U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU FORM E-7 (08-25-2011)		ACE 2012 CENSUS OF GOVERNMENTS SURVEY OF PUBLIC EMPLOYMENT & PAYROLL March 2012 – Major Special Districts and Agencies OMB No. 0607-0452: Approval Expires 04/30/20				
DUE	DATE:					
DUL						
RETURN T	O:					
U.S. Census I 1201 East 10						
Jeffersonville	e, IN 47132-0001					
If you have a	ny questions, •800-642-4901					
Weekdays, 7	am to 5pm EST.					
Questions mailed to:						
govs.employ						
In correspon pertaining to	this report,					
please refer to below the ad	to the User ID dress box.					
	<b>NLINE:</b> It's fast and secure. Response by via the Internet at the following					
address usir	ng the supplied User ID and Pass cond.census.gov/aspep					
	<u> </u>					
1 Is your	addressee title/department ar	nd mailing address the same as shown in the address label?				
	Yes – Go to 2	No – Enter correct information below				
	Addressee Title or Department					
	Street 1					
	Street 2					
	Cit.					
	City	State Zip Code				
	City	State Zip Code				
	City	State Zip Code				
2 Does the second se		State       Zip Code         Image: state       Image: state         I				
_						
	his agency currently have paid Yes – go to 3					
	nis agency currently have paid					
	his agency currently have paid Yes – go to 3	employees and/or paid officials? Mark "X" only one box.				
PART 1 - FU	his agency currently have paid Yes – go to 3 No – go to 5 LL-TIME EMPLOYEES STANDA	employees and/or paid officials? Mark "X" only one box.				
PART 1 - FU 3 On ave Include	nis agency currently have paid Yes – go to 3 No – go to 5 LL-TIME EMPLOYEES STANDA rage, how many hours per wea	ARD WEEKLY HOURS				
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PART 1 – FU ART 1 – FU On ave Include Pe Te em Of Se Exclude Exclude En Mark "X	Aris agency currently have paid Yes – go to 3 No – go to 5 <b>LL-TIME EMPLOYEES STANDA</b> rage, how many hours per weak rsons paid to work the number of mporary or seasonal employees of rployment. ficials paid on salary basis; by feet mi-annually, or annually. a pployees on unpaid leave, unpaid	ARD WEEKLY HOURS ek do the majority of your full-time employees work? f hours that represents regular, full-time employment. who are working the number of hours that represents regular, full-time es or commissions; on a per meeting basis; or a flat sum quarterly, officials, pensioners, and contractors and their employees.				
PART 1 - FU Control Control C	Aris agency currently have paid Yes – go to 3 No – go to 5 <b>LL-TIME EMPLOYEES STANDA</b> rage, how many hours per weat rsons paid to work the number of mporary or seasonal employees of aployment. ficials paid on salary basis; by feet mi-annually, or annually. Phyloyees on unpaid leave, unpaid (" only one box.	ARD WEEKLY HOURS   It employees and/or paid officials? Mark "X" only one box.   ARD WEEKLY HOURS   It hours that represents regular, full-time employees work? If hours that represents regular, full-time employment. who are working the number of hours that represents regular, full-time employment. who are working the number of hours that represents regular, full-time employment. who are working the number of hours that represents regular, full-time employment. who are working the number of hours that represents regular, full-time employees that represents regular, full-time employees. I officials, pensioners, and contractors and their employees. 34 to 37.4 hours I a to 37.4 hours I a to 37.4 hours				

#### PART 2 – EMPLOYEES, PAYROLL, AND PART-TIME HOURS

For each applicable pay interval, what were the TOTAL number of employees and TOTAL gross payroll amounts for the pay periods which include MARCH 12, 2012, for both full-time and part-time employees? 4 Please also report hours paid for each applicable pay interval for part-time employees. Include

- Salaries, wages, fees, or commissions.
- Amounts withheld for taxes, employee contributions to retirement systems, etc. •
- An estimate of hours worked during the pay interval for part-time employees, not compensation on an hourly basis.
- Part-time employees working less than the regular, full-time workweek.
- Current employees whether paid from the general fund or special funds.

