

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
 OFFICE OF AFFIRMATIVE ACTION/ EQUAL EMPLOYMENT OPPORTUNITY (AA/EEO)
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 NEW YORK, NY 10013
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**SUPPLY AND SERVICE
 EMPLOYMENT
 REPORT**

To Be Completed By HHC Contracting Division Or Facility
Contracting Division Name
Liaison/Telephone No.
Date Transmitted
Contracting Division Contract No.
Circle If Contract Is: Sole Source / New / Extension / Renewal
Contract Value \$ _____

Check One: Submission Type: Pre-Award Post-Award

HHC 978 (R Oct 04)

Special Note: Supply or Service Contractors with less than 150 employees at the facility(ies) which are performing on this contract, need only complete Parts I and II (pages 1-6), the Signature Page (page 7), the Less Than 150 Employees Certificate (page 15) and Form D: Staffing Plan (page 17), for each applicable facility.
DO NOT COMPLETE PART III (pages 8-14).

SUPPLY AND SERVICE EMPLOYMENT REPORT (ER)

A. GENERAL INFORMATION:

1. Your contractual relationship in this contract is:
 - a. Contractor _____ (e.g., Vendor, Prime, Other)
 - b. Subcontractor _____ (e.g. Supplier, Manufacturer, Other)
2. This ER is for Headquarters _____ Operating Facility _____
3. Employer/Identification Number: _____
4. Number of Employees at this facility (location): _____
5. This firm is a: _____ Minority Business Enterprise
_____ Woman-Owned Business Enterprise
_____ 15-A Certified
_____ Other

B. PART I. CONTRACTOR/SUBCONTRACTOR INFORMATION

1. _____
Contractor/Subcontractor Name
1a. If subcontractor, name of prime contractor is _____
2. _____
Facility Address
3. _____
City State Zip Code County
4. _____
Chief Operating Officer or President Telephone Number

Name of Designated Equal Opportunity Compliance Officer Telephone Number
(or Name of Person to Contact Concerning this ER)

Address of Designated Equal Opportunity Compliance Officer Fax Number

5. _____
Nature of Contract to be Performed

6. (a) _____
HHC Contracting Division or Facility

(b) _____ (c) _____
Contract Amount Term of Contract

(d) _____ (e) _____
Dollar amount of ongoing 200____ 200____ 200____
contract(s) with HHC. Dollar amount(s) and dates of
previous contract(s) with HHC.

7. List each of the firm's facilities, the addresses and the number of employees, where this contract or parts of this contract will be performed. (A facility is the headquarters or an operating location which makes its own personnel decisions. Please note that each separate location is not an independent operating facility unless hiring and termination decisions are made there).

8. Is any part of this contract, in an amount exceeding \$50,000, to be performed by a subcontractor? Yes____ No____ Not Known At This Time _____. If yes, please list the name(s) and address(es) of the subcontractor(s), and either submit a copy of their Employment Report(s) or have them submit directly to the contracting division or facility. If subcontractors are unknown at this time, see the Employment Report Instructions for subcontractor submission requirements.

9a. Has the Office of Affirmative Action/Equal Opportunity (AA/EEO) within the past twenty - four (24) months reviewed an ER submission for your organization and issued an Approval or Conditional Approval letter to your firm for the facility(ies) involved in the performance of this contract? Yes____ No_____.

If yes, submit the following documents: a completed Part I of the ER; a copy of your equal employment opportunity (EEO) statement as it is presented in company publications and posted on bulletin boards; a Staffing Plan (page 17) and a signed and notarized ER signature page.

NOTE: CONTRACTORS DOING BUSINESS WITH HHC FOR OVER A YEAR THAT HAVE NOT DEMONSTRATED DESIRED RESULTS CONSISTENT WITH CORPORATE EEO POLICY MAY BE: 1) PLACED ON AN ADDITIONAL REPORTING CYCLE; 2) AWARDED ONLY SHORT TERM CONTRACTS; 3) DECLARED TO BE IN BREACH OF ITS CONTRACT AND THE CONTRACT IMMEDIATELY TERMINATED UPON PROPER NOTICE.

