

EQUAL PAY REPORT

Office of Federal Contract
Compliance Programs (Labor)

O.M.B. No. _____
EXPIRES _____

Section A – TYPE OF REPORT

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box(es) the type of reporting unit for which this report is submitted

Single Establishment Employer:

☐ Single Establishment Report

Multi-establishment Employer:

- ☐ Headquarters Report
☐ Establishment Report (Required for establishments of all sizes)

2. Total number of reports being filed by this Company (Answer on Headquarters Report only) _____

Section B – COMPANY IDENTIFICATION (To be answered by all employers)

1. Headquarters				
Name of Headquarters (owns or controls establishment in item 2)				
Address (Number and Street)				
City or Town	State		ZIP Code	
2. Establishment for which this report is filed.				
a. Name of establishment				
Address (Number and Street)	City or Town	County	State	ZIP Code
b. Employer identification No. (IRS 9-DIGIT Tax Number)				
c. Was an Equal Pay Report filed for this establishment last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section C – CONTRACTOR/SUBCONTRACTOR INFORMATION (To be answered by all contractors and subcontractors)

Please enter your:

Dun and Bradstreet identification number (if you have one): _____

North American Industry Classification System (NAICS) Code: _____

EEO-1 Unit Number: _____

Paperwork Reduction Act Notice: The Paperwork Reduction Act provides that, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection is estimated to average 6 hours for electronic filers, and 8 hours for filers using an alternative reporting format, such as filing through a paper version of the form. Send comments regarding this burden estimate to Division of Policy and Program Development, Office of Federal Contract Compliance Programs, Room C-3325, 200 Constitution Avenue, N.W., Washington, D.C. 20210. No express assurance of confidentiality is provided; however, Department of Labor regulations provide that a contractor affected by a FOIA disclosure request be notified in writing and no decision to disclose information is made until the contractor has an opportunity to submit objections to the release of the information.

EEO-1 Company Number: _____

[illegible]

EEO-1 Job Category	Job Category Number	Section D – Female Employees																							
		Hispanic or Latino			Non-Hispanic or Latino																		Total		
					White			Black or African American			Native Hawaiian or Other Pacific Islander			Asian			American Indian or Alaska Native			Two or More Races					
		Total	W-2 Paid	Total Work	Total	W-2 Paid	Total Work	Total Employees	W-2 Paid	Total Work	Total Employees	W-2 Paid	Total Work	Total Employees	W-2 Paid	Total Work	Total Employees	W-2 Paid	Total Work	Total Employees	W-2 Paid	Total Work	Total Employees	Total W-2 Pay	Total Work Hours
Executive/Sr Level Officials & Mgrs	1.1																								
First/Mid-Level Officials & Mgrs	1.2																								
Professionals	2																								
Technicians	3																								
Sales Workers	4																								
Administrative Support Workers	5																								
Craft Workers	6																								
Operatives	7																								
Laborers and Helpers	8																								
Service Workers	9																								
Total	10																								

Section E – REMARKS (Include in this section any remarks, explanations, or other pertinent information regarding this report)

Section F – REPRESENTATION & CERTIFICATION

Check One: ☐ All the reports are accurate and were prepared in accordance with the instructions. (Check on Headquarters Report Only)
☐ This report is accurate and was prepared in accordance with the instructions.

Name of Responsible Official	Title	Signature	Date
Contact Person for this Report	Title	Telephone Number (Including Area Code and Extension)	Email Address