COMPLIANCE REVIEW INSTRUCTIONS:
The attached forms are to be completed and submitted by the Prime contractor to the reviewer as requested.
These forms must be completed thoroughly, if you did not have any activity in a particular area, please write "no activity" on that form.
□ PACKET "A" is for <i>Prime Contractor Data</i> and should be completed by the Prime Contractor.
☐ ATTACHMENT 1P – Submit information for Desk Audit
☐ ATTACHMENT 2P- Submit a listing of Minority and Female Recruitment Sources
□ ATTACHMENT 3P – Employment Data – Project
☐ 3P-a – DBE/SBE Participation ☐ 3P-a – OJT – On the Job Trainees ☐ 3P-a – New Hires for Project ☐ 3P-a – Re-Hires for Project ☐ 3P-a – Transfers for Projects
☐ ATTACHMENT 4P - Employment Data - Total Workforce
□ ATTACHMENT 5P – Contract Worksheet
□ ATTACHMENT 6P – Termination Sheet
□ PACKET "B" is for <i>Subcontractor Data</i> (a packet must be completed for each subcontractor who performed work during this review period).
□ ATTACHMENT 1S – Submit information for Desk Audit
☐ ATTACHMENT 2S – Submit a listing of Minority and Female Recruitment Sources
□ ATTACHMENT 3S – Employment Data – Project

☐ **ATTACHMENT 4S** – Termination Sheet

PACKET "A" PRIME CONTRACTOR DATA

Firm's Name:	
Address:	
City, State:	
Tel.:	
REVIEW PERIOD:	

Attachment 1P

Please submit the following information:

Copies of all current bargaining agreements
Sample copy of purchase orders and subcontracts containing the EEO clause
Please submit copies of ALL subcontracts between Prime Contractor and its subcontractor's
Submit all verification of payments for all subcontractors, please include when the Prime Contractor was paid by ConnDOT and when the Prime Contractor paid its subcontractors
Provide a list of any allegations of discrimination filed against your firm
 Please include a statement of the status of any action taken pertaining to employment practices by the Equal Employment Opportunity Commission (EEOC) or other Federal, State, or local agency regarding Discrimination Complaints or any actions taken against you
Describe what type of training have been provided to your employees

Referral Sources

Please submit a list of recruitment sources utilized for this project:

(Print copies for additional resources)

On way in a tien.	Ommaniation	
Organization	Organization	
Contact	Contact	
Name	Name	
Street	Street	
Address	Address	
City	City	
State	State	
Zip Code	Zip Code	
Telephone	Telephone	
Organization	Organization	
Contact	Contact	
Name	Name	
Street	Street	
Address	Address	
C:ta	C:t	
City	City	
State	State	
Zip Code	Zip Code	
Telephone	Telephone	

Transfers for	Project #	
Transfers for	Project #	

Attachment 3P-a

Name	Address	Occupation	SSN (last 4-digits)	Transferred from Project	Date of Transfer	Union Member	М	F	Ethnic Group	Original Date of Hire

Re - Hires for Project #	
--------------------------	--

Attachment 3P-a

Name	Address	Occupation	SSN (last 4-digits)	Project Hire Date	Date Layed- Off	Date Re-Hired	Union Member	М	F	Ethnic Group
										
										
										<u> </u>
			1							
-							-			
										<u> </u>

EMPLOYMENT DATA - PROJECT

INSTRUCTIONS: FOR PROJECT	_, COMPLETE THE EMPLOYMENT STATISTICS FOR THE PERIOD COVERING
CONTRACTOR NAME	
CONTRACTOR NAME	

				WORK	HOURS	OF EMLO	YMENT							TOTAL	EMPLOY	MENT	
									TABLE	: A							
JOB CATEGORIES	UNION LOCAL #'s	EMPL			BLACK HOURS HOURS			AMER.INDIAN ALASKIAN NAT. HOURS		ASIAN/PACIFIC ISLANDER HOURS		WHITE HOURS		ALL EMPLOYEES		MINORITY EMPLOYEES	
		М	F	М	F	M	F	М	F	М	F	М	F	М	F	М	F
OFFICIALS (MANAGERS)																	
SUPERVISORS																	
FOREPERSON																	
CLERICAL																	
EQUIP. OPERS.																	
MECHANICS																	
TRUCK DRIVERS																	
IRONWORKERS																	
CARPENTERS																	
CEMENT MASONS																	
ELECTRICIANS																	
PIPEFITTER, PLUMBER																	
PAINTERS																	
LABORER, SEMI-SKILLED																	
LABORER, UNSKILLED																	
OTHER						1											
TOTALS																	

