

COMPLIANCE REVIEW INSTRUCTIONS:

The attached forms are to be completed and submitted by the Prime contractor to the reviewer as requested.

These forms must be completed thoroughly, if you did not have any activity in a particular area, please write "no activity" on that form.

- PACKET "A"** is for *Prime Contractor Data* and should be completed by the Prime Contractor.
 - ATTACHMENT 1P** – Submit information for Desk Audit
 - ATTACHMENT 2P**- Submit a listing of Minority and Female Recruitment Sources
 - ATTACHMENT 3P** – Employment Data – Project
 - 3P-a** – DBE/SBE Participation
 - 3P-a** – OJT – On the Job Trainees
 - 3P-a** – New Hires for Project
 - 3P-a** – Re-Hires for Project
 - 3P-a** – Transfers for Projects
 - ATTACHMENT 4P** – Employment Data – Total Workforce
 - ATTACHMENT 5P** – Contract Worksheet
 - ATTACHMENT 6P** – Termination Sheet
- PACKET "B"** is for *Subcontractor Data* (a packet must be completed for each subcontractor who performed work during this review period).
 - ATTACHMENT 1S** – Submit information for Desk Audit
 - ATTACHMENT 2S** – Submit a listing of Minority and Female Recruitment Sources
 - ATTACHMENT 3S** – Employment Data – Project
 - ATTACHMENT 4S** – Termination Sheet

PACKET "A"

PRIME CONTRACTOR DATA

Firm's Name: _____

Address: _____

City, State: _____

Tel.: _____

REVIEW PERIOD:

Attachment 1P

Please submit the following information:

- Copies of all current bargaining agreements
- Sample copy of purchase orders and subcontracts containing the EEO clause
- Please submit copies of ALL subcontracts between Prime Contractor and its subcontractor's
- Submit all verification of payments for all subcontractors, please include when the Prime Contractor was paid by ConnDOT and when the Prime Contractor paid its subcontractors
- Provide a list of any allegations of discrimination filed against your firm
 - Please include a statement of the status of any action taken pertaining to employment practices by the Equal Employment Opportunity Commission (EEOC) or other Federal, State, or local agency regarding Discrimination Complaints or any actions taken against you
- Describe what type of training have been provided to your employees

Referral Sources

(Print copies for additional resources)

Please submit a list of recruitment sources utilized for this project:

| | |
|----------------|--|
| Organization | |
| Contact Name | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Telephone | |

| | |
|----------------|--|
| Organization | |
| Contact Name | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Telephone | |

| | |
|----------------|--|
| Organization | |
| Contact Name | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Telephone | |

| | |
|----------------|--|
| Organization | |
| Contact Name | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Telephone | |

INSTRUCTIONS: FOR PROJECT _____, COMPLETE THE EMPLOYMENT STATISTICS FOR THE PERIOD COVERING _____

CONTRACTOR NAME _____

| WORK HOURS OF EMPLOYMENT | | | | | | | | | | | | | | TOTAL EMPLOYMENT | | | |
|--------------------------|----------------|-----------------------|---|-------------|---|----------------|---|---------------------------------|---|------------------------------|---|-------------|---|------------------|---|--------------------|---|
| JOB CATEGORIES | UNION LOCAL #s | TABLE A | | | | | | | | | | | | | | | |
| | | TOTAL EMPLOYEES HOURS | | BLACK HOURS | | HISPANIC HOURS | | AMER.INDIAN ALASKIAN NAT. HOURS | | ASIAN/PACIFIC ISLANDER HOURS | | WHITE HOURS | | ALL EMPLOYEES | | MINORITY EMPLOYEES | |
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| OFFICIALS (MANAGERS) | | | | | | | | | | | | | | | | | |
| SUPERVISORS | | | | | | | | | | | | | | | | | |
| FOREPERSON | | | | | | | | | | | | | | | | | |
| CLERICAL | | | | | | | | | | | | | | | | | |
| EQUIP. OPERS. | | | | | | | | | | | | | | | | | |
| MECHANICS | | | | | | | | | | | | | | | | | |
| TRUCK DRIVERS | | | | | | | | | | | | | | | | | |
| IRONWORKERS | | | | | | | | | | | | | | | | | |
| CARPENTERS | | | | | | | | | | | | | | | | | |
| CEMENT MASONS | | | | | | | | | | | | | | | | | |
| ELECTRICIANS | | | | | | | | | | | | | | | | | |
| PIPEFITTER, PLUMBER | | | | | | | | | | | | | | | | | |
| PAINTERS | | | | | | | | | | | | | | | | | |
| LABORER, SEMI-SKILLED | | | | | | | | | | | | | | | | | |
| LABORER, UNSKILLED | | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | |

