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 *Prime Contractor Data* 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 *Subcontractor Data* (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

Attachment 2P

(Print copies for additional resources)

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

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

EMPLOYMENT DATA - PROJECT ATTACHMENT 3P

INSTRUCTIONS: FOR PROJECT _____, COMPLETE THE EMPLOYMENT STATISTICS FOR THE PERIOD COVERING _____

CONTRACTOR NAME _____

WORK HOURS OF EMLOYMENT TABLE A														TOTAL EMPLOYMENT			
JOB CATEGORIES	UNION LOCAL #'s	TOTAL EMPLOYEES HOURS		BLACK HOURS		HISPANIC HOURS		AMER.INDIAN ALASKIAN NAT. HOURS		ASIAN/PACIFIC ISLANDER HOURS		WHITE HOURS		ALL EMPLOYEES		MINORITY EMPLOYEES	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	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																	
TOTALS																	

TABLE B

APPRENTICES																	
ON THE JOB TRAINEES																	

PREPARED BY _____ DATE _____

New Hires for Project # ______________________________

Attachment 3P- a

Name	Address	Occupation	SSN (last 4-digits)	Date of Hire	Union Member	M	F	Ethnic Group

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	M	F	Ethnic Group

Transfers for Project # ______________________

Attachment 3P-a

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

ON THE JOB TRAINEES (OJT)

Attachment 3P-a

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

Project # _____

DBE PARTICIPATION

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

Prime Contractor: _____

		MONTHLY		CUMULATIVE
NAME OF DBE FIRM	**SUBCONTRACT OR AGREEMENT DOLLAR VALUE**	**TOTAL ACTUAL PAYMENT TO DBE**	**DATE OF ACTUAL PAYMENT TO DBE**	**TOTAL PAYMENTS TO DATE**

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

Are there any issues relative to your firm achieving the DBE goals of your contract, if yes, please explain:

Have there been any changes with the DBE Firms listed in the Pre-Award (i.e. work items, additions, deletions)?

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

Signature: _____ **Date:** _____

Attachment 4P

EMPLOYMENT DATA - TOTAL COMPANY WORK FORCE

INSTRUCTIONS: FOR PROJECT _____, COMPLETE THE EMPLOYMENT STATISTICS FOR THE PERIOD COVERING _____

CONTRACTOR NAME _____

WORK HOURS OF EMLOYMENT														TOTAL EMPLOYMENT			
TABLE A																	
JOB CATEGORIES	UNION LOCAL #'s	TOTAL EMPLOYEES HOURS		BLACK HOURS		HISPANIC HOURS		AMER.INDIAN ALASKIAN NAT. HOURS		ASIAN/PACIFIC ISLANDER HOURS		WHITE HOURS		ALL EMPLOYEES		MINORITY EMPLOYEES	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	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																	
TOTALS																	

TABLE B

APPRENTICES																	
ON THE JOB TRAINEES																	

PREPARED BY _____ DATE _____

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. ☐

PACKET "B"

SUB CONTRACTOR DATA

Firm's Name:_____

Address: _____

City, State:_____

Tel.:_____

REVIEW PERIOD:

_____

Attachment 1S

Please submit the following information:

- ☐ Copies of all current bargaining agreements

- ☐ Sample copy of letterhead, fax sheet or invoice(s) containing the EEO clause

- ☐ 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:

Attachment 2S

(Print copies for additional resources)

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

Organization	
Contact Name	
Street Address	
City	
State	
Zip Code	
Telephone	

EMPLOYMENT DATA - PROJECT

ATTACHMENT 3S

INSTRUCTIONS: FOR PROJECT _____, COMPLETE THE EMPLOYMENT STATISTICS FOR THE PERIOD COVERING _____

CONTRACTOR NAME _____

WORK HOURS OF EMLOYMENT														TOTAL EMPLOYMENT			
TABLE A																	
JOB CATEGORIES	UNION LOCAL #'s	TOTAL EMPLOYEES HOURS		BLACK HOURS		HISPANIC HOURS		AMER.INDIAN ALASKIAN NAT. HOURS		ASIAN/PACIFIC ISLANDER HOURS		WHITE HOURS		ALL EMPLOYEES		MINORITY EMPLOYEES	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	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																	
TOTALS																	

TABLE B

APPRENTICES																	
ON THE JOB TRAINEES																	

PREPARED BY _____ DATE _____

Attachment 4S

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 , PLEASE CHECK THIS BOX ☐