

**CITY OF SPRINGFIELD PUBLIC CONSTRUCTION
WEEKLY STATEMENT OF WORKFORCE FOR THE
RESPONSIBLE EMPLOYER ORDINANCE**

This form must be completed by all contractors and subcontractors for each week in which they perform work on the project. Contractors and subcontractors are not required to submit this form for any week in which no work was performed. Forms shall be returned to the Compliance Project Manager at the address below.

DATE: _____

CONTRACTOR: _____

PROJECT: _____

CONTRACT NO.: _____

I, _____, on behalf of _____,
 (name) (name of business)
 hereby certify that _____ employed the following employees on the
 _____ project during the week of _____.
(dates)

I further certify the following employees performed work on the project during the above referenced week:

<u>Name</u>	<u>Address</u>	<u>Race/Ethnicity</u>	<u>Gender</u>	<u>Vet</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____

Printed Name: _____

On behalf of (Contractor): _____

Date: _____

Please return this form to:

DTAC
 Project Manager
 36 Court St., Room 412
 Springfield, MA 01103