TABLE B

| | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| APPRENTICES | | | | | | | | | | | | | | | | | |
| ON THE JOB TRAINEES | | | | | | | | | | | | | | | | | |

PREPARED BY _____

DATE _____

DBE PARTICIPATION

Please list DBE firms performing work on this project and utilized to satisfy the DBE Goal of _____% on this project?

| SUBCONTRACTOR OR SUPPLIER NAME | MINORITY MALE OR WHITE FEMALE | PERCENT CONTRACTED | SUBCONTRACT OR AGREEMENT VALUE | TOTAL DOLLAR AMT. PAID TO DATE |
|-----------------------------------|----------------------------------|-----------------------|-----------------------------------|-----------------------------------|
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Are your subcontractors being paid within 30 days after you receive payment? Yes _____ No _____ (if no, explain)

Note: Please be sure to include DBE Firms not previously included in the Pre-Award document.

Attachment 4P

EMPLOYMENT DATA - TOTAL COMPANY WORK FORCE

INSTRUCTIONS: FOR PROJECT _____, COMPLETE THE EMPLOYMENT STATISTICS FOR THE PERIOD COVERING _____

CONTRACTOR NAME _____

| WORK HOURS OF EMPLOYMENT | | | | | | | | | | | | | | TOTAL EMPLOYMENT | | | |
|--------------------------|----------------|-----------------------|---|-------------|---|----------------|---|---------------------------------|---|------------------------------|---|-------------|---|------------------|---|--------------------|---|
| TABLE A | | | | | | | | | | | | | | | | | |
| JOB CATEGORIES | UNION LOCAL #s | TOTAL EMPLOYEES HOURS | | BLACK HOURS | | HISPANIC HOURS | | AMER.INDIAN ALASKIAN NAT. HOURS | | ASIAN/PACIFIC ISLANDER HOURS | | WHITE HOURS | | ALL EMPLOYEES | | MINORITY EMPLOYEES | |
| | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| OFFICIALS (MANAGERS) | | | | | | | | | | | | | | | | | |
| SUPERVISORS | | | | | | | | | | | | | | | | | |
| FOREPERSON | | | | | | | | | | | | | | | | | |
| CLERICAL | | | | | | | | | | | | | | | | | |
| EQUIP. OPERS. | | | | | | | | | | | | | | | | | |
| MECHANICS | | | | | | | | | | | | | | | | | |
| TRUCK DRIVERS | | | | | | | | | | | | | | | | | |
| IRONWORKERS | | | | | | | | | | | | | | | | | |
| CARPENTERS | | | | | | | | | | | | | | | | | |
| CEMENT MASONS | | | | | | | | | | | | | | | | | |
| ELECTRICIANS | | | | | | | | | | | | | | | | | |
| PIPEFITTER, PLUMBER | | | | | | | | | | | | | | | | | |
| PAINTERS | | | | | | | | | | | | | | | | | |
| LABORER, SEMI-SKILLED | | | | | | | | | | | | | | | | | |
| LABORER, UNSKILLED | | | | | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | |

TABLE B

| | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| APPRENTICES | | | | | | | | | | | | | | | | | |
| ON THE JOB TRAINEES | | | | | | | | | | | | | | | | | |

PREPARED BY _____

DATE _____

PROJECT TERMINATION DATA SHEET

Project # _____

| NAME | RACE & SEX | INITIAL DATE OF HIRE | JOB TITLE | DATE OF TERMINATION OR LAYOFF | REASONS FOR TERMINATION |
|------|------------------|----------------------------|--------------|-------------------------------------|----------------------------|
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IF THERE WERE NO TERMINATIONS DURING THE REVIEW PERIOD, PLEASE CHECK THIS BOX.