

Equal Employment Opportunity
Compliance Review Reporting Form

<u>All questions must be answered completely</u>	
1A. Name and address of firm	1B. Name, address and telephone number of CEO
Name:	Name:
Address:	Address:
	Phone Number:
Firms federal identification number :	

	Total Employees			Minority Group Employees										
Categories	Total Employees including Minorities	Total Male including Minorities	Total Females including Minorities	Total Black or African American Males	Total Asian Males	Total Native Hawaiian or Pacific Islander Males	Total American Indian/Alaskan Native Males	Total Hispanic or Latino Males	Total black or African American Females	Total Native Hawaiian or Pacific Islander	Total Asian Females	Total American Alaskan Native Females	Total Hispanic or Latino	Two or More Races
Managers														
Professionals														
Technicians														
Sales Workers														
Office and Clerical														
Craft Workers														
Operators														
Laborers														
Service Workers														
TOTALS														
Total Employees Prior to this Report														

Dates of Payroll Period Used (Both dates must be completed.) Weekly, Bi-weekly or Monthly Only

Beginning Period_____

Ending Period_____

Month Day Year

Month Day Year

Signature of Preparer: _____

Date: _____

Print Preparer's Name: _____