EMPLOYEE CENSUS DATA

Please list all employees that worked during the period represented and provide <u>all</u> information, i.e., complete <u>all</u> columns. Hours worked must include: paid vacation, holidays, illness, disability, injury and military duty.

Compensation period represented: From ___/___/___ to ___/___/___

Employee Name	Sex	% Owners hip	Date of Birth	Date of Hire	Annual Compensation/ Earned Income	Hours worked (✓)			* (✓)
						over 1000	500-999	< 500	

* PLEASE INDICATE OFFICERS AND FAMILY MEMBERS (lineal ascendants/descendants) OF OWNERS AND OFFICERS.

For RAI Use Only, please FAX to 650/961-8495

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