

WORK FORCE EMPLOYMENT UTILIZATION - FORM 102 - CONSULTING SERVICES

Reporting Entity

Contractor Subcontractor

Contractor Name: _____

Contractor Address: _____

Contract Number: _____

Reporting Period - Select One

<input type="checkbox"/> January 1 - March 31		<input type="checkbox"/> April 1 - June 30	
<input type="checkbox"/> July 1 - September 30		<input type="checkbox"/> October 1 - December 31	
<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

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.