

NOTICE TO FILERS OF FCC FORM 395

EFFECTIVE SEPTEMBER 1, 2016, RESPONDENTS MUST FILE ALL FCC FORM 395 REPORTS, INCLUDING RESUBMISSIONS, IN WC DOCKET NO. 16-233 USING THE COMMISSION'S ELECTRONIC COMMENT FILING SYSTEM (ECFS).¹

NOTE: DO NOT SUBMIT CONFIDENTIAL DOCUMENTS USING ECFS. CONFIDENTIAL DOCUMENTS MUST BE SUBMITTED ON PAPER TO THE OFFICE OF THE SECRETARY. ALL DOCUMENTS SUBMITTED THROUGH ECFS ARE MADE AVAILABLE TO THE PUBLIC.

All requests for confidential treatment of FCC Form 395 data should be filed consistent with Section 0.459 of the Commission's rules, 47 CFR § 0.459. A carrier seeking confidential treatment of certain Form 395 data must file a redacted (public) version of its Form 395 Report using ECFS, and also file a non-redacted version, for which confidentiality is requested, along with respondent's request for confidentiality, with the *Office of the Secretary, Federal Communications Commission, 445 12th Street SW, Washington, DC 20554*.

For a complete set of FCC Form 395 instructions, see <https://www.fcc.gov/licensing-databases/forms>. A Form 395, which is fillable in the Acrobat reader, follows this page.

¹ See *Wireline Competition Bureau Announces Transition of FCC Form 395 Common Carrier Annual Employment Report to Electronic Filing*, Public Notice, DA 16-965, August 26, 2016.

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

___ Check here if this
is a change of
address.

2. Year Report Filed

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

4. Number of Full-Time Employees during Selected

Reporting Period (check one):

a. ___ Fewer than 16 (complete Sections I, IV, and V only)

b. ___ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

| Job Categories | | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | Total Columns A - N | |
|--|-----|--|--------|------------------------|---------------------------------|---|-------|---|----------------------|-------|---------------------------------|---|-------|---|----------------------|---------------------------|--|
| | | Race/Ethnicity | | | | | | | | | | | | | | | |
| | | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | | |
| | | | | Male | | | | | Female | | | | | | | | |
| | | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | | |
| | | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | |
| Executive/Senior Level Officials and Managers | 1.1 | | | | | | | | | | | | | | | | |
| First/Mid-Level Officials and Managers | 1.2 | | | | | | | | | | | | | | | | |
| Professionals | 2 | | | | | | | | | | | | | | | | |
| Technicians | 3 | | | | | | | | | | | | | | | | |
| Sales Workers | 4 | | | | | | | | | | | | | | | | |
| Administrative Support Workers | 5 | | | | | | | | | | | | | | | | |
| Craft Workers | 6 | | | | | | | | | | | | | | | | |
| Operatives | 7 | | | | | | | | | | | | | | | | |
| Laborers and Helpers | 8 | | | | | | | | | | | | | | | | |
| Service Workers | 9 | | | | | | | | | | | | | | | | |
| TOTAL | 10 | | | | | | | | | | | | | | | | |
| PREVIOUS YEAR TOTAL | 11 | | | | | | | | | | | | | | | | |

SECTION III - Part-Time Employees.

| Job Categories | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | | |
|---|--|--------|------------------------|---------------------------|---|-------|----------------------------------|-------------------|--------|---------------------------|---|-------|----------------------------------|-------------------|---------------------|--|
| | Race/Ethnicity | | | | | | | | | | | | | | | |
| | Hispanic or Latino | | Not-Hispanic or Latino | | | | | | | | | | | | Total Columns A - N | |
| | | | Male | | | | | | Female | | | | | | | |
| | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | | |
| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | |
| Executive/Senior Level Officials and Managers 1.1 | | | | | | | | | | | | | | | | |
| First/Mid-Level Officials and Managers 1.2 | | | | | | | | | | | | | | | | |
| Professionals 2 | | | | | | | | | | | | | | | | |
| Technicians 3 | | | | | | | | | | | | | | | | |
| Sales Workers 4 | | | | | | | | | | | | | | | | |
| Administrative Support Workers 5 | | | | | | | | | | | | | | | | |
| Craft Workers 6 | | | | | | | | | | | | | | | | |
| Operatives 7 | | | | | | | | | | | | | | | | |
| Laborers and Helpers 8 | | | | | | | | | | | | | | | | |
| Service Workers 9 | | | | | | | | | | | | | | | | |
| TOTAL 10 | | | | | | | | | | | | | | | | |
| PREVIOUS YEAR TOTAL 11 | | | | | | | | | | | | | | | | |

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- _____ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- _____ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

| | | | |
|-------------------------|---|---|---------------|
| Date | Typed or Printed Name of Person Signing | Signature | Telephone No. |
| Title of Person Signing | | WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503). | |