

DIVISION OF CONTRACTOR AND WORKFORCE COMPLIANCE ATTN: Risk Management and Vendor Services Division

> 32 EAST FRONT STREET, PO BOX 991 TRENTON, NJ 08625-0991

MONTHLY WORKFORCE TRACKING REPORT (AA202) - CONSTRUCTION

REPORT PERIOD:	N	FP DATE:	PROJEC	TED END DATE:	
VENDOR NAME:			AGENCY AWARDING CONTRACT	: COUNTY:	COUNTY GOALS (%):
					MINORITY:
ADDRESS:			CONTRACT NUMBER:	DISTRICT:	WOMEN:
CITY:	STATE:	ZIP CODE:	DATE OF AWARD:	SCHOOL:	
VENDOR FED ID OR SS NUMBER:			\$ AMOUNT OF AWARD:		
FPO:		PMF/CM:		PLA: YES NO	

			uon	11. Number of Employees/Hours								12. Tota	1	13. Number of Local Employees/Hours																													
8. Contractor	9. %	10.	icati	А.	B.		C.	D).	E	E. F.		#	# Minor	To			DISTRICT COUNTY																									
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USE ADDITIONAL FORMS AS NECESSARY

SIGNATURE

TITLE

PRINT NAME

DATE SUBMITTED

PHONE NO. WITH AREA CODE AND EXTENSION

EMAIL ADDRESS