



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, 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 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:

- | | | | |
|--------------------------|-------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Jan. 1 - March 31 | <input type="checkbox"/> | April 1 – June 30 |
| <input type="checkbox"/> | July 1 - Sept. 30 | <input type="checkbox"/> | Oct. 1 - Dec. 31 |

Year: _____

The quarterly report **must** be filed with the Living Wage Division of the Office of Workforce Development **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.*

Job Title	Gender	Race Please indicate all that apply (you can choose more than one): 1) American Indian or Alaska Native 2) Asian, Native Hawaiian or other Pacific 3) Black or African-American 4) White 5) Declined to Answer	Hispanic/Latino 1)Yes 2)No 3)Unsure 4)Declined to Answer	Home Zip Code	Hourly Wage Rate (per hour) 1) <\$14.82 2) \$14.82-\$17.00 3) \$17.01-\$20.00 4) >\$20.00	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
**Total hours worked at company/organization, including this contract and other work

PART 4: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:

Name of vendor: _____

Contact person: _____

Vendor Address: _____
Street City Zip code

Telephone #: _____ E-mail address: _____

PART 5: 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