Exclude

Lump sum payments and the value of living quarters and subsistence allowances furnished to employees. **Do Not Report:** 

- - Cumulative salaries since the beginning of the calendar or fiscal year.
- · Payroll amounts from last fiscal year.
- Employer costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.

**Payroll Interval Codes** W = Weekly; B = Bi-Weekly; T = Twice a Month; M = Monthly; Q = Quarterly; S = Semi-Annually; A = Annually **Full-Time Employees Part-Time Employees** Number of Number of Payroll Payroll Hours Full-Time Part-Time Interval Gross Pavroll Interval Gross Pavroll Paid Codes Employees Codes Employees \$ 94500.00 5 \$ 6000.000 600 Μ 27 Μ Example A W \$ 8250.00 2 \$ 10500.00 300 15 Natural resources Forest fire protection, irrigation, drainage, flood control, \$ \$ .00 00 forestry, etc. . . \$ .00 \$ .00 \$ \$ .00 .00 TOTAL \$ \$ .00 .00 Items 1 through 16. . . . 1. Fire protection - Report paid volunteer firefighters as part-time employees; exclude unpaid volunteers. Report forest fire protection employees in Natural resources. Report separately identifiable rescue squad and emergency medical services in Health, if they are not a part of the fire department. 024 a. Firefighters – Persons engaged in fire suppression and prevention. *Include* \$ .00 \$ 00 \$ \$ employees trained in these activities but performing such other duties as dispatching, .00 .00 \$ \$ 00 .00 emergency medical care, etc..... 124 \$ \$ .00 .00

b. Other fire protection employees –	\$	.00	\$	.00
All fire protection employees not included above	\$	.00	\$	.00
091 2. Water supply system – Public water supply or distribution system operated by your agency. <i>Report irrigation activities</i> in Natural resources	\$	.00	\$	.00
	\$	.00	\$	.00
	\$	.00	\$	.00
092	\$	.00	\$	.00
	\$	.00	\$	.00
3. Electric power system – Owned and operated by your agency	\$	.00	\$	.00

Continue with 4 on the next page

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## Attachment 1 E7

		Full-Time E	mployees	Part-Time Employees				
	Payroll Interval Codes	Number of Full-Time Employees	Gross Payroll	Payroll Interval Codes	Number of Part-Time Employees	Gross Payroll		
093		\$	.00		\$	.00	ſ	
		\$	.00		\$	.00		
<ol> <li>Gas supply system – Owned and operated by your agency</li> </ol>		\$	.00		\$	.00		
094		\$	.00		\$	.00	Γ	
		\$	.00		\$	.00		
5. Transit system – Owned and operated by your agency		\$	.00		\$	.00		
agency								
		\$	.00		\$	.00		
<ol> <li>6. Natural resources – Forest fire protection,</li> </ol>		\$	.00		\$	.00		
irrigation, drainage, flood control, forestry, etc		\$	.00		\$	.00	L	
080 7. Sewerage – Provision,		\$	.00		\$	.00		
maintenance, and operation of sanitary and storm sewer systems		\$	.00		\$	.00		
and sewage disposal plants. <i>Report water</i> supply employees in <b>Water supply system</b>		\$	.00		\$	.00		
081		\$	.00		\$	.00		
<ol> <li>Solid waste management – Street cleaning, recycling,</li> </ol>		\$	.00		\$	.00		
garbage and refuse collection and disposal, operation of sanitary landfill		\$	.00		\$	.00		
044		\$	.00		\$	.00	Γ	
9. Streets and highways –		\$	.00		\$	.00		
Maintenance, repair, construction, and administration of streets, alleys, sidewalks, roads, highways, and bridges		\$	.00		\$	.00		
001		\$	.00		\$	.00		
		\$	.00		\$	.00		
10. Airports – Owned and		\$	.00		\$	.00		
operated by your agency.								
		\$	.00		\$	.00		
		\$	.00		\$	.00		
<ol> <li>Sea and inland port facilities – Owned and operated by your agency.</li> </ol>		\$	.00		\$	.00		

