

# State Of New Jersey

Department of Labor & Workforce Development  
Construction EEO Compliance Monitoring Program

**MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION**

For instructions on completing the form, go to: <a href="http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf">http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf</a>		<b>3. F ID or SS Number</b>			
1. Name and address of Prime Contractor  (NAME)		<b>2. Contractor ID Number</b>		<b>4. Reporting Period</b>	
(ADDRESS)		<b>5. Public Agency Awarding Contract</b>		<b>Date of Award</b>	
(CITY) (STATE) (ZIP CODE)		<b>6. Name and Location of Project</b>		<b>County</b>	
				<b>7. Project ID Number</b>	

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM. % OF W/H			
				A.	B.	C.	D.	E.	F.	NO. OF	TOTAL	A.	B.	A.	B.	TOTAL	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES	MIN. EMP.	WORK HOURS	MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	WORK HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H
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**17. COMPLETED BY (PRINT OR TYPE)**

(NAME)	(SIGNATURE)	(TITLE)
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(AREA CODE)	(TELEPHONE NUMBER)	(EXT.)	(DATE)
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