

\*\*\*\*\*

**STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY**  
**Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program**  
**VENDOR ACTIVITY SUMMARY REPORT**

NEW HIRES    PROMOTIONS    TRANSFERS    TERMINATIONS   (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. \_\_\_\_\_ DATES OF PAYROLL PERIOD USED: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

JOB CATAGORIES	MALE						FEMALE					
	Total	Black	Hispanic	AM.Indian	Asian	Non-Min.	Total	Black	Hispanic	AM.Indian	Asian	Non-Min.
OFFICIALS & MANAGERS												
PROFESSIONALS												
TECHNICIANS												
SALES WORKERS												
OFFICE & CLERICAL												
CRAFTWORKERS												
OPERATIVES												
LABORERS												
SERVICE WORKERS												
TOTAL												

I certify that the information on this Form is true and correct.

NAME OF PERSON COMPLETING FORM (Print or Type) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_  
 LAST FIRST MI

ADDRESS(NO. & STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_ PHONE(AREA CODE,NO.,EXTENSION) \_\_\_\_\_

\*\*\*\*\*