STATE OF NEW JERSEY
SCHOOLS DEVELOPMENT AUTHORITY

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
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. % Wrk Comp	10. Trade or Craft	Clasification	11. Number of Employees/Hours												12. Total			13. Number of Local Employees/Hours																								
				A. Total	B. Black		C. Hispanic		D. Am Indian		E. Asian		F. Female		# Minority Empl	# Minority Hours	Total Wrk Hrs	DISTRICT														COUNTY											
					# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs				Black # Emp	# Hrs	Hispanic # Emp	# Hrs	Am Indian # Emp	# Hrs	Asian # Emp	# Hrs	Total Minority # Emp	# Hrs	Non-Minority # Emp	# Hrs	Female # Emp	# Hrs	Black # Emp	# Hrs	Hispanic # Emp	# Hrs	Am Indian # Emp	# Hrs	Asian # Emp	# Hrs	Total Minority # Emp	# Hrs	Non-Minority # Emp	# Hrs	Female # Emp	# Hrs
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USE ADDITIONAL FORMS AS NECESSARY

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE SUBMITTED _____

PHONE NO. WITH AREA CODE AND EXTENSION _____ EMAIL ADDRESS _____