

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION OFFICE OF AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY (AA/EEO) 125 WORTH STREET - ROOM 401 NEW YORK, NY 10013 (212) 788-3380 Fax: (212) 788-3689 E-Mail: Manasses.Williams@nychhc.org

## **INSTRUCTIONS FOR THE**

## CONSTRUCTION

## EMPLOYMENT

REPORT

HHC 651 i (R Oct 04)

#### NEW YORK CITY HEALTH AND HOSPITALS CORPORATION (HHC) OFFICE OF AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY (AA/EEO) 125 WORTH STREET - ROOM 401 NEW YORK, NY 10013 Phone: (212)788-3380 Fax: (212) 788-3689 E-Mail: Manasses.Williams@nychhc.org

### INSTRUCTIONS FOR THE CONSTRUCTION CONTRACTOR'S EMPLOYMENT REPORT (ER)

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#### I. WHO MUST FILE A COMPLETE EMPLOYMENT REPORT (ER)

In accordance with Section 312, Article 15-A of the Executive Law and consistent with New York State's policy of Equal Employment Opportunity, all construction contractors employing within New York State that are contracting with the New York City Health and Hospitals Corporation, where the contract amount exceeds \$100,000 are required to:

- 1. undertake or continue existing affirmative action programs;
- 2. submit to the State agency, prior to the award of the contract, an EEO policy statement;
- 3. ensure that all subcontractors comply with the EEO requirements (where the agreement provides for a total expenditure in excess of \$25,000);
- 4. submit to the agency, after the award of a contract, a workforce utilization report including the same information now mandated by the federal government, such as employees' hours worked on activities related to the contract broken down by specified ethnic background, gender and the construction-related job titles; and
- 5. provide the agency with a workforce utilization report on a monthly basis throughout the life of the contract.

Additionally, in accordance with Chapter 56 of the New York City Charter (Chapter 56) Executive Order No. 50 (1980) (E.O. 50), as amended, its implementing Rules (1982) as adopted by the New York City Health and Hospitals Corporation Board of Directors, the filing of a complete Employment Report (ER) is a requirement for doing business with the Corporation.

#### II. WHERE TO FILE

1. The ER(s) or workforce utilization reports must be returned to the HHC division or facility with which you are contracting, and all inquiries regarding the instructions and/or the ER must be directed there as well.

NOTE: THE ORIGINAL EMPLOYMENT REPORT MUST BE SUBMITTED FOR EEO'S REVIEW. HOWEVER, YOU SHOULD KEEP COPIES OF ALL MATERIALS AND DOCUMENTS SUBMITTED FOR EASY REFERENCE DURING AND AFTER THE REVIEW.

#### III. WHO REVIEWS THE EMPLOYMENT REPORT

The HHC division managing the contract and AA/EEO review the ER for completeness. If any portion is incomplete, you will be notified. Upon receipt of a completed ER, it is reviewed by AA/EEO to ensure t hat your firm or organization is in compliance with HHC's equal employment opportunity requirements.

#### IV. WHAT COMPRISES THE OFFICE OF AFFIRMATIVE ACTION/EQUAL EMPLOY-MENT OPPORTUNITY'S REVIEW PROCESS

In accordance with E.O. 50, upon receipt by AA/EEO of a completed ER, AA/EEO conducts a review of the contractor's current employment policies, practices and procedures, as well as a statistical analysis of the workforce, if the contract amount exceeds \$1,000,000 or the subcontract amount exceeds \$750,000. The process is as follows:

1. Within five (5) business days AA/EEO will review the ER for completeness and accuracy. If any information is omitted or incorrect, or if necessary documents are not submitted, the submission shall be deemed incomplete and AA/EEO will inform the contractor. The substantive

compliance review does not commence until the submission is complete. An incomplete submission will delay the review process and may preclude or interrupt the contract approval.

- 2. If the ER submission is complete the compliance review will proceed, resulting in one of
  - (a) An Approval, valid for 24 months;
  - (b) A Conditional Approval, valid for 24 months contingent upon conditions being satisfied; (If the analysis yields a finding of significant underutilization of minorities and/or women resulting from policies or procedures that may have a discriminatory effect, or other employment policies or practices mitigating against equal employment opportunity, the contractor may be asked to present a legal and/or factual explanation, or to develop an Employment Program. Any firm or organization making good faith efforts to take necessary corrective actions to change policies found to have a disparate effect on women and minorities may be issued a Conditional Approval.)

