

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
OFFICE OF AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY (AA/EEO)
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CONSTRUCTION
EMPLOYMENT
REPORT

Official Use Only

To Be Completed By 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

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

CONSTRUCTION EMPLOYMENT REPORT (ER)

A. GENERAL INFORMATION:

1. Your contractual relationship in this contract is:
 - a. Contractor _____ Construction Manager _____
 - b. Subcontractor _____ (Supplier _____ Service Provider _____)

This ER is for Headquarters _____ Operating Facility _____
2. Employer Identification Number or Federal Tax I.D.: _____
3. Number of Employees at this facility (location): _____
4. This firm is a:
 - _____ Minority-Owned Business
 - _____ Women-Owned Business
 - _____ 15-A Certified
 - _____ Other, explain: _____

B. PART I. CONTRACTOR/SUBCONTRACTOR INFORMATION

1. _____
Company Name
 2. _____
Address and Zip Code
 3. _____
Chief Operating Officer and Business Telephone
 4. _____
Name and Business Telephone of Designated Equal Opportunity Compliance Officer (If same as Item #3, write "same")
 5. _____
Name, Address and Contact Person of Prime Contractor (If same as Item #1, write "same")
- | | |
|---|---|
| 6. (a) _____
<div style="text-align: center;">HHC Division or Facility
Administering the Project</div> | (b) _____
<div style="text-align: center;">Contract Amount</div> |
| (c) _____
<div style="text-align: center;">Dollar amount of ongoing
contract(s) with HHC</div> | (d) _____
<div style="text-align: center;">19____ 19____ 20____
Dollar amount(s) and dates
of previous HHC contract(s)</div> |
| (e) _____
<div style="text-align: center;">Projected Commencement Date</div> | (f) _____
<div style="text-align: center;">Projected Completion Date</div> |

(g) _____ (h) _____
Project Number (If applicable) Contract Number (If applicable)

7. Description and Location of Proposed Contract.

8a. Has the Office of Affirmative Action/Equal Employment Opportunity (AA/EEO) within the past twenty four (24) months reviewed and issued an approval.

Yes _____ No_____. If yes, ATTACH A COPY OF THE CERTIFICATE.

8b. Has AA/EEO within the past two (2) years reviewed an ER submission for your organization and issued a conditional approval?

Yes _____ No_____. If yes, ATTACH A COPY OF THE CERTIFICATE.

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.

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 OR HIS DESIGNEE SHALL PRECLUDE THE CONTRACTOR FROM BIDDING ON HHC CONTRACTS FOR A PERIOD NOT TO EXCEED THREE YEARS.

8c. Has an ER already been submitted for a different contract for which you have not yet received compliance approval?

Yes _____ No_____.

Date submitted: _____ **Division or facility:** _____

Contract No: _____

Name and telephone no. of Contact Person: _____

9. Has your company in the past twenty-four (24) months, been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP) or by the New York City Department of Business Services/Division of Labor Services (DBS/DLS)?

Yes _____ No_____. If yes,

(a) Provide the name, address and contact person of the OFCCP office.

(b) Were any deficiencies found?

Yes _____ No_____. (ATTACH A COPY OF SUCH FINDINGS)

(c) Were any corrective actions required or agreed to?

Yes _____ No_____. (ATTACH A COPY OF SUCH REQUIREMENTS OR AGREEMENT)

(d) Was a Certificate of Equal Employment Compliance issued?

Yes _____ No_____. (ATTACH A COPY OF SUCH CERTIFICATE)

10. Is your company or its affiliates a member or members of an employers' trade association which is responsible for negotiating collective bargaining agreements (CBA) which affect construction site hiring?
 Yes ____ No ____ . If yes, attach a list of such associations and all applicable CBA's.

C. PART II: EMPLOYMENT POLICIES & PROCEDURES (DOCUMENTS REQUIRED)

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THIS EMPLOYMENT REPORT. Please make certain that you submit the MOST CURRENT DOCUMENT(S), including all applicable amendments to the plans, procedures or policies.

