

Labor Compliance Dept.

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**MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION (NJEDA AA Form 2)**

<b>Complete and submit form at: <a href="http://aaonline.njeda.com">http://aaonline.njeda.com</a></b>		3. Contractor FID OR SS Number	
1. Name & Address of General Contractor	2. NJEDA AAPW Report ID	4. Reporting Month (mm/dd/yyyy)	
(Name)		5. Name of Company that is Recipient of NJEDA Financial Assistance	6. Date Gen. Contract was awarded
(Address)		7. Name & Address of Project	8. County
(City)		(Zip Code)	
		9. NJEDA Project No. (5 digits)	

10. CONTRACTOR NAME <small>(LIST GENERAL CONTRACTOR WITH SUBS FOLLOWING)</small>	11. PERCENT OF WORK COMPLETED	12. TRADE OR CRAFT	13. CLASS.	14. NUMBER OF EMPLOYEES						15. TOTAL NO. OF MIN. EMP.	16. WORK HOURS		17. % OF WORK HRS		18. CUMULATIVE WORK HRS		19. CUM. % OF W/H		CPRs							
				A.	B.	C.	D.	E.	F.		A.	B.	A.	B.	A.	B.	A.	B.	week 1	week 2	week 3	week 4	week 5			
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	WOMEN		MIN W/H	WOM W/H	% OF MIN W/H	% OF WOM W/H	MIN. HOURS	WOMEN HOURS	% OF MIN W/H	% OF WOM W/H								
			F																							
			J																							
			AP																							
			F																							
			J																							
			AP																							
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			AP																							
			F																							
			J																							
			AP																							

20. COMPLETED BY (PRINT OR TYPE)		<i>I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT</i>	
(NAME)		(SIGNATURE)	
		(TITLE)	
(AREA CODE)	(TELEPHONE NUMBER)	(EXT.)	(DATE)
		(COMPANY NAME)	