



Sample View of form EEO-101-Commodities and Services: Section A

EEO-101 Workforce Utilization Reporting Form (Commodities and Services)

**Section A (Contractor/Subcontractor/Reseller Information)**

<p><b>Reporting Entity</b> <span style="float: right;">1</span></p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Reseller</p> <p><b>Company Name</b> <span style="float: right;">2</span></p> <p><b>Company Address</b></p> <p><b>FEIN / Vendor ID</b></p> <p><b>Project Location</b> <span style="float: right;">3</span></p> <p><b>Additional Locations</b> <span style="float: right;">4</span></p> <p><b>Contract Number</b> <span style="float: right;">5</span></p>	<p><b>6 Reporting Period - Select One</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 1 - March 31</td> <td><input type="checkbox"/> April 1 - June 30</td> </tr> <tr> <td><input type="checkbox"/> July 1 - September 30</td> <td><input type="checkbox"/> October 1 - December 31</td> </tr> </table> <p><b>7 Workforce Identified in Report</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Workforce Utilized in the Performance of this Contract</td> </tr> <tr> <td><input type="checkbox"/> Contractor/Subcontractor/Reseller's Total Workforce</td> </tr> </table>	<input type="checkbox"/> January 1 - March 31	<input type="checkbox"/> April 1 - June 30	<input type="checkbox"/> July 1 - September 30	<input type="checkbox"/> October 1 - December 31	<input type="checkbox"/> Workforce Utilized in the Performance of this Contract	<input type="checkbox"/> Contractor/Subcontractor/Reseller's Total Workforce
<input type="checkbox"/> January 1 - March 31	<input type="checkbox"/> April 1 - June 30						
<input type="checkbox"/> July 1 - September 30	<input type="checkbox"/> October 1 - December 31						
<input type="checkbox"/> Workforce Utilized in the Performance of this Contract							
<input type="checkbox"/> Contractor/Subcontractor/Reseller's Total Workforce							

**8** Preparer's Name: \_\_\_\_\_

Preparer's Title: \_\_\_\_\_

Date: \_\_\_\_\_

**9**  By checking this box, I certify that I personally completed this document and I adopt the name typed above as my electronic signature under the NYS Electronic Signatures and Records Act, with like legal force and effect as if I had physically signed the document.

**10**  Check this box if you are reporting that your firm had no workforce utilization for the reporting period.

**11**  Check this box to request that the material included herein be withheld from disclosure pursuant to Article 6 of the Public Officers Law (Freedom of Information Law)

**Section B (Number of Employees and Hours Worked by Race/Ethnic Identification)**

- 1 Reporting Entity:** Check if you are reporting as the contractor or as a subcontractor. Contractors should request each subcontractor used on a contract to separately report its workforce.
- 2 Company Name and Address:** Type in the business name and address.
- 3 Project Location:** Select the county location of the contract from the drop-down list.
- 4 Additional Locations:** If the contract is in multiple locations, type in the name of all counties the contract is located in.
- 5 Contract Number:** Type in the contract number of the contract being reporting on.
- 6 Reporting Period:** Contractors and subcontractors are required to report this data **quarterly** by the 10th day of April, July, October, and January. Select the quarter you are reporting.
- 7 Workforce Identified in Report:**
  - Option 1: “Workforce Utilized in Performance of this Contract” – Check this option if this report includes data only on employees who worked on this project.
  - Option 2: “Total Workforce” – Check this option if you are unable to report data only on employees who worked on this contract. In this case, you must report data on your entire company workforce, regardless of whether or not all employees worked on this contract.
- 8** Enter the preparer’s name, title, and the date of preparation.
- 9** Check the box next to the electronic signature attestation.
- 10** Check the box if you are reporting that your firm had no workforce utilization data for the reporting period.
- 11** Check the box if you request that the material included herein be withheld from disclosure pursuant to Article 6 of the Public Officers Law (FOIL).

Sample View of form EEO-101-Commodities and Services Section B

Section B (Number of Employees and Hours Worked by Race/Ethnic Identification)			Number of Employees and Hours Worked by Race/Ethnic Identification During Reporting Period																													
EEO 1 Job Categories	SOC Job Title	SOC Job Code	White						Black/African American						Hispanic/Latino						Asian/Native Hawaiian or Other Pacific Islander						Native American/ Alaskan Native					
			Male			Female			Male			Female			Male			Female			Male			Female			Male			Female		
			No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages	No. of Employees	No. of Hours	Gross Wages			
1	2	3	4	5	6	7																										
			Total																													

When the workforce to be utilized on the contract cannot be separated out from the contractor's and/or subcontractor's total workforce, information on the contractor's and/or subcontractor's total workforce must be included in the report.

## Submit

**Section B:** You are required to report on the **number of employees** and the **number of hours** worked by each race/ethnic identification. There are 11 rows in this section. Rows 1-10 are drop-down lists; the 11th row allows type-in information, if necessary. If there are more than 11 entries, please submit an additional form.

- 1 EEO Job Categories:** Select a category from the drop-down list.
- 2 SOC Job Title:** Select a SOC Job Title from the drop-down list.
- 3 SOC Job Code:** Based on the SOC Job Title, the appropriate SOC Job Code automatically fills in; it is not necessary to manually enter the SOC Job Code.
- 4 # Employees:** Across each row, enter the total number of employees within that job category/title/code by each race/ethnic/gender group.
- 5 # Hours Worked:** Across each row, enter the total number of hours worked within that job category/title/code by each race/ethnic/gender group.
- 6 Gross Wages:** Enter the total gross wages paid for work on the identified Contract, to all employees for each job code and each gender and racial/ethnic group, identified in the Report. Contractors and subcontractors should report only gross wages for work on the contract paid to employees during the period covered by the Report. Gross wages are those reported by employers to employees on their wage statements.
- 7 Total # Employees, Hours Worked, and Gross Wages:** This row automatically tabulates totals of # employees, hours, and gross wages - no need to enter any data in this row.

## How to Submit:

- ✓ “Save as” the Excel report file with the following naming convention:  
 Agency Acronym\_ContractNumber.xlsm  
 Example: [OGS\\_1234567.xlsm](#)
- ✓ Send the report as an Excel document - do not convert to a PDF or other file format.
- ✓ If a contractor or subcontractor has no data for that quarter, a report must still be submitted. Complete Section A; including the preparer's name, title, date; check the electronic signature attestation; and check box for no workforce utilization reporting.
- ✓ Contractors and subcontractors must submit an EEO-101-Commodities and Services form quarterly by the 10th day of April, July, October, and January.
- ✓ Hit the “Submit” button to attach the file in an email, or send directly to:  
[EEO\\_CentCon@ogs.ny.gov](mailto:EEO_CentCon@ogs.ny.gov)