



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

This form MUST BE completed and submitted to the NJSDA on-line at [https:// www.njsda.gov/wfp/login.aspx](https://www.njsda.gov/wfp/login.aspx)  
Complete this form by the 7th business day of each month  
(Example: The report for January 2009 is due by February 10, 2009.)

REPORT PERIOD: \_\_\_\_\_ NTP DATE: \_\_\_\_\_ PROJECTED 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 \_\_\_\_\_

8. Contractor (Prime first, subs following)	9. Work. Comp	10.Trade or Craft		11. Number of Employees/Hours												12. Total			13. Number of Local Employees/Hours																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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USE ADDITIONAL FORMS AS NECESSARY

SIGNATURE

TITLE

PRINT NAME

DATE SUBMITTED

PHONE NO. WITH AREA CODE AND EXTENSION

EMAIL ADDRESS