

**Instructions for Consultants**  
**EO 162 Workforce Utilization/**  
**Gross Wages Reporting**

**PRIME CONSULTANTS/SUBCONSULTANTS**  
**REPORTING REQUIREMENTS**

**These requirements will impact the April 10, 2019, Workforce Utilization/ Gross Wages Report submissions.**

In accordance with the requirements pursuant to Executive Order No. 162, effective January 1, 2018, state agencies are required to collect **Workforce Compensation Data** on all contracts and procurements subject to Executive Law Article 15-A, issued on or after June 1, 2017.

All Prime Consultants and all Subconsultants (MWBE/Non-MWBE) to such prime with contracts in excess of \$100,000.00 for construction and \$25,000.00 for services and commodities that were executed on or after June 1, 2017, are required to report.

Prime Consultants must electronically report employee workforce utilization and Gross Wages on a quarterly basis for their Firm and all of their subconsultants for electronic submission.

**All electronic submissions are due by the 10<sup>th</sup> of the month/quarter for the preceding month/quarter.**

**Instructions for Consultants**  
**EO 162 Workforce Utilization/**  
**Gross Wages Reporting**

**PRIME CONSULTANTS/SUBCONSULTANTS' REPORTING REQUIREMENTS**

**The Prime is required to submit all EO 162 Quarterly Gross Wages Reports for its firm and all of its subconsultants on a quarterly basis.**

**EO 162 (Quarterly) - Workforce Utilization/Gross Wages Report**

The Prime is required to submit a quarterly report of its firm's workforce utilization/gross wages and the workforce utilization and gross wages for all subconsultants for the quarter.

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**QUARTERLY WORKFORCE UTILIZATION / GROSS WAGES**  
**REPORTING**  
**(Prime Consultants Only)**

**FOR PRIME CONSULTANTS -**

**EO 162 (Quarterly) - Workforce Utilization/Gross Wages Report**

The Prime is required to submit a quarterly report of its firm's workforce utilization/gross wages and the workforce utilization and gross wages for all subconsultants for the quarter.

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**SUBCONSULTANTS' REPORTING REQUIRMENTS**

**(Quarterly)** - Workforce Utilization, including Gross Wages Reports for quarterly reporting must be electronically submitted in (Excel Format) to the Prime prior to the 10<sup>th</sup> of April, July, October and January.

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**SUBMISSION SCHEDULE – PRIME CONSULTANTS**  
**/SUBCONSULTANTS**

**PRIME CONSULTANTS**

**(Quarterly)** - Workforce Utilization, including Gross Wages Reports for quarterly reporting must be submitted by 10<sup>th</sup> of April, July, October and January.

**(Quarterly)** EO 162 Reports for the Prime and all subconsultants must be electronically submitted by the Prime in (Excel Format) and submitted to [WorkforceUtilizationReportConsultant@thruway.ny.gov](mailto:WorkforceUtilizationReportConsultant@thruway.ny.gov), using the following naming convention: **NYSTA\_D# (e.g. NYSTA\_D214134)**

**SUBCONSULTANTS**

**(Quarterly)** - Workforce Utilization, including Gross Wages Reports for quarterly reporting must be submitted to the Prime prior to the 10<sup>th</sup> of April, July, October and January.

**Instructions for Consultants**  
**EO 162 Workforce Utilization/**  
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**FORMS AND GUIDELINES**

EO 162 (Quarterly) Workforce Utilization/Gross Wages Reports Forms for Prime Consultants (subconsultants) are located on the Thruway website at [thruway.ny.gov/business/contractors/forms](http://thruway.ny.gov/business/contractors/forms) under:

**PRIME CONSULTANTS/SUBCONSULTANTS**

EO 162 - (Quarterly) Workforce Utilization/Gross Wages Report

[thruway.ny.gov/business/dmwbe/eo-162-quarterly-consultant.xls](http://thruway.ny.gov/business/dmwbe/eo-162-quarterly-consultant.xls)

**All reports are in fillable Excel formats and must be submitted electronically by the Prime.**

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**FORM INSTRUCTIONS**

1. REPORTING ENTITY:

Check off the appropriate box to indicate if the entity completing the Report is the contractor or a subcontractor.

2. FEDERAL EMPLOYER IDENTIFICATION NUMBER:

Enter the Federal Employer Identification Number (FEIN) assigned by the IRS. Contractors utilizing their social security number in lieu of an FEIN should leave this field blank.

3. CONTRACTOR NAME and CONTRACTOR ADDRESS:

Enter the primary business address for the entity completing the Report.

4. CONTRACT NUMBER: Enter the number of the contract to which the Report applies.

5. REPORTING PERIOD:

Check off the box that corresponds to the applicable quarterly or monthly reporting period for this Report. Only select one box.

6. WORKFORCE IDENTIFIED IN REPORT:

Check off the appropriate box to indicate if the workforce being reported is just for the contract or the contractor's or subcontractors' total workforce.

7. OCCUPATION CLASSIFICATIONS and SOC JOB TITLE:

Select the occupation classification and job title that best describes each group of employees performing work on the state contract under columns A and B.

8. EEO JOB TITLE and SOC CODE:

These fields will populate automatically based upon the Occupation Classifications and SOC Job Titles selected. Do not modify the results generated in these fields.

9. NUMBER OF EMPLOYEES and NUMBER OF HOURS:

Enter the number of employees and total number of hours worked by such employees for each job title under the columns corresponding to the gender and racial/ethnic groups with which the employees most closely identify.

10. TOTAL GROSS WAGES: [**TO BE REPORTED QUARTERLY**]

Enter the total gross wages paid to all employees for each job code, and each gender and racial/ethnic group, identified in the Report. Contractors and subcontractors should report only gross wages for work on the contract paid to employees during the period covered by the Report. "Gross wages" are those reported by employers to employees on their wage statements. Gross wages are defined more specifically by 20 NYCRR §2380.4 and typically include every form of compensation for employment paid by an employer to his, her or its employees, whether paid directly or indirectly by the employer, including salaries, commissions, bonuses, tips and the reasonable value of board, rent, housing, lodging or similar advantage received.

11. PREPARER'S INFORMATION:

Enter the name and title for the person completing the form, enter the date upon which the Report was completed, and check boxes:

- 1) I certify that I personally completed this document and I adopt the name typed above as my electronic signature under the NYS Electronic Signatures and Records Act, with like legal force and effect as if I had physically signed the document.
- 2) You request that the material included herein be withheld from disclosure pursuant to Article 6 of the Public Officers Law (Freedom of Information Law)
- 3) You are reporting that your firm had no workforce utilization for the reporting period.