CONTRACT NO.:_____

Workforce Goal:_____%

Local Workforce Participation Requirements
Monthly Employee Report (MER)

Reporting Period: From:_____ to _____

Reporting Period: ***From:*** ***To:***

Percentage of Workforce Goal met: ***%***

													Workforce Recruited From							
Employee SS#	Last Name	First Name	Address	City	Zip Code	Proof of Residency (specify types)	Classification hired for	Total hours worked - this period	Gross Earning - prior month	Date of Hire	End date	CSBE		Lindsay Hopkins Center	South Florida Workforce	Self Recrui	Tier 1	Tier 2	Tier3	New hires this period Put an "X"
Primary Contractor																				
Subcontractor																				
Subcontractor																				
Subcontractor																				
Subcontractor																				

Executed by: _____

Signature of Certifier

_____

Printed Name of Certifier