



Monthly Employment Utilization Report

OMB Control Number: XXXX-XXXX

Expires: XX/XX/XXXX

This report is authorized by Executive Order 11246, Sec. 203. Read the instructions prior to completing the form. All fields are required, unless marked optional.

1. Name of Federal Contractor or Subcontractor: _____
2. Location of Contractor or Subcontractor (Registered Address)
 Address: _____
 City: _____
 State: _____ Zip: _____ +4: _____
3. Employer Identification Number (EIN): _____
4. Unique Entity ID (UEI) (or Data Universal Numbering System (DUNS) Number, if UEI unavailable): _____
5. Federal Funding Agency (list all that apply): _____
6. Reporting Period: From: _____ To: _____
7. Number of Covered Areas (Standard Metropolitan Statistical Areas (SMSA) or Economic Areas (EA)) with projects during the reporting period: _____
 Note: If more than one covered area during the reporting period, you must provide items 11 through 15 for each of the covered areas.
8. Company Official Submitting Report
 First Name: _____
 Last Name: _____
 Title: _____
 Phone Number: _____
 Email: _____
9. Signature of Company Official: _____
10. Date: _____

Public Burden Statement: According to the Paperwork Reduction Act (PRA) of 1995, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1.5 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the collection of information. If you have comments regarding the estimated reporting burden, or suggestions for reducing the burden, please send them to the OFCCP, Division of Policy and Program Development, 200 Constitution Avenue, N.W., Room C-3325, Washington, D.C. 20210, and reference OMB Control Number XXXX-XXXX.

SAMPLE FOR 60-DAY INFORMATION COLLECTION REQUEST

Submit Items 11 through 15 for each Standard Metropolitan Statistical Area or Economic Area with projects during the reporting period.

11. Covered Area (Standard Metropolitan Statistical Area (SMSA) or Economic Area (EA)) _____

12. Select one: Prime Contractor in SMSA/EA Subcontractor in SMSA/EA Both **13. Select one:** OFCCP Megaproject in SMSA/EA Yes No

14. TOTAL NUMBER OF TRADE EMPLOYEES AT THE END OF REPORTING PERIOD IN THE SMSA/EA

Construction Trades (Please insert applicable trades below. See instructions.)	Classification	Hispanic or Latino		White (Not Hispanic or Latino)		Black or African American (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)		American Indian or Alaska Native (Not Hispanic or Latino)		Two or More Races (Not Hispanic or Latino)		TOTAL			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	All	
	Forepersons																		
	Journey Workers																		
	Apprentices																		
	Trainees																		
	Sub-Total																		
	Forepersons																		
	Journey Workers																		
	Apprentices																		
	Trainees																		
	Sub-Total																		
	Forepersons																		
	Journey Workers																		
	Apprentices																		
	Trainees																		
	Sub-Total																		
Total Forepersons																			
Total Journey Workers																			
Total Apprentices																			
Total Trainees																			
TOTAL NUMBER OF TRADE EMPLOYEES																			
TOTAL PERCENTAGE																			

SAMPLE FOR 60-DAY INFORMATION COLLECTION REQUEST

15. TOTAL CONSTRUCTION WORK HOURS IN THE SMSA/EA																		
Construction Trades <i>(Please insert applicable trades below. See instructions.)</i>	Classification	Hispanic or Latino		White (Not Hispanic or Latino)		Black or African American (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)		American Indian or Alaska Native (Not Hispanic or Latino)		Two or More Races (Not Hispanic or Latino)		TOTAL		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	All
	Forepersons																	
	Journey Workers																	
	Apprentices																	
	Trainees																	
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	Apprentices																	
	Trainees																	
	Sub-Total																	
Total Forepersons																		
Total Journey Workers																		
Total Apprentices																		
Total Trainees																		
TOTAL NUMBER OF WORK HOURS																		
TOTAL PERCENTAGE																		

16. Comments (Optional):