11. To comply with the Immigration of Reform and Control Act of 1986 when **and of whom** does your firm require the completion an I-9 Form?

- | | | | |
|---|----------------|-----------------------|----------------|
| a) prior to job offer | Yes____ No____ | e) to some applicants | Yes____ No____ |
| b) after a conditional job offer | Yes____ No____ | f) to all applicants | Yes____ No____ |
| c) after a job offer | Yes____ No____ | g) to some employees | Yes____ No____ |
| d) within the first three days on the job | Yes____ No____ | h) to all employees | Yes____ No____ |

11b. Explain where and how completed I-9 Forms, with supporting documentation, are maintained and made accessible.

12a. Do you have a written (EEO) policy?

Yes ____ No ____ . If yes, how is this policy communicated to your employees, applicants and external organizations?

ATTACH A COPY OF YOUR EEO STATEMENT AS IT IS PRESENTED IN COMPANY PUBLICATIONS AND/OR POSTED ON BULLETIN BOARDS.

NOTE: Your firm must comply with the requirements of NEW YORK CITY CHARTER CHAPTER 56, EXECUTIVE ORDER NO. 50 (1980) and the implementing Rules. This includes the promulgation and dissemination of an EEO Statement which includes the protected groups identified by race, color, age, sex, creed, national origin, disability, marital status, sexual orientation and citizenship status as stated in Section 3(i) of E.O. 50.

12b. Does the operating facility(ies) have a current affirmative action plan(s) (AAP) 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) _____

13. a) Does your firm or collective bargaining agreements have an internal grievance procedure with respect to EEO complaints?

Yes ____ No ____ . If yes, please attach a copy of this policy.

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

14. Has an employee(s), 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 complainant(s), 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 the name(s)).

15. Has your firm or affiliate union(s), 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 affirmative action 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 physical qualifications or written tests?

Yes _____ No _____

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s) or written test(s).

17. Are there any jobs for which there are age, race, color, national origin, sex, 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.

PART III

FORM A. CONTACT BID INFORMATION: USE OF SUBCONTRACTORS/TRADES

1. Do you plan to subcontract work on this contract?

Yes _____ No _____

2. If yes, complete the chart below.

NOTE: ALL PROPOSED SUBCONTRACTORS WITH A SUBCONTRACT IN EXCESS OF \$25,000 MUST COMPLETE FORM B – PROJECTED WORK FORCE EMPLOYMENT UTILIZATION REPORT FOR REVIEW AND APPROVAL BEFORE THE CONTRACT MAY BE AWARDED AND WORK COMMENCES.

SUBCONTRACTOR'S NAME*	OWNERSHIP (ENTER APPROPRIATE CODE LETTERS BELOW) #	WORK TO BE PERFORMED BY SUBCONTRACTOR	TRADE PROJECTED FOR USE BY SUBCONTRACTOR	PROJECTED DOLLAR VALUE OF SUBCONTRACT

*If subcontractor is presently unknown, please enter the trade (craft name).

#Ownership Codes

W : White B : Black H : Hispanic A : Asian N : Native American F : Female
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FORM B. PROJECTED WORK FORCE EMPLOYMENT UTILIZATION REPORT – CONSTRUCTION

Agency _____ /Code _____ Reporting Period _____

Contractor Firm Name _____ Address _____ City _____ State _____ ZIP _____

Federal ID/Payee ID No. _____ Check one: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor Contact Amount: \$ _____	Contract No. _____ Location of Work _____ County _____ ZIP _____ Contract Start Date: _____
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ENTER BELOW* (SEE APPENDIX)	Total Hours Projected For Contract												Total Number of Employees		Total Number of Minority Employees	
	Total Hours Projected for All Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American/ Alaskan Native		Minority %	Female %				
	1. JOB or TRADE* CATEGORY	2. UNION	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Field Office Staff:																
Professionals																
Office/Clerical																
1.																
2.																
3.																
1.																
2.																
3.																
1.																
2.																
3.																
1.																
2.																
3.																
1.																
2.																
3.																
1.																
2.																
3.																
GRAND TOTALS																

