

EMPLOYMENT TRACKING & DIRECT BENEFIT SUMMARY DATA

NAME OF LOCAL GOVERNMENT: 1

Form Completed for the Quarter Ended: 4

NAME OF ASSISTED ENTITY/BUSINESS: 2

Total FTE Trained to Date/Toal LMI Trained to Date 5

CDBG CONTRACT #: 3

Total Positions to Date / Total LMI Hires to Date: _____ / 6

Payroll Verified by: 7 Date: 8

POSITION NUMBER/TITLE EMPLOYEE NAME	HIRE STATUS*	DATE HIRED	DATE TERMINATED	FT / PT	FTE	P / S	RATE OF PAY	LOW/MOD INCOME?	**E.C.	***R.C.	M	F	H	FHH
<u>9</u>	<u>10</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>15</u>	<u>16</u>	<u>1</u>	<u>18</u>	<u>19</u>	<u>2</u>	<u>2</u>	<u>22</u>	<u>23</u>

KEY

<p><u>*Hire Status</u> NHT - New Hire Trainee NH = New Hire R = Retained</p>	<p><u>***R.C. - Racial Category:</u> 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White 6. American Indian or Alaska Native and White 7. Asian and White 8. Black or Aftican American and White 9. American Indian or Alaska Native and Black or African American 10 . Other Multi-Racial Reported</p>	<p><u>**E.C. - Ethnic Category</u> Y - Hispanic or Latino N - Not Hispanic or Latino</p>	<p>FT / PT = Full-time -or-- Part-time (< 40 hrs/wk) FTE = Full Time Equivalent - Part-time jobs must be converted to full-time equivalents P / S = Permanent --or-- Seasonal</p> <p>M = Male F = Female H = Handicapped FHH = Female Head of Household</p>
---	---	--	---

NOTE: A full-size version of this form is available from the DOC, either a paper copy or as an Microsoft EXCEL file