FORM A: JOB CLASSIFICATION AND INCUMBENTS FORM

Total number of incumbents in this category

Occupational Category (CIRCLE ONE)* MGRS PROF TECH SAL CLER SERV FARM CRFT OPER LABR

								CONTRACTOR NAME											
								FACILITY LOCATION:											
-												MALES	5]	FEMALI	ES	
	(1)	(2)	(3)			(4)			(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	Company Job Title	Company Job No.	Census Code**	Job this	Grouj s occuj 2	p Assi pationa	al cate	t for gory	Total in Title	W(non -Hisp)	B(non -Hisp)	Hisp	Asian	Nat Amer	W(non -Hisp)	B(non- Hisp)	Hisp	Asian	Nat Amer

NOTE: Make as many copies of this form as you require for each occupational category.

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^{*}Please include on each sheet, information concerning only 1 occupational category.

^{**}See listing of occupational categories.

FORM B: NEW HIRES FORM/TRACKING EMPLOYEES HIRED OVER THE LAST THREE YEARS

				CONTRACTOR NAME									
				FACILITY LOCATION:									
Employee Characteristics			At-Hire Info	rmation			Current Information						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)					
Social Security No. or Employee ID No.	Sex (a)	Race Ethnic Code (b)	Year of Hire	Company Job Number at Hire	Matching Census Code (c)	Weekly Salary at Hire	Current Company Job Number (d)	Weekly Current Salary					
	+												
	-												
(a)		(b)			(c)		(d)						
F: Female B: Black H: Hi A: As		White(non-Hisp) Black(non-Hisp) Hispanic Asian Native American		Se	ee listing of ecupational categories	 V: Voluntarily terminated employment (Resigned) I: Involuntarily terminated employment (Discharged/Lay off) R: Retired D: Deceased 							
				I certify that there we	ere no new hires in 2	0/20							
	NOTE : Make as many copies of this form as you require.												

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FORM C: TERMINATIONS FORM EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS

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				CONTRA	ACTOR NAME			
				FACILIT	Y LOCATION			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Social Security No. or Employee ID No.	Sex (a)	Race Ethnic Code (b)	Age at Termination	Year of Hire	Last Company Job Number	Year of Termination	Type of Termination(d)	
(a)		(b)		(c)		((d)	
M: Male W: White(non-Hisp) F: Female B: Black(non-Hisp) H: Hispanic A: Asian N: Native American		See listing of occupational categories V: Voluntarily terminated employment (Resigned) I: Involuntarily terminated employment (Discharged/Lay of R: Retired D: Deceased						
					erminations in 20/20_			
Page 10 Revised 2/08			NOTE: Make as m	any copies of this	s form as you require.			

JOB DESCRIPTION FORM

Complete this form only if you are unable to assign a particular job number or title to an occupational category, or to assign a census code to a particular job number or title.

Job Title:	
Entry Level: YES	NO NO
Routine Duties:	
Occasional Duties:	
Requisite Skills and Experience:	
Type(s) of Jobs From Which Promotions in	to this Job Occur:
Managerial Professional Clerical Sales	TechnicalServiceOperativesLaborers
Jobs titles from which promotions into this j	ob occur:

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