

FCC FORM 396-C

Submit the original and one copy by September 30:

Federal Communications Commission
Policy Division, Media Bureau
Washington, D. C. 20554

Approved by OMB
3060-0095

For FCC Use Only

Emp. Unit ID # _____

() Supplemental Investigation Sheet (SIS) Attached

SECTION I IDENTIFYING INFORMATION

A. Name of Operator:		
MSO Name:		
B. Employment Unit's Mailing Address		
City	State	Zip Code
C. County and State in which unit's employment office is located		

D. Category of Respondent (check applicable box)

- () Fewer than six (6) full-time employees during the selected payroll period: Complete Sections I, II and VIII
- () Six (6) or more full-time employees during the selected payroll period: Complete ALL sections of the Form 395-A and the Supplemental Investigation Sheet, if attached

SECTION II COMMUNITY INFORMATION

System Communities Comprising Local Employment Unit		
Ident No.	Name of Community	Type
	Location (State)	

Review the list of communities served on the previous year's submission and attach as Exhibit A any additions or deletions using the format noted above. NOTE: APPLICABLE ONLY TO CABLE OPERATORS AND NOT TO OTHER MVPD UNITS.

Exhibit No.
A

E. Pay Period Covered by this Report (inclusive dates)**F. Attachments: (Check applicable boxes)**

Not Applicable	Attached	Exhibit - For:
()	()	A-Section II
()	()	B-Section III
()	()	C-Section IV
()	()	D-SIS-Job Descriptions
()	()	E-SIS Narrative Responses
()	()	F-SIS EEO Public File Report