TABLE B

APPRENTICES								
ON THE JOB TRAINEES								

PREPARED BY	DATE

DBE PARTICIPATION

Please list DBE firms performing work on this project and utilized to satisfy the DBE Goal of ______% on this project?

SUBCONTRACTOR OR SUPPLIER NAME	MINORITY MALE OR WHITE FEMALE	PERCENT CONTRACTED	SUBCONTRACT OR AGREEMENT VALUE	TOTAL DOLLAR AMT. PAID TO DATE

Are your subcontractors being paid within 30 days after you receive payment? Yes ______ No _____ (if no, explain)

Note: Please be sure to include DBE Firms not previously included in the Pre-Award document.

New Hires for Project #	

Attachment 3P- a

Name	Address	Occupation	SSN (last 4-digits)	Date of Hire	Union Member	M	F	Ethnic Group
	714411000	- Cooupaiion	Corr (imor i migno)					
						}		

ON THE JOB TRAINEES (OJT)

Please provide the following information for trainees on this project. (Only trainees approved by the Division of Contract Compliance will be eligible to fulfill the OJT Training requirement on this project).

The total number of Trainee hours required for this project is ______.

Trainee Name	Craft	Total Hours Completed	Hours to be Completed	Active/Inactive or Terminated	Training Completed (yes or no)	Name of Contractor providing Training

Attachment 4P

EMPLOYMENT DATA - TOTAL COMPANY WORK FORCE

INSTRUCTIONS: FOR PRO	DJECT				_, COMPI	LETE THE	EMPLO	YMENT STA	TISTICS	FOR THE	PERIOD	COVERIN	NG				
CONTRACTOR NAME																	
				WORK H	OURS OF	FEMLOY	MENT							TOTAL	EMPLOY	MENT	
									TABLE	Α							
JOB CATEGORIES	UNION LOCAL #'s	TOTAL EMPLO HOURS	OYEES S	BLACK HOUR	S	HISPANI HOUR	S	AMER.IN ALASKIA HOURS	N NAT.	ISLAND HOURS		WHITE		ALL EMPLO			OYEES
OFFICIALS (MANAGERS)		M	F	М	F	М	F	М	F	M	F	М	F	М	F	M	F
SUPERVISORS																	
FOREPERSON																	
CLERICAL																	
EQUIP. OPERS.																	
MECHANICS																	
TRUCK DRIVERS																	
IRONWORKERS																	
CARPENTERS																	
CEMENT MASONS																	
ELECTRICIANS																	
PIPEFITTER, PLUMBER																	
PAINTERS																	
LABORER, SEMI-SKILLED																	
LABORER, UNSKILLED																	
OTHER																	
TOTALS																	
	•			•		•	·					<u>l</u> .					
									TABLE	В							
APPRENTICES																	
ON THE JOB TRAINEES					_												

DATE _____

PREPARED BY _____

Attachment 5P

CONTRACT WORKSHEET

CONTRACTOR NAME			
_			

List all active projects being performed by the Contractor:

Funding Project No. **Contracting Agency** \$ Value **Federal** State Other

Attachment 6P

PROJECT TERMINATION DATA SHEET

Project #	
-	

NAME	RACE & SEX	INITIAL DATE OF HIRE	JOB TITLE	DATE OF TERMINATION OR LAYOFF	REASONS FOR TERMINATION

IF THERE WERE NO TERMINATIONS DURING THE REVIEW PERIOD, PLEASE CHECK THIS BOX.