**CONTRACTOR PERMANENT WORKFORCE**

This form is provided at contract signing to identify the employees already employed by the bidding contractor/subcontractor. It also needs to be updated at Completion of 9-O. The form will be used to determine the base number of employees and help identify Section 3 Workers.

|  |  |
| --- | --- |
| Contractor/Company Name |  |
| County (project location) |  |
| 80% Area Median Income (AMI) Limit (1 person) | $  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **EMPLOYEE NAME** | **JOB TITLE** | **ANNUAL SALARY** | **\*IS SALARY AT OR BELOW 80% AMI? (listed above)** **YES or NO** | **IS EMPLOYEE CERTIFIED SECTION 3 WORKER?** **YES OR NO** |
|  1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |

\*If Yes, Employee is a Certified Section 3 Worker.

I certify the above employees are permanent employees of . I certify the above employees are on our regular payroll and have their W-2 tax forms for our records. If requested, these records will be available to the  **County/City/Township/Village Name**  for the above referenced project for verification purposes. I understand that falsifying information is perjury and subject to legal ramifications.

|  |  |
| --- | --- |
| Signature: | Date:  |
|  **Print Name, Title**  |  |
|  |  |