**Office of Temporary and Disability Assistance**
40 North Pearl Street, Albany, NY 12243
www.otda.ny.gov



# WORKFORCE EMPLOYMENT UTILIZATION REPORT

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|---|---|---|
| **Contract No.:** | **Reporting Entity:**<br>□ Contractor<br>□ Subcontractor | **Reporting Period:**<br>□ January 1, 20 March 31, 20__<br>□ April 1, 20 - June 30, 20___<br>□ July 1, 20 - September 30, 20 __<br>□ October 1, 20 December 31, 20___ |
| **Contractor's Name:** | | **Report includes:**<br>□ Workforce to be utilized on this contract<br>□ Contractor/Subcontractor's total workforce |
| **Contractor's Address:** | | |

**Enter the total number of employees in each classification in each of the EEO-Job Categories identified.**

| EEO-Job Category | Total Work force | Workforce by Gender | | Workforce by Race/Ethnic Identification | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male (M) | Female (F) | White (M) | White (F) | Black (M) | Black (F) | Hispanic (M) | Hispanic (F) | Asian (M) | Asian (F) | Native American (M) | Native American (F) | Disabled (M) | Disabled (F) | Veteran (M) | Veteran (F) |
| Officials/Administrators | | | | | | | | | | | | | | | | | |
| Professionals | | | | | | | | | | | | | | | | | |
| Technicians | | | | | | | | | | | | | | | | | |
| Sales Workers | | | | | | | | | | | | | | | | | |
| Office/Clerical | | | | | | | | | | | | | | | | | |
| Craft Workers | | | | | | | | | | | | | | | | | |
| Laborers | | | | | | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | | | | | | |
| Temporary /Apprentices | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | |

| | | |
|---|---|---|
| **PREPARED BY (Signature):** | **TELEPHONE NO.:**<br>**EMAIL ADDRESS:** | **DATE:** |
| **NAME AND TITLE OF PREPARER (Print or Type)** | **Submit completed form to:**<br>**Office of Temporary and Disability Assistance**<br>**Contract Manager's Name \| Email** | |

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**General Instructions:** The Workforce Employment Utilization Report (OTDA – 4971**)** is to be submitted on a quarterly basis during the life of the contract to report the actual workforce utilized in the performance of the contract broken down by the specified categories. When the workforce utilized in the performance of the contract can be separated out from the contractor's and/or subcontractor's total workforce, the contractor and/or subcontractor shall submit a Utilization Report of the workforce utilized on the contract. 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 total workforce shall be included in the Utilization Report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30 and 12/31 and submitted to the M/WBE Program Management Unit within 10 days of the end of each quarter. If there are no changes to the workforce utilized on the contract during the reporting period, the contractor can submit a copy of the previously submitted report indicating no change with the date and reporting period updated.

**Instructions for completing:**

1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the workforce being reported is just for the contract or the Contractor's total workforce.
5. Enter the total workforce by EEO job category.
6. Break down the total workforce by gender and enter under the heading 'Workforce by Gender'.
7. Break down the total workforce by race/ethnic background and enter under the heading 'Workforce by Race/Ethnic Identification'. If you have any questions, please contact the M/WBE Program Management Unit at (212) 961-8217.
8. Enter information on any disabled or veteran employees included in the workforce under the appropriate heading.
9. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.

**GENDER** **Male** **or** **Female**