



COVERED VENDORS QUARTERLY REPORT

IMPORTANT:

Please print in ink or type all required information. Assistance in completing this form may be obtained by calling the Living Wage Administrator, Office of Labor Compliance and Worker Protections of the Worker Empowerment Cabinet, telephone: (617) 918-5236, or your contracting department.

The Boston Jobs, Living Wage, and Prevailing Wage Ordinance requires Covered Vendors to provide quarterly reports of their employment activities to the Office of Labor Compliance and Worker Protections.

PART 1: CONTRACT INFORMATION

Contract Number: _____

Contracting City Department: _____

Contract Begin Date: _____

Contract End Date: _____

Contract Amount: _____

PART 2: REPORTING PERIOD

Please check the time period for which you are making this report:

Jan 1 - March 31

April 1 - June 30

July 1 - Sept 30

Oct 1 - Dec 31

Year: _____

The quarterly report must be filed with the Office of Labor Compliance and Worker Protections of the Worker Empowerment Cabinet within 15 days of the end of each reporting period.

PART 4: COVERED VENDOR (OR SUBCONTRACTOR) INFORMATION:

Name of Vendor _____

Contact Person: _____

Vendor Address: _____
Number and Street

City State Zip Code

Telephone #: _____ **E-mail address:** _____

PART 5: SIGNATURE

IMPORTANT: An owner or officer of the Covered Vendor must sign this report.

I certify the above information is correct and within my personal knowledge.

Signed under the pains and penalties of perjury:

PRINTED NAME: _____ **DATE** _____

SIGNATURE _____ **JOB TITLE:** _____