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

Occupation Classifications (SOC Major Group)	SOC Job Title	EEO Job Title	SOC Job Code	Number of Employees and Hours Worked by Race/Ethnic Identificatio															
				White						Black/African American						Hispanic/Latino			
				Male			Female			Male			Female			Male			
				No. of Employees	No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation	No. of Employees
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
		#N/A	#N/A																
				Total															
				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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.

During Reporting Period													
		Asian/Native Hawaiian or Other Pacific Islander						Native American/Alaskan Native					
Female		Male			Female			Male			Female		
No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation	No. of Employees	No. of Hours	Total Compensation
0	0	0	0	0	0	0	0	0	0	0	0	0	0