
1201 East 10th Street Jeffersonville, IN 47132-0001							
In correspondence pertaining to this report, please refer to the User ID below the address box.							
Please check here if your address has changed.							
INTERNET RESPONSE: If vo	prefer you may respond User ID						
INTERNET RESPONSE: If you prefer, you may respond to this survey via the Internet at the following web address: http://harvester.census.gov/sgenet You will need your User ID to access the Internet form.							
DATA SUPPLIED BY							
	If additional people assisted in completing this report, please include contact information in "Additional remarks" on page 2. Name of the person completing the report Title						
Area Code and Phone Number	Extension Fax						
E-mail address							
E-mail address							
E-mail address PAID EMPLOYEES/OFFICIAL							
PAID EMPLOYEES/OFFICIAL	n if your agency currently has paid employees/officials.						
PAID EMPLOYEES/OFFICIAL Please complete this survey fo If your agency has <b>NO PAID</b> e	n if your agency currently has paid employees/officials. nployees/officials, mark (x) here I and check the appropriate box below:						
PAID EMPLOYEES/OFFICIAL Please complete this survey fo If your agency has <b>NO PAID</b> e	n if your agency currently has paid employees/officials.						
PAID EMPLOYEES/OFFICIAL         Please complete this survey fo         If your agency has NO PAID e         This agency MAY have p         This agency IS NOT LIK	n if your agency currently has paid employees/officials. nployees/officials, mark (x) here → □ and check the appropriate box below: aid employees/officials in the future. LY to have any paid employees/officials in the future.						
PAID EMPLOYEES/OFFICIAL         Please complete this survey for         If your agency has NO PAID er         This agency MAY have pr         This agency IS NOT LIK         PART I – FULL-TIME STAND	n if your agency currently has paid employees/officials. nployees/officials, mark (x) here → □ and check the appropriate box below: aid employees/officials in the future. LY to have any paid employees/officials in the future. RD WEEKLY HOURS						
PAID EMPLOYEES/OFFICIAL         Please complete this survey for         If your agency has NO PAID er         This agency MAY have pr         This agency IS NOT LIK         PART I – FULL-TIME STAND         What is the average or standar         number of weekly hours of w         for the MAJORITY of your	n if your agency currently has paid employees/officials. nployees/officials, mark (x) here → □ and check the appropriate box below: aid employees/officials in the future. LY to have any paid employees/officials in the future. RD WEEKLY HOURS Mark (X) ONE box only rk						
PAID EMPLOYEES/OFFICIAL         Please complete this survey fo         If your agency has NO PAID e         This agency MAY have p         This agency IS NOT LIK         PART I – FULL-TIME STAND         What is the average or standar         number of weekly hours of w	m if your agency currently has paid employees/officials.         nployees/officials, mark (x) here →       and check the appropriate box below:         aid employees/officials in the future.         LY to have any paid employees/officials in the future.         IRD WEEKLY HOURS         Mark (X) ONE box only         rk       A       39 hours or more       C       34 to 37.4 hours       E       30 to 31.9 hours						

ORM	E-3 (	03-10-09)							Page
PA	RT	I – PAY INTERV	/AL						
<ol> <li>How frequently are your full-time employees (all or most) paid for their services?</li> <li>Mark (X) ONE box only. For multiple pay intervals, see SPECIAL INSTRUCTIONS on page 4.</li> </ol>			<ol> <li>How frequently are your part-time employees (all or most) paid for their services?</li> <li>Mark (X) ONE box only. For multiple pay intervals, see SPECIAL INSTRUCTIONS on page 4.</li> </ol>						
I	м	Monthly	٥ [	Quarterly		M	Monthly	٥ [	Quarterly
	т	Twice a mon	th s	Semi-Annu	ally	т	Twice a month	s	Semi-Annually
	в	Bi-Weekly	A	Annually		в	Bi-Weekly	A	Annually
١	~	Weekly				w	Weekly		
РА	PART III – EMPLOYEES, PAYROLL, AND PART-TIME HOURS								
lf s	Report data for the ONE PAY PERIOD, which includes March 12, 2009 and corresponds to the pay interval marked in Part II. If some employees are on a different pay interval from the majority, please report these employees, their payroll, and any part-time hours separately as indicated in the special instructions on page 4.								
<b>Type of Employee</b> – Report full-time employees in column (a) and their payroll in column (b) for the pay interval indicated in Part II. Report part-time employees in column (c) and their payroll in column (d) for the pay interval indicated in Part II. Report in column (e) the total hours paid for all part-time employees reported in column (c). If actual hours paid are not available, enter an <b>estimate</b> .									
Full-time Employees				Part-time Employees					
Total number of employees at each pay intervalGross payroll for employees in column (a) (omit cents)		Total number of employees at each pay interval		Gross payroll fo employees in colum (omit cents)		Total paid part-time hours for amounts reported in column (d) <b>(Estimate if unknown)</b>			
		(a)		(b)	(c)		(d)		(e)