### Page 4

# Attachment 1 E7

		S, PAYROLL, AND PART-TIME HOURS - Continued Payroll Interval Codes					0 0 mm u m	
		W = Weekly; B = Bi-Weekly; T = Twice a Month; Full-Time Employees			M = Monthly; Q = Quarterly; S = Semi-Annually; A = Annually Part-Time Employees			
		Payroll Interval Codes	Number of Full-Time Employees	Gross Payroll	Payroll Interval Codes	Number of Part-Time Employees	Gross Payroll	Hours Paid
N	079 <b>ublic welfare –</b> laintenance of homes		\$	.00			\$.00	
th ac as	nd other institutions for ne needy, nursing homes, dministration of public ssistance and veteran		\$	.00			\$.00	
h	ervices, senior citizen and andicap transportation, nd social workers		\$	.00			\$.00	
se m	032 lealth – Public health ervices, emergency nedical services, mental		\$	.00			\$.00	
al vi sa	ealth, alcohol and drug buse, outpatient clinics, isiting nurses, food and anitary inspections,		\$	.00			\$.00	
e	nimal control, other nvironmental health ctivities		\$	.00			\$.00	
	036		\$	.00			\$.00	
fc In h	<b>ospitals</b> – Institutions or inpatient medical care. Include all paid student elp. Report nursing home		\$	.00			\$.00	
e	nd welfare institution mployees in <b>Public</b> velfare		\$	.00			\$.00	
	061		\$	.00			\$.00	
Pa	<b>arks and recreation –</b> arks, playgrounds,		\$	.00			\$.00	
ai m	wimming pools, uditoriums, museums, narinas, zoos, etc		\$	.00			\$.00	
d	<b>Il other –</b> All employees f your agency and its epartments not reported sewhere, except for any							
aı ei ei	chool system employees nd payrolls. <i>Include</i> <i>mployees concerned with</i> <i>lections and voter</i>		\$	.00			\$.00	
in ei p	egistration, protective aspection (building, lectrical, etc.), motor ools, maintenance of		\$	.00			\$.00	
p o	eneral public buildings, arking facilities, and ther activities not eported previously		\$	.00			\$.00	
re	ist the major activities eported above in I <b>II other</b> 7							
a			\$	.00			\$.00	
b			\$	.00			\$.00	
C.			\$	.00			\$.00	
d			\$	.00			\$.00	
e.				.00			\$.00	
f.			\$	.00			\$.00	

PAR	T 3 -	- REI	MARKS	\$
6	Use	this	space	to

### Use this space to: a) Explain any significant changes to employment or payroll occurring within the last year that would aid in understanding this report;

- b) Describe any difficulties you encountered in completing this form;
  c) List the groups of employees for which you were unable to supply information;
  d) Provide contact information for other people who assisted you in completing this report.

## PART 4 - CERTIFICATION

6 This report is substantially accurate and has been prepared in accordance with the instructions.

Name of person to contact about this report - Please print	Title of person to contact about this report - Please print				
Area code and phone number     Extension	Area code and fax number				
E-mail Address - Please print	Date form was completed				
-	mpleting this form. I questionnaire for your records.				
<b>NOTE:</b> The U.S. Census Bureau receives its authorization to conduct this survey from Tit Management and Budget (OMB) and given the number 0607-0452. Please note the numb that we have approval from OMB to conduct this survey. If this number was not displaye voluntary survey. Information provided on this questionnaire compiled from or customar United States Code, Section 9.	er displayed in the upper right-hand corner of this form. Display of this number confirms ed, under the Paperwork Reduction Act, we could not request your participation in this				
per response, including time for reviewing instructions, searching existing data sources, information. Send comments regarding this burden estimate or any other aspect of this of	estimated to vary from 15 minutes to 15 hours per response, with an average of 20 minutes gathering and maintaining the data needed, and completing and reviewing the collection of				