



Completing and Submitting Workforce Utilization Reports In Accordance to Executive Order No. 162 (“EO 162”)

I. Instructions for Submitting the Workforce Utilization Report

The Workforce Utilization Report (“Report”) must be submitted on a monthly basis for construction contracts, and a quarterly basis for all other contracts, during the life of the contract, and must report the actual workforce utilized in the performance of the contract broken down by job title.

- (1) When the workforce utilized in the performance of the contract **can** be separated out from the contractor’s and/or subcontractor’s total workforce, the contractor and/or subcontractor shall submit a Report of the workforce utilized on the contract.
- (2) When the workforce to be utilized on the contract **cannot** be separated out from the contractor’s and/or subcontractor’s total workforce, information on the contractor’s and/or subcontractor’s total workforce may be included in the Report.

Reports are to be submitted electronically in **Excel format only**, using the provided *OCSD-3: Workforce Utilization Report* worksheet, to OCSD@esd.ny.gov within ten (10) days following the end of each month or quarter, whichever is applicable.

II. Instructions for Completing the Workforce Utilization Report

This is a step-by-step guide that references each section of the updated *OCSD-3: Workforce Utilization Report*, and identifies what responses should be included. See sample updated *OCSD-3* form below.

1. **REPORTING ENTITY:**
Check off the appropriate box to indicate if the entity completing the Report is the contractor or a subcontractor.
2. **FEDERAL EMPLOYER IDENTIFICATION NUMBER:**
Enter the Federal Employer Identification Number (FEIN) assigned by the IRS. Contractors utilizing their social security number in lieu of an FEIN should leave this field blank.
3. **CONTRACTOR NAME and CONTRACTOR ADDRESS:**
Enter the primary business address for the entity completing the Report.
4. **CONTRACT NUMBER:**
Enter the number of the contract to which the Report applies.
5. **REPORTING PERIOD:**
Check off the box that corresponds to the applicable quarterly or monthly reporting period for this Report. Only select one box.
6. **WORKFORCE IDENTIFIED IN REPORT:**
Check off the appropriate box to indicate if the workforce being reported is just for the contract or the contractor’s or subcontractor’s total workforce.
7. **OCCUPATION CLASSIFICATIONS and SOC JOB TITLE:**
Select the occupation classification and job title that best describes each group of employees performing work on the state contract under Column A and B from the drop-down menu.
8. **EEO JOB TITLE and SOC CODE:**
These fields will populate automatically based upon the Occupation Classifications and SOC Job Titles selected. **Do not modify the results generated in these fields.**



9. **NUMBER OF EMPLOYEES and NUMBER OF HOURS:**

Enter the number of employees and total number of hours worked by such employees for each job title under the columns corresponding to the gender and racial/ethnic groups with which the employees most closely identify.

10. **PREPARER’S INFORMATION:**

Enter the name and title for the person completing the form, enter the date upon which the Report was completed, and check the box accepting the name entered into the Report as the digital signature of the preparer.

To Be Reported Quarterly For All State Contracts:

11. **TOTAL GROSS WAGES:**

Enter the total gross wages paid to all employees for each job code, and each gender and racial/ethnic group, identified in the Report. Contractors and subcontractors should report only gross wages for work on the contract paid to employees during the period covered by the Report.

“Gross wages” are those reported by employers to employees on their wage statements. Gross wages are defined more specifically by 20 NYCRR §2380.4 and typically include every form of compensation for employment paid by an employer to his, her or its employees, whether paid directly or indirectly by the employer, including salaries, commissions, bonuses, tips and the reasonable value of board, rent, housing, lodging or similar advantage received.

III. Race/Ethnic Identification

For the purposes of this Report, an employee must be included in the group with which he or she most closely identifies. No person may be counted in more than one racial/ethnic group. In determining an employee’s race or ethnicity, a contractor may rely upon an employee’s self-identification, employment records, or, in cases where an employee refuses to identify his or her race or identity, observer identification. The race/ethnic categories for this Report are:

- **WHITE** (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK/AFRICAN AMERICAN:** A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC/LATINO:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE AMERICAN/ALASKAN NATIVE:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

IV. Resources

If you have questions regarding these requirements, are unsure of the appropriate job titles to include in your Report, or otherwise require assistance in preparing or submitting the Report, please contact ESD’s Office of Contractor and Supplier Diversity at OCSD@esd.ny.gov.

This draft *OCSD-3: Workforce Utilization Report* only serves as a reference to Section II above, and is not intended to be the final report to be utilized by contractors and subcontractors.

DRAFT

Reporting Entity Contractor Subcontractor ← 1

FEIN ← 2

Contractor Name ← 3

Contractor Address ← 3

Contract Number ← 4

Reporting Period - Select One

January 1 - March 31 April 1 - June 30

July 1 - September 30 October 1 - December 31

Reporting Month - Select One

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Workforce Identified in Report

Workforce Utilized in Performance of Contract

Contractor/Subcontractor's Total Workforce

Occupation Classifications (SOC Major Group)	SOC Job Title	EEO Job Title	SOC Job Code	Number of Employees and Hours Worked											
				White						Black/African American					
				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
		#N/A	#N/A												
		#N/A	#N/A												
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Preparer's Name:

Preparer's Title:

Date:

10 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).