

APPENDIX E: BUFFALO SEWER AUTHORITY EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

PRIME SUB CONSULTANT Name: _____ Project _____

CONSULTANT Address _____

Email: _____ Phone: _____

This report includes consultant's: work force to be utilized on this project total work force

Enter the total number of employees for each classification

Job Category	Total Work Force	Work Force by Gender		White		Black		Hispanic		Asian & Pacific Islander		Native American		Total Minority		Disabled		Veteran		City Resident	
		Male (M)	Female (F)	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Board Member																					
Executive/Senior Level Officials & Managers																					
Mid-Level Officials and Managers																					
Licensed Professionals																					
Technicians																					
Sales Workers																					
Skilled Craftsmen																					
Operatives Semi-Skilled																					
Laborers and Helpers																					
Service Workers																					
Administrative support/clerical workers																					
TOTALS																					
PREPARED BY (Signature):										Telephone #:						Date					
Name and Title (Print or Type):										Email:											