Reporting Entity ☐ Contractor ☐ Subcontractor

FEIN

Contractor Name

Contractor Address

Contract Number

Reporting Period - Select One

☐ January 1 - March 31	☐ April 1 - June 30
☐ July 1 - September 30	☐ October 1 - December 31

Reporting Month - Select One

☐ January		☐ February		☐ March	
☐ April		☐ May		☐ June	
☐ July		☐ August		☐ September	
☐ October		☐ November		☐ December	

Workforce Identified in Report

☐ Workforce Utilized in Performance of Contract

☐ Contractor/Subcontractor's Total Workforce

Preparer's Name:

Preparer's Title:

Date:

☐ By checking this box, I certify that I personally completed this document and I adopt the name typed above as my electronic signature under the NYS Electronic Signatures and Records Act, with like legal force and effect as if I had physically signed the document.

☐ Check this box to request that the material included herein be withheld from disclosure pursuant to Article 6 of the Public Officers Law (Freedom of Information Law)

Occupation Classifications (SOC Major Group)	SOC Job Title	EEO Job Title	SOC Job Code	Number of Employees and Hours Worked by Race/Ethnic Identification During Reporting Period																													
				White						Black/African American						Hispanic/Latino						Asian/Native Hawaiian or Other Pacific Islander						Native American/Alaskan Native					
				Male			Female			Male			Female			Male			Female			Male			Female			Male			Female		
				No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages
		#N/A	#N/A																													