

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**EEO WORKFORCE QUARTERLY COMPLIANCE REPORT
MINORITY/WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE)**

Contract No: Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Contractor's Name: Contractor's Address:	Reporting Period: <input type="checkbox"/> Jan 1, 20__ - Mar 31, 20__ <input type="checkbox"/> Apr 1, 20__ - Jun 30, 20__ <input type="checkbox"/> Jul 1, 20__ - Sept 30, 20__ <input type="checkbox"/> Oct 1, 20__ - Dec 31, 20__
Report includes: <input type="checkbox"/> Workforce utilized on this contract <input type="checkbox"/> Contractor/Subcontractor's total workforce		Submit completed form to: NYS Dept. of Corrections and Community Supervision Support Operations / Contract Procurement Unit The Harriman State Campus 1220 Washington Ave Albany, NY 12226

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO Job Category	Total Workforce	Workforce by Gender		Workforce by Race/Ethnic Identification										Disabled		Veteran	
		Total Male	Total Female	White (Not Hispanic/Latino)		Black (Not Hispanic/Latino)		Hispanic or Latino		Asian (Not Hispanic/Latino)		American Indian or Alaskan Native (Not Hispanic/Latino)		(M)	(F)	(M)	(F)
		(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Executive/Senior Level Officials & Managers																	
First/Mid Level Officials & Managers																	
Professionals																	
Technicians																	
Sales Workers																	
Administrative Support Workers																	
Craft Workers																	
Operatives																	
Laborers and Helpers																	
Service Workers																	
Totals																	

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	E-MAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):	DATE:	
FOR AGENCY USE ONLY		
REVIEWED BY/DATE	QUARTERLY UTILIZATION REPORT APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date:	

General Instructions: The workforce utilization (EEO 101) is to be submitted on a quarterly basis during the life of the contract to report the actual workforce utilized in the performance of the contract, broken down by the specified categories. When the workforce utilized in the performance of the contract can be separated out from the Contractor's and/or Subcontractor's total workforce, the Contractor and/or Subcontractor shall submit a utilization report of the workforce utilized on the contract. When the workforce to be utilized on the contract cannot be separated out from the Contractor's and/or Subcontractor's total workforce, information on the total workforce shall be included in the utilization report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30, and 12/31 and submitted to DOCCS within 15 days of the end of each quarter. If there are no changes to the workforce utilized on the contract during the reporting period, the Contractor can submit a copy of the previously submitted report indicating no change with the date and reporting period updated.

Instructions for completing:

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the Contractor or a Subcontractor.
3. Check off the appropriate box to indicate type of workforce being reported.
4. Enter the total workforce by EEO job category.
5. Break down the total workforce by gender and enter under the heading "Workforce by Gender."
6. Break down the total workforce by race/ethnic background and enter under the heading "Workforce by Race/Ethnic Identification."
7. Enter the name, title, phone number, and E-mail address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK – (Not of Hispanic origin) A person who has origins in any of the black racial groups of Africa.

HISPANIC or LATINO - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race

ASIAN & PACIFIC ISLANDER - All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN or ALASKAN NATIVE - A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community recognition.

OTHER CATEGORIES

- **DISABLED INDIVIDUAL** - Any person who:
 - Has a physical or mental impairment that substantially limits one or more major life activity (ies)
 - Has a record of such an impairment; or
 - Is regarded as having such impairment.
- **VETERAN** - An individual who served in the military during time of war.
- **GENDER** - Indicate whether male or female.