SDA
NJ Schools Development Authority

NEW JERSEY SCHOOLS DEVELOPMENT AUTHORITY

DIVISION OF CONTRACTOR AND WORKFORCE COMPLIANCE
ATTN: WFC UNIT

1 WEST STATE STREET, PO BOX 991
TRENTON, NJ 08625-0991

MONTHLY WORKFORCE TRACKING REPORT (AA202) - CONSTRUCTION

This form MUST BE completed and submitted to the NJSDA on-line at https:// www.njsda.gov/wfp/login.aspx
Complete this form by the 7th business day of each month
(Example: The report for January 2009 is due by February 10, 2009.)

REPORT PERIOD: _____ **NTP DATE:** _____ **PROJECTED END DATE:** _____

VENDOR NAME:			**AGENCY AWARDING CONTRACT:**	**COUNTY:**	**COUNTY GOALS (%):**
					MINORITY:
ADDRESS:			**CONTRACT NUMBER:**	**DISTRICT:**	WOMEN: 6.9
CITY:	**STATE:**	**ZIP CODE:**	**DATE OF AWARD:**	**PROJECT NAME:**	
VENDOR FED ID OR SS NUMBER:			**$ AMOUNT OF AWARD:**	**PROJECT NUMBER:**	

FPO: _____ **PMF/CM:** _____ **PLA: YES** ____ **NO** ____

8. Contractor (Prime first, subs following)	9. % Wrk Comp	10. Trade or Craft	Clasification	11. Number of Employees/Hours												12. Total			13. Number of Local Employees/Hours																									
				A.	B.		C.		D.		E.		F.						DISTRICT														COUNTY													
				Total	Black		Hispanic		Am Indian		Asian		Female		# Minority Empl	# Minority Hours	Total Wrk Hrs	Black		Hispanic		Am Indian		Asian		Total Minority		Non-Minority		Female		Black		Hispanic		Am Indian		Asian		Total Minority		Non-Minority		Female	
					# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs				# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs	# Emp	# Hrs
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USE ADDITIONAL FORMS AS NECESSARY

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE SUBMITTED _____

PHONE NO. WITH AREA CODE AND EXTENSION _____ EMAIL ADDRESS _____