

MONTHLY HIGHWAY PROJECT REPORT



PRIME: **Job Name for Customer One**

TRACS #: County

SUB: CPS/CAPS Construction, Inc.

ADOT Project #: _____

Company Proj #: **Comp. Proj #**

Start Date: 12/28/2003

Reporting Month: 01/01/2004 - 01/31/2004

Est Compl Date: 10/15/2005

Substantial Completion Date: Subs. Compl

Due by the 2nd Friday of the month

Call Civil Rights Office for County data: 602-712-7987

% Minority

% Female

TOTAL CONSTRUCTION WORK HOURS FOR REPORTING PERIOD

EMPLOYEE COUNT

Job Category A = Bodies B = Hours	Black (Not of Hispanic Origin)		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		White (Not of Hispanic Origin)		Total Minority % by Job Category	Total Female % by Job Category	Total Number of Employees and Hours		Total Number of Minority Employees and Hours			
	M	F	M	F	M	F	M	F	M	F			M	F	M	F	M	F
	Supervisors	A	0	0	0	0	0	0	0	0			1	0	0.0%	0.0%	1	
	B	0	0	0	0	0	0	0	0	6	0	0.0%	0.0%	6				
Equip. Opers.	A	1	0	0	0	0	0	0	0	0	1	50.0%	50.0%	1	1	1		
	B	16	0	0	0	0	0	0	0	0	0	100.0%	0.0%	16		16		
Truck Drivers	A	0	0	0	0	0	0	0	0	0	1	0.0%	100.0%		1			
	B	0	0	0	0	0	0	0	0	0	8	0.0%	100.0%		8			
Asbestos Laborer	A	0	0	0	0	0	0	0	0	0	0							
	B	0	0	0	0	0	0	0	0	0	16	0.0%	100.0%		16			
Laborer, Unskilled	A	0	0	0	0	0	1	0	0	0	0	100.0%	100.0%		1		1	
	B	0	0	0	0	0	8	0	0	0	0	100.0%	100.0%		8		8	
	A																	
	B																	
	A																	
	B																	
	A																	
	B																	
TOTALS	A	1					1			1	2	40.0%	60.0%	2	3	1	1	
	B	16					8			6	24	44.4%	59.3%	22	32	16	8	

While this is a State specific EEOC Report, if you feel it will meet your needs, we can easily help you to remove the state specific information, making it suitable for your use.



If any employees as reported above are apprentices, state name of the program, job category, race, and gender:

If % is low, describe remedies you will use to increase %:

Contact person Name/Signature: Nancy Smyth, CQA / Payroll
 Phone number: 803-895-4929
 EEO Representative: _____