NEW YORK STATE

Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY ANNUCCI
Acting Commissioner

Reporting Entity ☐ Contractor ☐ Subcontractor

Contractor Name

Contractor Address

Contract Number

Reporting Period - Commodities & Services

☐ January 1 - March 31	☐ April 1 - June 30
☐ July 1 - September 30	☐ October 1 - December 31

Reporting Period - Construction

☐ January	☐ February	☐ March
☐ April	☐ May	☐ June
☐ July	☐ August	☐ September
☐ October	☐ November	☐ December

Workforce Identified in Report

☐ Workforce Utilized in Performance of Contract
☐ Contractor/Subcontractor's Total Workforce

Preparer's Name:

Preparer's Title:

Date:

☐ By checking this box, I certify that I personally completed this document and I adopt the name typed above as my electronic signature under the NYS Electronic Signatures and Records Act, with like legal force and effect as if I had physically signed the document.

Occupation Classifications (SOC Major Group)	SOC Job Title	EEO Job Title	SOC Job Code	Number of Employees and Hours Worked by Race/Ethnic Identification During Reporting Period																			
				White				Black/African American				Hispanic/Latino				Asian/Native Hawaiian or Other Pacific Islander				Native American/Alaskan Native			
				Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
				No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours	No. of Employees	No. of Hours
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