

Commission on Human Rights and Opportunities Contract Compliance Unit 25 Sigourney Street Hartford, CT 06106	1. MONTHLY EMPLOYMENT UTILIZATION REPORT <i>(FORM chro cc-257)</i>	PROJECT AREA (MSA): _____ 2. EMPLOYERS FEIN NO. _____	3. PROJECT AAP GOALS MINORITY: _____ FEMALE: _____	4. REPORTING PERIOD FROM: _____ TO: _____
---	--	--	--	---

GENERAL CONTRACTOR: PROJECT NAME: CONTRACT NUMBER:	NAME AND LOCATION OF CONTRACTOR (submitting report):	STATE AWARDING AGENCY:
--	--	------------------------

5. CONSTRUCTION TRADE (please identify)	6. WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT										9. TOTAL NUMBER OF EMPLOYEES		10. TOTAL NUMBER OF MINORITY EMPLOYEES		
	CLASSIFICATION	6a. TOTAL HOURS BY TRADE		6b. BLACK (Not of Hispanic Origin)		6c. HISPANIC		6d. ASIAN OR PACIFIC ISLANDERS		6e. AMERICAN INDIAN OR ALASKAN NATIVE					7. MINORITY PERCENT
		M	F	M	F	M	F	M	F	M	F	M	F		
Journey Worker															
Apprentice															
Trainee															
SUB-TOTAL															
Journey Worker															
Apprentice															
Trainee															
SUB-TOTAL															
Journey Worker															
Apprentice															
Trainee															
SUB-TOTAL															
Journey Worker															
Apprentice															
Trainee															
SUB-TOTAL															
TOTAL JOURNEY WORKERS															
TOTAL APPRENTICES															
TOTAL TRAINEES															
GRAND TOTAL															

11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME, AND PRINTED TITLE	12. TELEPHONE NUMBER (Including area code)	13. DATE SIGNED	PAGE _____ OF _____
--	--	-----------------	---------------------

Did not perform work on this project for this month (Please place an "X" in the box if your company did not perform work on this project for this month only.)

Commission on Human Rights and Opportunities Contract Compliance Unit 25 Sigourney Street Hartford, CT 06106	1. MONTHLY EMPLOYMENT UTILIZATION REPORT <i>(FORM chro cc-257A)</i>	PROJECT AREA (MSA): _____ 2. EMPLOYERS FEIN NO.	3. PROJECT AAP GOALS MINORITY: _____ FEMALE: _____	4. REPORTING PERIOD FROM: _____ TO: _____
---	--	---	--	---

GENERAL CONTRACTOR: PROJECT NAME: CONTRACT NUMBER:	NAME AND LOCATION OF CONTRACTOR (submitting report):	STATE AWARDING AGENCY:
--	--	------------------------

5. ON SITE PERSONNEL (OTHER THAN TRADE WORKERS) <i>(please identify specific job title)</i>	6. WORK HOURS OF WORKERS <i>(OTHER THAN TRADE WORKERS)</i> EMPLOYED ON PROJECT											9. TOTAL NUMBER OF EMPLOYEES		10. TOTAL NUMBER OF MINORITY EMPLOYEES	
	6a. TOTAL HOURS BY TRADE		6b. BLACK (Not of Hispanic Origin)		6c. HISPANIC		6d. ASIAN OR PACIFIC ISLANDERS		6e. AMERICAN INDIAN OR ALASKAN NATIVE		7. MINORITY PERCENT				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
GRAND TOTAL WORKERS															

11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME, AND PRINTED TITLE	12. TELEPHONE NUMBER (Including area code)	13. DATE SIGNED	PAGE ____ OF ____
--	--	-----------------	----------------------

Did not perform work on this project for this month (Please place an "X" in the box if your company did not perform work on this project for this month only.)