1. MONTHLY
EMPLOYMENT
UTILIZATION REPORT
(FORM chro cc-257)

PROJECT AREA (MSA):

2. EMPLOYERS 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. CONSTRUCTION TRADE
(please identify)

6. WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>6a. TOTAL HOURS BY TRADE</th>
<th>6b. BLACK (Not of Hispanic Origin)</th>
<th>6c. HISPANIC</th>
<th>6d. ASIAN OR PACIFIC ISLANDERS</th>
<th>6e. AMERICAN INDIAN OR ALASKAN NATIVE</th>
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<td>Journey Worker Apprentice Trainee SUB-TOTAL</td>
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TOTAL JOURNEY WORKERS
TOTAL APPRENTICES
TOTAL TRAINEES
GRAND TOTAL

7. MINORITY PERCENT
8. FEMALE PERCENT

9. TOTAL NUMBER OF EMPLOYEES
M F
10. TOTAL NUMBER OF MINORITY EMPLOYEES
M F

11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE

12. TELEPHONE NUMBER (Including area code)

13. DATE SIGNED

PAGE
_______ OF ________

☐ 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.)

Form CHRO 257
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:

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<th>6. WORK HOURS OF WORKERS (OTHER THAN TRADE WORKERS) EMPLOYED ON PROJECT</th>
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GRAND TOTAL WORKERS

11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE

12. TELEPHONE NUMBER (Including area code)

13. DATE SIGNED

PAGE ________ OF ________

Form CHRO 257a