



MONTHLY EMPLOYMENT UTILIZATION REPORT (MEUR)

This report must be for one complete calendar month.

Submit by the 10th of each month.

1. NAME AND ADDRESS OF CONTRACTOR				Oregon Company West Charleston, OR 05872															
2. REPORTING PERIOD MONTH YEAR 10/01/2000 - 10/07/2000		3. ODOT CONTRACT NUMBER				4. BUNDLE NO. (IF APPLICABLE)				5. COUNTY OF WORK				<input type="checkbox"/> NO WORK PERFORMED					
		Fed Proj St Prog				Bundle				county									
6. CONSTRUCTION TRADE	7. CLASSIFICATION	8a. TOTAL EMPLOYEE WORK HOURS		8b. BLACK (NOT OF HISPANIC ORIGIN)		8c. HISPANIC		8d. ASIAN OR PACIFIC ISLANDER		8e. AMERICAN INDIAN OR ALASKAN NATIVE		9. MINORITY %	10. FEMALE %	11. TOTAL NUMBER OF EMPLOYEES		12. TOTAL NUMBER OF MINORITY EMPLOYEES			
		M	F	M	F	M	F	M	F	M	F			M	F	M	F		
Foreperson	JRNY WORKER	0	24	0	0	0	0	0	0	0	24	100	100	0	0	0	0		
	APPRENTICE	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	
	OJT TRAINEE	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	
	SUB TOTAL																		
Laborer, Semi-Skilled	JRNY WORKER	64	0	0	0	0	0	0	0	64	0	100	0	2	1	2	1		
	APPRENTICE	48	0	0	0	0	0	0	0	48	0			0	0	2	0	2	0
	TRAINEE	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0
	SUB TOTAL																		
	JRNY WORKER																		
	APPRENTICE																		
	OJT TRAINEE																		
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	SUB TOTAL																
	TOTAL JOURNEY WORKERS																
	TOTAL APPRENTICES																
	TOTAL TRAINEES																
	GRAND TOTAL																

COMPANY OFFICIAL'S SIGNATURE AND TITLE								TELEPHONE NUMBER (INCLUDE AREA CODE)				DATE SIGNED				FINAL MEUR?		YES <input type="checkbox"/>	
Bookkeeper								802-895-4929								NO <input checked="" type="checkbox"/>			

731-0394 (5-08)