



# Office of Employee Relations

Reporting Entity  Contractor  Subcontractor

FEIN   
Contractor Name

Contractor Address

Project Name/Number or Contract Number

Preparer's Name

Preparer's Title

**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

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	Race/Ethnicity	Gender	No. of Employees	No. of Hours Worked	Total Compensation
					Select One:			
				Select One:	Select One:			
				Select One:	Select One:			
				Select One:	Select One:			
				Select One:	Select One:			
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