Company Official's Name _____ Title _____

Company Official's Signature _____ Date _____

Telephone Number () _____

**PROJECTED WORK FORCE EMPLOYMENT UTILIZATION REPORT - CONSTRUCTION
INSTRUCTIONS FOR COMPLETION**

PURPOSE: The *Projected Work Force Employment Utilization Report* is prepared by all construction contractors and subcontractors to document their anticipated employment of minority group members and women during the contract covered by the report. The report has a format similar to forms used by the Federal government (e.g., U.S. Department of Labor) for reporting equal employment opportunity data. The report covers all hourly workers, including foremen, supervisors or crew chiefs, journey workers and apprentices or trainees working on the project. Professional and office clerical field office staff working on the contract shall also be reported. The completed reports are used by the contracting state agency to monitor the contractor's and subcontractor's compliance with the contract's equal employment opportunity requirements.

GENERAL INFORMATION:

1. **Name of contracting state agency** and state agency code (five digit code).
2. **Reporting period covered by report (month/year).**
3. **Contractor or subcontractor firm name** (prime contractor on summary report submitted to agency) and **address** (including city name, state and zip code).
4. Contractor or subcontractor **Federal Employer Identification number** or payee identification number (prime contractor i.d. on summary report); **check** to indicate prime or subcontractor report.
5. **Contract amount** is dollar amount based on terms of the contract.
6. **Contract number** is the agency assigned number given to the contract (seven digits).
7. **Location of work** including county and zip code where work is performed.
8. **Contract start date** is month/day/year work on contract actually began.

JOB OR TRADE CATEGORIES: A field office staff category plus ten job categories are printed on the form. These are trades commonly used in construction. The categories are intended to be general in nature, and may include several occupational job titles. *If trades other than those identified are required to perform work on the contract*, this work should be combined and reported in the "Other" category. Work level designations of foreman/supervisor (F), journeyworker (J), and apprentice/trainee (A) are included as separate entries for each standard job category; hours worked must be recorded opposite the appropriate work level for each.

TOTAL HOURS PROJECTED FOR REPORTING PERIOD: Report the total hours projected for **all** employees during the contract, regardless of ethnicity, under each job category in column (1) for males (M) and column (2) for females (F). In columns (3) thru (10) report the total hours projected for male and female *minority group members* of one of the following defined groups:

- **Black (not of Hispanic origin):** all persons having origins in any of the Black African racial groups;
- **Hispanic:** all persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American or either Indian or Hispanic origin, regardless of race;
- **Asian or Pacific Islander:** all persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands;
- **Native American or Alaskan Native:** all persons having origins in any of the original peoples of North America.

MINORITY % = sum of all employment of minority group members (M and F) in the job category divided by the total hours projected for all employees in that job category (column 1 + column 2).

FEMALE % = total hours worked by all female employees in the job category (column 2) divided by the total hours projected for all employees in that job category (column 1 + column 2).

TOTAL NUMBER OF EMPLOYEES: record the *total number of all persons projected for the contract*, regardless of ethnicity; report the numbers of male (M) and female (F) employees separately.

TOTAL NUMBER OF MINORITY EMPLOYEES: record the *total number of minority persons projected for the contract*, report the numbers of minority male (M) and minority female (F) employees separately.

GRAND TOTALS: column totals should be calculated for all job categories combined. Total minority and female percentages should be calculated as shown above, based on the column grand totals.

SUBMISSION: The projected work force utilization report is to be completed by both prime and subcontractors and **signed and dated** by an *authorized representative* before submission. This **Company Official's name, official title and telephone number** should be printed or typed where indicated on the bottom of the form.

The **prime contractor** shall complete a report for its own work force, **collect** reports completed by each subcontractor, and **prepare a summary report for the entire combined contract work force**. The reports shall include the total work hours for all employees in each work category. The prime contractor shall submit the summary report to the contracting agency.