Additional 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. Please provide an explanation for any significant changes to
employment or payroll occurring within the last year that would aid in understanding this report.

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## DEFINITIONS

**EMPLOYEES** – Persons paid for personal services performed in the indicated pay period, including persons in a paid leave status. **Include** any 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 the pay period to work the number of hours per week that represents regular full-time employment. **Include** 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 **March 12, 2009**. **Include** overtime, premium, night differential pay, 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 these employees, their payroll, and part-time hours separately as indicated in the **Special Instructions** on page 4.

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

## **GENERAL INSTRUCTIONS**

- 1. Indicate in **Part I** the standard weekly hours of work for most full-time employees.
- 2. Indicate in **Part II** the length or frequency of your pay interval.
- 3. Include all current employees whether paid from the general fund or special funds.
- 4. Report in **Part III** gross payroll amounts for just the ONE PAY PERIOD which includes March 12, 2009.
  - a. Do not report cumulative salaries since the beginning of the calendar or fiscal year.
  - b. **Do not** report payroll amounts from last fiscal year.
  - c. **Do not** report the employer costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.
- 5. Include total paid hours of work for part-time employees in **Part III**, column (e). If actual hours are not known, please enter an estimate.
- 6. Use the reporting format shown in **SPECIAL INSTRUCTIONS** on page 4 if you have multiple pay intervals.

- 7. If you are unable to supply any of the information requested in **Part III**, please list in "Additional remarks" the source(s) of the missing information (including address and telephone number). Please provide an explanation for any significant changes to employment or payroll occurring within the last year that would aid in understanding this report.
- 8. If exact figures are not available, enter estimates and mark with an asterisk.
- 9. Complete the "Data supplied by" box on the front of the form and return the completed questionnaire in the envelope provided. If additional people assisted in completing this report, please include contact information in "Additional remarks" on page 2.
- 10. Retain a copy of the completed questionnaire for your records. Thank you.

## **SPECIAL INSTRUCTIONS**

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 II, PAY INTERVAL. Write a pay interval code M, T, B, W, Q, S, or A next to payroll amounts and part-time hours to indicate applicable pay interval. For example, if your government has fifty (50) full-time employees and seven (7) part-time employees and each is paid at different pay intervals, report data separately as shown in the following example:

Part III EMPLOYEES, PAYROLL, AND PART-TIME HOURS						
Full-time	employees	Part-time employees				
Number	Payroll	Number	Payroll	Hours		
27	\$94,500 (M)	5	\$3,000 (B)	300 (B)		
15	\$8,250 (W)	2	\$10,500 (Q)	300 (Q)		
8	\$160,000 (A)					

In this example, \$94,500 represents the monthly (code M) amount for 27 full-time employees; \$8,250 represents the weekly (code W) amount for 15 full-time employees; and \$160,000 represents the annual (code A) amount for 8 full-time employees; and \$3,000 represents the biweekly (code B) amount for 5 part-time employees; \$10,500 represents the quarterly (code Q) amount for 2 part-time employees.

**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 1½ 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. Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0452, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use Paperwork Project 0607-0452 as the subject.