MONTHLY EMPLOYMENT REPORT
AMERICAN RECOVERY AND REINVESTMENT ACT

1. First day of reporting period: (mm/dd/yyyy)	2. Report Month: (mm/yyyy)	3. Contracting Agency
4. Federal-Aid Project	5. State Project Number of ID Number	6. Project Location: State, County or Federal Region

7. CONTRACTOR NAME AND ADDRESS

Name:

Address:

City: State:

Zip:

8. Contractor/Subcontractor DUNS Number:

9. Employment Data			
	EMPLOYEES	HOURS	PAYROLL
Prime Contractor Direct, On-Project Jobs (see guidance for definitions)			
Subcontractor Direct, On-Project Jobs			
Subcontractor Name			
Prime and Subcontractor Totals			

10. PREPARED BY CEO or Payroll Official:	DATE
Name:	
Title:	

This Box To Be Filled Out By WVDOH

Percent Complete		**DBE Goal**	
Number of Change Orders		**DBE Plan**	
Amount ($) of Change Orders		**DBE Utilization**	
		Date	