

**State Of New Jersey**  
Division Of Public Contracts  
Equal Employment Opportunity Compliance

**MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION**

<b>For instructions on completing the form, go to:</b> <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>	
<b>1. Name and address of Prime Contractor</b>  (NAME)		<b>2. Contractor ID Number</b>	
(ADDRESS)		<b>4. Reporting Period</b>	
(CITY)		<b>5. Public Agency Awarding Contract</b>	
(STATE)		Date of Award	
(ZIP CODE)		<b>6. Name and Location of Project</b>	
(COUNTY)		<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 MIN. EMP.	TOTAL WORK HOURS	A.	B.	A.	B.	TOTAL WORK HOURS	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES	MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	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)

(AREA CODE) (TELEPHONE NUMBER) (EXT.) (DATE)