FORM C. MONTHLY WORK FORCE EMPLOYMENT UTILIZATION REPORT – CONSTRUCTION

Agency _____ /Code _____ Reporting Period _____

Contractor Firm Name _____ Address _____ City _____ State _____ ZIP _____

Federal ID/Payee ID No. _____ Check one: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor Contact Amount: \$ _____	Contract No. _____ Location of Work _____ County _____ ZIP _____ Contract Start Date: _____ Percent of Job Completed _____
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Job or Trade Category	**	Total Hours Worked During Reporting Period											Total Number of Employees		Total Number of Minority Employees				
		Total Hours Worked All Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American/Alaskan Native		Minority %	Female %	M	F	M	F		
		M	F	M	F	M	F	M	F	M	F								
Field Office Staff: Professionals Office/Clerical																			
Laborers	F																		
	J																		
	A																		
Equipment Operators	F																		
	J																		
	A																		
Surveyors	F																		
	J																		
	A																		
Truck Drivers	F																		
	J																		
	A																		
Iron Workers	F																		
	J																		
	A																		
Carpenters	F																		
	J																		
	A																		
Cement Masons	F																		
	J																		
	A																		
Painters	F																		
	J																		
	A																		
Electricians	F																		
	J																		
	A																		
Plumbers	F																		
	J																		
	A																		
Others:	F																		
	J																		
	A																		
GRAND TOTALS																			

Company Official's Name _____ Title _____

Company Official's Signature _____ Date _____

Telephone Number (_____) _____

MONTHLY WORK FORCE EMPLOYMENT UTILIZATION REPORT - CONSTRUCTION
INSTRUCTIONS FOR COMPLETION

PURPOSE: *The Monthly Work Force Employment Utilization Report* is prepared by all contractors and subcontractors to document their actual employment of minority group members and women during the period covered by the report. The report has a format similar to forms used by the Federal government (e.g., U.S. Department of Labor) for reporting equal employment opportunity data. The report covers all hourly workers, including foremen, supervisors or crew chiefs, journey workers and apprentices or trainees working on the project. Professional and office clerical field office staff working on the contract shall also be reported. The completed reports are used by the contracting state agency to monitor the contractor's and sub contractor's compliance with the contract's equal employment opportunity requirements.

GENERAL INFORMATION:

1. **Name of contracting state agency** and state agency code (five digit code).
2. **Reporting period** covered by report (month/year).
3. **Contractor or subcontractor firm name** (prime contractor on summary report submitted to agency) and **address** (including city name, state and zip code).
4. Contractor or subcontractor **Federal Employer Identification number** or payee identification number (prime contractor i.d. on summary report); **check** to indicate prime or subcontractor report.
5. **Contract amount** is dollar amount based on terms of the contract.
6. **Contract number** is the agency assigned number given to the contract (seven digits).
7. **Location of work** including county and zip code where work is performed.
8. **Contract start date** is month/day/year work on contract actually began.
9. Contractor's **estimate of the percentage of work completed** at the end of this reporting period.

JOB OR TRADE CATEGORIES: A field office staff category plus ten job categories are primed on the form. These are trades commonly used in construction. The categories are intended to be general in nature, and may include several occupational job titles. *IF trades other than those identified are required to perform work on the contract*, this work should be combined and reported in the "Other" category. Work level designations of foreman/supervisor (F), journeyworker (J), and apprentice/trainee (A) are included as separate entries for each standard job category; hours worked must be recorded opposite the appropriate work level for each.

TOTAL HOURS WORKED DURING REPORTING PERIOD: Report the total hours worked by **all** employees during the reporting period, regardless of ethnicity, under each job category in column (1) for males (M) and column (2) for females (F). In columns (3) thru (10) report the total hours worked by male and female *minority group members* of one of the following defined groups:

- **Black (not of Hispanic origin):** all persons having origins in any of the Black African racial groups;
- **Hispanic:** all persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American or either Indian or Hispanic origin, regardless of race;
- **Asian of Pacific Islander:** all persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands;
- **Native American or Alaskan Native:** all persons having origins in any of the original peoples of North America.