#### V. WHO MUST SIGN THE EMPLOYMENT REPORT

The signatory of these and all other documents submitted to AA/EEO must be an official of the firm, authorized to enter Into binding legal agreements.

NOTE: AA/EEO WILL ONLY ACCEPT ORIGINAL SIGNATURES. COPIES WILL BE REJECTED.

#### VI. HOW TO COMPLETE THE EMPLOYMENT REPORT

#### A. GENERAL INFORMATION

- 1. Check the appropriate contractual relationship (contractor or subcontractor) you will have with HHC as a result of this contract.
- 2. You must provide your Employer Identification or Federal Tax Number.
- 3. You must indicate the number of employees. (This number should include the number of current workers for all work performed in New York City.)
- 4. You must check the entry corresponding with the description of your firm's ownership.

#### B. PART I - CONTRACTOR/SUBCONTRACTOR INFORMATION

- 1. State the name of your company.
- 2. State the full address of the company's principal place of business and/or NYC Office.
- 3. Identify the Chief Operating Officer of the company. Please provide a telephone number.
- 4. Please provide the name and business telephone of designated Equal Opportunity Compliance Officer.
- 5. State the name of the prime contractor and contact person, if it is not your company.
- 6. State the following information, respectively:
  - (a) Identify the HHC division or facility with which your company (or the prime contractor) has the construction contract.
  - (b) Identify the (sub)contract value.

- (c) Indicate the total value of all ongoing contracts with HHC.
- (d) Indicate specific years and dollar amounts of previous contracts with HHC.
- (e) State the projected commencement date for your company's participation on this project.
- (f) State the projected completion date for your company participation's on this project.
- (g) State the project number (if applicable).
- (h) State the contract number (if applicable) that applies to the overall contract.
- 7. Provide a trade description of the work you will perform on this project and address where the work will be performed.

# NOTE: SUBCONTRACTORS - THIS INFORMATION CAN BE OBTAINED FROM THE CONTRACT YOU HAVE WITH THE PRIME CONTRACTOR.

- 8a. This question refers to whether your company's particular facility locations have been reviewed and/or approved by AA/EEO within the past 24 months.
- 8b. This question refers to whether your company particular's facility locations have been reviewed and conditionally approved within the past year.
- 8c. Has an Employment Report been submitted for a different contract for which you have not yet received compliance approval from AA/EEO. Indicate the date of submission, facility, contract number and contact person's name and telephone number.
- 9. Was an approval issued in the last 24 months pursuant to an OFCCP Audit of the facility for which this Employment Report is being submitted? When answering this question, be careful to consider only those locations which the OFCCP actually audited. AA/EEO will not consider OFCCP approvals and certifications for facility locations which were not audited.
  - (a) Identify the reviewing OFCCP office by its name and address:
  - (b) If applicable, indicate whether deficiencies were found, and attach copy of findings.
  - (c) If applicable, indicate whether corrective actions were required by OFCCP or agreed to, and attach copy of requirements of agreement.
  - (d) Was an unconditional certificate of compliance issued within the past 24 months by the OFCCP. If yes, attach a copy of the certificate.
- 10. Please provide a copy of any Collective Bargaining Agreement(s) which is negotiated through an employer trade association on behalf of your organization or any of its affiliates.

#### C. PART II - EMPLOYMENT POLICIES AND PRACTICES

REMEMBER TO LABEL ALL DOCUMENTS WITH THE QUESTION NUMBER FOR WHICH THEY ARE SUBMITTED.

Questions 11a. and b.	There are two parts to this question. Part (a) concerns the manner/methods by which you comply with the requirements of the Immigration Reform and Control Act of 1986 (IRCA).
	Part (b) inquires into where and how <b>I-9</b> forms are maintained and stored.
Questions 12a. and b.	For part (a) indicate whether your firm has a written Equal Employment Opportunity policy and <b>attach a copy of each statement.</b> Explain how the policy is communicated to employees, applicants and external organizations.
	For part (b) submit your current Affirmative Action Plan(s).

