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STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

Division of Purchase & Property EEO Monitoring Program

VENDOR ACTIVITY SUMMARY REPORT

_____NEW HIRES _____PROMOTIONS _____TRANSFERS _____TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO._____ DATES OF PAYROLL PERIOD USED: FROM_____ TO_____

NAME OF FACILITY:

Street City County State Zip Code

JOB		MALE						FEMALE					
CATAGORIES	Total	Black	Hispanic	AM.Indian	Asian	Non-Min.		Total	Black	Hispanic	AM.Indian	Asian	Non-Min.
OFFICIALS & MANAGERS													
PROFESSIONALS													
TECHNICIANS													
SALES WORKERS													
OFFICE & CLERICAL													
CRAFTWORKERS													
OPERATIVES													
LABORERS													
SERVICE WORKERS													
TOTAL													

I certify that the information on this Form is true and correct.

NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE DATE SUBMITTED

LAST FIRST MI

ADDRESS(NO. & STREET) (CITY) (STATE) (ZIP) PHONE(AREA CODE,NO.,EXTENSION)

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