

MASSACHUSETTS PORT AUTHORITY CONTRACTOR'S WEEKLY WORKFORCE UTILIZATION REPORT

Project Name: _____ Contract No.: _____ Contract Value: _____ Minority Hiring Goal: _____ Women Hiring Goal: _____
 Name of General Contractor: _____ Address: _____ Telephone No.: _____
 Name of Contractor Filing Report: _____ Address: _____ Telephone No.: _____
 Week Ending: _____ Report No.: _____ Date Work Began: _____ Check here if this is a final report _____ Date Work Completed: _____

Job Category	# Emp.	Weekly Total Work Hours	# Minority	Weekly Total Minority Hours	Minority %	# Women	Weekly Total Woman Hours	Woman %	Total Workforce Utilization Since Contract Began					Remarks
									Work Hrs. to Date	Minority Hrs. to Date	Minority % to Date	Woman Hs. To Date	Woman % to Date	
TOTAL														

Return to: Massachusetts Port Authority
 Compliance Department
 One Harborside Drive, Suite 200S
 East Boston, MA 02128-2909

Copy to: Resident Engineer
 Or Project Manager

Prepared by: _____
 Title: _____
 Phone: _____
 Date: _____
 Name of Job Superintendent/Foreman: _____
 Phone: _____