

COVERED VENDORS QUARTERLY REPORT

WAGE-9

FY 2027

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.

INSTRUCTIONS

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.

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.

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:

Reporting Period:	<input type="checkbox"/> January 1 – March 31 <input type="checkbox"/> April 1 – June 30 <input type="checkbox"/> July 1 – September 30 <input type="checkbox"/> October 1 – December 31
Year	

PART 3: JOB POSITIONS CHARGED TO THE CONTRACT

INSTRUCTIONS

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 <i>Please describe gender identity:</i> 1.) Man, 2.) Woman, 3.) Non-Binary, 4.) Don't Know, 5. Prefer Not Say	Race <i>Please indicate all that apply (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 1.) < \$19.36 2.) \$19.36 – \$25.00 3.) \$25.01 – \$30.00 4.) > \$30	Avg Weekly Hours <i>Total hours worked at company/organization, including this contract and other work.</i>	% 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 & Maintenance 6.) Social Assistance

PART 4. COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION

Name of Vendor	
Contact Person	
Vendor Address (<i>Number and Street</i>)	
Vendor Address (<i>City, State, Zip Code</i>)	
Contact Phone	
Contact Email	

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:

Name	
Signature	
Job Title	
Date	

APPROVED AS TO FORM BY CORPORATION COUNSEL 15 MARCH 2016