

EMPLOYMENT TRACKING & DIRECT BENEFIT SUMMARY DATA	
NAME OF LOCAL GOVERNMENT: _____	FORM COMPLETED FOR QUARTER END _____
NAME OF ASSISTED ENTITY/BUSINESS _____	Total FTEs Trained to Date/Total LMI FTEs Trained to Date:_____/_____
DUNS NUMBER FOR BUSINESS : _____	Total FTEs Created to Date / Total LMI FTE Hires to Date: _____ / _____
NAIC CODE: _____	Total FTEs Retained to Date: _____
DOES BUSINESS PROVIDE HEALTH CARE BENEFITS: _____	PAYROLL VERIFIED BY: _____
CDBG CONTRACT #: _____	DATE: _____

[illegible]

[illegible]

EMPLOYMENT TRACKING & DIRECT BENEFIT SUMMARY DATA

NAME OF LOCAL GOVERNMENT: 1

Form Completed for the Quarter Ended: 4

NAME OF ASSISTED ENTITY/BUSINESS: 2

Total FTE Trained to Date/Toal LMI Trained to Date 5

CDBG CONTRACT #: 3

Total Positions to Date / Total LMI Hires to Date: 6

Payroll Verified by: 7 Date: 8

POSITION NUMBER/TITLE EMPLOYEE NAME	HIRE STATUS*	DATE HIRED	DATE TERMINATED	FT / PT	FTE	P / S	RATE OF PAY	LOW/MOD INCOME?	**E.C.	***R.C.	M	F	H	FHH
<u>9</u>	<u>10</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>15</u>	<u>16</u>	<u>1</u>	<u>18</u>	<u>19</u>	<u>2</u>	<u>2</u>	<u>22</u>	<u>23</u>

KEY

*Hire Status

NHT - New Hire Trainee
NH = New Hire
R = Retained

***R.C. - Racial Category:

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. American Indian or Alaska Native and White
7. Asian and White
8. Black or African American and White
9. American Indian or Alaska Native and Black or African American
10. Other Multi-Racial Reported

**E.C. - Ethnic Category

Y - Hispanic or Latino
N - Not Hispanic or Latino

FT / PT = Full-time --or--
Part-time (< 40 hrs/wk)

FTE = Full Time Equivalent - Part-time jobs must be
converted to full-time equivalents

P / S = Permanent --or-- Seasonal

M = Male

F = Female

H = Handicapped

FHH = Female Head of Household

NOTE: A full-size version of this form is available from the DOC, either a paper copy or as an Microsoft EXCEL file