

Commission on Human Rights and Opportunities Contract Compliance Unit 21 Grand Street Hartford, CT 06106	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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PROJECT NAME: CONTRACT NUMBER:	NAME AND LOCATION OF CONTRACTOR (submitting report):	STATE AWARDING AGENCY:
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5. CONSTRUCTION TRADE (please identify)	6. WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT CLASSIFICATION	6. WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT										9.		10.				
		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	TOTAL NUMBER OF EMPLOYEES		TOTAL NUMBER OF MINORITY EMPLOYEES		
		M	F	M	F	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 21 Grand Street Hartford, CT 06106	1. MONTHLY EMPLOYMENT UTILIZATION REPORT <i>(FORM chro cc-257A)</i>	PROJECT AREA (MSA): <hr/> 2. EMPLOYER FEIN NO.	3. PROJECT AAP GOALS MINORITY: _____ FEMALE: _____	4. REPORTING PERIOD FROM: _____ TO: _____						
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 <i>(OTHER THAN TRADE WORKERS)</i> 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	
GRAND TOTAL WORKERS										
11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME, AND PRINTED TITLE				12. TELEPHONE NUMBER (Including area code)			13. DATE SIGNED		PAGE _____ OF _____	
<input type="checkbox"/> 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.)										