

File #: _____



CITY OF BOSTON JOBS AND LIVING WAGE ORDINANCE

THE LIVING WAGE DIVISION • (617) 918-5236

COVERED VENDORS QUARTERLY REPORT

IMPORTANT: *Please print in ink or type all required information. Assistance in completing this form may be obtained by calling or visiting, The Living Wage Administrator, Living Wage Division of the Office of Workforce Development, telephone: (617) 918-5236, facsimile: (617) 918- 5299, or your Contracting Department.*

The Boston Jobs and Living Wage Ordinance requires not-for-profit Covered Vendors with 50 or more FTEs and all for-profit Covered Vendors to provide quarterly reports of their employment activities to the Living Wage Division including:

PART 1: CONTRACT INFORMATION

Contract Number: _____

Contracting Agency: _____

Contract Begin Date: _____

Contract End Date: _____

Contract Amount: _____

Description of services provided under this contract or name of project:

(Please attach a 8 ½ x 11 sheet if additional detail is needed)

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: _____

File #: _____

PART 4: JOB POSITIONS CHARGED TO THE CONTRACT:

Complete the following information for each Covered Employee that has worked on this contract during this quarter. See *example below*:

Employee Name	Unique ID #	Gender	Race Please indicate all that apply: 1) American Indian or Alaska Native 2) Asian, Native Hawaiian or other Pacific 3) Black or African-American 4) White	Hispanic/Latino 1)Yes 2)No 3)Unsure	Home Zip code	Hourly Wage Rate	Total Weekly Hours*	Percent of time worked on this contract	Please indicate: 1) Administrative and Support Services 2) Educational Services 3) Healthcare 4) Other Industries 5) Professional, Scientific, and Technical Services 6) Repair and Maintenance Social Assistance
Jane Doe	123456	F	Black	Yes	02130	\$15	40	75%	Educational Services

***Total hours worked at company/organization, including this contract and other work**

Complete the following information for each Covered Employee that has worked on this contract during this quarter. Use additional sheets as needed.*

Employee Name	Unique ID #	Gender	Race Please indicate all that apply: 1) American Indian or Alaska Native 2) Asian, Native Hawaiian or other Pacific 3) Black or African-American 4) White	Hispanic/Latino 1)Yes 2)No 3)Unsure	Home Zip Code	Hourly Wage Rate	Total Weekly Hours	Percent of time worked on this contract	Industry Please indicate: 1) Administrative and Support Services 2) Educational Services 3) Healthcare 4) Other Industries 5) Professional, Scientific, and Technical Services 6) Repair and Maintenance 7) Social Assistance

***Information is collected for informational purposes and will not be used in a discriminatory manner**

File #: _____

PART 5: ADDITIONAL INFORMATION:

Total number of all Employees: _____

Total number of Covered Employees: _____

Number of Covered Employees who are Boston residents: _____

PART 6: SIGNATURE (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:

PRINT NAME

DATE

SIGNATURE

JOB TITLE