

Commission on Human Rights and Opportunities Contract Compliance Unit 450 Columbus Blvd Ste 2 Hartford CT 06103	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: _____
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GENERAL CONTRACTOR: PROJECT NAME: CONTRACT NUMBER:	NAME AND LOCATION OF CONTRACTOR (submitting report):	STATE AWARDING AGENCY:
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5. CONSTRUCTION TRADE (please identify)	CLASSIFICATION	6. WORK HOURS OF TRADE WORKERS 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	8. FEMALE PERCENT	
		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																	
	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 _____
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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 450 Columbus Blvd Ste 2 Hartford CT 06103	1. MONTHLY EMPLOYMENT UTILIZATION REPORT (FORM chro cc-257A)	PROJECT AREA (MSA): _____ 2. EMPLOYER'S 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 (OTHER THAN TRADE WORKERS) 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	8. FEMALE PERCENT	M F	M F	M F	
GRAND TOTAL WORKERS																
11. COMPANY OFFICIALS SIGNATURE , PRINTED NAME AND PRINTED TITLE					12. TELEPHONE NUMBER (Including area code)					13. DATE SIGNED			PAGE _____ OF _____			