INITIAL EMPLOYEE CENSUS RECORD

NAME OF EMPLOYER_____
DATE OF DATA_____

Please complete for all employees on the payroll as of the date of data indicated except collectively bargained employees. Does this census include all employees on the payroll?
_____Yes _____No

If "No", specify number and reason of excluded employees: ____Number Excluded Reason for Excluding_____

No.	Employee's Full Name	SEX	Job Title or Occupation	Social Security Number	Employee's Date of Birth Mo Day Yr	Employee's Date of Employment Mo Day Yr	Hours Worked if Less than 1,000	Spouse's Date of Birth Mo Day Yr	Total 12-month Earnings Most Recent Fiscal Year From_____to_____ Basic Earnings	Overtime Bonuses	Other Earnings	Total 12-Mo. Earnings
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No.	Employee's Full Name	SEX	Job Title or Occupation	Social Security Number	Employee's Date of Birth Mo Day Yr	Employee's Date of Employment Mo Day Yr	Hours Worked if Less than 1,000	Spouse's Date of Birth Mo Day Yr	Total 12-month Earnings Most Recent Fiscal Year From_____to_____ Basic Earnings	Overtime Bonuses	Other Earnings	Total 12-Mo. Earnings
21.												
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