



COVERED VENDORS QUARTERLY REPORT

IMPORTANT:

Please print in ink or type all required information. Assistance in completing this form may be obtained by calling the Living Wage Administrator, Office of Labor Compliance and Worker Protections of the Worker Empowerment Cabinet, telephone: (617) 918-5236, or your contracting department.

The Boston Jobs, Living Wage, and Prevailing Wage Ordinance requires Covered Vendors to provide quarterly reports of their employment activities to the Office of Labor Compliance and Worker Protections.

PART 1: CONTRACT INFORMATION

Contract Number: _____

Contracting City Department: _____

Contract Begin Date: _____

Contract End Date: _____

Contract Amount: _____

PART 2: REPORTING PERIOD

Please check the time period for which you are making this report:

Jan 1 - March 31

April 1 - June 30

July 1 - Sept 30

Oct 1 - Dec 31

Year: _____

The quarterly report must be filed with the Office of Labor Compliance and Worker Protections of the Worker Empowerment Cabinet within 15 days of the end of each reporting period.

PART 3: JOB POSITIONS CHARGED TO THE CONTRACT

Complete the following information for each Covered Employee that has worked on this contract during this quarter.
 Use additional sheets as needed. Information is collected for informational purposes and will not be used in a discriminatory manner

Job Title	Gender Please describe gender identity -Man -Woman -Non-binary -Don't Know -Prefer Not to Say	Race Please indicate all that apply (<i>you can choose more than one</i>): 1.) American Indian or Alaska Native 2.) Asian,Native Hawaiian or other Pacific Islander 3.) Black or African-American 4.) White 5.) No Answer	Hispanic/Latino 1.) Yes 2.) No 3.) Unsure 4.) No Answer	Home Zip Code	Hourly Wage Rate (Per Hour) 1.) <\$17.55 2.) \$17.55-\$23.00 3.) \$23.00-\$28.00 4.) >\$28.00	Average Weekly Hours Total hours worked at company/organization, including this contract and other work	Percent of Time Worked on this Contract	Industry 1.) Administrative/ Support Services 2.) Educational Services Healthcare 3.) Other Industries 4.) Professional, Scientific, and Technical Services 5.) Repair and Maintenance 6.) Social Assistance

PART 4: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:

Name of Vendor _____

Contact Person: _____

Vendor Address: _____
Number and Street

City State Zip Code

Telephone #: _____ **E-mail address:** _____

PART 5: SIGNATURE

IMPORTANT: An owner or officer of the Covered Vendor must sign this report.

I certify the above information is correct and within my personal knowledge.

Signed under the pains and penalties of perjury:

PRINTED NAME: _____ **DATE** _____

SIGNATURE _____ **JOB TITLE:** _____