Questions If your firm or collective bargaining agreement has an internal grievance procedure with 13a. and b. respect to EEO complaints, for (a), indicate this and submit a copy of the policy and procedure. If unwritten, for (b), explain its nature and operation. Explain how your firm's procedure addresses EEO complaints.

Question 14. If your employees have used the procedure in the last three (3) years, please submit an explanation in the format indicated below:

Number the Complaint(s)Nature of the Complaint(s)(e.g., 1,2,3,)Complaint(s)	Position(s) of Complainant(s)	Investigation Conducted Yes/No, Type	Current Status/ Disposition
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Question 15. Indicate whether in the past three (3) years complaints have been filed with a court of law or administrative agency, naming your company as a defendant (or respondent) in a complaint alleging violation of any anti-discrimination or equal opportunity laws. If yes, develop and submit a log to show, for each administrative/and or judicial action filed, the following information:

				lf not,
	Administrative			pending, the
Name(s) of	agency or court in	Nature of	Current	Complaint's
Complainant(s)	which action was filed	the Complaint(s)	Status	Disposition

- Question 16. Identify each job for which a physical qualification exists. Identify and explain the physical qualification(s) for each stated job. Submit job descriptions for each job and the reasons for the qualifications.
- Question 17. Identify each job for which there exists any qualification related to age, race, color, national origin, sex, creed, disability, marital status, sexual orientation or citizenship status. Identify and explain the specific related qualification for each job stated. Submit job descriptions for each job and the reasons for the qualifications.

#### D. PART III: CONTRACT BID INFORMATION AND PROJECTED AND CURRENT WORKFORCE FORMS

- FORM A. CONTRACT BID INFORMATION USE OF SUBCONTRACTORS/TRADES
- FORM B. PROJECTED WORKFORCE FOR WORK TO BE PERFORMED ON THIS PROJECT
- FORM C. MONTHLY WORK FORCE EMPLOYMENT UTILIZATION REPORT-CONSTRUCTION

# PART III-A: CONTRACT BID INFORMATION REGARDING USE OF SUBCONTRACTORS

Your projections for the utilization of subcontractors on the proposed contract are to be provided in this section. Information is to be provided to the extent known at the time the ER Is filed for review by AA/EEO.

A chart has been provided for the identification of subcontractors. If "subcontractor's name" is unknown, so state. Under "ownership", enter the appropriate race/ethnic and gender code. If the contract is federally funded or assisted and the subcontractor is being utilized in accordance with applicable federal requirements with respect to Minority Business Enterprise or Woman Business Enterprise requirements, enter the appropriate code. This will also apply to state-funded contracts with similar requirements for minority and women-owned businesses.

#### PART III-B: PROJECTED WORKFORCE

Refer to the Appendix for the appropriate occupational category for each trade that you project will be employed on the contract. Complete Form B in its entirety. The utilization information you provide will be the basis for AA/EEO's utilization analysis.

#### PART III-C: MONTHLY WORKFORCE UTILIZATION REPORT

Post-award utilization reports must be completed on a monthly basis during the project and should be submitted directly to:

Director, Affirmative Action/EEO New York City Health and Hospitals Corporation 125 Worth Street Room 401 New York, NY 10013

Questions regarding EEO compliance can be directed to an EEO compliance review analyst at (212) 788-3380.

#### SIGNATURE PAGE (See page 11 of the ER)

The signatory of this Employment Report and all other documents submitted to AA/EEO must be an official authorized to enter into a binding legal agreement.

NOTE: THE SIGNATURE PAGE MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED. ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED.

#### APPENDIX A: OCCUPATIONAL CATEGORIES AND CENSUS CODES

#### BROAD CENSUS OCCUPATIONAL CATEGORIES (EEO CATEGORIES)

- 01. Officials and Managers
- 02. Professionals
- 03. Technicians
- 04. Sales Workers
- 05. Office and Clerical
- 06. Craft Workers (Skilled)
- 07. Operatives (Semi-skilled)
- 08. Laborers (Uns killed)
- 09. Service Workers