NOTE: CONTRACTORS WITH CONTRACTS FOR LESS THAN ONE YEAR THAT HAVE NOT DEMONSTRATED DESIRED RESULTS CONSISTENT WITH CORPORATE EEO POLICY, AT THE CONCLUSION OF THE CONTRACT, MAY BE DECLARED A NOT RESPONSIBLE VENDOR. SUCH A DETERMINATION BY THE PRESIDENT SHALL PRECLUDE THE CONTRACTOR FROM BIDDING ON HHC CONTRACTS FOR A PERIOD NOT TO EXCEED THREE YEARS.

- 9b. Has an Employment Report already been submitted for a different contract (not covered by this Employment Report) for which you have not yet received an AA/EEO approval? Yes____ No____. If yes, for the facility(ies) covered by the Employment Report already submitted and not yet approved, complete only Part I of the Employment Report, Form D: Staffing Plan (page 17) and provide AA/EEO with the date the Employment Report was submitted, the name of the HHC division with which the contract is made and the name and telephone number of the person to whom the Employment Report was submitted.

Date submitted: _____

Division to which submitted: _____

Name and Title of Division Person: _____

Telephone: _____

10. Has your firm, at the facility(ies) involved in the performance of this contract, been audited by the New York City Department of Business Services/Division of Labor Services (DBS/DLS) or by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP) in the past twenty-four (24) months? Yes____ No____.

If yes,

a. Give date of OFCCP Audit or DBS/DLS Review _____

b. Name and address of OFCCP office.

c. Was a Certificate of Equal Employment Compliance issued within the past twenty-four (24) months? Yes____ No____. If yes, **ATTACH A COPY OF SUCH CERTIFICATE.** **NOTE:** You may submit a copy of such certificate in lieu of completing Parts II & III of this Employment Report. Complete Form D: Staffing Plan (page 17) and attach your Equal Employment Opportunity Statement. Please sign and notarize the signature page of the ER on page 9 or it will not be accepted by AA/EEO.

d. Were any corrective actions required or agreed to? Yes____ No____. If yes, **ATTACH COPY OF SUCH REQUIREMENTS OR AGREEMENTS.** **NOTE:** If corrective actions were agreed to or were taken, you must submit documentation (including the letters of deficiency and the conciliation agreement) regarding these corrective measures in lieu of completing Parts II and III of this Employment Report. AA/EEO requires the submission of all future reports concerning implementation of corrective measures and/or a completed Employment Report.

12c. Does the operating facility(ies) have a current affirmative action plan(s) developed pursuant to U.S. Executive Order No. 11246 or other Federal law? Yes _____ No _____. If yes, ATTACH A COPY(IES) OF THE AAP including any analyses of adverse impact, workforce utilization and labor force availability by job group. Availability analyses should clearly identify labor areas reflected in external demographic data and occupational criteria. Check the appropriate box(es) indicating which protected group(s) are covered by the AAP.

Minorities and Women Individuals with handicaps Other (specify) _____

13a. Does your firm or collective bargaining agreement(s) have an internal grievance procedure with respect to EEO complaints? Yes _____ No _____. If yes, please attach a copy of the Collective Bargaining Agreement and the specific policy.

13b. If no, YOU MUST ATTACH a report detailing your firm's unwritten procedure for handling EEO complaints.

14. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure with any official of your firm with respect to equal employment opportunity?

Yes _____ No _____ .

If the answer to question 14 is Yes, attach an internal complaint log summarizing the nature of the complaints (e.g., allegation of failure to promote based on race, sexual harassment, etc.), positions of the complainants, whether investigations were made and dispositions, if any. You need not submit the names of the complainants (if deemed necessary, AA/EEO may require submission of these names).

15. Has your firm, within the past three years, been named as a defendant (or respondent) in any administrative or judicial action where the complainant (plaintiff) alleged violation of any anti-discrimination or equal employment opportunity laws? (i.e., Title VII of the 1964 Civil Rights Act; Age Discrimination in Employment Act; Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; Executive Order No. 11246; Civil Rights Act of 1866 (42 U.S.C. 1981); state or local fair employment practices laws).

Yes _____ No _____ .

If the answer to question 15 is Yes, attach a log, including the name(s) of the complainant, the administrative agency or court in which the action was filed, the nature and current status or disposition. ATTACH A COPY(IES) OF ANY ORDER, CONSENT DECREE OR DECISION resulting from any action explained by this response.

