

FCC 395

FEDERAL COMMUNICATIONS COMMISSION
 Washington, DC 20554

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

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

 Approved by OMB
 3060-0076
 Est. time per response:
 1 hour

SECTION 1 - General Information

1 Name and Mailing Address of Respondent :

USCOC Nebraska/Kansas LLC

 8410 Bryn Mawr Ave
 Chicago, Illinois 60631

FRN: 2838258

Internal Company Code(s): 0855, 0856
☐ Check here if this is a change of address

2. Year Report Filed

2018

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

3/15/2018 to 3/31/2018

 4. Number of Full-Time Employees during Selected Reporting Period (check one)
 a. ☐ Fewer than 16 (complete Sections 1, IV, and V only)
 b. ☒ 16 or more (complete all sections)

SECTION II - Full Time Employees.
Number of Employees
 (Report employees in only one category)

Race/Ethnicity

Not-Hispanic or Latino

Male

Female

Job Categories

Hispanic or Latino

Total Columns A-N

Categories		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	Total Columns A-N
Executive/Senior Level Officials and Managers 1,1 First/Mid-Level Officials and Managers 1,2 Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers TOTAL PREVIOUS YEAR TOTAL	A	B	C	D	E	F	G	H		1	J	K	L	M	N	O
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	8	1	0	0	0	0	5	0	0	0	0	0	0	16
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	5	4	11	3	0	1	0	4	24	1	0	0	0	1	3	57
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	5	19	4	0	1	0	0	0	29	1	0	0	1	3	73
	5	5	17	5	0	0	0	5	26	2	0	1	0	0	3	69

SECTION III - Part Time Employees.

Number of Employees
(Report employees in only one category)

Race/Ethnicity

Not-Hispanic or Latino

Hispanic or
Latino

Male

Female

**Job
Categories**

Total
Columns
A-N

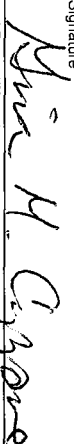
Categories													Total Columns A-N		
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian		American Indian or Alaska Native	Two or more races
Executive/Senior Level Officials and Managers 1.1	A	B	C	D	E	F	G	H	1	J	K	L	M	N	O
First/Mid-Level Officials and Managers 1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 4	2	0	0	1	0	0	0	1	5	0	0	0	0	0	9
Administrative Support Workers 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL 10	2	0	0	1	0	0	0	1	5	0	0	0	0	0	9
PREVIOUS YEAR TOTAL 11	3	1	3	1	0	0	0	0	6	0	0	0	0	0	14

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
5/15/2018	Gina M. Cozzone		773 399-7047

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)
Government Compliance Diversity Manager	