

FCC 395

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554Approved by OMB
3060-0076
Est. time per response:
1 hour

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 :

USCOC of LaCrosse, LLC
8410 Bryn Mawr Ave
Chicago, Illinois 60631☐ Check here if this is a change of address

FRN: 4375325

Internal Company Code(s): 0302, 0318

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
CategoriesHispanic or
Latino

Male

Female

White

Black or
African
AmericanNative
Hawaiian
or
Other
Pacific
Islander

Asian

American
Indian or
Alaska
NativeTwo or
more
races

White

Black or
African
AmericanNative
Hawaiian
or
Other
Pacific
Islander

Asian

American
Indian or
Alaska
NativeTwo or
more
racesTotal
Columns
A-N

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

Executive/Senior Level Officials
and Managers
1.1

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First/Mid-Level Officials and
Managers
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Professionals
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Technicians
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Sales Workers
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5

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15

Administrative Support
Workers
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Craft Workers
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Operatives
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Laborers and Helpers
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Service Workers
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TOTAL
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17

17

PREVIOUS YEAR TOTAL
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19

19

Number of Employees
(Report employees in only one category)

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 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

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

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