16. Are there any jobs for which there are age, race, color, national origin, gender, creed, disability, marital status, sexual orientation or citizenship status qualifications? Yes ____ No ____ . If yes, list the job(s), submit a job description(s), and state the reason(s) for the qualification.

17. Please check below which of the five policies and practices apply to the job categories listed:

	JOB DESCRIPTION	PROMOTE FROM WITHIN	EXTERNAL HIRE	JOB POSTING	ON-THE-JOB TRAINING
OFFICIALS AND MANAGERS					
PROFESSIONALS					
TECHNICIANS					
SALES WORKERS					
OFFICES & CLERICAL					
CRAFT WORKERS (SKILLED)					
OPERATIVES					
LABORERS					
SERVICE WORKERS					

18. *FOR CONTRACTORS EMPLOYING 150 OR MORE EMPLOYEES:* Please indicate below the relevant geographic recruitment or labor market area(s) (i.e., nation, specific county or specific metropolitan, statistical area) for each job category employed at this facility.

	RELEVANT GEOGRAPHIC RECRUITMENT OR LABOR MARKET AREA(S)
OFFICIALS & MANAGERS	
PROFESSIONALS	
TECHNICIANS	
SALES WORKERS	
OFFICE & CLERICAL WORKERS	
CRAFT WORKERS (SKILLED)	
OPERATIVES (SEMI-SKILLED)	
LABORERS (UNSKILLED)	
SERVICE WORKERS	

SIGNATURE PAGE

I, (print name of authorized official signing) _____
hereby certify that the information submitted herewith is true and complete to the best of my
knowledge and belief and submitted with the understanding that compliance with New York City's
equal employment requirements, as contained in Chapter 56 of the City Charter, Executive Order
No. 50 (1980), as amended, and the implementing Rules, is a contractual obligation.

Contractors Name

Name of person who prepared this
Employment Report

Title

Name of official authorized to
sign on behalf of the contractor

Title

Telephone Number

I, (print name of authorized official signing) _____

**UNDERSTAND THAT THE WILLFUL OR FRAUDULENT FALSIFICATION OF ANY DATA OR
INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY
CONTRACT BETWEEN THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
AND THE BIDDER OR CONTRACTOR AND BAR THE BIDDER OR CONTRACTOR FROM
PARTICIPATION IN ANY HHC CONTRACT FOR A PERIOD OF UP TO FIVE YEARS.
FURTHER, SUCH FALSIFICATION MAY RESULT IN CRIMINAL PROSECUTION.**

Sworn to before me

this _____ day of _____ 20_____

Notary Public

Authorized Signature, Date

**THIS PAGE MUST BE COMPLETED IN ITS ENTIRETY. IT MUST BE SIGNED AND NOTARIZED.
ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED.**

**CONFIDENTIALITY POLICY: TO THE EXTENT PERMITTED BY LAW AND CONSISTENT
WITH THE PROPER DISCHARGE OF THE OFFICE OF AFFIRMATIVE ACTION/EQUAL
EMPLOYMENT OPPORTUNITY'S RESPONSIBILITIES UNDER NYC CHARTER CHAPTER 56,
EXECUTIVE ORDER NO. 50 (1980) AS AMENDED, AND THE IMPLEMENTING RULES, ALL
INFORMATION PROVIDED BY A CONTRACTOR TO AA/EEO SHALL BE CONFIDENTIAL.**

D. PART III: EMPLOYMENT DATA TABLES/SIGNATURE PAGE

PART III consists of the following:

- FORM A. *JOB CLASSIFICATION AND INCUMBENTS FORM*
- FORM A. 1 *EMPLOYMENT SUMMARY*
- FORM B. *NEW HIRES FORM/TRACKING OF EMPLOYEES HIRED
OVER THE LAST THREE YEARS*
- FORM C. *TERMINATIONS FORM/EMPLOYMENT TERMINATIONS
OVER THE LAST THREE YEARS*
- FORM D. *STAFFING PLAN*

YOU ARE REQUIRED TO COMPLETE ALL INFORMATION - IF ANY INFORMATION IS NOT AVAILABLE YOU MUST CONTACT THE HHC DIVISION OR FACILITY WITH WHICH YOU ARE CONTRACTING. SUBMIT AN EXPLANATION DETAILING WHY THIS INFORMATION IS NOT AVAILABLE.

