



**CONTRACTOR CUMULATIVE MONTHLY EMPLOYMENT UTILIZATION REPORT
(Include ALL SUBCONTRACTORS)**

Vermont Agency of Transportation
Office of Civil Rights and Labor Compliance

PROJECT NAME AND NUMBER: _____ _____	CURRENT GOALS MINORITY: _____ FEMALE: <u>6.9%</u>	REPORTING PERIOD FROM: _____ TO: _____
CONTRACTOR'S NAME AND ADDRESS: _____ _____ _____		

NUMBER OF WORK HOURS OF EMPLOYMENT											PERCENTAGE		NUMBER OF EMPLOYEES				
CONSTRUCTION TRADE CLASSIFICATION	TOTAL NUMBER - ALL WORK HOURS OF EMPLOYEES BY TRADE (BOTH MALE AND FEMALE)	BLACK (NOT OF HISPANIC ORIGIN)		HISPANIC		ASIAN OR PACIFIC ISLANDERS		AMERICAN INDIAN OR ALASKAN NATIVE		WHITE (NOT OF HISPANIC ORIGIN)		PERCENTAGE OF TOTAL WORK HOURS BY MINORITY & FEMALE		TOTAL NUMBER OF EMPLOYEES		TOTAL NUMBER OF MINORITY EMPLOYEES	
		M	F	M	F	M	F	M	F	M	F	MINORITY	FEMALE	M	F	M	F
TOTALS												%	%				

COMPANY OFFICIAL'S SIGNATURE AND TITLE	TELEPHONE NUMBER	DATE SIGNED	PAGE _____ OF _____
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INSTRUCTIONS FOR FILING
CUMULATIVE MONTHLY EMPLOYMENT UTILIZATION REPORT

*[Using the Monthly Employment Utilization Reports collected from the subcontractors on the job, **COMBINE all the information** to complete the CUMULATIVE Monthly Employment Utilization Report Form and submit to the State Resident Engineer on the project each month.]*

- 1. PROJECT NAME AND NUMBER**
Complete project name and number as assigned by the Vermont Agency of Transportation.
- 2. CONTRACTOR'S NAME AND ADDRESS**
Indicate the name and address of the *PRIME CONTRACTOR* with a construction contract funded in whole or in part with Federal funds.
- 3. CURRENT GOALS**
See section of contract regarding requirement for Affirmative Action (Executive Order 11246).
- 4. REPORTING PERIOD**
Monthly, beginning with the effective date of the contract.
- 5. CONSTRUCTION TRADE CLASSIFICATION**
Indicate only those classifications used on this contract.
- 6. TOTAL NUMBER – ALL WORK HOURS OF EMPLOYEES BY TRADE**
Indicate the total number of hours (male and female *combined*) worked by employees in each trade classification.
- 7. BLACK,/HISPANIC/ASIAN/AMERICAN INDIAN/WHITE CATEGORIES**
Indicate the total number of hours (male and female *separated*) worked by each specified ethnic group of employees in each classification.
- 8. PERCENTAGE OF TOTAL WORK HOURS - MINORITY**
Indicate the PERCENTAGE of total minority work hours (male and female *MINORITIES combined*) of all work hours (the sum of the BLACK, HISPANIC, ASIAN, and AMERICAN INDIAN columns divided by the sum of TOTAL NUMBER OF ALL WORK HOURS - just one figure for each construction trade.)
- 9. PERCENTAGE OF TOTAL WORK HOURS - FEMALE**
Divide the TOTAL NUMBER – ALL WORK HOURS OF EMPLOYEES BY TRADE for each classification by the total number of females reported in BLACK, HISPANIC, ASIAN, AMERICAN INDIAN **and WHITE** for each classification.
- 10. TOTAL NUMBER OF EMPLOYEES**
Indicate the total number of male employees and the total number of female employees working in each classification in the contractor's work force during the reporting period.
- 11. TOTAL NUMBER OF MINORITY EMPLOYEES**
Indicate the total number of male *MINORITY* employees and the total number of female *MINORITY (non-white)* employees working in each classification in the contractor's work force during the reporting period.
- 12. COMPLETE THE FORM: SIGNATURE, TITLE, PHONE NUMBER, DATE, PAGE ____ OF ____.**
- 13. AT THE END OF EACH MONTH, SUBMIT** the completed **CUMULATIVE** Monthly Employment Utilization Report Form to the State Resident Engineer on the project site. One of these forms should be completed for each month of the contract.