

Schedule c, Attachment C-1
Construction Contract

MONTHLY EMPLOYMENT UTILIZATION REPORT

COMPANY NAME: New York Certified Payroll Solution for Quick		PROJECT NAME: 2001-02 (QB Job name)				CONTRACTORS START DATE: 11/1/2001				COMPANY EMPLOYMENT DATA									
ADDRESS: 1256 Any Street Brigham, NY 55512		PROJECT LOCATION:				ESTIMATED COMPLETION DATE													
TELEPHONE NUMBER: (888) 348-2877		COUNTY: Default County ZIP: 2114				PERCENT OF JOB COMPLETE (for reporting period): 5				(applies only to changes, if any, in Company's Employee makeup at the end of project)									
FEDERAL ID NO.: FEIN		REPORTING PERIOD: MONTH November YEAR 2001				CONTRACT NO.: Fed Prj/Cntr Reg/Slct # State Pr													
CHECK IF NOT-FOR-PROFIT		CONTRACT AMOUNT				A. TOTAL COMPANY EMPLOYEES (at the beginning of project)		B. TOTAL COMPANY EMPLOYEES (at the end of project)		C. NET INCREASE									
						MALE FEMALE		MALE FEMALE											
CLASSIFICATION	1. WORKER HOURS OF EMPLOYMENT										2. NUMBER OF WORKERS				3. CONSTRUCTION TRADES	TOTAL MALE		TOTAL FEMALE	
	1a. ALL WORKER HOURS			1b. BLACK (Not of Hispanic Origin)		1c. HISPANIC		1d. ASIAN or PACIFIC ISLANDER		1e. NATIVE AMERICAN / ALASKA NATIVE		2a. ALL		2b. MINORITY		C1. EMPLOYEES	C2. OCCUPATIONAL CODES/# OF	C3. EMPLOYEES	C4. OCCUPATIONAL CODES/# OF
	MALE	FEMALE	TOTAL	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE				
Supervisory																TOTAL WHITE		TOTAL WHITE	
Journey Worker	8	0	8	0	0	0	0	0	0	0	0	1	0	0	0	TOTAL BLACK		TOTAL BLACK	
Apprentice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL HISPANIC		TOTAL HISPANIC	
Trainee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	TOTAL ASIAN		TOTAL ASIAN	
Subtotal	8	0	8	0	0	0	0	0	0	0	0	1	0	0	0	TOTAL NATIVE AMERICAN		TOTAL NATIVE AMERICAN	
Journey Worker	21	0	21	0	0	0	0	0	0	0	0	1	0	0	0				
Apprentice	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Trainee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Subtotal	21	0	21	0	0	0	0	0	0	0	0	1	0	0	0				
Journey Worker																			
Apprentice																			
Trainee																			
Subtotal																			
TOTAL SUPERVISORS																			
TOTAL JOURNEY WORKERS																			
TOTAL APPRENTICES																			
TOTAL TRAINEES																			
GRAND TOTAL																			

CERTIFICATION: Nancy Smyth (Print Name), the CQA (Title), do certify that (i) have read the Monthly Employment Utilization Report and (ii) to the best of my knowledge, information and belief the information contained herein is complete and accurate

Signature _____ Date: 10/10/2012