

MONTHLY WORKFORCE UTILIZATION REPORT

(Sub-Contractor's Workforce)

Report all permanent full-time or part-time employees, including apprentice and on-the job trainees for this project.
Attach Copies of your firms Monthly Payroll Reports (See Instruction Sheet)

PRIME CONTRACTOR:			
ADDRESS (Include City, State, & Zip Code)		PHONE NUMBER:	
PROJECT NO.		REPORT DATE	
PROJECT NAME:		REPORTING MONTH (MMYYYY):	
SUBCONTRACTOR'S NAME:		CONTACT PERSON:	

JOB CATEGORIES	OVERALL TOTALS (SUM OF A THRU E)		WHITE (A) (Not of Hispanic Origin)		BLACK (B) (Not of Hispanic Origin)		HISPANIC (C)		ASIAN (D) PACIFIC ISLANDER		AMER. INDIAN OR (E) ALASKAN NATIVE	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
OFFICIALS MANAGERS												
PROFESSIONALS												
TECHNICIANS												
OFFICE CLERICAL												
SKILLED CRAFTS												
UNSKILLED LABORERS												
SERVICE WORKERS												
APPRENTICES INTERNS												
OTHERS												
(TOTALS)												

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

SIGNATURE	TITLE	DATE
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