MINORITY %= sum of all employment of minority group members (M and F) in the job category divided by the total hours worked by all employees in that job category (column 1 + column 2).

FEMALE % = total hours worked by all female employees in the job category (column 2) divided by the total hours worked by all employees in that job category (column 1 + column 2).

TOTAL NUMBER OF EMPLOYEES: record the total number of *all persons employed* during the reporting period, regardless of ethnicity; report the numbers of male (M) and female (F) employees separately.

TOTAL NUMBER OF MINORITY EMPLOYEES: record the *total number of minority persons employed* during the reporting period; report the numbers of minority male (M) and minority female (F) employees separately.

GRAND TOTALS: column totals should be calculated for all job categories combined. Total minority and female percentages should be calculated as shown above, based on the column grand totals.

SUBMISSION: The monthly work force utilization report is to be completed by both prime and subcontractors and **signed and dated** by an *authorized representative* before submission. This **Company Official's name, official title and telephone number** should be printed or typed where indicated on the bottom of the form.

The **prime contractor** shall complete a report for its own work force, **collect** reports completed by each subcontractor, and **prepare a summary report for the entire combined contract work force**. The reports shall include the total work hours for all employees in each work category for all payrolls completed in the monthly reporting period. The prime contractor shall submit the summary report to the contracting agency as required by *Part 542 of Title 9 Subtitle N of the NYCRR pursuant to Article 15-A of the Executive Law*.

SIGNATURE PAGE

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 Health and Hospital Corporation's equal employment requirements, as contained in Section 312, Article 15-A of New York State Executive Law and also Chapter 56 of the City Charter, Executive Order No. 50 (1980) and the Implementing Rules is a requirement for the contractors and subcontractors working on this construction project.

I agree, by signature, on behalf of the company to submit a certified copy of payroll records to the HHC contracting division or facility and a Work Force Employment Utilization Report to HHC's Office of Affirmative Action/Equal Employment Opportunity on a monthly basis.

CONTRACTOR'S NAME

NAME OF PERSON WHO PREPARED THIS REPORT

TITLE

NAME OF OFFICIAL AUTHORIZED TO SIGN ON
BEHALF OF THE CONTRACTOR

TITLE

BUSINESS TELEPHONE NUMBER

BY: _____
SIGNATURE OF AUTHORIZED OFFICIAL

DATE

ONLY ORIGINAL SIGNATURES ARE ACCEPTABLE.

IF CONTRACTORS ARE FOUND TO BE UNDERUTILIZING MINORITIES AND FEMALES IN ANY GIVEN TRADE BASED ON CHAPTER 56 SECTION 3H, THE OFFICE OF AA/EEO RESERVES THE RIGHT TO REQUEST THE CONTRACTORS' WORKFORCE DATA AND TO IMPLEMENT AN EMPLOYMENT PROGRAM.

CONTRACTORS WHO FAILS TO COMPLY WITH THE ABOVE-MENTIONED REQUIREMENTS OR ARE FOUND TO BE IN NONCOMPLIANCE MAY BE SUBJECT TO THE WITHHOLDING OF FINAL PAYMENT.

WILLFUL OR FRAUDULENT FALSIFICATIONS OF ANY DATA OR INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF THE CONTRACT BETWEEN HHC AND THE BIDDER OR CONTRACTOR AND IN DISAPPROVAL OF FUTURE CONTRACTS. FURTHER, SUCH FALSIFICATIONS MAY RESULT IN CIVIL AND/OR CRIMINAL PROSECUTION.

Sworn to before me on this _____ day of _____ 20_____

Notary Public

Authorized Signature, Date

CONFIDENTIALITY POLICY: To the extent permitted by law and consistent with the proper discharge of AA/EEO's responsibilities under Section 312, Article 15-A of New York State's Executive Law and Chapter 56 of the City Charter - Executive Order No. 50 (1980) and its implementing rules, all information provided by a contractor to AA/EEO shall be confidential.

APPROVAL STATUS

Approved

Conditional

Disapproval

C.R. _____ DATE _____