IN ADDITION TO PROVIDING A HARDCOPY, CONTRACTORS AND SUBCONTRACTORS, HAVING THE CAPABILITY TO DO SO, ARE REQUIRED TO PROVIDE A **COMPUTER DISKETTE USING MICROSOFT EXCEL FILES CONTAINING THE REQUIRED INFORMATION FROM EACH OF THE DATA TABLES.** INSTRUCTIONS FOR DISK SUBMISSIONS CAN BE OBTAINED FROM AA/EEO UPON SPECIFIC REQUEST. PLEASE NOTE: **THE DATA MUST BE SUBTOTALLED BY CENSUS CODES WITHIN JOB GROUP AND A SEPARATE PAGE IS REQUIRED FOR EACH OCCUPATIONAL CATEGORY.**

PLEASE **DO NOT** ATTEMPT TO COMPLETE THIS SECTION WITHOUT CAREFULLY READING THE INSTRUCTIONS FOR EACH FORM. INCOMPLETE OR INACCURATE DATA TABLES WILL BE RETURNED.

EACH DATA TABLE IS EXPLAINED AND ILLUSTRATED BY A SAMPLE DATA TABLE IN THE EMPLOYMENT REPORT INSTRUCTIONS.

NOTE: MAKE AS MANY COPIES OF EACH FORM AS YOU REQUIRE

CONTRACTOR NAME _____

FORM A. 1: EMPLOYMENT SUMMARY

FACILITY _____

Date of Payroll Period Used: _____

Broad Census Categories	MALES					FEMALES					TOTAL WOMEN	TOTAL MINORITY
	(1) White	(2) Black	(3) Hispanic	(4) Asian	(5) American Indian	(6) White	(7) Black	(8) Hispanic	(9) Asian	(10) American Indian		
1. Officials and Managers												
TOTAL												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
2. Professionals												
TOTAL												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
3. Technicians												
TOTAL												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												

CONTRACTOR NAME _____

FORM A. 1: EMPLOYMENT SUMMARY

FACILITY _____

Date of Payroll Period Used: _____

Broad Census Categories	MALES					FEMALES					TOTAL WOMEN	TOTAL MINORITY
	(1) White	(2) Black	(3) Hispanic	(4) Asian	(5) American Indian	(6) White	(7) Black	(8) Hispanic	(9) Asian	(10) American Indian		
4. Sales Workers												
TOTAL												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
TOTAL												
5. Office and Clerical												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
TOTAL												
6. Craft Workers (Skilled)												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
TOTAL												

CONTRACTOR NAME _____

FORM A. 1: EMPLOYMENT SUMMARY

FACILITY _____

Date of Payroll Period Used: _____

Broad Census Categories	MALES					FEMALES					TOTAL WOMEN	TOTAL MINORITY
	(1) White	(2) Black	(3) Hispanic	(4) Asian	(5) American Indian	(6) White	(7) Black	(8) Hispanic	(9) Asian	(10) American Indian		
7. Operatives (Semi-Skilled)												
TOTAL												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
TOTAL												
8. Laborers (Unskilled)												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
TOTAL												
9. Service Workers												
JOB GROUP 1												
JOB GROUP 2												
JOB GROUP 3												
JOB GROUP 4												
JOB GROUP 5												
TOTAL												

FORM B: NEW HIRES FORM/TRACKING

EMPLOYEES HIRED OVER THE LAST THREE YEARS

CONTRACTOR NAME _____

FACILITY LOCATION: _____

Employee Characteristics			At-Hire Information				Current Information	
(1) Social Security No. or Employee ID No.	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Year of Hire	(5) Company Job Number at Hire	(6) Matching Census Code (c)	(7) Weekly Salary at Hire	(8) Current Company Job Number (d)	(9) Weekly Current Salary

(a)
M: Male
F: Female

(b)
W: White (non-Hisp)
B: Black (non-Hisp)
H: Hispanic
A: Asian
N: Native American

(c)
 see Appendix A
 for a listing of
 the 2000 Census
 codes

(d)
V: Voluntarily terminated
I: Involuntarily terminated
 employment (Discharged/Lay off)
R: Retired
D: Deceased

I certify that there were no new hires in 200 ____ / 200 ____

NOTE: Make as many copies of this form as you require.

