



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).

