State of New York
Department of Civil Service
Albany, NY 12239

Workforce Employment Utilization Report
Service and/or Consultant Firms

ADM-989
(1/07)

Agency:_____/Code_____ Reporting period:_____
Check One: ☐Quarterly ☐Semi-Annual Report

Contractor/Firm
Name:_____Address:_____
City State Zip

Type of Report: ☐ Contract Specific Work Force ☐Total Work Force Check if NOT-For- Profit:☐
==========
Federal ID/Payee ID No. _____Contract No._____Location of Work _____
County Zip

Check One: ☐ Prime Contractor ☐ Subcontractor

Product/Service Provided:_____

Contract Amount: $_____ Contract Start Date: _____

Percent of Job Completed _____

Number of Employees											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 Worker												
Office & Clerical												
Craft Workers												
Operatives												
Laborers												
Service Workers												
TOTALS												

Company
Official's Name: _____ Title: _____

Company Official's
Signature: _____ Date: _____

Telephone
Number: ( ) _____