OFFICE OF AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY

Supply or Service Contractors with less than 150 employees at the facility(ies) which are performing on this contract need only complete Parts I and II (pages 1-6), the Signature Page (page 7), a Staffing Plan (page 17) and the Less Than 150 Employees Certificate below for each applicable facility. DO NOT COMPLETE PART III (pages 8-14).

☐ LESS THAN ONE HUNDRED AND FIFTY (150) EMPLOYEES CERTIFICATE

Contractor/Subcontractor: _____

Address: _____

Telephone Number:() _____

Name and Title of Signatory: _____

If Subcontractor, Identify Prime Contractor: _____

HHC Contracting Division: _____

Contract Amount: _____

Nature of Contract: _____

Names and contact information for all subcontractors, suppliers, manufacturers or vendors performing in excess of \$50,000 on this contract (if not known at this time, so state):

I, (print the name of the authorized official signing) _____ hereby affirm that I am authorized by the above-named contractor to certify that said contractor currently employs _____ individuals. This affirmation is made in accordance with NYC Charter Chapter 56, Executive Order No. 50 (1980), the implementing Rules.

I, (print the name of the authorized official signing) _____ understand that the WILLFUL OR FRAUDULENT FALSIFICATION OF ANY DATA OR INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY CONTRACT BETWEEN THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION AND THE BIDDER OR CONTRACTOR AND BAR THE BIDDER OR CONTRACTOR FROM PARTICIPATION IN ANY HHC CONTRACT FOR A PERIOD OF UP TO FIVE YEARS. FURTHER, SUCH FALSIFICATION MAY RESULT IN CRIMINAL PROSECUTION.

Sworn to before me

this _____ day of _____ 20 _____

Authorized Signature

Notary Public

Date

It is the responsibility of the contractor to promptly inform all proposed subcontractors that each subcontractor, like the prime contractor, must comply with the equal employment opportunity requirements of Chapter 56, E. O. 50, and the implementing Rules. Each covered subcontractor must submit a completed Employment Report for each of its operating facilities to the contracting division before the fifth day following the award date of the contract. AA/EEO will review the subcontractor's Employment Report(s) for compliance.

JOB DESCRIPTION FORM

DO NOT COMPLETE THIS FORM UNLESS YOU ARE UNABLE TO ASSIGN A PARTICULAR JOB NUMBER/TITLE TO AN OCCUPATIONAL CATEGORY OR TO ASSIGN A CENSUS CODE TO A PARTICULAR JOB NUMBER/TITLE.

Job Title: _____

Entry Level: _____
 YES NO

Routine Duties: _____

Occasional Duties: _____

Requisite Skills and Experience:

Type(s) of Jobs From Which Promotions into this Job Occur:

- | | |
|--------------------|------------------|
| _____ Managerial | _____ Technical |
| _____ Professional | _____ Service |
| _____ Clerical | _____ Operatives |
| _____ Sales | _____ Laborers |

Job Titles From Which Promotions into this Job Occur:

Type(s) of Jobs To Which Promotions From this Job Occur:

- | | |
|--------------------|------------------|
| _____ Managerial | _____ Technical |
| _____ Professional | _____ Service |
| _____ Clerical | _____ Operatives |
| _____ Sales | _____ Laborers |

Job Titles From Which Promotions into this Job Occur:

FORM D: STAFFING PLAN

Project/RFP Title _____ Location of Contract _____

County _____ Zip _____

Contractor/Firm Name _____ Address _____

City _____ State _____ Zip _____

Check applicable categories:

- (1) Staff Estimates Include: Contract/Project Staff Total Work Force Subcontractors
 (2) Type of Contract: Construction Consultants Commodities Services/Consultants

Total Anticipated Work Force											Total Percent Minority Employees	Total Percent Female Employees
Federal Occupational Category	Total Number of Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American/ Alaskan Native			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Officials/Admin												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers												
Operatives												
Laborers												
Service Workers												
TOTALS												

Company Official's Name _____ Title _____

Company Official's Signature _____ Date _____

Telephone Number () _____