MONTHLY EMPLOYMENT REPORT
AMERICAN RECOVERY AND REINVESTMENT ACT

1. Report Month: (mm/yyyy)	2. Contracting Agency	
3. Federal-Aid Project Number	4. State Project Number or ID Number	5. Project Location: State, County or Federal Region

6. CONTRACTOR NAME AND ADDRESS

Name:

Address:

City: State:

Zip:

7. Contractor/Subcontractor DUNS Number:

8. Employment Data

	EMPLOYEES	HOURS	PAYROLL
Prime Contractor Direct, On-Project Jobs (see guidance for definitions)			
Subcontractor Direct, On-Project Jobs			
Subcontractor Name			
Prime and Subcontractor Totals			

9. PREPARED BY CEO or Payroll Official:		DATE:
Name:		
Title:		

Form FHWA-1589 (Rev. 3-25)

Print Form