

Exhibit I.H Workforce Employment Utilization Report



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 _____

Federal Occupational Category	Number of Employees										Total Percent Minority Employees	Total Percent Female Employees
	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: () _____