

THE PORT AUTHORITY OF NY & NJ

MONTHLY EMPLOYMENT UTILIZATION REPORT

USER INSTRUCTIONS:

1. Please read reverse side of this form for detailed instructions.
2. Complete all applicable information, leave shaded boxes blank.
3. If more than 1 page is used, complete all information for "TOTAL THIS MONTH", and "GRAND TOTAL TO DATE" ON LAST PAGE ONLY.
4. All primes note: This form should reflect an aggregate of your work force and all subcontractors.

This form submitted w/Payment Application # 10

List Subcontractors Included in this report if any.

FOR R.E. OFFICE USE ONLY

Page # 1 of 2

DATE RECEIVED: / /

REPORTING PERIOD:

FROM: 1/1/2007

TO: 1/31/2007

% Complete: 5

CONTRACT GOALS		Actual
Minority		Start Date
Skilled	10	1/1/2001
Laborers	10	Projected
Female Skilled		Completion Date
Laborer	10	3/30/2004

PROJECT TITLE:
Job Name for Customer One
CONTRACT # OR TAA#:
151-21 CA 151-21-V
LOCATION:
Project Name Project City, VT 05811

Contractor: Sunburst Software Solutions, Inc.
Address: 2378 Dane Hill Road
West Charleston, CA 05872
Phone: 888-348-2877
Prepared By: Preparer's Name / Preparer's Title Date: 5/6/2008

WORK HOURS OF EMPLOYEES

#1 Construction Trade	#2 Classification	#3 TOTAL ALL EMPLOYEES HOURS		#4 SUM OF ALL EMPLOYEES HOURS	#5 BLACK		#6 HISPANIC		#7 ASIAN		#8 NATIVE AMERICAN		#9 TOTAL MINORITY HOURS	#10 % MINORITY HOURS	#11 % FEMALE HOURS
		M	F	(Add #3M + #3F)	M	F	M	F	M	F	M	F	(Add 5 Thru 8)	(9 DIV 4)	(3 DIV 4)
Supervisors	Journey Worker	14	0	14	0	0	0	0	0	0	0	0	0	0	0
	Apprentice	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SUB TOTAL	14	0	14	0	0	0	0	0	0	0	0	0	0	0
Backhoe Operator	Journey Worker	100	0	100	0	0	100	0	0	0	0	0	100	100	0
	Apprentice	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	SUB TOTAL	100	0	100	0	0	100	0	0	0	0	0	100	100	0
Asbestos Laborer	Journey Worker	80	40	120	0	0	40	0	0	0	0	40	80	67	33
	Apprentice	0	16	16	0	0	0	0	0	0	0	16	16	100	100
	SUB TOTAL	80	56	136	0	0	40	0	0	0	0	56	96	71	41
TOTAL THIS MONTH	Journey Worker														
	Apprentice														
	TOTAL SKILLED TRADES														
	LABORERS														
GRAND TOTAL FROM LAST MONTH	SKILLED TRADES														
	LABORERS														
GRAND TOTAL TO DATE	SKILLED TRADES														
	LABORERS														

NUMBER OF EMPLOYEES			
#12 TOTAL NUMBER OF EMPLOYEES		#13 TOTAL NUMBER OF MINORITY EMPLOYEES	
M	F	M	F
1	0	0	0
0	0	0	0
1	0	0	0
1	0	1	0
0	0	0	0
2	1	1	1
0	0	0	0
2	1	1	1

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REVIEWED BY: _____

DATE: / /

ARE GOALS BEING MET? CIRCLE ONE

MINORITY		FEMALE	
YES	NO	YES	NO
YES	NO	YES	NO

COMPANY OFFICIAL'S SIGNATURE AND TITLE: _____

DATE SIGNED: _____

* Superintendents' hours should not be included in this form.

NOTE: THE MEUR must be submitted within 5 business days of month end.