WORK FORCE EMPLOYMENT UTILIZATION - FORM 102 - CONSULTING SERVICES

Reporting Entity

☐ Contractor ☐ Subcontractor

Reporting Period - Select One

☐ January 1 - March 31		☐ April 1 - June 30
☐ July 1 - September 30		☐ October 1 - December 31
☐ January	☐ February	☐ March
☐ April	☐ May	☐ June
☐ July	☐ August	☐ September
☐ October	☐ November	☐ December

Contractor Name

Contractor Address

Contract Number

Workforce Identified in Report

☐ Workforce Utilized in Performance of Contract

☐ Contractor/Subcontractor's Total Workforce

EEO 1 Job Categories	SOC Job Title	SOC Job Code	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
	Other -											
	Other -											
	Other -											
TOTAL HOURS WORKED												

EEO 1 Job Categories	SOC Job Title	SOC Job Code	Number of Employees 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
	Other -											
	Other -											
	Other -											
TOTAL EMPLOYEES												

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.